

Tackling crack

A national plan



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The context

This plan should be read alongside the update to the National Drugs Strategy as a whole, which was published on 3 December 2002.

There is evidence to show that use and the problems associated with crack are increasing in the UK. Although crack can be found in the majority of communities across England and Wales, the level of use, and harm caused, varies considerably. Where levels are high the damage caused to communities is acute. Urgent action is therefore required to reduce the levels of use in the most badly affected areas, and to stop the potential growth of the problem in other areas.

The plan describes the nature of the problem, and what needs to be done, both nationally and locally, as an integral part of the drugs strategy. Action will need to be committed and focused. However, the specific action set out in this plan should be seen as running in parallel, and complementary, to the action being taken to deliver the national drugs strategy as a whole. It should not be seen as diverting the focus away from other Class A drugs such as heroin. Delivery will be through existing drug strategy mechanisms using available funds, and existing funding streams, as supplemented by the 2002 Spending Review. Having said that, the existing programmes will need to be developed in a way that enables flexibility and the capacity

to deal with crack problems. In preparing this plan, it has been recognised that generic programmes aimed at tackling the problems caused by illegal drugs have not always addressed crack with the weight and vigour that the nature of the drug deserves.

It is worth adding that this plan concentrates specifically on crack, rather than cocaine more generally, because it is crack that causes particular problems at street level and in its links to crime, including violent crime. This is not to say that cocaine of itself does not present a challenging problem – it most certainly does. However, the challenges that cocaine misuse present do not have the same linkage with violent crime and community disorder, and can therefore be addressed as part of the wider drugs strategy without the need for a separate, complementary plan. This is not an attempt to undermine the need for strategic action for all drugs, as is set out in the overall drugs strategy, but it does reflect the need to do more on this specific issue.

To summarise, the purpose of this plan, therefore, is to build on best practice developed in those areas where positive action has already been taken to tackle the crack problem, and to prevent escalation in those communities most at risk.

Executive summary

The reason for action

Crack cocaine use is steadily increasing throughout the UK. While the majority of users are poly-drug, using crack alongside heroin, in about 40 areas (about half of them in London) a significant number use crack as their primary drug of choice. Where this is the case, and especially where crack markets have grown up to support their use, problems related to crack are acute and demand urgent action.

Crack problems have not always been dealt with as efficiently as problems with heroin; partly because crack markets are difficult to handle and users difficult to engage in treatment. Action will be taken to increase the ability of services under all four aims of the strategy to respond effectively.

The problems crack brings

Crack is produced in the UK from imports of cocaine, which derive mostly from bulk shipments via the Channel ports. A much smaller quantity arrives via couriers, by air.

Primary crack use sometimes leads to greater levels of violence and acquisitive crime and has been linked to guns and sex work. In all cases, while treatment can be effective and lead to behavioural change, services have not always been able to respond to the needs of users effectively.

Crack markets have a damaging effect on local communities, especially deprived ones, and have disproportionately affected the African-Caribbean community.

Crack dealing, linked to gun use, is seen by some young people, as an attractive career option.

What will we do?

Action is under way across the four aims of the strategy – this will be increased and advanced more quickly and more effectively, delivering a higher level of service in all areas. There will also be an intense focus in those areas most heavily affected – High Crack Areas or HCAs who will be expected to deliver a much more comprehensive set of services.

- On supply; major new action to stem the trafficking of crack to the UK through work in producer and transit countries to close trafficking routes
- A major programme of action by police in a number of key force areas to close local crack markets, such as is happening in Lambeth (see box overleaf)
- A new capability of all drug services to meet the needs of drug users backed by around 20 specialist programmes for crack users serving the HCAs
- New programmes to divert young people at risk from using crack and getting involved in related culture
- New media and communications campaigns in HCAs to raise awareness of gun crime and crack risks
- New criminal justice interventions and increased services for offenders in HCAs, making arrest referral services more able to track crack users into treatment and offer flexible, crack specific Drug Testing Treatment Orders (DTTO) programmes
- New research into the effectiveness of treatment
- New programmes to meet the needs of special client groups most affected by crack, such as sex workers.

What will be the result from these actions?

There will be measurable change:

- An increase in the number of people arrested for crack supply
- An increase in the number of people convicted of crack supply
- A reduction in crack-related gun crime
- An increase in the amount of cocaine removed from the supply routes to the UK
- An increase in the number of people accessing drug treatment
- An increase in awareness of crack issues among young people
- A reduction in the number of young people starting to use crack
- A reduction in local availability
- An improvement in public perception of action in HCAs

And as well:

- Services will address the needs of the most deprived areas as a priority
- The needs of ethnic minority users will be met more effectively.

When will this happen?

The timetable will be as follows:

- Identification of HCAs by January 2003
- Creation of the high-level group in January 2003
- Guidance to Drug Action Teams (DATs) on how to tackle crack problems in January 2003
- Focused action by police in key areas against markets starting January 2003
- Introduction of new specialist crack treatment services by April 2003
- Introduction of new schemes for vulnerable young people at risk of crack use in HCAs, among other drugs, by June 2003
- Introduction of new criminal justice interventions, aimed at getting crack and other drug users into treatment. These will begin to come on stream in April 2003
- Measurable improvements in all HCAs on supply by April 2003, and new services for young people, treatment and crime starting from April 2003.

How we will co-ordinate this in government?

The Home Office will set up a high-level strategic programme management group involving key agencies like the National Treatment Agency (NTA) and Association of Chief Police Officers (ACPO), alongside delivery agents in government, to make action happen across the strategy. This will commission activity and delivery on crack in key areas.

- We will ensure that there is effective local co-ordination by DATs and reporting on progress to the centre
- DATs will be given specific guidance on how they can locally gear up services to meet this challenge

Lambeth – an example of what can be achieved

Lambeth, with the major crack market of Brixton, was an area where crack problems had reached crisis point in 2002, with open crack markets and 80 plus crack houses open at any one time meant that the area had a formidable reputation. Accompanying the use of crack was open street prostitution and the use of guns. The local community had had enough and wanted action.

In June 2002 the Home Secretary met with local politicians and services to help to develop an action plan for crack. This has been put into action and since June, Lambeth has made a major start on tackling its problems. Over 100 crack house raids have taken place. The achievements so far have been:

- 33% less robberies have been reported
- 90 plus people arrested
- 564 searches made
- 148 abandoned vehicles removed
- 118 sex workers arrested and referred to treatment.

The Lambeth community now knows that selling crack will meet with a swift and decisive police response.

Much more is under way as part of a comprehensive multi-agency plan to tackle the crack problem in the borough, and much more is needed, to sustain the progress made, but experience from Lambeth shows that community pressure, coupled with rapid response, can make a difference.

1: The nature of the problem

This plan concentrates on the responses needed to deal with the problems associated with primary crack use – that is the problems arising where crack is the main drug being used and/or sold, and on the relationship between crack and crime.

Most crack use is addressed alongside other Class A drugs in the ongoing work of drug agencies and partners in line with the national drugs strategy. However, where the scale of primary

crack use and the markets that sustain it have become especially problematic, more focused action is needed. This plan sets out to describe the nature of that action at both a national and local level.

1.1 How crack gets to the UK and to street dealers

Crack sold in the UK is produced from cocaine, which has been trafficked to the UK; crack itself is rarely imported. Most of the world's cocaine is produced in South America with Colombia being the predominant producer.

There is considerable evidence of increasing supply of cocaine to the UK market, as represented by the seizures made by law enforcement agencies, a percentage of which is then turned into crack (*Corkery 2002*).

From intelligence obtained by Customs and Excise and the United Nations Drugs Control Programme, it is believed that about 40–50 tonnes of cocaine are shipped to the UK annually. Most cocaine is imported into Europe from producer countries, in bulk by sea to the Iberian Peninsula, then across land to the Netherlands. That which then comes into the UK does so mainly through the Channel ports via the Netherlands. This involves a smaller number of shipments in large bulk. Containers are also sent direct from Colombia.

Smaller but still significant amounts of cocaine (up to 15%) are imported from beyond Europe direct to the UK by couriers arriving by air. Traffickers from the Caribbean are currently substantially involved in this form of importation, but there are other active routes via numerous destinations. The cocaine which arrives by this method may be disproportionately associated with conversion to crack; but more research is needed to confirm this. There is close co-operation with all governments and authorities along each route of trafficking to address these supply chains.

Street dealers obtain either cocaine or crack to sell locally from middle-market dealers. These operate between importers and street dealers, although sometimes street dealers may act as middle-market buyers and buy direct from importers. Middle-market dealers may also sell other commodities such as weapons and smuggled tobacco or alcohol and may be involved in other serious and organised crime. Violence may accompany transactions. Extreme violence is a relatively common feature of cocaine trafficking and organised crime at an international level, and partly as a result is also becoming more common in the UK, especially among foreign nationals operating in this country.



