

## The GLADA Crack Cocaine Strategy 2005 – 08



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## GLADA partners



- ADFAM



- Association of London Government



- Black Londoners Forum



- Directorate of Health and Social Care (London)



- Federation of Black and Asian Drug and Alcohol Workers (London Region)



- Government Office for London



- Greater London Authority
- Greater London Association of Directors of Social Services



HM Customs and Excise

- HM Customs and Excise

- Imperial College Centre for Research on Drugs and Health Behaviour

- London Alliance of Service Users

- London Area Prisons Drug Strategy Directorate

- London Directors of Public Health



- London Drug and Alcohol Network



- London Drug Policy Forum



- London Health Observatory



- London Probation Service



- Metropolitan Police Service



- National Treatment Agency (London Region)

## Foreword

London is a great city but a significant number of individuals, families and communities are adversely affected by the use and sale of drugs including crack cocaine. Crack cocaine is a powerful and destructive drug. It affects the mental health and physical well-being of those who use it, it contributes to relationship and family breakdown and affects the fibre of the city's diverse communities. Crack Cocaine also contributes to levels of crime and violence across the capital.

As Mayor my vision for London is of an exemplary, sustainable world-class city based on strong economic growth, social inclusion and diversity. Reducing the harm that drugs cause is an essential part of making London a safe and healthy city for all those who live and visit here.

In my first term as Mayor I established the Greater London Alcohol and Drug Alliance, GLADA, a unique regional partnership bringing together statutory agencies, voluntary sector organisations and community groups concerned with addressing alcohol and drug issues in London.

Early on in the partnership GLADA members identified a need for an informed and co-ordinated response to the issues London is facing as a result of crack cocaine. Earlier this year *The Evidence Base for the London Crack Cocaine* was published and provided the first overview of crack cocaine and its impact in the capital. This report informed a Londonwide consultation process which sought the views of people across the city on crack cocaine and how to most effectively respond to it.

This strategy has been informed by the findings in the Evidence Base and the consultation exercise and provides London with a regional framework for tackling crack cocaine. It sets out the strategic directions for GLADA for the next three years as the partnership continues to work to reduce the harm caused through crack cocaine in London. It also provides a framework for informing local strategic partnerships responsible for leading initiatives to address drug issues in their communities.

I am grateful to all members of GLADA for their continued support and efforts in working together to find effective and sustainable solutions to the complex problems associated with crack cocaine and other drugs. I am pleased to publish this strategy on their behalf and am confident that it will help ensure that London continues to lead the way in reducing drug related harm.



Ken Livingstone  
**Mayor of London**



# 1 Introduction



## A London problem

London faces much more serious crack cocaine problems than the rest of the country. Well over half of all seizures of crack cocaine take place in London. London drug users are four times more likely to use crack cocaine than those living elsewhere. When the Government launched its National Crack Plan at the end of 2002, it identified thirty seven high crack areas where urgent action was needed. Sixteen of these areas were in London.

The members of the Greater London Alcohol and Drug Alliance (GLADA) agreed that such a distinctive London problem needed a London-focused response. They agreed that GLADA should embark on a three stage process to galvanise and focus the work of London's key agencies.

The first step was to develop a better understanding of the scale and nature of the problem. GLADA commissioned two reports on the use and sale of crack cocaine in London – *An evidence base for the London crack cocaine strategy* and *Community-led innovation in addressing the problems caused by crack cocaine in London*. These were both published in April 2004.

The second stage was the development of this document - the GLADA Crack Cocaine Strategy 2005 – 08. In developing the strategy, GLADA undertook an extensive consultation with key stakeholders and interested Londoners on the impact of crack cocaine in the capital and the best ways of responding. The purpose of the strategy is to improve and co-ordinate the way that crack cocaine problems are tackled in London.

The development of the strategy has already had an impact on the work of GLADA members. Working in partnership under the umbrella of GLADA has enabled different agencies to develop momentum for tackling crack cocaine together. For example, during 2004, an online directory of London's treatment services for crack cocaine was published – [www.cracklondon.org.uk](http://www.cracklondon.org.uk); an ongoing review of treatment for crack cocaine users in every London borough was instigated; and specific resources in all London's prisons were developed.

The third step in the process is the publication of a yearly action plan detailing how GLADA members will co-ordinate their efforts to achieve the five main objectives set out in this strategy. The first action plan will be published in early 2005. At the end of each year progress on the strategy will be reviewed by GLADA and an action plan developed for the coming year.

## Organisation of the strategy

The strategy document first describes the impact that crack cocaine has on crack users and on the wider community and the plans that are currently in

hand to tackle the problem. It then sets out a framework for future action, with clear objectives that GLADA members aim to achieve within the strategy's three year timescale.

The strategy establishes five key objectives and identifies priority areas for action for GLADA and its members and other key partners over the next three years. A lead agency is identified for each objective. It should be emphasised that the nominated agency is expected to provide leadership and direction in achieving an objective; work towards the objective will be undertaken by many different organisations working in partnership.

