UNDERGROUND:
An Analysis of Lewisham's Crack Market

A report prepared for the London Borough of Lewisham Drug Strategy Team

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Contents

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Executive Summary & Recommendations

Profile of Crack Users in Lewisham

50 local crack users participated in the research. A questionnaire designed to form a semi-structured interview ascertained their demographics, drug use, nature of the local crack market and dealers, how they funded their habits and their experience of treatment.

Profile

Two thirds of the sample were white and a third were from BME groups, the mean age was 35 and 58% were male.

Housing

- 92% of the sample lived in the borough
- 58% were not in secure accommodation, 1 was NFA and a further 20 had experienced homelessness at some time in their lives.

Physical Health

- A third reported no health complaints
- The majority of their ailments involved respiratory disorders-asthma, bronchitis and emphysema

Mental Health

- 58% of the sample suffered from depression and those experiencing past/present paranoia and psychosis attributed this to their crack use.

Children

- Just under half the sample had children not in their care; those most likely to have custody of their children were ex-users and those with adolescent children.

Family History of Substance Misuse/Alcoholism

- 28% had a family member with a drug or alcohol dependence and half of these had more than one addicted family member. Where there was a problem, alcohol was the most likely substance being misused.

Drug Use

- A rock of crack can be bought for £10 in Lewisham and was the price quoted by 80% of the respondents. Some users pay £20 and it would appear to be contingent upon size and where in the borough and from whom you were purchasing it.

If you couldn't get hold of any crack what would you use instead?

- 46% laughed and said that would never happen, the money would run out before the availability dried up.
- The remaining 54% stated they would alleviate their cravings with another drug, either illicit (heroin, amphetamine, powder cocaine or cannabis) or legal (alcohol, prescription drugs or aerosols).
- Two other themes emerged namely: the compulsive binge nature of crack use; and the fact that many users felt they were not addicted to it and could put their cravings to the back of their mind and forget about it.

Supporting someone else's habit

- A third were supporting another's drug habit, they tended to share the cost with a partner, family member or friends.

What drugs have you taken in the past month?

- 6/50 interviewed were no longer using crack
- 15/50 (30%) of the sample were primary crack users (as had been 5 of the 6 ex-users), whose preferred route of administration was smoking; 9 (75%) used every day, they had been using crack on average for 6yrs.
- 29/50 (58%) were poly-drug users, using both heroin and crack.
- They had been using crack for longer than the primary crack users (11yrs), injecting was common practice and 6 were 'speedballing'.
- 4 drank heavily and 14 used skunk/cannabis, 6 had given up heroin and 7 spoke of crossing over addictions throughout their drug-taking years.

How did you start taking crack?

- One third cited the influence of friends, followed by family or partner, other themes emerging (in order were):
    - Arrival of a frequent dealer or user in their life
    - Curiosity
    - New way to take powder cocaine,
    - Depression/Personal problems
    - Acquired a habit outside of the country
    - Upon a dealers suggestion
    - Already involved in a drug scene
    - Smoking weed
    - Peer pressure.

How do you fund your crack habit?

- 60% cited their benefits but 36% admitted to shoplifting and explained to the Researcher about this, and Burglary, Deception and Clipping.
- 6 respondents reported leaving a profession or losing their businesses due to their crack use, others described how they'd juggled jobs and a habit.

Have you been arrested and charged in the past year

- 40% had, mainly for shoplifting.

Discrimination

- 40% felt they had been discriminated against on the grounds of:
    - Their drug use (being labelled a junkie)
    - Race
    - Housing status

Supply

How do you normally buy crack in Lewisham?

- The preferred method of scoring crack is to pick up from a pre-arranged place on the street, having phoned the dealer on their mobile telephone, placed an order and agreed a meeting point.
- The least popular method was purchasing from a stranger on the street.
- A popular option, that was not listed, was 'Home Delivery', cited by 26% of respondents.
- The respondents were fixed in these methods and rarely strayed from one or two of them.

How many crack dealers do you know in Lewisham?

- Users knew an average of 10 dealers and had bought from 4 in the past month.

How do you contact your crack dealer?

- 92% phone their dealer's mobile telephone to order drugs

Do you buy crack in the same area that you live?

- Over half of the sample rarely had to leave their area (let alone borough), yet they would travel many miles:
    - In the event of a drought
    - For a good deal
    - For a particular dealer
    - For recommended quality.

What drugs does your dealer sell?

- 78% reported their dealer sold both crack and heroin

Do you receive credit from your crack dealer?