1.2 Selling at street level

Selling crack occurs:

- On the street, in large open markets where several street dealers can congregate offering drugs or waiting to be approached
- On the street but at meetings arranged via mobile phones
- Off the street at premises that can be approached by anyone, which can include crack houses, clubs, cafés and pubs
- In off-the-street premises from which drugs are sold only to known or introduced users but which are not places where users can stay and consume, like crack houses
- From crack houses which only admit introduced buyers, where users can smoke the drug.

The selling of crack causes great damage to communities and to individuals within them and such markets act as a barrier to regeneration and renewal of community pride

and cohesion (*Lupton et al 2002*). Crack houses and markets are a blight on local communities. They are centres of other criminality, including thriving sex markets (*Edmunds et al 1999*).

Some dealers may themselves be users of crack but at times of acute and binge-use are unlikely to be fully capable of operating successfully.

They will use excessive violence to control their patch, compete with other sellers and intimidate witnesses and users, especially those owing money. Crack dealers tend to be more likely to use violence. Of all drugs dealers they are the ones most likely to use guns and other weapons. Some of this aggression arises from using crack and some from norms of violence imported from more violent trafficking and crime environments.

Dealers may sometimes be involved in other crime, including pimping, where drugs are used to subdue and make sex workers compliant and dependent; handling stolen goods, gun crime associated with supply, and other acquisitive crime (*Jacobs 1999; Sutton et al 2001*).

1.3 The users of crack and the problems it causes them

Crack is much less widely used than cocaine or heroin, especially by young people aged 16–24, according to the British Crime Survey. The BCS suggests that there are between 15,000 and 45,000 users in this age group. In total 2250 people attended drug services in 2000–2001 with cocaine or crack problems, according to the National Drug Treatment Monitoring System (NDTMS), but this represents only a small proportion of all users.

Buyers of crack do not fit a standard profile and do not all exhibit the same traits and behaviours.

Crack is a drug that does not cause the same kind of pattern of effect and dependency as heroin. Rather than develop a long-term, less acute dependency, a crack user may use with little immediate impact on their behaviour, particularly when they use crack alongside other drugs. Most crack users do use crack alongside heroin. However, as their use increases, or crack becomes the predominant drug, their dependency and need for the drug may become more chaotic and desperate. A primary crack user may thus have acute periods of almost constant craving where normal restraints on their behaviour are relaxed, but at

other times show little obvious signs of dependency, sometimes going several weeks between purchases. At the height of a binge, they may be buying crack almost 24 hours a day for several days or even weeks.

Crack use **may** be associated with aggression and violence, including acquisitive crime, to obtain money for the drug; it may also be associated with mental illness including psychotic conditions. Neither violence nor mental illness will be present for many users with greater control, particularly those who use crack in addition to their main use of heroin. It is primary crack users who exhibit the most violence, lack of control and occasional psychotic episodes. Most of these episodes fade if crack use is stopped, and such behaviour, even among primary crack users, is not inevitable. Where crack problems are most acute it is inevitable that they affect family life and relationships (*Brain et al 1998*).

There is a strong association between crack and sex work. The reasons are:

- Those involved in pimping often sell crack (*May et al 2000*)
- Crack offers no obvious evidence of use or other signs which put off those using sex workers and those running off street prostitution



- Sex work provides enough financial return to enable crack to be bought
- Crack reduces inhibitions
- As a stimulant drug, crack helps sex workers cope (Edmunds et al 1999; Cusick et al, forthcoming; May et al 2001).

Crack-related offending is represented strongly in studies of groups arrested for acquisitive crime offences. 22% of those screened by arrest referral workers reported use of crack, compared with only 6% use of cocaine; and they spend more a month on their drug than heroin users – £478 compared with £248 (Sondhi 2002). Furthermore, 84% of crack users identified through the NEW-ADAM testing survey of offenders perceived a connection between their drug use and their offending (Holloway and Bennett, forthcoming)

1.4 Where crack is used

Crack is bought, sold and used in various locations all over Britain, but the available statistical evidence from police, treatment and offender data indicates that use is concentrated most in areas of deprivation in the largest

urban areas, especially in London and the South. While cocaine remains a drug used for recreational and leisure purposes by those with a higher level of income, crack remains a drug closely linked to poverty and deprivation. However, as an analysis of data produced by DATs in their most recent annual reporting cycle showed, most areas have seen a growth of crack problems. However, the nature of dependency on crack, and the lack of presentation of users to drug services in some areas means that the problem is under-reported. Problem crack use and supply, as for all drugs, is of appeal to people who lack hope, skills, opportunities and knowledge. For these reasons it has particular appeal in some of the poorest communities, and hence crack problems, as shown by DAT data, and by reports produced by neighbourhood renewal partnerships, are most associated with these areas (Lupton et al 2002).

1.5 Deprivation, race, ethnic status and crack

The British Crime Survey (BCS), data produced by the NDTMS, and arrest referral data, tells us that **the vast majority of crack users in the UK are white**. Many of these are poly drug users or dependent users of heroin as well as crack. Hence the majority of crime associated with

crack, including supply, is carried out by white crack users. Problems associated with crack affect all communities, but especially those in large cities with areas of deprivation.

However, this data along with other local studies, has identified that African-Caribbean communities have been shown to use crack at the same level or slightly above that of white and Asian communities. This is particularly significant given that research has shown that prevalence rates for most types of drug use are consistently lower among minority ethnic communities. Crack is the exception. It is not clear from available data what percentage of primary crack users are black compared with white users. However, many of those who report crack use in the white community do so as part of combined habits, such as of heroin, whereas African-Caribbean users are much less likely to use heroin, on its own or alongside crack.

There is some persuasive evidence from data sources such as the BCS, and from the views of those active in African-Caribbean community groups, that within centres of African-Caribbean population, including within cities in which the majority of crack users will still be white, primary crack use may be particularly prevalent and particularly damaging to African-Caribbean communities (*Sangster et al, 2002, Chantler et 1998*).

African-Caribbean communities are more likely to be located in the poorest and most deprived inner city neighbourhoods where crack markets tend to be found. Dealers operating in these markets come from all ethnic backgrounds. As residents of these areas, Britain's black communities have been hurt by this presence.

Furthermore, in some of these areas, perhaps because of the cultural and trading links with Jamaica and other Caribbean or African nations, according to local police data, a significant percentage of sellers arrested are currently foreign nationals. Outside these areas crack cocaine markets are just as likely to be conducted largely by white sellers and users in areas of high deprivation, with some involvement and competition from foreign nationals.

The Asian community shows little evidence to date of involvement in selling or using crack, but data on Asian communities' use of drugs is weaker than that for any other group. However, the patterns of deprivation in some Asian communities provide the environment that could lead to emergence and growth of crack problems.



1.6 The problems crack causes: a summary

Crack poses challenges for:

- The **control of trafficking** from producer countries and via supplier countries, especially the Caribbean, because cocaine that arrives via this route **may** be disproportionately more likely to be converted into crack
- **Education and care of young people.** We need to educate all young people on the risks of crack misuse and to offer young people in areas with crack problems realistic alternatives to crack culture
- The **provision of healthcare and treatment.** Crack users need help that will enable them to stop using and control the cravings crack causes. Crack treatment needs to address the mental health needs of users and reach all communities and specialist client groups
- The **provision of interventions within the criminal justice system and by the police.** We need to find ways of helping those offending and using crack to access treatment for their dependency and control to their offending behaviour
- The **needs of sex workers and the management of sex markets.** We need to find ways of helping sex workers exit the street and prevent young people entering the sex trade
- **Tackling the supply of crack to UK borders,** within the UK, and at street level
- The **regeneration of deprived areas** and communities and maintenance of civil cohesion, especially in diverse communities
- The **specific targeting and focus of drug services** by DATs and their ownership and management of local hotspots.

2: Tackling crack as a whole

What the Government will do

This programme will be developed in the context of the national drugs strategy as a whole. Action arising from this plan will be related closely to the existing systems for management and operation of that strategy, but will be driven by new co-ordinating arrangements at the centre of government. Delivery will however, be carried out by the existing network of agencies and partnerships – but building new responsibilities in a complementary way to reflect the priority crack currently warrants.

2.1 Pulling all the strands together within government

2.1.1 Nationally

The Home Office will set up a high-level cross-departmental crack programme management group, chaired by the Director General of the Organised Crime, Drugs and International Group, to overview and manage at a strategic level the response the Government is making to crack problems. The membership of this group and its operational structure is set out in annexes 1 and 2. This group will sit alongside such other groups that manage the different aims of the drugs strategy in a complementary

way, ensuring that due focus is given to the crack problem. Meeting quarterly it will report to the Domestic Affairs (Drugs) committee and through that directly to the Prime Minister at his quarterly stocktake on delivery of the overall drugs strategy.

