INTRODUCTION

Crack is transforming drug use in the UK. This poses growing health and social care challenges, which undermine family and community life.

Since 2001, crack use has been more widespread than heroin use. The most recent statistics (British Crime Survey, 2003/04) suggest that there are up to 79,000 crack users compared to an estimated 64,000 heroin users. More worryingly, there are twice as many crack users as heroin users amongst vulnerable young groups (Home Office, 2005).

Although this is not the epidemic that was predicted in the early 1990s, the use of crack is now steadily increasing in some parts of the country. Crack use is challenging established heroin cultures and more people are misusing crack alongside heroin or combining it with alcohol.

Despite these shifting patterns of drug use, treatment provision in the UK is still largely targeted at heroin users. There are 84,000 primary heroin users in treatment: twelve times the number of primary crack users in treatment (7,200). There are also a significant number of people in treatment (16,300) using both crack and heroin, with particular support needs that place additional strains on health services and the criminal justice system (NTA, 2005).

The relatively small number of crack users in treatment almost certainly reflects the limited availability and accessibility of crack treatment services rather than the scale of problematic use. Current treatment services effectively marginalize tens of thousands of crack users, with serious consequences. The Government has made some effort to understand the issue, but without urgent action we face an escalation of the crack problem and a continued growth in the number of crack users in future generations.

The reality of crack misuse is seen in its damaging impact on users’ physical and mental health, relationships with families, and housing and employment. It can have a devastating effect on individuals and their communities and is often associated with other criminal problems and drug-related violence. Crack misuse drastically undermines neighbourhood renewal and regeneration initiatives, affecting areas of social exclusion most acutely.

Turning Point’s experience tells us that crack misuse can be successfully treated; but that treatment needs to be more widely available across the country both within the community and the criminal justice system.

We need more government investment in crack-specific services. More fundamentally, all drug services need to respond adequately to the needs of crack users. Unless their needs are met, progress towards improving health and reducing drug-related harm will be seriously restricted.
1. CRACK: THE STATS

The extent of the crack problem in the UK is difficult to measure precisely, as most statistics rely on self-reporting. Prevalence is likely to be under-stated as there is a ‘hidden population’ of users who have little contact with criminal justice services or treatment.

- It is estimated that up to 79,000 people used crack over a twelve-month period in 2003/04 (BCS, 2003/04). This compares to an estimate of up to 64,000 heroin users over the same period. These figures may be particularly affected by the problem of under-reporting: a Greater London Authority report estimated that there were some 45,000 crack users in London alone (GLADA, 2004).
- Crack use appears to have been steadily rising over the last three years, from 58,000 users in 2001/02, to 63,000 in 2002/03 and 79,000 in the current year (BCS, 2003/04).
- Crack use appears to be a particular issue amongst vulnerable young people (e.g. homeless young people, truants, those excluded from school, those in care and serious or frequent offenders). There are twice as many crack users as there are heroin users amongst such groups (Home Office, 2005).
- The average spend on all illicit drugs by crack users known to the police is £500 per week. This is equivalent to £24,000 per year per user, considerably higher than for other drug-using populations (GLADA, 2004).
- The sex trade relies heavily on crack – as many as 95 per cent of Britain’s street prostitutes use crack and/or heroin (Home Office, 2004).
- Substantial quantities of crack are entering the UK and the amount appears to be rising. The number of crack seizures rose by 15 per cent in 2001/02 while seizures of heroin fell by 16 per cent (Home Office, 2004). The number of known crack offenders has risen by 326 per cent since 1997 (Home Office, 2005).
- Crack misuse can be effectively treated. The National Treatment Outcome Research Study (NTORS) showed that 56 per cent of crack users who entered and completed treatment remained crack free after five years (Gossop et al, 2002).
- In England and Wales, the number of deaths in which misuse of cocaine (including crack) was a contributory factor showed a nine-fold increase between 1993 and 2003, from 12 to 113 (ONS, 2005).
- Almost 89 per cent of offenders using both heroin and crack cocaine stated that there was a connection between their drug use and their offending behaviour. By comparison, only 60 per cent of offenders who used heroin on its own claimed a connection with their offences (Home Office, 2004).
2. CRACK: THE FACTS

Crack is a smokeable form of cocaine made into small lumps or ‘rocks’. It is usually smoked using containers such as glass pipes or plastic bottles. It gets its name from the crackling sound it makes when being burnt. It can also be prepared for injection.