- The street term for credit is 'bail'
- Nearly two thirds could get it, because they were good customers and could be trusted.
- Some had to leave something of value such as jewellery or a DSS book, sexual favours could also secure credit.

Crack-buying patterns

- Interviewees were asked to describe the nature and frequency of their crack scoring. The most popular single option was to buy daily for themselves, whilst the most popular combination was "I buy 2-3 times a week for myself" and "Sometimes someone else buys drugs for me".

Speculation as to the likely relationship between dealers in Lewisham

- It was felt the phrase "A lot of small dealers and a few big ones" best described the borough's crack market.
- In fact, the evidence accumulated for this report suggests that there are high numbers of minor street dealers, not working for themselves, getting their supplies from1-2 bigger dealers further up the chain.

Availability and Supply of crack and any other drug

- The majority could purchase crack in 15 minutes, and several could get it in less than 10 minutes.
- Their theories suggesting what caused market changes fell into the following themes:
    - Prices have gone down
    - There are more crack users and dealers nowadays
    - Dealers push more aggressively nowadays.
    - Some felt the crack market was on the decline.

How is crack sold in your area?

- The crack market is semi-closed. It does not have a 'front-line', the users must be introduced to a dealer by a known user, they would then be given the dealers mobile telephone number.
- Runners are a dying feature of Lewisham's crack market, more commonplace 3-4 yrs ago.
- Those that do operate are likely to be adolescents on bikes
- They could also be a friend/partner of the dealer
- There were contradictory reports as to whether they would be users themselves.
- Runners are not concentrated in any one area
- Runners are brought in after a raid or arrest when a dealer wants to stay away from the streets.

- Crackhouses are a rarity in Lewisham, most of them have been closed down by the police and they are unpopular with users.

Does police activity affect the way you buy crack?

- 42% answered yes:
    - It affected their behaviour and their dealer's behaviour
    - It hindered but did not stop them
    - They were often under the scrutiny of the police.
- 52% said no:
    - It made little impact on the market
    - They felt they had minimised their chances of arrest sufficiently.
- 6% didn't answer

Treatment

- 96% of the respondents had sought help for their drug use at some time.
- 52% for heroin, 20% for crack, 16% for crack and heroin, 8% had accessed some other form of treatment and 4% had never been anywhere for help with their drug use.
- Many respondents did not perceive treatment for crack to be effective because they did not see it as physically addictive.

What aspects of a community-based drug service do you consider important?

- Fast access to treatment
- Ex-crack using staff
- One-to-one support
- Housing advice

What service would you like that you do not have now?

- Most wanted a Drop in/ Crisis centre; such a venue would need drug workers for counselling; complementary therapy and users groups.
  The remainder wanted (in order of priority):
    - Better access to housing
    - I have access to all I need
    - Detox & Rehab
    - More Counselling/Counsellors
    - Some guidance in imagining a drug free life
    - Staff support
    - Leisure activities
    - Benzodiazepine script
    - Quicker help
    - More Crack awareness programmes
    - Need to get out of my environment
    - Complementary therapy

What would encourage you to attend a service?

- Wanting a methadone script and their health deteriorating were the most common responses. The rest were:
    - Friendly, empathetic, non-judgemental staff
    - Nothing
    - Described elements which all together would constitute a local Drop-In
    - The desire to change their lifestyle
    - Knowing what services are out there to help

- Knowing the agencies will respond to their needs quickly.

What would discourage you from attending a service?

- The biggest discouraging factor was unfriendly judgemental staff.
  Followed by:
  - A slow service
  - Trust broken to outside services
  - Meeting lots of other addicts
  - Cultural issues
  - Being under the influence of drugs
  - Embarrassed they'd relapsed
  - Pettiness of the system.

What obstacles might prevent you from attending a service?

- 38% did not answer this question; those that did prioritised a long wait for a methadone script as their biggest hurdle. Others were:
  - If withdrawing or heavily under the influence of drugs
  - Their children
  - Lack of travel fare
  - The rigmarole of the system
  - Myself; I'm the only obstacle
  - Schedules and times
  - Nothing, if I wanted to go I'd go.

Crack Users' Appraisal of Their Treatment

Lewisham Agencies

The Dual Team Catford

- 28/50 (56%) of the respondents had accessed this service at some time.
- 15/28 (54%) past service users and 13/28 (46%) currently accessing the agency.

Helpful Aspects:

- A hard to access service with a lengthy waiting list
- Access to an opiate substitute prescribing service

Unhelpful Aspects:

- A hard to access service with a lengthy waiting list
- Unsympathetic staff
- An intimidating unsuitable building.