The response is planned as a 'whole systems approach'. This means tackling the full range of social, cultural and economic drivers of crack cocaine use. This promises to be more effective than focussing only on the individuals and groups most at risk.

In developing this strategy, GLADA members developed seven key working principles that underpin the strategy and inform all the activities which flow from it.

### **Seven principles for the GLADA Crack Cocaine Strategy**

In developing this regional response to crack cocaine in London, GLADA is committed to:

- 1 Reducing the harm that crack cocaine causes both to London's communities and crack users.
- 2 Improving the evidence base relating to crack cocaine, and ensuring the voice of London's communities are heard in this process.
- 3 Reducing the availability of crack cocaine in London.
- 4 Pursuing 'primary prevention', so that fewer people ever start using crack cocaine.
- 5 Protecting London's communities from crime related to crack cocaine.
- 6 Valuing the diversity of London's communities and actively seeking to identify and address issues of inequality.
- 7 Promoting the social inclusion of all Londoners.



GLADA is committed to establishing new working relationships and partnerships and to galvanising agencies and organisations across London to ensure the effective delivery of this strategy.

GLADA members believe that a co-ordinated response to the harms caused by crack cocaine is vital and that many problems will require joint action on different fronts from many agencies. Although this document is organised into separate thematic sections, action has to be fully coordinated if it is to be effective.

Section 2 of this document describes crack cocaine use and its risks. Sections 3 to 6 examine in turn:

- Patterns of use in London;
- Treatment for crack cocaine problems in London;
- Crack-related crime in London; and
- Crack cocaine's effect on the capital's communities.

Each of these four sections is divided into three parts, covering: the current situation in London; current initiatives and responses; and priority actions for the three years covered by the strategy. Section 7 draws together the strategy's objectives and priorities. At the back of the document there is a glossary of terms and details on all the key texts referred to in this strategy.

### **The objectives of the GLADA Crack Cocaine Strategy**

**1 To improve the understanding and awareness of crack cocaine issues in London.**

Lead agency: The Government Office for London and the Greater London Authority

**2 To reduce the availability of crack cocaine in London.**

Lead agency: The Metropolitan Police Service

**3 To increase the capacity of treatment and support services in London to work effectively with crack cocaine users from all communities.**

Lead agency: The National Treatment Agency

**4 To ensure that all crack cocaine using offenders receive swift, appropriate and co-ordinated interventions at every point of the criminal justice system.**

Lead agency: National Offender Management Service, London Region

**5 To ensure that London's communities are effectively engaged in responding to crack cocaine.**

Lead agencies: The Greater London Authority and the Government Office for London

## 2 Crack cocaine

Crack cocaine is cocaine powder which is baked into a rock to enable it to be smoked. Smoking crack cocaine is a highly efficient way of getting cocaine to the brain and provides a much more intense experience than snorting powder cocaine. Although individual reactions will vary, the effects described in this section are typical for many users.

Crack cocaine produces a rapid, intense high which lasts for about two minutes. This is followed by a less intense, but pleasurable feeling which lasts for about another 20 minutes. It is this speed of delivery that is thought to put crack cocaine smokers at greater risk of psychological dependency than users of cocaine powder.

Whether smoked as a rock or snorted as powder, cocaine is a powerful stimulant drug with very strong effects on both body and mind. Many people experience feelings of euphoria and supreme confidence. Some people also experience strong emotions of guilt and shame after using. The positive feelings are what makes crack cocaine so potentially addictive. Many people want to repeat the experience – and to deal with the negative emotions – by using it more and more.

Cocaine increases the heart rate, raises the blood pressure and may produce a dry mouth. Users may feel a strong urge to drink alcohol or smoke, but probably won't want to eat or sleep. Some people feel sick, irritable or aggressive. The higher the dose, the more intense the feelings and the greater the risk of negative effects.

The short term risks of taking crack cocaine are lower than other Class A drugs such as heroin. However, long term users are likely to face serious heart and lung problems. Smoking crack can cause black phlegm, chest pain, lung damage and bronchitis; because it stops people feeling hungry, cocaine can make them vulnerable to malnutrition.

Crack cocaine is a drug that many users find difficult to control and long term use can have a powerful effect on mental health. It can result in a range of conditions from mild depression and anxiety to the extremes of cocaine psychosis with symptoms similar to schizophrenia.

Individual patterns of drug taking vary considerably, but it is clear that many people who started out mainly taking crack cocaine go on to use heroin, alcohol and other depressants, frequently to manage the lows that naturally follow use of stimulant drugs. Equally, treatment agencies have seen many long term heroin users who have started using crack cocaine on a regular basis.

Crack cocaine and cocaine powder can both be injected, and this is the most dangerous way to take these drugs. Injection is most common among poly drug users and carries with it the risk of contracting HIV or hepatitis. Wound infections can occur, particularly as cocaine acts as a local anaesthetic, numbing the injection site and making injection more hazardous.