As a stimulant, crack produces the same effects as cocaine but in a highly intensified form, exacerbating all its negative health and social consequences. As the effects are extreme and short-lived, users are driven to obtain the drug repeatedly to avoid withdrawal symptoms.

Crack use is compulsive and can be very difficult to control, entailing high risks of social problems. Behaviour influenced by crack can be intense and challenging. The binge patterns of use may dominate the user’s lifestyle to the neglect of other pursuits and the severe detriment of their mental and physical health. Whether people become dependent and, if so, how quickly, will vary according to the individual’s mental state and circumstances.

Users may develop a very strong psychological dependence that impacts on their mental health, causing depression and paranoia. Sustained use can lead to delusions, hallucinations and aggressive behaviour. To a greater degree than cocaine, crack use can be associated with unpredictable and violent behaviour.

Crack brings significant physical health risks to the individual, such as dangerously high blood pressure, increased risk of heart attack and stroke and, when smoked, damage to the respiratory system. The injection of crack is linked to other health risks including skin and tissue damage.

Combining crack with other substances adds to the health risks. Using crack with heroin increases the risk of overdose and using crack with alcohol increases pressure on the heart.

Crack is a major public health issue. The sharing of smoking and injecting equipment increases the risk of transmitting blood-borne viruses and TB. Crack users may also be at greater risk of HIV and hepatitis from increased sexual risk behaviours and the close association of crack use with sex work.
3. CRACK: PATTERNS OF USE

Crack users coming to Turning Point’s treatment services usually have a history of multiple drug use and dependencies, often with a complex combination of individual needs. Many have additional problems associated with housing, finance and employment.

There are populations of drug users in the UK who primarily use crack without a history of other drug use. Currently only a small number of this group seek help, and even fewer receive it. However, in recent years, the use of crack and heroin together has increased. This poly-drug use presents new challenges to existing policy and service provision.

Research has shown that some heroin users who were not using crack prior to treatment switched to crack on completion of, or during, their treatment (Gossop et al., 2002). Increased crack use may also be a direct result of the success of methadone treatment programmes, as users no longer buy heroin and dealers have had to find new drug markets (McKeganey, 2003). Alternatively, people receiving methadone treatment for heroin may turn to crack to give them a high without seeing their use as problematic. Finally, crack users may start to use heroin as a ‘come down’ drug to counteract the adverse effects of crack and reduce withdrawal symptoms.

Many of the clients coming to Turning Point are using crack and heroin together. ‘Speedballing’ or ‘snowballing’, where people inject both drugs together, is a growing practice in some areas of the country. This increases the risk of overdose, as the effect is more difficult to assess than when using either drug individually.

Alcohol can also be a factor in crack use: evidence suggests that heavy drinking is linked to the use of crack in many areas (Brain et al., 1998). There are also reports of vulnerable groups such as street drinkers beginning to use crack (Strange and McGauley, 2004).

Turning Point’s experience also shows that the drug has begun to infiltrate other cultures, such as that of young people in the club scene. This increase in poly-drug use is reflected in the marketing techniques used by dealers to increase market share and profit. Turning Point’s service users have reported crack being promoted as ‘smokeable cocaine’ to engage the younger market, or marketed initially for free as a ‘two for one’ offer with the purchase of heroin. Dealers subsequently expect payback, ranging from help with dealing to the use of accommodation as crack houses or involvement in the sex trade.