Suggestions:

- A Drop- In with groups.

CDP Quantum Project Forest Hill

- 21/50 (42%) of the respondents had accessed this service at some time.
- 2/21 (9.6%) past service users and 19/21 (90.4%) currently accessing the agency.

Helpful Aspects

- An anonymous building with a calm atmosphere and pleasant décor.

- Helpful, knowledgeable and empathetic staff.
- An all round service providing counselling (crack specific), an opiate substitute prescribing service, complementary therapies and homeopathic teas.

Unhelpful Aspects:
- The distance some had to travel to reach the service.
- Most reported an easy to access service with few obstacles in their path.
- Some highlighted the fact that drug users may not be aware of this drug agency's whereabouts or existence.

Suggestions:
- A weekend service and help line
- Leisure activities
- Housing advice
- A Drop-In.

Orexis

- 10/50 (20%) of the respondents had accessed this service at some time
- 3/10 (30%) past service users and 7/10 (70%) currently accessing the service.

Helpful Aspects:
- A flexible, helpful service
- 2 of the respondents went specifically to access specialist BME drug workers.
- Some were seen immediately and some felt staff shortage slowed their access to Orexis.

Suggestions:
- Group therapy alongside the existing one-to-one's.

Detox & Rehab Services

City Roads

- 8/50 (16%) of the respondents had received treatment here.

Helpful Aspects:
- Quick
- Crisis beds accessible.

Unhelpful Aspects:
- Too restricted to the house
- Clients using drugs in there
- New intakes fresh from using the night before talking about their drug use.
- Some went in as crisis admissions, some were planned.

Acute Admission Unit (AAU)

- 7/50 (14%) of the respondents had received treatment there

Helpful Aspects:
- Most reported going in for methadone stabilisation when their street heroin use became chaotic and unmanageable.

Unhelpful Aspects:
- 2 disliked the medication given (Lofexidine)

Brook Drive

- 4/50 (8%) of the respondents had received treatment here

Wickham Park House

- 2/50 (4%) of the respondents had received treatment here

Clouds

- 2/50 (4%) gave a glowing appraisal of their treatment in clouds.

Prison Detox

- 3/50 (6%) had detoxed in prison, one explained that even though they were drug free on release and had a rehab to transfer to they couldn't face another institution and simply wanted to celebrate their freedom in the traditional way and get drunk and take drugs.

Young People

- 57 Young people from around the borough participated in the research via group workshops and individual interviews
- The aim was to ascertain their level of understanding of crack cocaine, its effects and impact on neighbourhoods. The Researcher also intended to find out what this group thought of users and dealers.
- Two thirds of the sample was male, the mean age was 16yrs old and 82% of those interviewed were Black, comprising Black British, Mixed Race, Black Caribbean and Black African.

What is Crack?
- The majority of the young people could identify crack and were aware of its street names and appearance.
- Most assumed it could only be smoked and were not aware it could be liquefied and injected, this could explain their perceivably harsher opinion of heroin addicts.
- They reported crack could be bought for £20, compared with the adult users, who reported it could be purchased for £10.
- One third were unaware which class of drug it was.
- Young people's street term for crack users is 'crackhead' and they used a variety of derogatory adjectives when asked to describe them.

Young People's Perception of Media Portrayal of Crack
- Most of the groups felt it was negative and paid particular attention to its addictive nature and the acquisitive crime its users may turn to in order to fund their habits.
- Some felt it was misrepresented to look worse than it was and racist stereotypes and prejudices towards the black community were perpetuated.
- Many cited Gangsta rap's stance on drugs, which portrays drugs as a reality of street life.
- Most agreed crack was a harmful drug, although some put conditions on their opinions.

Why do you think someone might start taking crack?
- Peer pressure was felt to be the biggest influence, followed by:

- Copying others
- Stress
- An older friends influence
- Gateway drugs (especially cannabis/skunk)
- A dealer's suggestion
- Curiosity
- Because it is easily accessible
- To lose weight.

What health problems do you think a crack addict might have?

- Most groups focussed on respiratory ailments as opposed to injecting complications as the majority believed crack could only be smoked. Mental health problems were also highlighted.

Do you think there's any difference between crack and heroin addicts?

- Two thirds of the sample believed heroin was more harmful, more addictive, its users stooped to greater depths because of their habit and their dirty needles were a risk to the community.
- One of the groups from Deptford felt crack was normalised in their area due to the high number of dealers around.