### 3 Crack cocaine use in London



There are a growing number of sources of information on the sale and use of crack cocaine in London. The quantity and quality of information has improved markedly although no individual source can yet be regarded as a completely reliable indicator<sup>1</sup> concerning the availability and use of the drug in the capital. Nevertheless, when all these data sources are collated, they paint a clear picture of substantial increases in recent years.

#### The growth of crack cocaine use in London

- Between 1998 and 2001, the annual number of drug seizures in London fell by a third, but the number of seizures of crack cocaine rose by over a fifth.
- Between 1998/9 and 2002/3 the number of offences of supplying crack cocaine in London rose by 151 per cent.
- In 2002/3 there were more recorded offences for supplying crack cocaine than for supplying any other Class A drug.
- Between 1998/9 and 2002/3, the number of offences for possessing crack cocaine rose year on year, with an overall increase of 69 per cent.
- Between 1995/6 and 2000/1 the number of crack cocaine users in London treatment services increased by 159 per cent.
- Between 1994 and 2003 the cost of a gram of crack cocaine has dropped from £110 to £99 – a real-terms fall of 37 per cent, allowing for inflation.

Our best estimate suggests that about 1.5 per cent of London's population aged between 15 and 44 years old are crack cocaine users – or around 45,000 people.

The scale of the crack cocaine problem in London is much larger than in the rest of the country. Two statistics illustrate this. Over half - 57 per cent - of seizures of crack cocaine in England and Wales take place in London. And Londoners who seek drug treatment are over four times more likely to be crack users than others in treatment in the South East. London is the cocaine distribution hub for much of the country, and is a focal point for crack cocaine problems.

#### *Who uses crack cocaine?*

One of the reasons why London has more than its share of crack cocaine users is its social composition. The British Crime Survey identifies four types of area as particularly prone to drug use: affluent urban areas; inner city

areas; areas with high densities of council housing; and low income areas. London is made up largely of these types of area.

A wide variety of London's population use drugs, including crack cocaine; there is no typical user. Most of our information about who uses drugs comes from the workload statistics of drug treatment agencies. In part these statistics reflect how well treatment services meet the needs of different types of user, people of different ages, and people from different communities. The majority of those in treatment are white men between the ages of 25 and 44 years.

Analysis of the treatment data shows that the profile of those using crack cocaine differs from those using other Class A drugs in some respects. Crack cocaine users are more likely to be younger than heroin users, and slightly more likely to be from black and minority ethnic communities. Levels of use are highest in deprived areas and within certain groups, such as sex workers.

Crack cocaine users are likely to use other illicit drugs, especially heroin, but alcohol is also widely used. A study of 100 London crack cocaine users found that two thirds were also using heroin, almost a half used cannabis and around a fifth used each of benzodiazepines, cocaine powder and methadone<sup>2</sup>. A quarter were also drinking more than 60 units of alcohol per week.

### The London response

GLADA members are tackling the growing problems of crack cocaine in three main ways:

- Reducing the supply of crack cocaine in London.
- Preventing Londoners from using crack cocaine.
- Getting Londoners who use crack cocaine into treatment and support services (see Section 4).

#### *Supply reduction*

Her Majesty's Customs and Excise and the Metropolitan Police Service are both extensively engaged in tackling the supply and availability of crack cocaine in London.

Customs and Excise seize approximately four tons of cocaine in the UK every year. They also contribute to seizures overseas that are intended for this country of several more tons. Customs and Excise primarily detect cocaine in powder form. It is apparent that the process to convert cocaine into crack takes place primarily in this country.



In addition to its continuous work tackling drug markets and closing crack houses, the Metropolitan Police Service is further developing its capacity to tackle higher level drug dealers.

Customs and Excise and the Metropolitan Police Service have developed a close working relationship. In collaboration with the National Criminal Intelligence Service and the City of London Police, they have launched the 'Middle Market Drugs Project' tackling crack cocaine and heroin distributors. A major focus of this project is the recovery of assets from those dealing in drugs, but both drug prevention and drug treatment will feature in the scope of the work to be undertaken.

At the end of 2004 the Prison Service commissioned a review of current supply reduction measures in London's prisons with the aim of re-focusing the prison service's operational response to supply reduction, and in particular how it shares intelligence with the Metropolitan Police Service.

#### *Drug prevention and 'demand reduction'*

A number of community-based initiatives designed to prevent Londoners using crack cocaine are already in place; Section 4 of this strategy provides more details. GLADA members are also collaborating in the development of a London crack cocaine communications campaign which will include messages for London's young people, making them aware of the dangers of using crack cocaine.

## GLADA objectives and priorities

### Objective

#### **To improve the understanding and awareness of crack cocaine issues in London.**

Lead agency: The Government Office for London and the Greater London Authority

### Priorities

- GLADA is committed to continuing to build the evidence base on crack cocaine and its impact on the lives of Londoners and will base its actions on this evidence.
- GLADA will deliver a series of communications aimed at reducing crack-related harm and dispelling myths and stereotypes. These will be culturally appropriate and will target a range of different groups including users, families and London's range of diverse communities.
- GLADA will support the development of a London-wide young people and substance misuse forum which will seek to influence the wider young people's agenda in London.