Although crack users are predominantly white, sources such as the British Crime Survey reveal that primary crack use may be particularly prevalent in and damaging to African-Caribbean communities in certain areas of the UK. These communities have been shown to use crack at the same level or slightly higher than white and Asian communities. This is significant given that prevalence rates for most types of drug use are consistently lower among black and minority ethnic communities: crack is the exception (Home Office, 2002).

The effects of crack also hit harder where social exclusion is acute. Many deprived neighbourhoods experience the additional blight of open dealing, associated violence and street prostitution. This threatening environment impacts on the lives of everyone in the local community.

These developments have not gone unnoticed. The Government’s response to the increase in crack use was to develop
a specific national crack plan in 2002. Thirty seven named High Crack Areas are expected to develop treatment and to target crack markets.

The National Treatment Agency (NTA) has developed a crack treatment work programme and is evaluating existing crack-specific services and piloting treatment programmes in selected existing drug treatment services.

These are very welcome developments, but more widespread action is needed if we are to meet the challenges of changing drug consumption patterns and of increasing crack use.
4. CRACK: TREATMENT WORKS

Treatment is the most powerful weapon against problematic drug use, including crack. The National Treatment Outcomes Research Study (NTORS) found that four to five years after entering treatment for crack use, 56 per cent of people in the study had still not returned to using the drug (Gossop et al., 2002). Research from a similar study in the USA found that the proportion of clients using crack over the course of a year fell from 67 per cent before treatment to 29 per cent in the year after treatment ended, and that the proportion involved in drug-related crime fell from 43 per cent to 16 per cent (Crits-Christoph et al., 1999).

Historically, it was assumed that there were no successful treatment models to offer crack users. Policy-makers, commissioners and service providers have been relatively reluctant to develop crack services.

However, crack misuse is treatable – many approaches already familiar to drug services in the UK have a positive impact, although none are specific to the treatment of crack dependence. The emphasis should be on adapting strategies that work. Turning Point and COCA (Conference on Crack and Cocaine) have produced protocols for improved crack service delivery based on existing techniques and good practice drawn up by the National Treatment Agency.

Key factors to consider in order to increase service accessibility and improve delivery include:

- Crack users are most likely to seek help from informal services, which have rapid intake of clients;
- Length of treatment and early abstinence in treatment are predictive factors of positive treatment outcomes;
- Clients tend to stay in treatment longer and respond better if their key worker has knowledge of crack issues;
- The provision of a range of psychosocial therapies is effective as clients learn how to identify and avoid triggers that lead to relapse;
- Clients with multiple needs fare best with group support, as well as individual sessions and a full schedule of therapeutic and practical activities; and
- Clients lacking social support or with severe psychological problems do best in residential care.

Turning Point’s experience has shown that substance misuse services need to work with all types of drugs, including crack. However, some groups of users with complex needs may require specialist service provision.
5. CRACK: THE NATIONAL SHORTFALL IN TREATMENT

As previously highlighted there are now more crack users than heroin users in the UK and crack use appears to be steadily increasing. Yet primary heroin users account for 78.1 per cent of those in community treatment for crack or heroin dependency (NTA, 2005).

**GRAPH 1**
Numbers in treatment: community

- Heroin 78%
- Crack 7%
- Crack/Heroin 15%

Treatment services working in the criminal justice system tend to see a higher proportion of crack users, particularly combined crack/heroin users who make up the largest group in treatment, accounting for 57.5 per cent of the total (NTA, 2005).

**GRAPH 2**
Numbers in treatment: criminal justice

- Heroin 29%
- Crack 14%
- Crack/Heroin 57%

Whilst demand for treatment is growing, the relatively small number of crack users in community-based treatment is disproportionate to the overall figures for crack use. There is a marked lack of provision for crack users. Existing needs assessments carried out by Drug Action Teams (DATs) do not always provide an accurate picture of local crack use and individual assessments by services focus too narrowly on heroin use, leading to the development of unsuitable packages of care for both primary and poly-drug crack users.