Specifically it will:

- Drive forward action through key stakeholders, who will produce plans, set targets and report on progress
- Base their work on commissioned intelligence from all sources on the impact of crack and in which areas, and on which communities
- Review the impact of programmes on crack: DAT reports; reports from the National Treatment Agency; reports from the Department for Education and Skills; reports from Foreign and Commonwealth Office and the Department for International Development on producer and development issues and from national law enforcement agencies on success in interrupting the crack supply trade

- Look at ways that existing non-drug specific programmes and funding streams can be targeted to help to address crack problems (including neighbourhood renewal, community cohesion, crime reduction, police reform, social exclusion)
- Explore how new programmes can be developed to address the causes and symptoms of crack use through education and treatment
- Develop links and synergy between departmental programmes
- Stimulate effective media campaigns that address crack
- Recommend action to ministers and secure appropriate funding where necessary
- In driving forward delivery the group will pay particular attention to sensitive cross-cutting issues such as the focus of media campaigns
- As crack cocaine may be causing particular harm to the **African-Caribbean community**, action to reduce this impact on our black communities, with the active

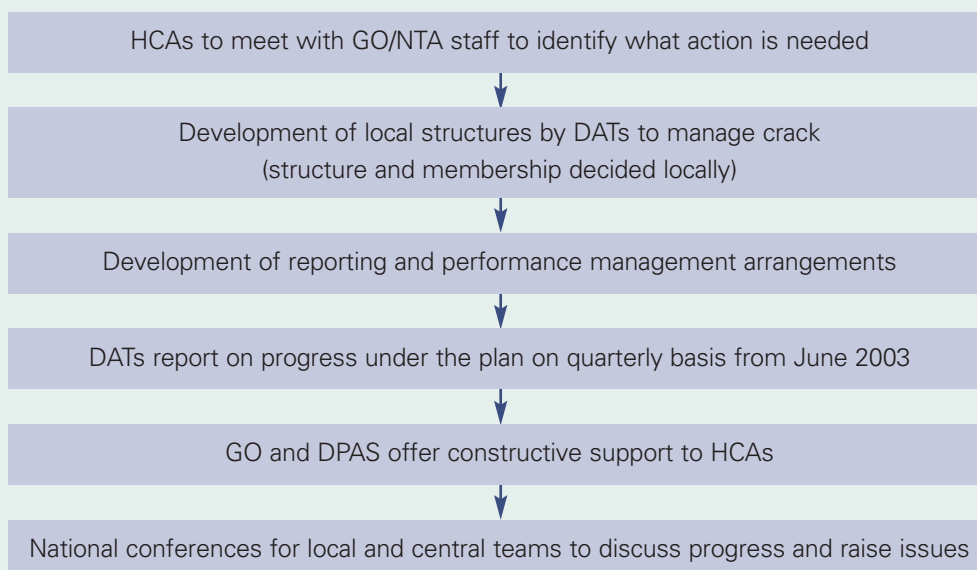
support and encouragement of black community leaders and associations, is needed within this plan. Each delivery theme must include an ability to meet the needs of black communities and measure the impact of its plans on them. This must include action to prevent the growth of crack use in Asian communities, and the treatment of Asian users, as well.

A new sub-group to the national programme management group will be created which will review the impact of the plan on Britain's black communities. We will ensure that black communities are fully consulted in the implementation of this strategy. We will also encourage DATs in their efforts to establish links and engage effectively with their communities in the development of local projects.

2.2 Co-ordination, implementation and oversight regionally and locally:

2.2.1 Regional implementation

We will ask each Regional Government Office to develop a regional capacity to deliver the objectives of the national group. In particular they will have a key role:



- to collate and maintain regional information on crack, including that managed by the enforcement agencies
- in ensuring that Regional Tasking and Co-ordination groups stimulate operations at level 2 (or middle-market level) to tackle drug supply
- to devise such regional level treatment services for crack users as may be needed and which may not be commissioned locally.

We would expect the full engagement of Government Office (GO) staff from various departments, including the regional director and crime director in this process.

- The Government recognises that crack cocaine is a particular problem for London due to its unique geography and size, its demographic mix, and its central place in importation. The Home Office GO team and other Government Office for London (GOL) colleagues will work closely with the Greater London Authority, Metropolitan Police and other representative bodies in London through the Greater London Authority Drugs Association (GLADA), to assist them to devise a crack

strategy for London which will look at all dimensions of the problem. This will be closely correlated to the drugs strategy being developed by the Metropolitan Police.

2.2.2 Locally

The co-operation of local partners is critical in ensuring that crack problems are tackled as a priority within existing delivery programmes, including those covering crime, treatment, young people and supply issues.

- The DATs working closely with the Crime and Disorder Reduction Partnerships, in some cases as a merged body, have primary responsibility for ensuring that its partners deliver action in support of the crack strategy locally. The DAT is the cornerstone of the strategy and, as with every other part of the drugs strategy, its role on crack is central. It will also need to link to the Local Strategic Partnerships (LSPs) where these exist
- Detailed guidance will be issued to each DAT on how it should address crack use, which in relation to treatment will incorporate existing guidance provided by the National Treatment Agency (NTA)

- All DATs will be expected, through the annual DAT return and in their regular dialogue with Drugs Prevention Advisory Service (DPAS) and the NTA, to report on how they are tackling crack across all aims of the strategy
- However, not all areas have the same level of problems and the response needs to be proportionate to the local need. Those with acute problems, known as HCAs, will be expected to deliver a higher level of service. Over the next three months to March 2003 the GO team and the NTA in each region will work with individual DATs to identify those additional areas with an emerging crack problem in relation to crime, young people, supply, effect on communities (especially deprived ones) and treatment. This should draw on thematic needs assessments already completed for treatment and for young people. If appropriate, these will be added to the HCA list
- Those DATs identified as having acute problems¹ will be requested to deliver additional targeted action on
 - policing, crime, treatment, community development and education relating to crack, addressing the key priorities and needs, but at the same time allowing local innovation. To support their work they will be in areas in which the ACPO will lead a major increase in policing of crack markets and in which will be located new specialist crack treatment services
- Each HCA DAT will have to set up a suitable crack management system to oversee local action on crack across the strategy and report, via GO regions, to the HO centrally on what it is doing on a quarterly basis, one of which reports will be contained in the annual data return
- Each HCA DAT will be required to report as follows:
 - An initial profile of the problem of crack in their area in relation to all four aims of the strategy
 - What treatment services they provide and the take up of these pro-rata to need (as part of their general reporting on treatment)

¹ DATs will fall into this category where they meet a set of indicators of problem crack use, comprising numbers in treatment, the numbers testing positive, the number assessed by arrest referral workers, the amount of people arrested for supply offences, the volume of seizure of crack and risk indicators comprised from the number of those DAT residents judged at risk through deprivation, demographic factors, offending and social exclusion.

- What specific education and diversionary services for young people in relation to crack have been commissioned and the volume of delivery (as part of their general reporting on young people)
- What specific actions have been taken to counter the supply of crack and crack-related crime – including to improve take up of services by crack-related offenders; and report on success in arresting crack suppliers and seizing crack/cocaine, as part of a new annual availability plan required from DATs, with support from the local Police service
- What programmes have been developed for groups with special needs – ie to sex workers or to those from ethnic minorities, across treatment, young people and crime and supply, and what the take up of these has been
- What efforts have been made to support community groups, especially those in communities most affected by crack use
- To set projected targets and outcomes for their work.

The Home Office Drug Strategy Directorate via its regional teams will review the work of each DAT and offer guidance and support on implementation. We will offer targeted support to those DATs experiencing particular difficulties in respect of crack, with the support of the Police Standards Unit where the main issue relates to policing.

As well as asking DATs to lead local action on crack, we also need to ensure that under each aim of the strategy we focus action to tackle crack problems. This is not about asking services not to focus on the acute needs of heroin or other drug users, or crack markets at the expense of heroin ones; but it is about making the services for all drug users capable of responding to the specific problems crack brings, alongside work on other drugs.



Making crack part of each strategy aim:

2.3. The young people's aim:

Tackling the problem of young people's crack use

While all communities will benefit from education and diversionary work with those at risk of experimenting with crack cocaine, alongside work tackling all drug use, work will be focused on those communities and individuals at risk of developing crack problems. Certain communities are most at risk of primary crack use and the development of those environments where crack houses and related sex work blights the lives of young people.

We will work with communities and services reaching young people in such settings to:

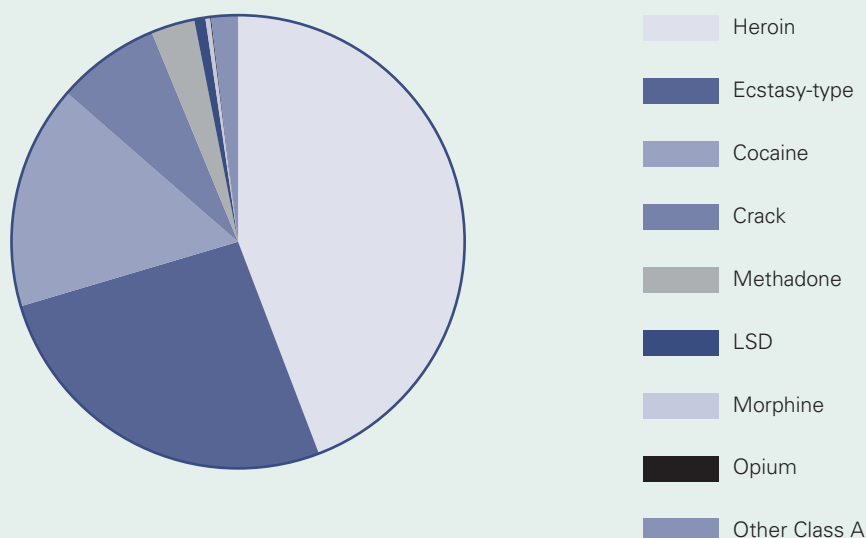
- Educate young people about the specific risk of crack
- Offer credible diversionary activities
- Provide alternative role models

- Educate specifically about the links to and risks of sex work and gun crime
- Inform young people that treatment for crack *is* available and it *does* work.