### Objective

#### **To reduce the availability of crack cocaine in London.**

Lead agency: The Metropolitan Police Service

### Priorities

- GLADA will support initiatives that target criminals who traffic cocaine and crack cocaine.
- GLADA will support the Metropolitan Police Service's 'Crackdown' Campaigns and work to ensure that enforcement actions are supported by London's communities.

## 4 Treatment for crack cocaine users



### *Not just crack cocaine*

Most crack users use other drugs including alcohol. In providing treatment for Londoners with crack problems, their crack cocaine use cannot be dealt with in isolation. In responding to 'poly-drug use' it is important to tackle the problems related to all substances being used.

### *Increasing need for treatment*

Drug treatment agencies are required to record a range of monitoring information on all the drug users they see, including their main drug of choice. In 2000, one in seven Londoners attending treatment agencies for the first time stated that crack cocaine was their main drug of use. At least 2,000 Londoners sought help for a crack cocaine problem in 2000 – over two and a half times as many as in 1995. Since then, the demand for treatment has increased further.

### **The London response**

#### *Effective practice*

The National Treatment Agency (NTA) is a special health authority set up to increase the availability, capacity and effectiveness of drug treatment in England. The research evidence base demonstrates that there is effective treatment for those using crack cocaine and other drugs.

#### *Service provision in London*

The NTA recommends that all drug treatment services should be able to operate as the first point of contact for those using crack cocaine and that only some areas of London need services specifically tailored to crack cocaine problems.

A London-wide audit in November 2003 found that there were 116 services to which crack cocaine users can be referred in London. The results of the audit are presented separately for Tier 2 and Tier 3 services.

Over nine in ten Tier 2 services provided motivational interviewing and/or brief interventions and eight in ten provided an assessment appropriate to crack cocaine users. Two thirds provided housing advice and support to users' families and carers, and just over half provided complementary therapies and an outreach service.

Three quarters of the Tier 3 services provided structured counselling and care planning, with about a half providing structured complementary therapies and specific services for crack cocaine users with mental health problems.

The Government Office for London Drugs Team and the NTA (London Region) have produced the online London Crack directory which contains information on drug services in London which can be accessed directly by people who are using crack cocaine. The directory can be found at: [www.cracklondon.org.uk](http://www.cracklondon.org.uk)

### **NTA recommendations for treating crack cocaine and poly drug use**

- Crack misusers are most likely to seek help through informal services tailored to their needs.
- Crack misuse is treatable. Many existing approaches work well, but none are specific to the treatment of crack dependence.
- Drug-free psychosocial interventions such as counselling are the most cost-effective options for clients with few complicating problems.
- For more dependent users, both group and individual cognitive-behavioural approaches have been successful.
- Clients with multiple needs fare best where there is group support from other clients and a full daytime schedule of therapeutic and practical activities.
- Clients lacking social support or with very severe psychological problems do best in residential care.
- Once they start treatment, clients tend to stay longer and respond better if they feel that their concerns are being positively addressed and that their key worker is empathic and understanding.
- Early abstinence in treatment is strongly related to lasting abstinence.

### *Quality of provision*

Two-thirds of services surveyed in the London audit described their competence for dealing with crack cocaine/cocaine users as 'acceptable' and just over a quarter as 'specialist'. Most areas identified the lack of housing for drug users as a particular concern.

A growing number of treatment services in London are providing more effective interventions for crack cocaine users, but there are several issues that still need addressing.



About half of the 100 London crack cocaine users interviewed for the study 'On the Rocks' in 2001/2 stated that London treatment agencies did not offer appropriate assistance for their drug use. In particular they cited workers' lack of specialist knowledge about crack cocaine use and treatment, the inability of residential services in particular to work with people from black and minority ethnic communities, and the lack of aftercare. Thirteen key factors were identified by more than half these 100 crack cocaine users as being important features of community-based drug services:

- Fast access to treatment
- Later opening hours
- Housing advice
- Local services
- One-to-one support
- Advice on hepatitis or HIV
- Ex-crack cocaine using staff
- Referral to other services
- Employment, training and education advice
- Mental health support
- Users' groups
- Drop-in service
- Separate stimulant service

The Drug Interventions Project (DIP) was established in 17 London boroughs in 2003 – 04 to provide access for crack users to these types of community based interventions. More detail on DIP is provided in the next section.

## GLADA objectives and priorities

### Objective

**To increase the capacity of treatment and support services in London to work effectively with crack cocaine users from all communities.**

Lead agency: The National Treatment Agency

### Priorities

- GLADA will support the further development and delivery of accessible and effective treatment and support services for crack cocaine users, in particular for those groups, such as young people, offenders, and people from London's black and minority ethnic communities, who are currently under-represented in services.
- GLADA will seek to influence relevant initiatives to recruit and retain staff with the skills to work effectively with crack cocaine users, including in particular the cultural competence to work with members of London's black and minority ethnic communities.
- GLADA will identify gaps in data collection and encourage the dissemination of information relating to effective treatment responses to crack cocaine use.
- GLADA will support opportunities for the more effective commissioning of services for crack users in London, in particular on a cross-borough basis.