We urgently need to strengthen our treatment responses in conjunction with enforcement efforts to address this massive un-met need. For every £1 invested in treatment services, a saving of between £9 and £18 is made in criminal justice and health costs (Gossop et al., 2004).

**Recommendations for change**

- Increased and sustained investment in crack treatment services is required to end disparities between crack treatment need and current provision. More treatment places in community-based and residential services are urgently needed, along with reconfiguring existing services to better support crack users and the development of specialist services to meet the needs of particular groups of crack users.
- The NTA and DATs must collect better information about the prevalence of crack use and provide early warnings of changing patterns of crack and poly-drug use to inform multi-agency responses.
- An expansion of substance misuse education and prevention programmes that highlight crack is required, placing greater emphasis on early interventions for at-risk groups, such as young people excluded from school, those in the ‘looked-after’ system or those who have been abused.
6. CRACK: BARRIERS TO ACCESSING TREATMENT

6.1 OPIATE FOCUS OF TREATMENT SERVICES

Treatment has historically been overwhelmingly focused on opiate users, with little attention paid to the growing numbers of crack and poly-drug users (Audit Commission, 2002). The absence of a substitute drug for crack, an equivalent of methadone for heroin users, poses greater challenges in attracting users into services. However, research has shown that there are effective methods of delivering appropriate treatment to crack users.

Turning Point’s experience suggests that current service delivery structures are largely based around meeting the needs of injecting heroin users and supporting them on methadone prescriptions. Existing services may unintentionally exclude primary crack users who often feel that services do not address their specific needs, or that they discourage poly-drug users already accessing these services from revealing their crack use to staff. Unless explicitly addressed by service staff, the prevalence of crack misuse may be under-estimated. This leaves crack users marginalized and reluctant to access services.

Recent research carried out by Turning Point in Sheffield showed that the majority of service users (65 per cent) were not seeking help with their crack use even though a large proportion of those questioned described their problem/main substance as crack. Many service users were only aware of treatment services for heroin (Strange and McGauley, 2004).

Our experience shows that crack users, when in crisis, want immediate help at any time of day or night. But many services appear inflexible, with fixed opening hours, waiting lists and rigid referral processes. Workers often lack both knowledge about crack and confidence in addressing crack users’ needs. There is also poor signposting to direct crack users who are currently hidden from services towards available support.

Black and minority ethnic users often feel excluded from existing services as they are less likely to use heroin or inject and so there are fewer opportunities for them to engage in treatment.

The development of harm reduction services for crack has lagged behind those for heroin users. They can be difficult to implement due to the compulsive nature of crack use but are vital in minimising the health risks associated with crack use, in encouraging people into services and in reducing crimes committed to support dependence. For example, needle exchanges do not currently provide enough needles for crack users, although they inject more frequently than heroin users.

Current drug strategy delivery mechanisms are opiate focused – an Audit Commission report (2004) revealed that 65 per cent of DATs do not feel able to meet the needs of crack and other stimulant users. Of this number, over 20 per cent consider that much more work is needed to meet their needs.

While services state that they offer a generic service, the programmes are frequently based on heroin treatment and applied to crack without adaptation. Redefining credible treatment services is a major challenge for the Government, NTA and service providers.
Recommendations for change

• The NTA should develop: (a) a model service specification for all providers expressing clear expectations on how services should be more accessible to crack users; and (b) protocols that set out the standards required across agencies in response to local crack use, spanning education, treatment and enforcement.

• Services should ensure that assessment or recording procedures are more crack-aware in order to better identify levels of crack misuse, develop improved care packages and ensure that treatment needs are met.

• To improve treatment accessibility, services should develop less formal drop-in and outreach services and more flexible opening hours and broaden the range of treatment options, including group work and one-to-one sessions. Service user involvement, such as peer intervention programmes and the employment of ex-service users, is vital for increasing accessibility and improving the design of services.