Three routes through which the message of the risks and dangers of crack can be delivered are:

- Local Education Authorities are encouraged to review their educational programmes to encompass teaching to reflect this message
- Parents' education may need to focus on the crack issue and its association with gun crime and gang culture
- Local education campaigns to raise awareness among high-risk groups.

Table showing quantity of crack as a proportion of all drug seizures – year 2000 drug seizures



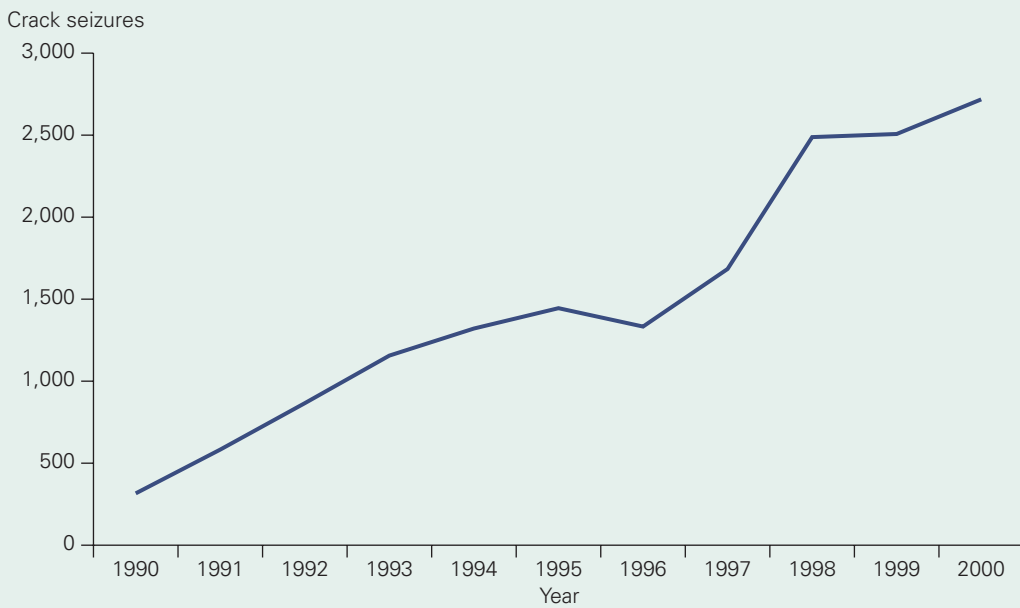
2.4 The supply aim: tackling the problem of supply at local level

As well as action at the national and international level to tackle supply to the UK market as described at point 2.5, we will continue to seek to improve the way that law enforcement agencies address the issue of crack supply within the UK, at the middle-market level and street level.

In line with the priority given to drugs in the National Policing Plan, the Home Office, through the Drugs Strategy Directorate and Police Standards Unit, will work closely with ACPO and law enforcement colleagues to improve the quality and effectiveness of action to disrupt the supply of all drugs, including crack. Police forces serving areas most affected will make significant efforts to tackle the supply of crack to the communities they serve. Work to support this will involve:

- Improving intelligence on the routes of cocaine and crack trafficking within the UK
- Research what is effective in tackling middle and street markets
- Assertively communicate best practice models and effective interventions to law enforcement partners through a concerted knowledge dissemination programme – conferences, the internet, training, distance learning, exchange visits, secondments, reports and seminars
- Continue to advise on methods of estimating the impact of police activity
- Increase incentives for police action on supply through revised targets as part of the police reform process, a new award scheme, covering best practice in dealing with supply issues more generally, and the availability of funding through the recovered assets scheme
- Stimulate the recovery of assets as a priority in drug market disruption, not least of all through the establishment of the Assets Recovery Agency in 2003
- Promote linkage and co-operation between police forces at regional level and colleagues in upstream law enforcement to develop understanding of level 2 (or middle markets) under the National Intelligence Model and to create operational capacity to tackle these

Table showing the number of crack seizures in England and Wales since 1990



- Review the law and the powers necessary to close and control locations from which crack is sold – notably crack houses – and consider potential police powers to detain crack dealers who have swallowed the drug.

2.5 Tackling the problem of supply: action at the international and national trafficking level

- The Concerted Inter-agency Drug Action group (CIDA) will continue to co-ordinate action on tackling drug availability to the UK market. It will further develop and review its action plan for cocaine and crack to improve its effectiveness, developing new operations and strategies, as are required to counter the threat through co-operation between law enforcement partners. It will ensure, via the new crack management programme group, described in section 2.1.1, to ensure its work is linked to actions across all four aims of the drug strategy
- We will explore ways in which immigration powers can be used to exclude those who are engaged in crack-related crime from entering the UK. Local police will continue to work closely with immigration and custom partners to identify and tackle foreign nationals involved in the drugs trade in the UK, and to prosecute and subsequently remove those who are in the country illegally
- The police and other law enforcement agencies will continue to co-operate with their overseas counterparts in transit and producer countries, to reduce the production of drugs and volume of drugs trafficked through those countries, seize cocaine destined for the UK, and to identify and apprehend the individuals involved. We will continue to work closely with the Jamaican authorities
- We will continue to provide assistance and developmental support either bi-laterally or multi-laterally, to producer or transit countries. This then, will help to control the supply export of drugs, and discourage their citizens becoming involved in drug supply or acting as couriers
- CIDA and member agencies will continue to improve the intelligence understanding of the routes by which cocaine is imported to the UK and supplied to the UK crack market. In 2001–02 CIDA agencies removed a total of 10.9 tonnes of cocaine from the UK supply

chain, exceeding expectations by more than 50%. A further 29 tonnes of cocaine heading to unknown destinations, was taken from international supply as a result of UK action

- CIDA will work closely with partners to support police action at the middle-market and street levels
- By 31 March 2006 CIDA will increase the proportion of cocaine taken out of circulation on the UK market from 21% to 25%.

2.6 The communities' aim: tackling the problem through the criminal justice system

Crack users will often be involved in criminal acts, either as suppliers or by committing acquisitive or violent crime related to their drug use. The criminal justice system provides a unique opportunity for getting drug misusing offenders, including crack users, out of crime and into effective programmes of help and treatment. Alongside the action focused on the users, the police and other community partners have a key role to play in proactively tackling crack markets and the local problems they cause.

2.6.1 The law

While crack may cause a disproportionate level of harm, where users behave in a particularly uncontrolled manner, there are currently no strong grounds for amending the law to increase the penalties for the possession, production, trafficking and supply of crack compared with other illegal drugs. The law as it stands in respect of Class A drugs is already severe, with a maximum penalty of life imprisonment for trafficking. The creation of a more rigorous regime for possession or use of crack could potentially have an unfair impact on certain communities and lead to anomalies in sentencing that are not justified by the relative harm which crack use and supply causes nor proven to have a real deterrent effect. However, we will continue to review the law where the potential may exist to deal more effectively with specific problems such as crack houses.

2.6.2 The criminal justice system

Research evidence shows that treatment works in helping to reduce both drug misuse and related crime. Over the past three years a range of drug interventions has been introduced at various points in the criminal justice system to get drug misusing offenders out of crime and into



treatment. These have included the extension of arrest referral schemes, introduction of DTTOs, and piloting of drug testing at points across the criminal justice system. An additional £585m is being made available over the next three years to extend these initiatives into a genuine end-to-end process across the criminal justice system and make them more effective (see the updated national drug strategy on www.drugs.gov.uk for further details). We will continue to ensure that these interventions are effective in reaching crack users and that this client group is effectively engaged in treatment. In this context the NTA develops models of treatment that are flexible and capable of meeting the needs of crack users who are offenders.

Arrest referral

Arrest referral presents an opportunity to identify crack cocaine users earlier than they would usually present to services and either make a referral and/or continue to see the individual until they agree to access treatment. However, research suggests (*Sondhi 2002*) that crack users are among those groups who benefit least well from this intervention currently.

ARWs will need to be more assertive in linking crack users to services through reducing their fears and misconceptions and building motivation.

The following action for ARWs will address crack use more effectively:

- Targeting of problem drug users (heroin and crack users), combined with a caseload approach will help to facilitate treatment uptake by maintaining motivation over time
- ARWs are encouraged to assess arrestees based upon Models of Care and where appropriate develop Integrated Care Pathways (ICPs) – including comprehensive assessment techniques geared towards the most vulnerable (ie dual diagnosis issues etc)
- Aftercare should form a strong foundation to ensure continuity of contact
- ARWs should be part of the Drug and Alcohol National Occupational Standards (DANOS) training structure, which will include developing assessment tools around working with black and minority ethnic clients and specifically crack users
- Custody suite staff should seek to identify potential crack users from a wider group of offences.