## 5 Crack cocaine use and crime in London



Offenders who use crack cocaine and/or heroin commit significantly more crimes than those who do not use these Class A drugs. The most common crimes committed are property crimes – shoplifting, handling stolen goods, fraud and deception, burglary, autocrime and robbery – in order to raise money to buy drugs. A recent study of 100 London crack cocaine users found that the sample was spending an average of £800 each per week on drugs. Nine out of ten of these were committing crimes to fund their drug use. Those who were selling drugs to raise money were more likely to have committed violent offences and to have possessed firearms.

- There are high numbers of crack cocaine users recorded at every point of London's criminal justice system:
- In July 2004, 85 per cent of those who tested positively for Class A drugs in 17 London boroughs had used cocaine.
- In 2003, 72 per cent of the 625 Londoners supervised on Drug Testing and Treatment Orders used crack cocaine.
- In the two years to March 2004, 55 per cent of the 26,692 prisoners seen by London's prison drug workers had used crack cocaine in the 30 days before coming to prison.

### The London response

The principal way in which the Government aims to tackle drug-related crime is by getting as many drug using offenders as possible into treatment. The National Drug Strategy aims to co-ordinate the efforts of the police, probation and prison services to reach and retain in treatment as many drug using offenders as possible. The bringing together of the prison and probation services under the direction of the National Offender Management Service will facilitate this co-ordination.

In addition, the Home Office has launched the Drug Interventions Programme (DIP) (formerly CJIP) which recognises that drug using offenders need to be targeted at every point in the criminal process, from arrest to release from custody. Therefore, DIP interventions are set up to form a beginning-to-end support programme that follows and manages offenders as they pass through the criminal justice system, and complements the work of the prison and probation services. Different interventions are delivered at each stage of the system and are co-ordinated through a case management approach. The range and capacity of treatment services is being increased to meet this demand. The main interventions provided at each stage of the criminal justice system are set out below:

**Arrest**

Those charged with the offences most commonly associated with illegal drug use will be tested to see if they are users of cocaine and/or heroin.

Drug workers interview drug users in police cells and seek to engage, assess and refer them into treatment services.

**Courts and probation**

Drug workers based at court engage, assess and refer drug users into treatment services, co-ordinating with probation officers preparing court reports.

Courts pass a sentence of a Drug Treatment and Testing Order (DTTO) which provides a high level of treatment and supervision for serious drug using offenders. In 2005 the DTTO will be replaced by the Drug Rehabilitation Requirement of a new Community Order. The most common treatment interventions of these court orders are: residential rehabilitation; cognitive behavioural therapies as part of a group work programme; rapid access to substitute prescribing; alternative therapies; and counselling.

**Prison**

Prison-based drug workers provide a range of treatment services including detoxification, motivational work, advice, information and group work courses and liaise with community-based drug workers. There are crack cocaine specific drug workers in all London prisons.

