The crack report

Essential update for services gearing up to respond to the crack phenomenon

IT WAS APRIL 1989 when DEA officer Robert Stutman told Britain's chief police officers that the UK should brace itself for an epidemic of crack use. Based on the American experience, he proffered visions of a society torn by the evil of crack – the pernicious immediacy of the addiction it engendered and the violence it brought in its wake.[1]

Taking his cue from Stutman, the then Home Secretary Douglas Hurd invoked 'memories' of the Black Death to describe what was about to happen. The press lapped it up: "Three Hits Can Get You Hooked" became almost as famous a *Sun* headline as "Freddie Starr Ate My Hamster". Even the Department of Education and Science showed an interest in drugs not repeated since those heady days and issued a warning leaflet. It was *that* serious.

Increased use but no epidemic

So what happened? Within Stutman's original time frame, not much. The little crack in circulation was confined to locations where street drug use was most entrenched.[2] Coming forward to 1994, crack is now an established feature of the UK drug scene, but still we are not faced with a state on the verge of collapse. Crack use is found in most of the country but remains concentrated in inner city areas. Unfortunately, these are the places where the fabric of society is already stretched; crack hasn't helped. Use of crack, and the violence associated with its use and trafficking, are now putting the most affected communities and the officers trying to police them under considerable strain.

What is the strength of the statistical evidence that crack has really arrived? As figure 1 shows, over the last ten years the amount of cocaine seized by Customs has risen faster than for other drugs only to fall sharply in 1993. Amounts seized have now exceeded heroin seizures for the last three years.[3,4] In some cases Customs established that seized cocaine powder was to be turned in to crack in the UK. Many of these shipments are smuggled directly or indirectly from the Caribbean or North America under the control of Jamaican criminals, including a seizure of 50 kilos in 1992 destined for London's crack market.[5]

> Detached work may have to become the rule in services for crack users

by
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Enforcement statistics suggest a steep rise in crack use in recent years but not to epidemic levels. Crack is commonly used in some inner city areas, generally on an irregular and non-dependent basis. The connection with black people is stronger for trafficking than for use due to the involvement of Jamaican criminals in crack distribution. Service responses are hampered by the lack of a substitute drug, by concerns over violence, and by failure to attract (especially black) users. Outreach work may be the primary service response.

With most crack being produced within the UK from cocaine powder, Customs seizures of crack itself are not a meaningful guide to the extent of the crack market. Before 1992 Customs seized trivial amounts of crack but in 1992 nearly 2.8kg were seized.[6]

Until recently police seizures lagged behind those of Customs, leading to queries over where all the imported cocaine was going.[7] In 1989 that situation changed dramatically with a near tripling in the number of police cocaine seizures.[8]

By 1993, crack accounted for roughly half the number of police cocaine seizures,[9] a proportion which has steadily increased since the late '80s (see figure 2).[10,11,12]

As with Customs seizures, weights of crack seized by police are a poor market indicator. The 'cottage industry' nature of the crack trade, and the short supply route between manufacture and sale, afford little opportunity for intercepting more than a few rocks at a time. In 1993 police seized 2.8kg,[13] nearly double the figure for the previous year[14] but still just 10 per cent of all the cocaine seized.[15]

Although seen by now in most parts of the UK, crack is not evenly distributed. England's urban centres and London in particular dominate. In November 1992, and again in the summer of 1993, the National Criminal Intelligence Service (NCIS) surveyed UK police forces to establish the extent of domestic crack use.[16] Major conurbations such as London,Greater Manchester, Merseyside, the West and East Midlands and Bristol reported the widest availability.

There may be under-reporting of crack as several forces admitted to inadequate intelligence, often relying on drug workers' reports of crack dealing and use

in the locality. One force reporting no crack in its area had its views corrected by one of its own drug squad officers who told NCIS that crack was readily available. Last year Scottish police made their first crack seizure. Until recently cocaine and crack use seemed rare in Scotland[17] but may now be on the increase.[18]

Latest police statistics covering 1992 suggest London still holds pride of place in terms of crack use. Both in terms of number of seizures and quantity seized,[19] over 70 per cent of Britain's crack is seized in London. In the capital police made 226 cocaine seizures per million of the population – next was Merseyside with just 48 per million.[20]

The evidence of police seizures and research findings suggest that increasing amounts of cocaine hydrochloride powder are being converted into crack. In some areas, the less lucrative cocaine powder is hard to obtain.