• Speed of access to treatment is crucial given that crack users present to services in a state of high anxiety and emergency. DATs need to develop more crisis intervention services that can provide fast access and rapid interventions to stabilize the individual, reduce immediate harm and prepare the client for treatment.

• All existing Tier 4 residential drug services need to provide treatment for crack so they are able to address poly-drug use.

• Specific responses are needed in order to engage BME communities more effectively, such as the provision of targeted outreach and advocacy services, additional training for workers around cultural competence and the employment of staff from BME groups.

• In response to the growth in local sex markets, commissioners should ensure that sex workers have access to specific services such as harm reduction and targeted outreach services, treatment packages that refer to other services such as housing and key workers who have been trained in crack use, abuse and prostitution issues.

• DATs and treatment providers need to review existing harm reduction services such as needle exchanges and develop new initiatives that meet the specific needs of crack users, such as pipe exchanges and information on safer smoking.
TREATMENT OF CRACK IN GENERIC SUBSTANCE MISUSE SERVICES WITH SPECIALIST PROVISION FOR COMPLEX NEEDS GROUPS

Turning Point Sheffield has developed a comprehensive approach to respond to the specific needs of crack users, in conjunction with the Sheffield DAT and other substance misuse services in the city. This project reconfigured existing substance misuse services and developed additional specialist services for crack users with complex needs. It also reviewed assessment procedures to better identify individuals who use a combination of heroin and crack and so enable the provision of appropriate care packages. As a result of these adaptations, the number of crack users accessing the services in Sheffield has risen by 17 per cent in the past year.

Turning Point Sheffield reconfigured services by developing more flexible open entry services for crack users to access immediate advice, information and assessments, and expanded its range of counselling and group-work interventions. The project also reviewed existing harm reduction services such as the needle exchange to ensure that they met the needs of injecting crack users, and developed additional programmes of healthcare and welfare rights sessions and complementary therapies.

The project also developed specialist service provision for people with complex needs. Turning Point’s Community Team provides outreach services in Sheffield for vulnerable groups such as street sex workers, street drinkers and homeless drug users. Crack use is particularly high among these groups. 89 per cent of sex workers in the city use crack and heroin. To address this situation, Sheffield DAT has developed strategic partnerships with other agencies working with sex workers through the Prostitution Forum. Agencies include the police, Sheffield First for Safety Partnership, Turning Point and the Sheffield Working Women’s Opportunities Project (SWWOP).

In conjunction with SWWOP, Turning Point’s outreach services provide a mobile specialist team offering sexual health information, harm reduction advice from the Turning Point drugs worker and referral to other support agencies.

Services for young people include support for young women who misuse drugs and who are at risk of sexual exploitation, in order to address future links between the sex and drugs markets.

The homeless drug users service provides specific crack interventions, as a large proportion (72 per cent) of people seen by this service are poly-using crack with other substances such as heroin and alcohol. This multi-faceted service includes advice, information and support, direct access into medical treatment services through priority places and support with housing issues in conjunction with the Sheffield Homeless Service for Substance Misusers.

All Turning Point staff are provided with training on crack issues by COCA and participate in specialist peer support and supervision sessions to build knowledge and skills. The service also follows good practice guidance and service protocols, developed by the DAT Stimulants Steering Group.

“I left home when I was sixteen and lived in interim accommodation where I was introduced to crack cocaine. My friends were working on the beat (sex work) to fund their habits and suggested I do the same. I started working – about six months later I was on the gear (heroin) as well. Smoking to start with, then injecting.

“When my boyfriend got locked up, I got some help. I met workers from the Sheffield Working Women’s Project (SWWOP) regularly on their outreach van when I was working on the beat and spoke to them about getting a script (methadone). I joined their Exit Strategy Project and saw a Turning Point drugs worker who works with SWWOP and working women. I got on a script, got help for my crack problem, got supported accommodation and split up from my boyfriend when he was released from prison as he got back on the gear.