How do you think crack users pay for their drugs?

- Half of the groups believed crack addicts funded their habits through shoplifting and stealing from friends and family but half recognised they could be working and using crack.
- An issues arising from this topic was drug dealing, which young people refer to as 'shotting'.
- Young people's initiation into drug dealing often comes through 'running' or 'watching' for dealers, in a form of apprenticeship. This was explored.

If someone smokes a cannabis spliff with crack crystals in it, are they more likely to go on and try it on its own?

- Verified street names for skunk spliffs laced with crack crystals are- '***Punk***', '***White Widow***', '***Monk***', '***Rhino***' and '***Crow***'.
- This question received a poor response. The groups were undecided as to the role of 'White Widow' as a gateway drug, who would supply it (crack/cannabis dealers), how widespread its use is and whether young people are aware of what they are smoking.

Positive and Negative aspects of crack dealers' lifestyles

- Two thirds of the groups listed more negative than positive aspects.
- Positive aspects highlighted were the financial gains, some used the phrase 'easy money'
- Negative aspects were the violence and fear for your safety that would come with the lifestyle.

How easy do you think it would be to get crack around here?
When young people were asked to rate the difficulty of getting crack on a scale where 1= Very Easy and 4= Very Hard:

- On average the young people scored 2 denoting it to be easy, although some implied that young people under 18 would find it hard and those over 18 would find it easy, as there is a perception that it's an older persons' drug.

How do you think crack affects neighbourhoods?

- Most agreed it gives the area a bad name, they also stated:

- Crime goes up
- People are frightened
- It brings the police to the neighbourhood
- It's not good for the children growing up there
- There will be drug paraphernalia around
- Issues of institutional racism were raised
- People would be too scared to report dealers to the police.

What treatment is available for crack users?

- Three quarters cited rehab as a treatment option. On a more personal note they were asked:

If you or someone you knew were worried about your crack use, whom would YOU ask for help?

- Two thirds said the government help-line (Frank) or a similar anonymous phone line, followed closely by family and friends.
- Trust and fear of being judged were 2 issues highlighted, especially young peoples' fears their disclosure would be passed onto their school, the Police or Social Services.

Do you think there's a crack problem in this area?

- This received a mixed response between yes/no and maybe, although some thought it wasn't as bad as other places and other substances were more problematic.

What advice would you give to a friend if you were at a party and they were going to try crack?

- The majority (88%) of the young people emphatically stated that their friend should not try the drug. Their advice fell into the following themes:
    - They would relay the negative consequences of crack
    - They would explain how stupid they would be to experiment with it
    - They would encourage them to think about what they were doing and not act impulsively
    - That the ultimate decision was up to them
    - That they would break friends with them if they went ahead and tried it
    - That they would use force to emphasise their point

The Community (Residential & Professional)

Introduction

Throughout the course of the 8- month study, the Researcher spoke to a wide range of professionals (60) working in Lewisham to gauge their perception of the borough's crack problem.

The following topics were explored:

- Their specific role and likelihood of engaging with crack users
- The nature and scale of Lewisham's crack cocaine problem
- If they felt crack was problematic within the borough, if they did not, which drugs they thought were
- Drug Hotspots within their area
- Affiliated issues such as Prostitution and Crackhouses

Community Members

Whilst it was felt to be important to ascertain the effect of crack cocaine on neighbourhoods by actually speaking to those people living in them, this proved problematic.

The Researcher attempted to engage Tenants Associations in the consultation process, but none came forward. This is understandable given the subject matter.

In addition, most members of the public are not sufficiently knowledgeable to be able to distinguish between drug users and the Researcher often found herself filtering out gossip, urban legends and misinformation about heroin and cannabis. And, to be fair, such is the level of poly-drug use it is hard to focus on just one substance.

As such only 5 interviews recorded with members of the public have been included.

The interviews once completed and collated, naturally fell into the following categories:

Areas

Lewisham and Catford

- Hotspots for open dealing and using within the area
- It's the opinion of the street wardens that the most problematic substances on their patch are alcohol (street drinkers) followed by heroin.

Heathside and Lethbridge Estate

- Crack is a problem on the estate affecting the community as a whole

Deptford

- From its initial devastating impact in the late 80' s-early 90's, the market has quietened and gone underground.
- Open dealing via a phone box in the vicinity
- A general increase in muggings and fear of crime
- Muggings commonplace (normalised)
- Police felt to be turning a blind eye
- Felt the community should be consulted over drug matters and their awareness raised
- A culture amongst locals of dealing with the problem themselves.