Recent Home Office-sponsored research confirms the view that crack's profile within the UK's drug using communities has grown significantly over the past five years. One Nottingham respondent said that in 1987 crack was hardly known, but now it was "on every street corner".[21] The researchers were in no doubt that by 1991/92 "crack was so readily available in the area ... we worked in that it was difficult to doubt that there was a considerable market for it".

A multi-site study not yet fully reported confirms that by 1990/91 crack had overtaken cocaine in several areas. In Manchester, for example, 87 per cent of the drug users sampled said crack was always available, 20 per cent more than said the same about cocaine powder.[22]

Prices have remained stable at £20-25 a rock or stone containing around 0.2gm[23,24]. Stable pricing during a period of inflation means the real price has come down. The desired effects last ten minutes at most, meaning enthusiastic users can get through prodigious sums of money but those with the inclinationand/

What the fuss is all about: rocks of crack

or resources to do so are a minority of users. The typical crack user uses irregularly and just one or two rocks on the days they do use.[25]

Apart from cannabis, cocaine – and crack in particular – is the only drug to have become associated with Britain's black communities. In the UK the association was made at least as far back as 1983[26] and seems stronger for crack dealing than for its use. Crack may be used more widely in areas with a high black population, but even in these areas most crack users are white.[27,28] Variations in the racial mix of users may reflect the location and connections of Jamaican crack traffickers rather than any propensity for black people to use crack. Their trading, social and family links are likely to be strongest in areas of high black population.

Responses underdeveloped

Police report that much of the violence associated with the crack trade is perpetrated directly by illegal Jamaican immigrants or by British criminals emulating a lifestyle with its roots in Jamaica's urban ghettoes. In these circles 'status' is all important and derives from money, drugs and violence.[29]

However, police and drug workers also acknowledge the involvement of Asian and white dealers: they tend to be more discrete in their dealing so are likely to have a lower public and police profile than their black counterparts.[30]

In a paper written in 1991, I said "none of the scenarios for a substantial increase in the overall consumption of cocaine and crack in Britain, likely to impact on drug services nationally, seems probable in the foreseeable future".[31] Now crack *is* impacting on several drug agencies around the country; their problem is coming up with a credible response, or any response at all. Many feel at a loss to know how best to deal with those who are coming forward for help.

The crack users who do come forward are usually existing clients on methadone who until recently would have been supplementing their scripts with heroin, but have now turned to crack. Client urine samples confirm this trend which has only been noticed within the past year. Its origins may lie partly in the declining quality of heroin in somelocalities and the rising chance of buying crack from dealers who usually sell heroin.

Some workers report that clients who have switched from heroin to crack have a harder time hiding their drug use because, as one worker put it, with weight loss, not enough sleep and malnutrition, "they can look like the stereotypical walking dead very quickly".[32] They also often suffer from severe depression which has implications for the provision of mental health care by drug services.

Ironically, the few crack users who come forward as new clients are often those who have become dependent on heroin after using it to take the edge off the crack experience. Agencies used to opiate-using clients have fewer problems in coping with these newcomers.

From July-September 1993, Release surveyed drug agencies around the country to gauge the response to cocaine and crack problems.[33] The results showed a clear lack of service provision, which many agencies acknowledged. Most could only offer counselling, often amounting to little more than coffee and a chat. Several referred clients to Cocaine Anonymous which offers help along the NA/AA model.

Agencies used to dealing with opiate

Figure 1. Customs cocaine seizures have exceeded heroin for the last three years

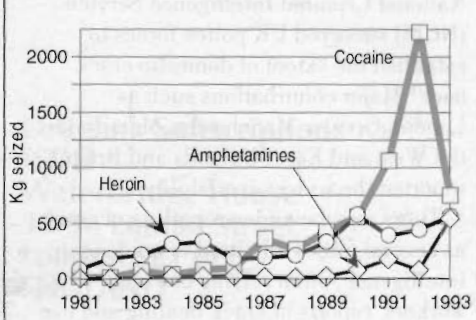
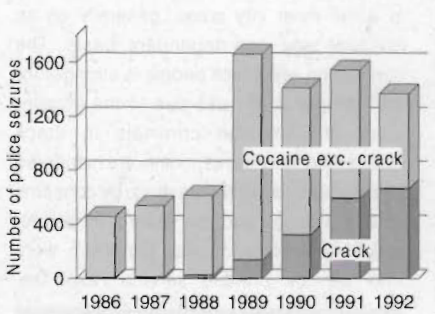


Figure 2. Crack now accounts for about half of all police cocaine seizures in the UK



users may have to change working practices to attract and embrace crack users; there are three main difficulties.