Community sentences

The 2002 spending review also provides a framework for extended funding for a new approach to community sentences which will have a beneficial impact on crack users. Evidence suggests that crack users, and those groups who use crack extensively, such as African-Caribbean men and sex workers, have the least proven evidence of success on existing treatment programmes for offenders.

There is currently limited information on the numbers of primary and secondary crack users who have been made subject to DTTOs. It appears, however, that although the number is increasing, it remains lower than for opiate misusers.

To address this in developing new programmes for offenders we will seek to build greater flexibility and targeting of community sentence programmes to meet the needs of crack users. This will include looking closely at the models of service delivery being developed by the NTA for crack users and promoting these to local purchasers; but it will also include giving clear guidance to local commissioners of DTTO programmes to ensure they are capable of engaging and retaining crack users, through flexible programme regimes, recruitment of suitable staff, and focus on specific patterns of related criminality.

The National Probation Directorate will develop with the NTA future ideas for crack including:

- Portfolios of different forms of treatment, including psychosocial interventions (structured counselling which is action focused)
- Early appointments and low waiting times
- Relapse intervention and effective aftercare support through client-counsellor/key worker relationships
- Assessment of the effectiveness of DTTOs in successfully engaging with crack-using offenders by comparing outcomes for primary and secondary crack users who have received DTTOs over the past year with offenders using other substances
- Evaluation of the implementation of NTA service specifications and service delivery manual and of existing services for crack/cocaine users, including a DTTO component
- Training probation staff in better targeting, identification and assessment of crack misusing offenders and programme delivery to the same client group.



Prisons

In the case of misuse of crack by either primary crack users or poly-drug users, a particular time of risk is in the days and weeks immediately following reception. The user may not be driven only by a desire for the drug, but may also be experiencing withdrawal symptoms such as anxiety, psychosis, paranoia and depression. When dealing with crack users in prisons it is of fundamental importance that a multi-disciplinary procedure is adopted with psychiatric interventions when necessary and an appropriate programme of throughcare.

The prison service has in place a framework of treatment and support to address a wide range of drug misuse problems, including crack, such as:

- All healthcare assessments on reception explore drug use including crack. Although there may not be a clinical detoxification, other medication can be prescribed
- Some establishments have a supportive detoxification programme, which includes provision for crack users
- Counselling, Assessment, Advice, Referral and Throughcare (CARAT) deals with all substances including crack. Some prisons have provided specific crack workers
- The prison service is working with colleagues in the NTA and will pilot the crack cocaine intervention, which is in development.

A comprehensive framework is also in place to stifle the supply of all drugs, including crack, in prisons. These continue to be strengthened and include:

- A mandatory drug testing programme, which also provides a means of monitoring drug misuse
- Perimeter security
- Making passive and active drug dogs available across the prison service
- Installing CCTV in visit areas
- Making sure measures are in place to deal with visitors who attempt to smuggle drugs through visits.

2.7 The treatment aim: tackling the treatment needs of crack users

Treatment of crack use is a crucial part of the plan. Treatment services need to be flexible and able to respond to crack use, engaging and retaining crack users in treatment.

The national strategy for treatment led by the Department of Health and delivered through the NTA will be the focus of how the treatment needs of crack users will be met. It sets out a programme of action and work plan to deliver improvements in services for all drug users including crack users specifically. This takes the following form:

NTA crack/cocaine work programme

The NTA crack/cocaine work plan is based on the following principles:

- experience in the UK and US research, demonstrates that treatment for crack misuse can be highly effective
- the importance of responding to wider stimulant misuse, particularly amphetamines, which remains more prevalent in many parts of the country

- the prevalence of poly-drug use, encompassing stimulants and opiates demands that we challenge our own stereotypes about crack and heroin users
- the development of services not built around substitute prescribing re-emphasises the potential contribution of motivational and abstinence-based approaches with all drug misusers to enable behaviour change.

Key elements:

Follow-up study of 100 crack users who received drug treatment

The NTA will publish an 18-month follow-up of 100 crack users who have undergone residential treatment at the City Roads Crisis Intervention Centre in London, which provides some unique insights into the impact and effectiveness of tier four treatment for crack users.

Crack users on Drug Treatment and Testing Orders (DTTOs)

The NTA and Home Office will shortly commission a study of the effectiveness of DTTOs with offenders who misuse crack cocaine.



Evaluation of current English landmark crack specific services

The NTA has commissioned a programme of independent evaluations of existing crack/cocaine specific services across tiers 2, 3 and 4 and some prison initiatives.

Integrating crack treatment into new national quality and standards framework

Models of Care

The provision of treatment services to stimulant users including crack users has been integrated into the Models of Care framework that will be implemented in all DAT areas by 2004.

Drug and Alcohol National Occupational Standards (DANOS)

Competencies for working with stimulant users including crack users have been integrated into the recently published DANOS standards. National training programmes have been designed and are currently being piloted. They will form the basis of the national training programme from January 2003.

DAT treatment plans

Joint commissioners and DATs are specifically asked to consider the needs of crack users in developing their drug treatment plans so progress can be rigorously tracked by the NTA. NTA regional managers will work with each local area to agree and ratify next year's treatment plans from January 2003.

Developing new evidence-based crack treatment models and training

Service specifications for crack services

NTA have designed ideal service specifications for crack treatment services – covering open access harm reduction services, structured treatment and residential rehabilitation. These are in line with Models of Care and are applicable for drug treatment services working with poly-drug misusers and those specifically targeting crack misusers.

Crack treatment manual

The NTA, in partnership with COCA (the national crack cocaine specialist group) have written an ideal drug treatment delivery manual that offers drug services practical guidance on working with crack misusers. It includes:

- Descriptions of the core elements required to provide Tier 2, 3 and 4 services for crack cocaine misusers
- The rationale underpinning the treatment approaches
- A range of referral, assessment and monitoring tools
- Information, reference and training materials

National crack cocaine training programme

The NTA will run a national training programme that will be based on the DANOS standards and will enable drug workers develop relevant skills, knowledge and competencies to work with crack and cocaine users. COCA are working closely with the NTA to develop the training programme.

Crack users and offenders

Building on the evidence of the research study on DTTOs and crack users, the NTA in partnership with the National Probation Directorate will commission the design of a bespoke programme to be delivered within DTTO programmes. The NTA is also discussing with prison Health Care Directorate, models of good practice in working with crack misusers in Prison. A number of interesting programmes have been identified which we will explore.

Criteria for inclusion as a HCA

DATs will be assisted by Home Office Government office teams to assess the scale of crack use in their area. On the basis of this DATs will be identified as HCAs, to whom different reporting and management systems apply.

DATs will fall into this category where their assessment shows that they meet a set of indicators of problem crack use, comprising high figures for the following:

- A significant number of individuals in treatment, as measured by the NDTMS
- The numbers of people arrested by the police and testing positive for cocaine or crack
- The percentage assessed by ARWs with cocaine or crack problems
- The amount of people arrested for cocaine or crack supply offences
- The volume of seizures of crack
- The volume of acquisitive crime
- The presence among the DAT population of risk indicators which will include:
- The presence of a street sex market or markets
- Presence on the Office of Deputy Prime Minister (ODPM) deprivation indices.

Fast-tracking implementation of service specifications and treatment delivery models

Targeting HCAs

The NTA is recruiting local areas to fast track the development of crack treatment. The initiative will target those areas who have identified crack misuse as problematic. The NTA will work with DATs, joint commissioners and service providers to implement new service specifications and treatment delivery models. Local areas will fund programmes (to maximise sustainability) with the NTA providing training and evaluation. During 2002/2003 there will be 20 specific crack services serving a large percentage of the HCAs and other key sites, for example, one serving local prisons. Those HCAs without a specialist crack service from April 2003 will be expected to develop such a capacity very shortly within existing services.

Evaluation programme

The NTA will commission independent evaluations of the fast-track implementation areas in order to assess the impact and effectiveness of the new service specifications and treatment delivery models.

Expert advisory and reference groups

The Department of Health and NTA has hosted and co-hosted a series of expert seminars to identify key issues and good practice. The groups contain representatives from the government departments, the prison service, the Royal Colleges of Psychiatrists and General Practitioners, researchers, practitioners, service users and advocates and black and minority ethnic specialists. The core expert group met three times during 2002. The wider reference groups comments and offers advice on all materials produced and provides invaluable input.

The results of these actions will be:

- A general increase in availability of crack treatment in all DATs with all waiting times improved and services made more capable of responding to crack users
- Specialist crack specific treatment projects in around 20 areas.

The specific plan for 2002–03 is as shown opposite.

The NTA will monitor the ongoing development of services for primary crack cocaine misusers, poly-drug misusers and other stimulant misusers via regional managers and the annual DAT treatment planning mechanism.