“The script stops me rattling (withdrawing) so I don’t need to work to score and it is the first time that I have had my crack problem looked at. I no longer have my boyfriend on at me to work to buy drugs. I wouldn’t have been able to do it without all the help from SWWOP and Turning Point. There is always someone to talk to. If I lapse no one shouts at me, they just help me get a plan together to get around it the next time.”

Katie, Sheffield.
STRUCTURED DAYCARE FOR CRACK USERS IN THE COMMUNITY

Since April 2004, Turning Point Druglink’s crack day programme has been supporting people who use crack to take the first steps in turning their lives around. Druglink supports people in the London Borough of Hammersmith and Fulham. The project serves an area of economic and cultural diversity.

The crack day service provides a full programme consisting of one-to-one sessions with a key worker and a number of group activities that address a range of issues including relapse prevention, stress management and life skills.

Given that crack users engage in more high-risk behaviour than heroin users, they often have a greater range of needs when presenting to treatment. A rapid response is critical — the crack service provides fast-track access and extended evening opening hours that are more suited to the sometimes chaotic life-styles of crack users. This flexibility means that people are more likely to engage and stay in treatment. By capitalising on this immediate initial contact, the staff can encourage individuals to move towards change.

Druglink also offers an open access service in order to support clients who are not ready, due to their chaotic lifestyles, for the Day Programme. Such support provides a window of opportunity for motivating and empowering the individual to stabilize, move away from crisis point and enter the full programme of day treatment.

Turning Point’s experience has confirmed that specific responses are required in order to engage specific communities, who in certain areas of the UK are particularly affected by crack use. The service has been developed to engage and maintain support for a diverse range of clients, covering a variety of ages and backgrounds.

Druglink has an outreach team that provides targeted work in specific areas of Hammersmith and Fulham to engage users from ‘harder to reach’ groups. The crack day service team also run a peer support group and a cultural awareness group as part of the programme, which provide safe and supportive environments for clients to discuss differences or difficulties experienced as a result of their culture. The Druglink staff team reflects the diversity of the community it serves. Druglink has also recently created a post of young person’s crack worker attached to the young person’s team, as the need to engage and work with younger crack users has become particularly apparent.

The service also aims to improve the general health of clients by supplying advice on health and nutrition through a Health and Well-Being Group. Complementary therapies are available to reduce anxiety, stress and cravings. These have proved to be very helpful in supporting users to remain drug free and as a means of attracting them into services and retaining them for longer.

The project also has an after-care service that includes both group work and one-to-one sessions to provide on-going support for clients who have completed the programme and require further sessions in order to maintain a crack free lifestyle.

“Thank God for Druglink – I telephoned them and they immediately asked me to come in to the open access service. The crack service team really helped me get on track. If the service was not there I don’t know what I would have done—gone back to the old habits of using and resorting to crime to survive.”

Jeff, Druglink.
6.2 LACK OF TRAINING ON CRACK ISSUES

Crack users frequently highlight the lack of knowledge about crack issues amongst treatment staff as a barrier to accessing services (Harocopos et al., 2003). This includes limited knowledge about the effects of crack, the using sub-cultures and the physical and mental health complications. Consequently, workers may lack insight into understanding a user’s behaviour and will be unable to address immediate concerns or crises.

Crack users often present to their GPs or local A&E departments for treatment for cardiovascular or respiratory problems (RCGP, 2004). It is important that GPs and A&E staff have an understanding of the physical health risks and mental health problems associated with crack use. This is an ideal intervention point for referral on to local treatment or mental health services and a vital information collection point for identifying changes in patterns of drug use.

Other frontline staff, such as criminal justice and social workers, also lack the working knowledge of crack that is required in order to make effective referrals on to treatment services (Sondhi et al., 2002).