Firstly, there is no methadone equivalent that can be prescribed, making the agency unattractive from a user's point of view. Because of the anxiety and paranoia induced by cocaine, drug-based treatments have instead aimed to 'chill out' clients using benzodiazepines and betablockers alongside drugs to prevent the crack 'crash', usually antidepressants such as imipramine or Prozac. Clients at agencies like the Junction Project in Brent and the Mary Street Centre in Birmingham have access to acupuncture which appears to be very helpful in reducing the craving for crack.

Secondly, unlike opiates, cocaine promotes an aggressive attitude among users which agency staff can find intimidating. Most agencies surveyed by Release believed specialist staff were needed to deal with primary cocaine users. If a crack user walks through the door, he (it usually is a he) wants help *now* and is unimpressed by talk of waiting lists and cuts in funding. One community drug team in Greater Manchester sees crack users immediately while those destined for methadone go on a waiting list. In Nottingham, a pilot scheme to provide a 24-hour helpline for crack users has been set up. The plan is to form a crack action team to talk people down from wanting to use crack at the point when they need the service, day or night.

Thirdly, if we accept that crack cocaine is the biggest drug threat Britain's black communities have ever had to face, agencies will have to find ways of making their services attractive to black drug users. Most agencies do not see primary cocaine users from the black communities. Lack of racially sensitive services may only be part of the story; among young black men there are cultural constraints on appearing weak and out of control, which mitigate against being seen approaching an agency for help.

Women working in the sex industry seem particularly vulnerable to the demands of the crack business. Often working in drug dealing areas, women will use crack to get through the business. Those who control them may use their premises to manufacture crack or exploit the women to fund their own crack purchasing or to pay off crack debts. They may do this by setting the women up as prostitutes in the first place and taking the proceeds or by forcing them to set up punters for a robbery. Help for sex industry workers is patchy. One recent innovative scheme is based in Nottingham. A prostitute peer worker group is active on the streets and part of its remit is to help women with a crack problem.

To help those who won't come forward for whatever reason, but who need immediate help, agencies may have to look much more to working out in the community, where help can be immediate and where accessing it does not entail revealing oneself as having a problem. Detached work may have to become the rule rather than the exception for any agency purporting to offer a service to crack users.

When they do approach services, cocaine users often want respite from using the drug, a chance to get away from it. Crisis intervention, on the original City Roads model, may be the way forward here. City Roads was set up to provide short stay rehabilitation at the height of London's barbiturate 'epidemic' to break the cycle of overdose-stomach pump-overdose which many users went through, often more than once a day. Birmingham's Cocaine Outreach Research and Education Team is considering a respite programme for cocaine users along similar lines. Should this kind of programme prove successful, those undertaking rehabilitation assessments may find a whole new tranche of users banging on their door.

IN EVERY SENSE of the word, the crack scene in the UK is currently in a volatile situation. After an initial burst of enthusiasm and activity, most drugs find a level within the drug scene, so that what is at first dubbed an 'epidemic' becomes just another facet of drug culture. In America the talk now is of the 'new heroin epidemic'. When eventually there is nothing left to say, crack will fade from our front pages as heroin did in the late 1980s. But for those inner city services trying to cope with the fallout, the resource implications could be substantial.

HARD TO MEASURE

Police and research studies are the main sources of information about crack use because primary crack users rarely attend the services which feed into addiction or drug problem databases. Where these services are relied on for a picture of the local drug scene, crack can seem less of a problem than local people know it is.

Examples of this distortion can be found in NHS Drug Advisory Service reports on the nature of drug use and service provision in England and Wales. A report for South Birmingham which drew on police intelligence said "Cocaine is perceived as a significant problem in terms of its links with crime and 'crack' ... is known to be available. This is viewed as prevalent in Afro-Caribbean circles, although information suggests that its use is widespread in all communities".[34] However, we look in vain for any mention of the drug in reports for Haringey[35] and Tower Hamlets[36] where crack is known by drug workers and the police to be widely available. For these reports the information was derived largely from drug agency returns.

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