Additional work on treatment

The following areas, although not part of the current NTA work plan on treatment, will be addressed:

- The treatment needs of specific client groups with greater risk of major involvement in crack use will also be factored into ongoing programmes of research and development of guidance into their needs. This will include an emerging strategy for African-Caribbean users and research and guidance on treatment for sex workers (forming part of a broader programme of action covering each aim of the strategy for their needs which is in development)
- Programmes for developing services for those with mental health problems concurrent with their crack use will also address this group's needs
- Programmes of help to users to access work and training developed by Jobcentre Plus as an extension of the Progress2work strategy led by Department of Work and Pensions, some of the pilots for which will be located in HCAs
- Development of commissioning of services for homeless drug users who may use crack
- Developments in Supported Housing for drug users, including crack users developed as part of the roll-out of the Supporting People programme.

We are actively linking the neighbourhood renewal and drug strategies, building synergy between the programmes to ensure that these communities affected by deprivation address drug, and specifically crack use. This will require co-operation between DATs and LSPs, as well as smaller area regeneration partnerships like New Deal for Communities, to map the incidence of problem drug use.

We will greatly improve the confidence and understanding of regeneration partners on crack and other drug issues through training and learning. We will seek to offer incentives to DATs and LSPs to improve the delivery of action to tackle crack problems through targets, milestones and review of their activity wherever we can. This will mean ensuring that crack services under all four aims of the strategy are localised wherever possible to these areas.

We will work with partners in the OPDM to continue to support effective housing management that manages crack use, building on the guidance issued by the Home Office and ODPM (Home Office 2002).

We recognise that more needs to be done to address the needs of black and minority ethnic communities and to support the agencies which serve them. The Drug Strategy Directorate (DSD) will be working with the Federation of Black Drug Workers and other key stakeholders at a national, regional and local level to ensure that the concerns of minority ethnic communities are clearly understood and addressed.

We will continue to promote good practice models which engage community support in tackling crack and other drug problems – particularly those which have contributed to tackling community unrest and lack of cohesion, for example, the “Not Another Drop” campaign in Brent.

Other cross-cutting themes:

2.8 Tackling the problem of crack as it affects the poorest communities

Crack is most damaging in those communities already scarred by deprivation and poverty. It helps to accelerate the decline of neighbourhoods and add to social exclusion of their residents.

The plan for 2002–03

Project	Output	Timetable
Building the evidence-base		
Convene multi-agency consensus events on crack and cocaine	<ul style="list-style-type: none"> Achieve agreement on evidence-base and future approach 	<ul style="list-style-type: none"> Events January and June 2002
Two reviews of the evidence-base for treatment options	<ul style="list-style-type: none"> Publish briefings for commissioners and service providers 	<ul style="list-style-type: none"> Published in August 2002
Complete 18-month follow-up study of crack misusers	<ul style="list-style-type: none"> Published follow-up study and user views 	<ul style="list-style-type: none"> Report received April. Final report December 2002
Research to establish effectiveness of DTTOs in engaging crack users	<ul style="list-style-type: none"> Commission study 	<ul style="list-style-type: none"> December 2002
Independent evaluation of existing “landmark” crack specific services	<ul style="list-style-type: none"> Commission evaluation 	<ul style="list-style-type: none"> Evaluation to/from February 2002
Ensuring standards and quality frameworks cover crack treatment		
Ensure DANOS and Models of Care fully cover stimulant misuse (together these documents will provide almost a “national service framework” for drug treatment)	<ul style="list-style-type: none"> DANOS standards ratified Models of Care published 	<ul style="list-style-type: none"> September 2002 Publication early 2003 Published September 2002
Developing new crack service models and training		
Work with COCA and Stimulant Working group to develop service specifications and crack treatment manual	<ul style="list-style-type: none"> Draft crack treatment service specifications and treatment delivery model out for consultation 	<ul style="list-style-type: none"> Draft being finalised. Publish December 2002
Commission training package for professionals working with crack misusers	<ul style="list-style-type: none"> Training modules and resources to fit within DANOS framework 	<ul style="list-style-type: none"> January 2003
To produce evidence-based programme targeting crack users on DTTO	<ul style="list-style-type: none"> Commission design 	<ul style="list-style-type: none"> March 2003
Fast-tracking new evidence-based crack services		
Identify services in areas of high prevalence to act as models of good practice and implement new service specifications and treatment delivery manual	<ul style="list-style-type: none"> DAT areas recruited who are willing to pilot the new crack service models Evaluation design commissioned 	<ul style="list-style-type: none"> Fast-track sites recruited from October 2002 December 2003
New services to undergo comprehensive independent evaluation	<ul style="list-style-type: none"> New crack services implemented 6 monthly briefings to the drug treatment field on emerging findings and implementation lessons 	<ul style="list-style-type: none"> March/April 2003 From September 2003

2.9 Research

There are gaps in our research picture. The research which has taken place in the UK consists mainly of investigations into Class A drug markets (not crack specific) and treatment.

As part of this plan the following research will be continued/implemented, to fill these gaps:

- The Home Office will work with ACPO to research what is effective in tackling middle and street markets and to map the nature of local crack supply patterns
- Implementation of research strategy to identify and disseminate best practice including work relating to the needs of diverse groups (particularly black and minority ethnic groups)
- The Department of Health is to fund Programme of Action research to investigate the reduction of drug-related deaths and to diffuse evidence-based good practice to the field. Review to be completed and new research commissioned by 2004
- The Home Office Blueprint research programme into what is most effective in substance misuse education, including for crack – results expected in 2007
- Concerted Inter-agency Drug Agency (CIDA) is to implement planned research to reduce the margins of error in estimates of heroin and cocaine supply to the UK, assess the scale of change and the impact of supply disruption initiatives – results expected July 2004
- Publication of Targeted Policing Initiatives (TPI) designed to disrupt crack markets and users. The TPI Haringey project reduced associated sex work and the Lilac project uses environmental improvements to reduce drug-related crime and high-visibility drugs use in the Charing Cross/Westminster areas
- Under the Communities Against Drugs (CAD) programme we will research a number of aspects of the disruption of supply in particular settings which will include an analysis of crack markets; this will include rural markets and those operated within ethnic minority communities, especially those from South-East Asia

- The Home Office will also continue to research what works in tackling all drug markets and problems in Neighbourhood Renewal Areas, reporting on its two study sites, Tower Hamlets and West Middlesbrough, in 2004.

3: Implementation

3.1 When will this action happen?

The timetable will be as follows:

- Identification of the HCAs in January 2003
- Creation of the high-level group in January 2003
- Guidance to DATs on how to tackle crack problems by January 2003
- Focused action by police in key areas against markets starting January 2003
- Introduction of crack treatment projects in 20 HCAs by April 2003
- Introduction of new schemes for vulnerable young people at risk of crack use, among other drugs, in key areas from April 2003
- Introduction of new criminal justice interventions, aimed at getting crack and other drug users into treatment. These will begin to come on stream in April 2003.

How will we know if the work has been successful?

We will expect to see the following results:

- An increase in the number of people arrested for crack supply
- A reduction in crack-related gun crime
- An increase in the amount of crack removed from the supply routes to the UK
- An increase in the number of people accessing drug treatment
- An increase in awareness of crack issues among young people
- A reduction in the number of young people starting to use crack
- A reduction in local availability
- An improvement in public perception of action in HCAs



In addition:

- Services will address the needs of the most deprived areas as a priority
- The needs of ethnic minority users and other special client groups will be met more effectively.

HCA's will be expected to set themselves local targets for progress against these aims and report on the success in achieving them.

Each of these results will be:

- Measured by the HCAs
- Reported through Government Office teams to the crack strategy group
- Reported to ministers, and the Prime Minister, quarterly.

Drug strategy targets

The drugs strategy as a whole sets targets for drug use and related behaviour, and where relevant, identifies crack specifically. The Public Service Agreements covering the four aims of the NDS are as follows:

Home Office PSA 6

- Reducing the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people
- Reduce drug-related crime, including as measured by the proportion of offenders testing positive at arrest.

Department of Health PSA 10

- Increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008, and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

Customs and Excise PSA 11

- Reduce the availability of illegal drugs by increasing:
 - The proportion of heroin and cocaine targeted on the UK, which is taken out
 - The disruption/dismantling of those criminal groups responsible for supplying substantial quantities of Class A drugs to the UK market
- The recovery of drug-related criminal assets.

Foreign and Commonwealth Office PSA 1

- Reduce the threat to the UK from international terrorism and the proliferation of weapons of mass destruction. Reduce international crime, drugs, people trafficking affecting the UK measured by Whitehall-wide targets. Contribute to the reduction of opium production in Afghanistan, with poppy cultivation reduced by 70% within 5 years and elimination within 10 years.

Within these overall targets we will expect to see a reduction in crack use and crack-related offending at least equal to that achieved for other Class A drugs.

Crack plan actions

This section details those key activities and delivery milestones arising from this plan.

In the most part these actions are shared with the drug strategy as a whole, in that the performance of local agencies contains an element of assessment of their work on crack. Where additional or specific aspects arise from the plan these are noted with an asterisk (*).

The tables also show those key ongoing meetings and structures that oversee the relevant thematic processes.