Recommendations for change

- All service providers need to offer training on crack use and related issues for all substance misuse service staff.
- Frontline staff in a range of agencies such as the police, probation, healthcare and social services require education and training on crack use, including crisis management.
- The Department of Health should ensure that shared care arrangements with GPs are flexible enough to take account of current trends in primary crack and poly-drug use so GPs can support crack users more effectively.
Many crack-dependent users will have lost control over their drug-taking and will need large amounts of money to sustain their misuse. Crack use is associated with acquisitive crime, which intensifies during periods of increased drug use.

Crack can cause anxiety and paranoia, making it more likely that related offences could involve violence. In some inner-city areas, a small number of chaotic users can cause significant disruption to the economic and communal life of the neighbourhood.

Consequently, the criminal justice system will be the main point of entry into treatment for many, particularly for people who use both crack and heroin. Indeed, a higher proportion of problem crack users access drugs services through community sentences such as Drug Testing and Treatment Orders (DTTOs), than through community-based treatment services.

At the same time, there is evidence that crack users are still under-represented on community sentences. In London, for example, the local proportions of offenders on community sentences who are recorded as having a primary problem of crack cocaine do not reflect drug workers’ perception of its prevalence (National Audit Office, 2004).

All stages of the criminal justice system should be responsive to the needs of crack users in terms of appropriate assessment, treatment and staff training. To overlook these needs may reduce the effectiveness of programmes for offenders by excluding such a significant group of problematic drug misusers.

The focus of action against crack use at community level is targeted on criminal activity, as with ‘Operation Crackdown’. This was launched in 2005 to target Class A drug dealers, the use of guns in drug markets and to close crack houses. It is essential that the police ensure such crime-cutting initiatives are delivered through a multi-agency response that includes the local treatment agencies. Failing this, the likely result will be high levels of displacement activity, caused by moving the problem around rather than cutting crime by diminishing the need for crack through treatment.

**Recommendations for change**

- The Home Office should review the design and delivery of both community and custodial sentences to ensure that they meet the needs of primary crack and poly-drug users.
- DATs should ensure that they have sufficient treatment provision for crack users, including those on a DTTO, and that treatment programmes are able to support crack users to meet the conditions required by such sentences.
- Arrest referral schemes should place increased emphasis on supporting crack users in screening, assessment and referral procedures.
- Treatment programmes need to be flexible in recognition of high relapse rates associated with the chaotic nature of some crack users, but at the same time there need to be clear protocols with enforcement agencies about responding to relapse and firm boundaries established with service users.
- The government should ensure that the focus on admission to treatment through the criminal justice system is balanced with access to treatment through non-criminal-justice routes.
- Appropriate and accessible treatment must be available as part of ‘Operation Crackdown’ in order to meet the wider needs of the crack users involved.
STRUCTURED DAY CARE FOR CRACK USERS IN THE CRIMINAL JUSTICE SYSTEM

Turning Point’s Haringey Day Programme was set up in 2004 to provide a structured twelve-week day programme for adults. The majority of its referrals come from the Drug Intervention Programme or those sentenced to DTTOs. It is also available to people who wish to access the programme voluntarily through DASH (Drug Advisory Service Haringey). The team works in partnership with the probation service and DASH.

Turning Point Haringey supports all drug users, but its programme has been designed specifically to meet the needs of the growing number of clients with crack misuse problems. Nearly half of the clients (48 per cent) use crack as their main drug and 61 per cent use crack alongside other substances.

The quality of client-counsellor relationships is particularly important as it improves motivation, engagement, retention in treatment and outcomes in terms of reduction of use and crack-related crime. Each client is assigned a key worker for weekly one-to-one sessions, in which worker and client develop a care-plan and support package that are tailored to the clients’ individual needs. The care-planning system adopts a whole-person approach and tackles the complexity of individual situations, such as improving someone’s living conditions or rebuilding family relationships.

The service is designed to bring structure to the lives of the clients within an intensive twenty hour per week group programme that includes cognitive skills and relapse prevention. Staff also provide support with social and emotional needs and work with local agencies on housing, legal and financial issues and health care.