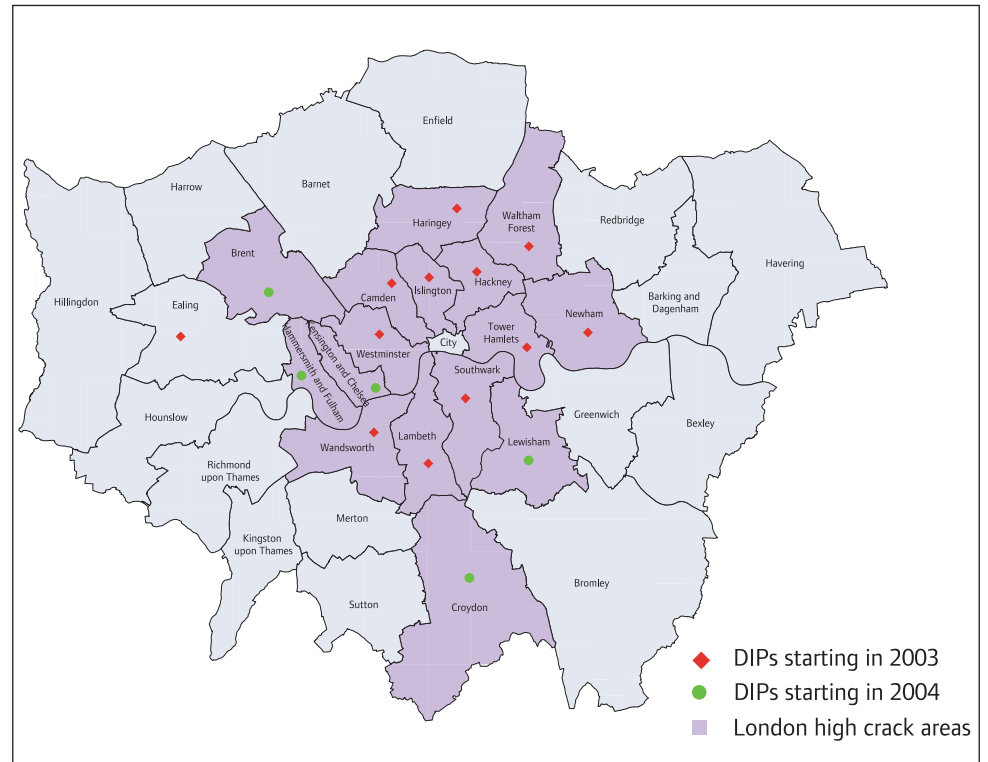
**Aftercare**

New aftercare services are being established in every London borough in 2004/5 to provide better support and treatment for drug users being released from prison.

DIP teams are specifically required to establish treatment and support services which meet the needs of offenders who use crack cocaine.

DIP teams were established in twelve London boroughs in April 2003 and a further five boroughs in April 2004. The Drug Action Teams in the other 16 London boroughs have been given extra funding to ensure that drug using offenders in their areas get swift access to co-ordinated treatment and to improve aftercare services for those leaving prison.

## High crack areas and Drug Interventions Programmes by London borough



In 2004 the Government launched a Prolific and other Priority Offenders (PPO) strategy which aims to target the 5,000 offenders nationally who are responsible for nearly one in ten offences. The Crime and Disorder Reduction Partnership in every London borough will be responsible for targeting its most prolific offenders. A key part of the PPO strategy will be to work with identified prolific offenders to stop their offending by offering a range of supportive interventions. Offenders will be offered the opportunity for rehabilitation or face a very swift return to the courts. It is likely that a significant proportion of every borough's prolific offenders will be drug users. It will be important for DIP teams and prolific offender schemes to work in a co-ordinated fashion.

## GLADA objectives and priorities

### Objective

**To ensure that all crack cocaine using offenders receive swift, appropriate and co-ordinated interventions at every point of the criminal justice system.**

Lead Agency: National Offender Management Service

### Priorities

- GLADA will support initiatives to improve the capacity and skills of workers throughout the criminal justice system to work with drug using offenders in general, and crack using offenders in particular.
- GLADA will support initiatives that target those who are motivated to commit crime through their crack use.
- GLADA will review the evidence about the effectiveness of Drug Interventions Programmes with all sections of London's diverse communities and provide leadership to implement any required changes in policy or practice.
- GLADA will support the Government's Prolific and other Priority Offender Schemes and work to ensure the support needs of drug using offenders are met.

## 6 Crack cocaine use and London's communities



The use and sale of crack cocaine has had an increasingly damaging effect on London's communities. Crack cocaine is sold in a number of ways, including from drug dealing houses. So-called crack houses have proliferated in some deprived areas and those living nearby have experienced a range of anti-social behaviour.

One study<sup>3</sup> found that in areas where drug markets flourished, the related crime and social nuisance compounded other neighbourhood difficulties. Although drug markets were not the sole cause of neighbourhood decline, they frequently impeded regeneration efforts, damaged community confidence and contributed to the poor reputation of an area. The study found that involvement in selling crack cocaine offered significant economic opportunities for young people where formal labour market prospects were weak, diverting them away from legitimate opportunities.

### The London response

London's communities are responding to the problem of crack cocaine in a wide range of ways. GLADA has published a report on nine innovative community-led approaches to tackling the issue<sup>4</sup>. These range from the Haringey Peace Alliance, a multi-faith project which strengthens community partnerships fighting drug related problems, to a peer education project for crack cocaine users in Ealing. The GLADA report identified six themes key to these community-led interventions:

- 1 Neighbourhood focus – projects worked better on a locally defined neighbourhood basis, rather than on formal ward or local authority boundaries.
- 2 Partnership working – involving community groups as well as voluntary and statutory organisations.
- 3 Workforce recruitment and retention – there is a need to allow adequate time and funding for retention and to consider the option of employing ex-users.
- 4 Robust monitoring systems – it is vital to keep a close check on the progress and delivery of innovative projects to tackle any difficulties as soon as they emerge.
- 5 Secure funding – The most effective interventions are supported through mainstream and dedicated funding.
- 6 A combination of approaches – most effective community leadership initiatives drew on a wide range of skills and experiences.

Other agencies are also playing their part. Many local partnerships have developed multi-agency protocols to expedite the closure of crack houses, arrest dealers and get vulnerable crack cocaine users into safe accommodation and drug treatment.

The Metropolitan Police Service has prioritised the closure of crack houses and tackling of open drug markets, recognising that these forms of drug dealing have the most impact on local communities. In 2003/4 the police undertook 500 operations against crack houses.