Annex 3 contains a tabulated version of the key implementation milestones and products for the first 18 months of the plan.

Responsibility for plan implementation

The oversight of action under this plan will be co-ordinated by the high-level crack group which will be chaired at a senior level by the Director General, Organised Crime, Drugs and International Group, Home Office.



The secretariat for this group will be provided from Community Law Enforcement Drugs Unit, within the Drugs Strategy Directorate, part of the Organised Crime and Drugs Group.

Any enquiries regarding this plan should be addressed to:

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Queen Anne's Gate
London
SW1H 9AT

Telephone: 020 7273 4502
Email: drugs.strategy@homeoffice.gsi.gov.uk
www.drugs.gov.uk

National co-ordination

The creation of a steering group

January 2003, thereafter quarterly meetings

Launch national Class A communications campaign

Spring 2003

International work – development and trafficking

Publication of the UK threat assessment

2003

Meetings of CIDA

Quarterly

Review of cocaine trafficking strategy*

June 2003

Exploration of how existing immigration laws can be utilised

During 2002–2003

Increase the proportion of cocaine removed from the UK supply chain from 21% to 25%

By 31 March 2006

CIDA research to support more accurate supply and consumption estimates

July 2004

Review of performance in stifling cocaine supply routes to the UK

Quarterly reporting to ministers

Review of action to tackle the Jamaican trafficking route

Quarterly reporting to ministers

Regional

Regional oversight of intelligence and strategy

During 2002–2003

Publication of TPIs

By April 2003

CAD research into drug use among rural communities and ethnic minority groups

During 2002–2003

Requirement for regional crack oversight group*

Each region to report on their plans to achieve regional oversight of crack issues by April 2003

Local

Identification of HCAs*

Complete by January 2003

HCAs report on local action*

Quarterly from April 2003

Media and research highlighted to focus attention on the growing crack problem

During 2002–2003

Provide detailed guidance to DATs to ensure strategy is correctly delivered

December 2003

HCAs to establish local crack management groups

By March 2003

Greater partnership between DATs and LSPs and small area regeneration groups

During 2002–2003

DATs and partners to involve local community groups

Guidelines will be produced during 2003

Thematic products

Drug Strategy Directorate will work with other community groups such as the Federation of Black Drug Users

During 2002–2003

Crime and supply

Home Office to work with ACPO to improve methods of supply disruption through intelligence/research and best practice guides	During 2002–2003
Publication of policing crack guidance	By February 2003
Policing conference	March 2003
Evaluation of arrest referral process	During 2002–2003
Detailed guidance to police and partners	To be published by December 2002
Each DAT to complete an availability plan	Complete by March 2003
Examine potential for police powers to detain crack dealers who have swallowed the drugs	Consult and review by June 2003
Complete review of possible additional powers to close crack houses and make recommendations to ministers	By June 2003

Treatment

New treatment plans from the NTA crack/cocaine work programme	Four phase development to be actioned by October 2002.
NTA monitoring of drug treatment services with focus on particular groups such as black and minority ethnic groups, sex workers and those with mental health difficulties	During 2002–2003
Department of Health to fund Programme of Action research to diffuse evidence based best practice to the field	By 2004
Set up twenty regional crack treatment projects	April 2003
Publish research study on crack users in treatment	December 2003
Each DAT to have an agreed treatment plan which should detail spend on crack	By April 2003

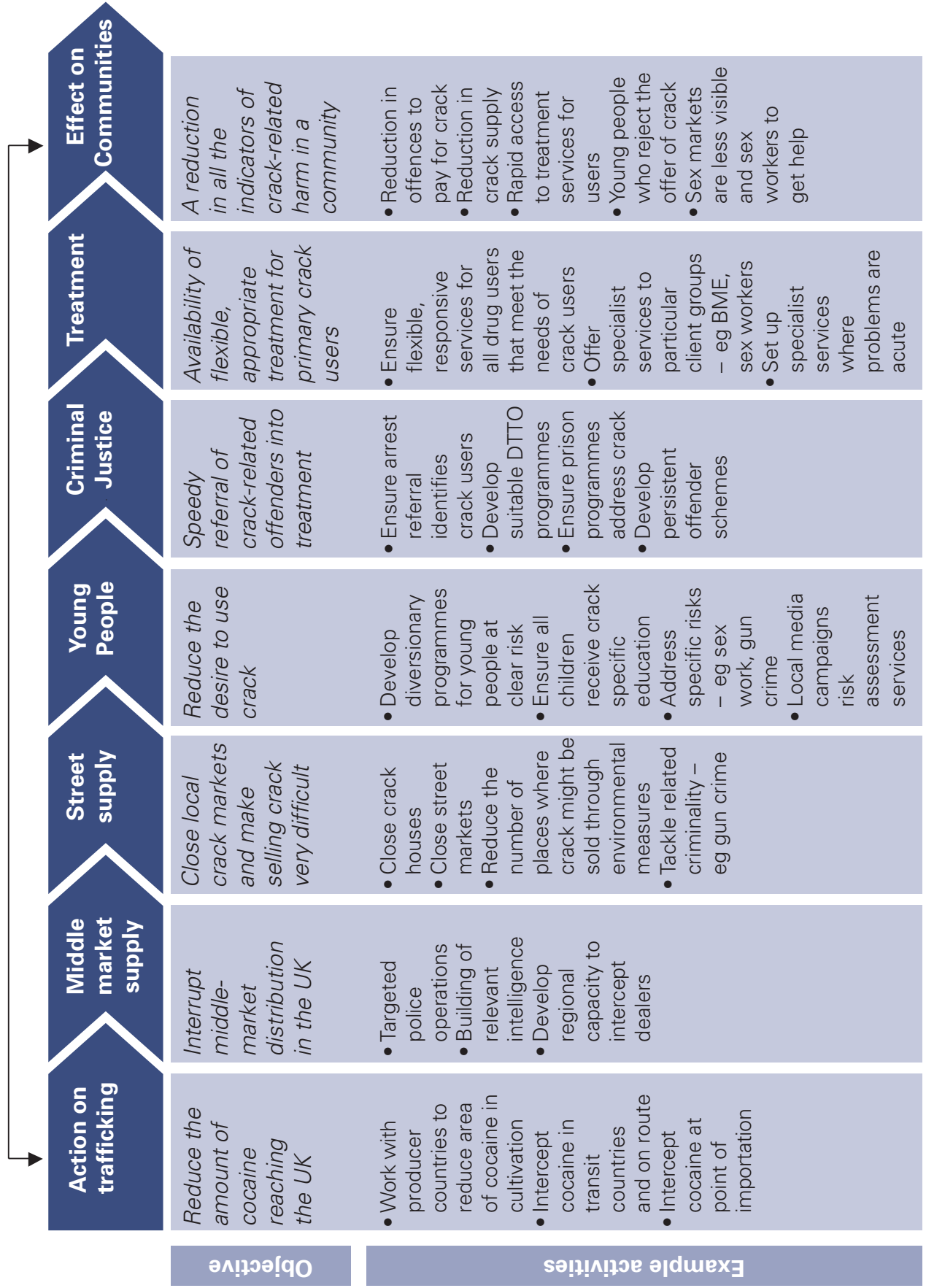
Young people

Department of Health and Home Office research will identify vulnerable groups of young people	During 2002–2003
Those working with vulnerable young people will receive new guidance on screening and referral	During 2002–2003
Home Office Blueprint programme to investigate most effective methods of drug education for young people	Results expected 2007
Media and research to focus attention on local crack problems among young people	During 2002–2003
Increase of funds to LEAs	During 2002–2003