The service provides complementary therapies, relaxation techniques, goal setting and peer group support as ways of further engaging users and supporting the aims of the overall treatment programme. Group work sessions are particularly beneficial as they help to increase a client’s self-confidence. These sessions help the client to develop an insight into their drug use and to prepare for the next stage of treatment, such as a move to a residential project. Turning Point Haringey aims to equip the client with the necessary life skills and motivation to make the transition to a more stable, constructive and healthier life style.

“As soon as I got on the DTTO my life has got better. I am thirty-six now. I don’t use class A drugs at all and I’ve been clean for nearly six months.

“I see my mum and my daughter more than before. I want to stay clean and my future looks brighter. The DTTO has been a good help to me. It’s helped me find my feet and put my head straight. I’ve got future plans and it’s not drugs or crime but to get into business again and give my little girl a better future. “

Nazz, Haringey.
8. CRACK: LACK OF SERVICES FOR COMPLEX NEEDS

Many crack users have limited social and economic resources and restricted exposure to life opportunities. Crack use is associated with low educational attainment and employment prospects and poor access to housing and healthcare.

Turning Point’s experience emphasises the need for integrated, connected care packages that offer a flexible response to the range of complex problems that crack users frequently face. We know that the provision of throughcare and aftercare services increases the likelihood that drug misusers will remain in treatment and achieve positive outcomes (Audit Commission, 2004). Service provision for crack users should adopt a whole-person approach – services need to be redesigned to meet people’s complex needs.

One in three (33 per cent) of problem drug users are homeless or in need of housing support, having been thrown out of a family home or being unable to hold down a tenancy (Audit Commission, 2004). To maintain progress in treatment, it is vital for the client to have access to housing and to break away from other crack users not in treatment.

Crack use can lead to mental health problems and exacerbate existing psychological conditions. One research study found that 30 per cent of crack users had reported attending a mental health service in the past; 65 per cent reported having suicidal thoughts; and 37 per cent reported having previously attempted suicide (Webster, 1999).

Crack misuse, in common with misuse of other substances, is a condition with a high risk of relapse. Post-treatment relapse prevention and aftercare work is needed to sustain treatment gains and give people the coping skills to resist future crack use and cravings.

Recommendations for change

- A closer integration of mental health, alcohol and crack services in terms of funding and strategy is needed. Substance misuse services, dual diagnosis services and mental health services should agree inter-agency protocols for managing crack users with mental health problems, including common assessment tools and procedures, agreed care pathways and discharge arrangements for all services.
- Social care provision such as housing, training and employment and debt counselling should be available for crack users. These services are vital both throughout and after treatment to avoid relapse and help people rebuild their lives and reintegrate with the community.
- Housing Authorities and Supporting People Partnerships should review all housing and support services to ensure that the housing and support needs of crack users are met.
- The numbers of floating support schemes need to be increased to assist problem drug users in maintaining their tenancies, thereby breaking the cycle of homelessness.
Crack cocaine use in the UK is rising. Increasing numbers of people are using crack alongside other substances such as heroin and alcohol. National and local government, in partnership with treatment providers, must work together to reform what has historically been an opiate-focused treatment system. We must move quickly to develop services that better meet the complex needs of crack users. Failure to address their particular needs undermines the steps being taken towards improving health and reducing drug-related crime. Such an approach would also help provide a co-ordinated response to the potential emergence of new patterns of stimulant use.


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Webster, R. (1999), Working with black crack users in a crisis setting, City Roads, London.
DETOX

Stimulating the liver, Detox Tea can encourage the body to detox quickly. Detox Tea can improve health and help with withdrawal symptoms. It can also be used as a weight loss drink as it is high in fiber and helps to suppress the appetite.
We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life.

Turning Point is the UK’s leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

Turning Point is the country’s largest voluntary sector provider of drug services. We run services across the full range of drug treatment interventions, both within the community and through the criminal justice system.

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