Operation Trident is the Metropolitan Police Service's dedicated response to gun crime within London's black communities, much of which is drug related. The Trident Independent Advisory Group was formed in 2000 to harness the support of London's black communities and to help police operations to be better informed. It also provides independent, critical advice and has remained at the heart of the Trident strategy.

### **GLADA objectives and priorities 2005 – 08**

#### **Objective**

**To ensure that London's communities are effectively engaged in responding to crack cocaine.**

Lead Agencies: Greater London Authority and Government Office for London

#### **Priorities**

- GLADA will ensure that issues relating to crack cocaine are appropriately addressed within new Local Area Agreements and that local communities are supported to address crack cocaine issues.
- GLADA will work to ensure that crack cocaine issues are considered in relevant London-wide strategies including the Anti-Social Behaviour Strategy, London Housing Strategy and the London Supporting People Strategy.
- GLADA will ensure that learning from the London Drug User Involvement Project is disseminated and will continue to advocate for the involvement of drug users in relevant policy, planning and decision-making.
- GLADA will continue to lobby for Londoners to get full benefit from monies seized or confiscated from drug dealers and other relevant funding streams.

## 7 Summary of objectives and priorities



### Objective 1

**To improve the understanding and awareness of crack cocaine issues in London.**

Lead agency: The Government Office for London and the Greater London Authority

#### Priorities

- GLADA is committed to continuing to build the evidence base on crack cocaine and its impact on the lives of Londoners and will base its actions on this evidence.
- GLADA will deliver a series of communications aimed at reducing crack-related harm and dispelling myths and stereotypes. These will be culturally appropriate and will target a range of different groups including users, families and London's range of diverse communities.
- GLADA will support the development of a London-wide young people and substance misuse forum which will seek to influence the wider young people's agenda in London.

### Objective 2

**To reduce the availability of crack cocaine in London.**

Lead agency: The Metropolitan Police Service

#### Priorities

- GLADA will support initiatives that target criminals that traffic cocaine and crack cocaine.
- GLADA will support the Metropolitan Police Service's 'Crackdown' Campaigns and work to ensure that enforcement actions are supported by London's communities.

### Objective 3

**To increase the capacity of treatment and support services in London to work effectively with crack cocaine users from all communities.**

Lead agency: The National Treatment Agency

#### Priorities

- GLADA will support the further development and delivery of accessible and effective treatment and support services for crack cocaine users, in particular for those groups, such as young people, offenders, and people from London's black and minority ethnic communities, who are currently under-represented in services.

- GLADA will seek to influence relevant initiatives to recruit and retain staff with the skills to work effectively with crack cocaine users, including in particular the cultural competence to work with members of London's black and minority ethnic communities.
- GLADA will identify gaps in data collection and encourage the dissemination of information relating to effective treatment responses to crack cocaine use.
- GLADA will support opportunities for the more effective commissioning of services for crack users in London, in particular on a cross-borough basis.

#### Objective 4

**To ensure that all crack cocaine using offenders receive swift, appropriate and co-ordinated interventions at every point of the criminal justice system.**

Lead Agency: National Offender Management Service

#### Priorities

- GLADA will support initiatives to improve the capacity and skills of workers throughout the criminal justice system to work with drug using offenders in general, and crack using offenders in particular.
- GLADA will support initiatives that target those who are motivated to commit crime through their crack use.
- GLADA will review the evidence about the effectiveness of Drug Interventions Programmes with all sections of London's diverse communities and provide leadership to implement any required changes in policy or practice.
- GLADA will support the Government's Prolific and other Priority Offender Schemes and work to ensure the support needs of drug using offenders are met.

#### Objective 5

**To ensure that London's communities are effectively engaged in responding to crack cocaine.**

Lead Agencies: Greater London Authority and Government Office for London

#### Priorities

- GLADA will ensure that issues relating to crack cocaine are appropriately addressed within new Local Area Agreements and that local communities are supported to address crack cocaine issues.



- GLADA will work to ensure that crack cocaine issues are considered in relevant London-wide strategies including the Anti-Social Behaviour Strategy, London Housing Strategy and the London Supporting People Strategy.
- GLADA will ensure that learning from the London Drug User Involvement Project is disseminated and continue to advocate for the involvement of drug users in relevant policy, planning and decision-making.
- GLADA will continue to lobby for Londoners to get full benefit from monies seized or confiscated from drug dealers and other relevant funding streams.

### References and notes

- 1 Detailed data and their limitations can be found in GLADA (2004) 'An evidence base for the London crack cocaine strategy.' Greater London Authority.
- 2 'On the Rocks: a follow up study of crack users in London'. Available from ICPR, King's College, London.  
[www.kcl.ac.uk/icpr/publications/Rocks.pdf](http://www.kcl.ac.uk/icpr/publications/Rocks.pdf)
- 3 Lupton, Ruth et al. (2002) Rock and a Hard Place: Drug Markets in Deprived Neighbourhoods Home Office Research Study 240. London: Home Office.
- 4 Doyle Consultancy (2004) Community-led innovation in addressing the problems caused by crack cocaine in London, available from GLADA

## Glossary of terms

**Class A drugs** – Heroin, methadone, cocaine, Ecstasy, LSD, amphetamines (if prepared for injection) and magic mushrooms prepared for use are all Class A drugs under the Misuse of Drugs Act 1971. Short-hand for ‘hard drugs’, often used mainly to refer to heroin and cocaine.