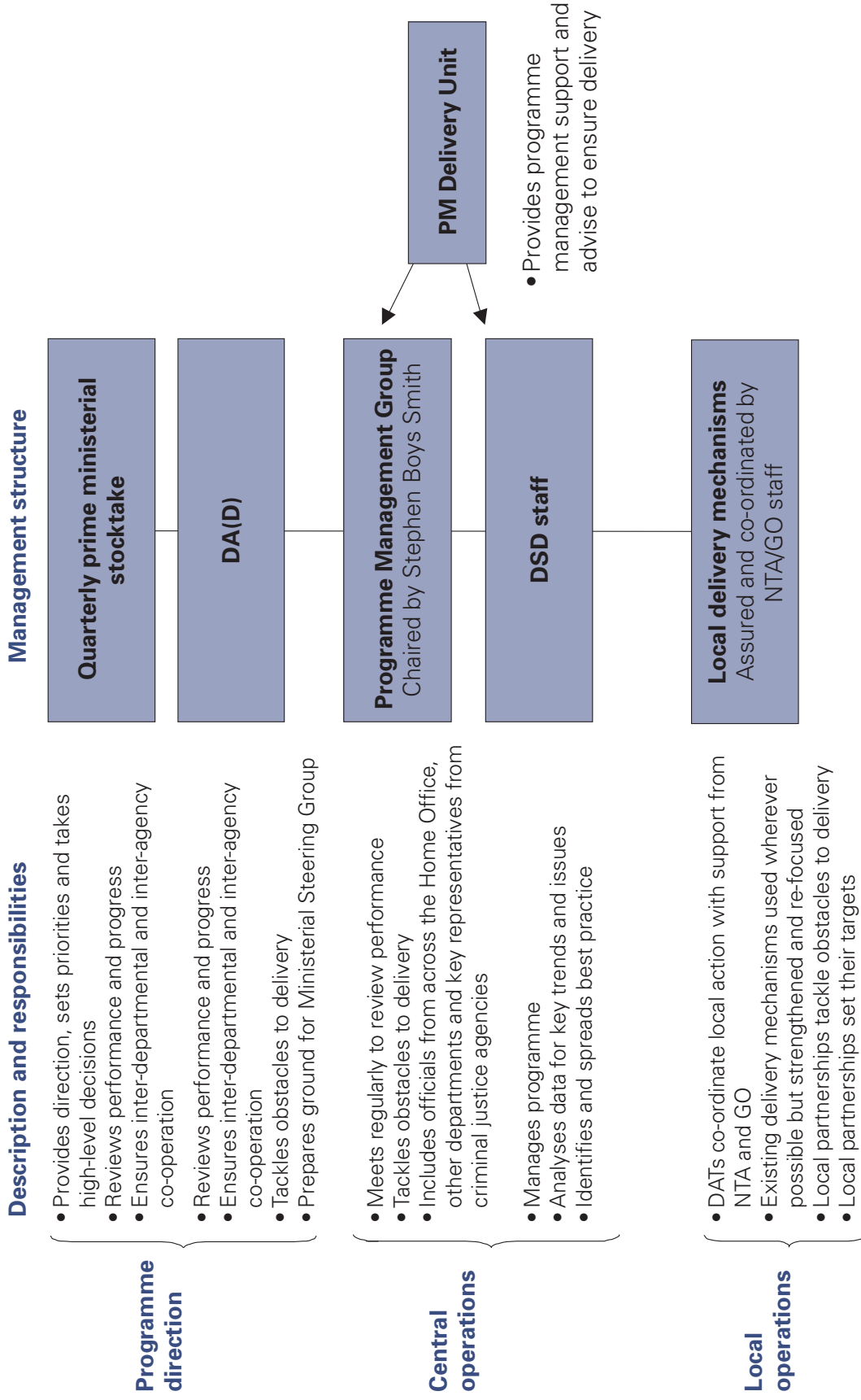
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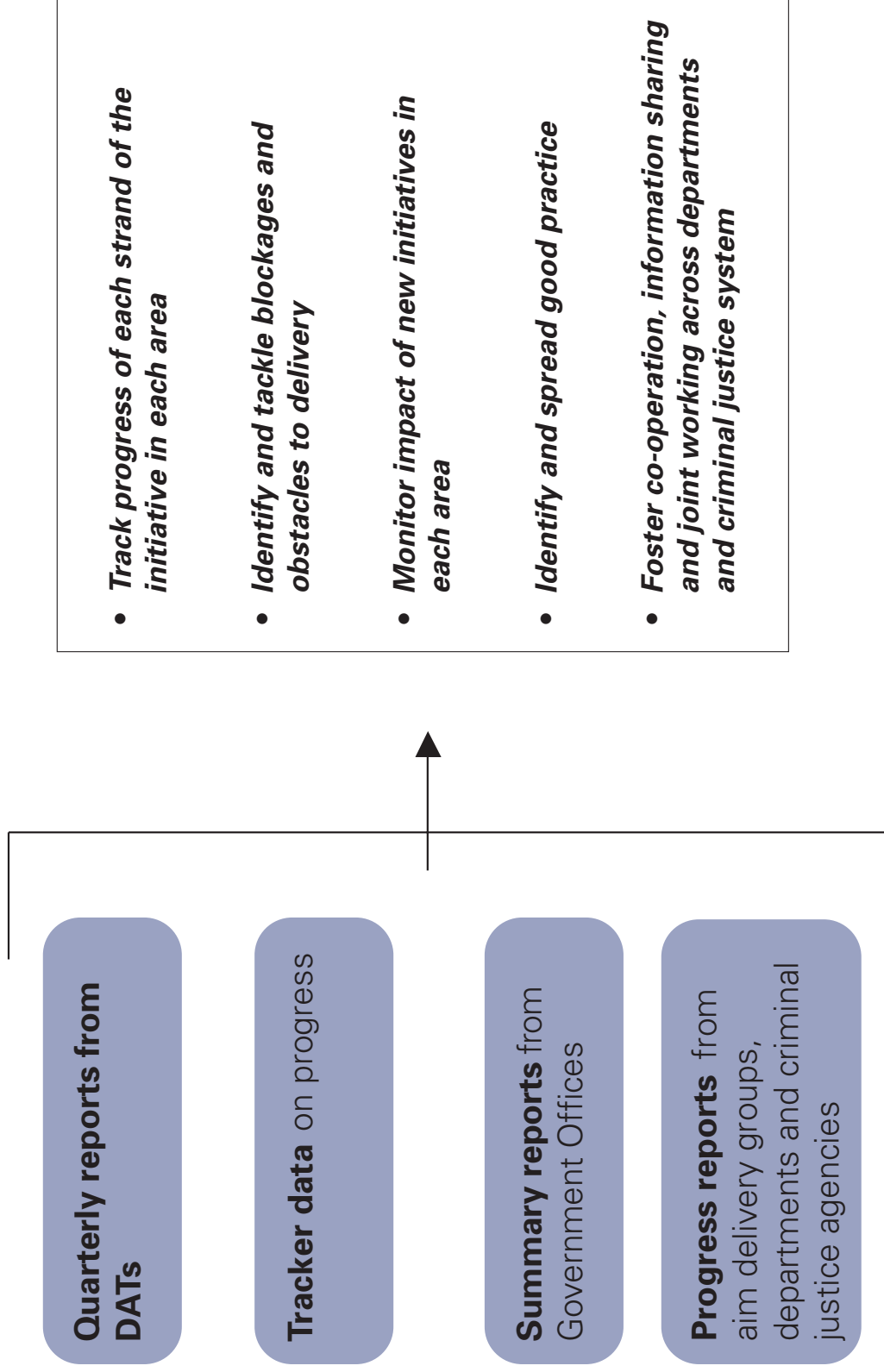
The National Crack Action Plan



Programme management structure and responsibilities



Performance data and progress reports enable active management of the initiative



Annex 2

Crack Programme Management Group membership

Chair Director General of Organised Crime, Drugs and International Group (OCDIG) Home Office

Representatives (at Director or Unit head level) from Home Office:

- Drugs Strategy Directorate (DSD)
- Policing Organised Crime Unit (POCU)
- Immigration and Nationality Directorate (IND)
- Regional Co-ordination Unit (RCU)
- Race Equality Unit (REU)
- Violent and Youth Crime Reduction Unit (VYCRU)
- Probation Directorate
- Prisons
- Policing and Reducing Crime Unit (PRCU)
- Policing Crime Reduction Group (PCRG)

Externally:

- Association of Chief Police Officers (ACPO)
- Customs and Excise (HMCE)
- National Crime Intelligence Service (NCIS)
- National Crime Squad (NCS)
- Department of Health (DoH)
- National Treatment Agency (NTA)
- Office of Deputy Prime Minister (ODPM)
- Department for Education and Skills (DfES)
- Government Office Regional Director
- Welsh Assembly Government
- Scottish Executive

Implementation plan: milestones

Implementation strategy timeline

November 2002 to April 2004

Action	Dec 02	Jan 03	Feb 03	Mar 03	Apr 03	May 03	Jun 03	Jul 03	Aug 03	Sep 03	Oct 03	Nov 03	Dec 03	Jan 04	Feb 04	Mar 04
Publish plan	X															
Creation and meetings of steering group		X	X			X			X			X			X	
Hold policing conference				X												
Identification of High Crack Areas (HCAs)		X														
HCAs to establish local crack management systems				X												
HCAs report on local action					Baseline assessment			X				X			X	
Assessment of DAT treatment plan (inc. for crack)		X			X			X				X				X
Research on what works in Neighbourhood Renewal sites ²											Report date					Report date
Assessment of DAT education programmes and detailing spend on crack					X			X				X			X	
Each DAT to complete an availability plan		X														
Completion of review of possible additional powers to close crack houses							X									

2 Results expected 2004

Implementation plan: milestones (continued)

Action	Dec 02	Jan 03	Feb 03	Mar 03	Apr 03	May 03	Jun 03	Jul 03	Aug 03	Sep 03	Oct 03	Nov 03	Dec 03	Jan 04	Feb 04	Mar 04	
Publish research of crack users in treatment	X																
CIDA aim to increase the proportion of cocaine removed from the UK supply chain from 21% to 25% ³					Report date												Report date
Publication of policing crack guide			X														
ACPO police programmes in HCAs																	
CIDA research on supply and consumption estimates ⁴																	
Review of trafficking strategy							X										
NTA dissemination of effective practice				X						X							X
NTA commence crack treatment projects					X												

3 This action is to be achieved by the end of the Spending Review 2002–31st March 2006

4 Results expected July 2004

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