**Crime and Disorder Reduction Partnerships (CDRP)** – local multi-agency partnerships responsible for community safety at a borough level, close co-operation or merger with DATs is encouraged by Government.

**Drug Action Teams (DAT)** – are local authority based multi-agency coordinating groups working closely with Crime and Disorder Reduction Partnerships to deliver the national drug strategy.

**Drug Interventions Programme (DIP)** – is a Government initiative aimed at integrating drug treatment interventions within the criminal justice system, aimed at maximising the number of drug using offenders in treatment, formerly known as the Criminal Justice Interventions Programme.

**Drug Treatment and Testing Orders (DTTO)** – court order where offenders are sentenced to drug treatment supervised by the probation service, enforced by (at least) twice weekly drug testing and monthly court reviews.

**GLADA** – The Greater London Alcohol and Drug Alliance is a network of organisations and agencies set up by the Mayor to address the harm caused through drugs and alcohol in the city. This unique partnership brings together members of the voluntary and statutory sectors to identify strategic priorities to address the complex set of alcohol and drug issues facing the capital.

**London Drug User Involvement Project** – a GLADA project funded through seized assets monies, it aims to increase the involvement of drug users in decision making processes in all areas of their lives.

**Harm reduction** – a set of practical strategies that reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence.

**Local Area Agreements (LAA)** – a new structure to improve working relationships between central and local government, Local Area Agreements are intended to simplify funding streams, join up public services and give councils and other local delivery partners more flexibility.

**Middle Markets** – drug dealing at a level that is higher than street dealing but below importation. Some drug dealers work at all three levels.

**Models of Care (MOC)** – the national blueprint for drug treatment.

**National Treatment Agency (NTA)** – special health authority whose remit is to increase the availability, capacity and effectiveness of treatment for drug misuse in England.

**National Drug Strategy** – The Government’s 10 year strategy for tackling drug misuse launched in 1998.

**National Offender Management Service (NOMS)** – a new organisation which was created in April 2004. It is still in development, but aims to bring together the work of the prison and the probation services in order to create a cohesive and properly co-ordinated framework for sentencing which will provide for the comprehensive management of offenders.

**Poly-drug use** – the use of more than one drug, reflects the fact that very many drug users use more than one substance regularly, including alcohol.

**Primary prevention** – drug education work which aims to discourage people from trying illegal drugs.

**Prolific and other Priority Offenders (PPO)** – strategy which aims to target the 5,000 offenders nationally who are responsible for nearly one in ten offences.

**Tackling crack: A national plan** – a significant increase in the use of crack cocaine led to a specific national plan published in December 2002.

**Tier 2 Services** – Tier 2 services are open access specialist drug services. People who want to use these services can access them very easily, and can refer themselves. The aim of Tier 2 services is to engage drug misusers in treatment and to reduce drug-related harm.

**Tier 3 Services** – Tier 3 services are specialist drug treatment services that are provided in a structured way in the community (i.e. they do not require clients to stay in overnight accommodation).

**Triage** – term used in Models of Care, a level of assessment which determines what treatment is needed for an individual or whether a more comprehensive assessment is required.

**Updated drug strategy** – supplement to the National Drug Strategy published in December 2002, which prioritised a tougher focus on Class A drugs, committed more resources, set out plans for expanding treatment services and led to the National Crack Action Plan.

## Key Texts

GLADA (2004) An evidence base for the London crack cocaine strategy. Greater London Authority.  
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[www.drugs.gov.uk](http://www.drugs.gov.uk)

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ngôn ngữ của bạn, hãy gọi điện theo số hoặc  
liên lạc với địa chỉ dưới đây.

### Greek

Αν θα θέλατε ένα αντίγραφο του  
παρόντος εγγράφου στη γλώσσα  
σας, παρακαλώ να τηλεφωνήσετε  
στον αριθμό ή να επικοινωνήσετε  
στην παρακάτω διεύθυνση.

### Turkish

Bu broşürü Türkçe olarak edinmek  
için lütfen aşağıdaki numaraya  
telefon edin ya da adrese başvurun.

### Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ  
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ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

### Hindi

यदि आप इस दस्तावेज़ की प्रति अपनी भाषा में चाहते हैं,  
तो कृपया निम्नलिखित नम्बर पर फोन करें अथवा दिये  
गये पता पर सम्पर्क करें।

### Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি  
(কপি) চান, তা হলে নীচের ফোন নম্বরে  
বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

### Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے  
ہیں، تو براہ کرم نیچے دیئے گئے نمبر پر فون کریں  
یا دیئے گئے پتے پر رابطہ قائم کریں۔

### Arabic

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