Evelyn, Pepys, Trinity and Milton Court

- Drugs are not a new issue around here.
- Lack of community confidence re: reporting crackhouses.
- Some problematic estates, although crack specific information is sparse.
- A perceivable increase in drug dealing and problems since the concierge's removal from Hawks Tower on Milton Court

New Cross

- The 3 main issues in the area are crack, heroin and alcohol
- Various 'hotspots' for dealing, using and prostitution were highlighted

Silwood estate

- Historically heroin has always been a problem on the estate, nowadays there's more of a problem with users rather than with dealers
- There are spates of prostitution
- Concern regarding young people's cannabis use and the demolition of the local play areas and youth club were raised.

Honor Oak

- Crack was a bad problem 2-3 yrs ago, quieter now but still a disproportionate number of crack users for the size of the area.
- The drug problem is hidden and behind closed doors.
- Whilst crack users are demonised by13-16yr olds, its use has a certain status due to its gangster associations and high cost amongst the18+ generation.
- Prostitution is perceived to be a recurring issue on the estate.
- Various crackhouses and pubs are thought to be linked to heroin and crack dealing.
- The community is reluctant to present a united front.
- Little drug paraphernalia found, this is felt to be due to the low levels of rough sleepers in the area.
- Interviewees perceived there to be no specific drug services in the area.

Sydenham

- Although they are involved in a shared care scheme with CDP Quantum Project-Forest Hill, low crack awareness amongst the areas' GP's, who could be missing symptoms.
- New patient assessment does not ask about illicit drug use

The South of the Borough

- Downham GP's go through periods of reluctance to take drug users onto their books.
- Racism is an issue in the area, with BNP support and clashes between BME groups.
- No drug services in the area only 1 satellite drop-in once a week
- Alcohol is an issue for both adults and the young people, who in addition are heavily involved in cannabis and underage sex.
- Young men on scooters possibly 'running' for drug dealers in some areas.
- Ex-crack users informed Bellingham Sure Start worker the drug is readily available in the area.
- Satellite drug worker (new to post) receives enquiries about drugs in schools and problematic drinking. No enquiries re: Class 'A' drugs.
- Former satellite drug worker (4 yrs in post) perceives the area's main problems as being addiction to prescription drugs and alcoholism.
- No report of dealing hotspots.
- Skunk an issue with the young people.
- Downham community consultation did not highlight drug as an issue.
- Alcohol suspected to be problematic but hard to ascertain due to the behind closed doors culture.

Drug Agencies

CDP Evolve-Crack Specific Service-Camberwell

- Take referrals from Lambeth, Southwark and Lewisham. Lewisham not highly represented.
- 50% of clients Poly drug users
- Big increase in 18-24yr olds, whose drug route has progressed from alcohol and cannabis→Powder cocaine→Crack
- 10-15% of clients are professionals accessing the out of hours drop-in
- Perceived gaps in services- Cannabis, Anger Management and Domestic Violence.

The Dual Team

- No specific Crack Worker, we refer them onto CDP Quantum Project-Forest Hill
- 80% of our clients use crack and seek help only for their opiate use.

CDP Quantum Project Forest Hill

- Generally, see clients with low-level crack use, as part of a poly-drug habit. They show very few signs of chaotic crack use, the manager felt this was directly correlated with low levels of rough sleeping in the borough.
- 80% of clients are opiate users involved in the Shared Care Scheme.
- The Crack worker is not seeing enough crack users from BME communities.
- Not much reporting of criminal activity to fund their habit, the users tend to binge on benefit day.
- We have aimed to set up good partnership working, especially with GP's.
- Crack dealing occurs by Forest Hill station and large estates in Brockley Cross.

Orexis

- Numerous drug hotspots in the North of the borough highlighted.
- Sex for drugs exchanges commonplace in crackhouses, women would not self-define as prostitutes.
- Dealers supporting their own habit would not define themselves as dealers but as 'hustlers'.
- There is a hierarchy of dealers employing young people as 'Runners' and 'Watchers.

Lewisham Substance Misuse Team

- The majority of our clients are heroin users with crack as their secondary drug.
- A perceivable increase in the past 3-4yrs of drinkers using crack.
- The biggest problem we face is crack users' perception that there is no treatment for them and detoxes and rehabs are only for heroin users.
- BME clients report feeling isolated in all- white groups at Detox and Rehab and to an extent, amongst the (mainly white) locals of the rehab town, which, tend to be outside large cities. They felt they stuck out and as if everyone knew why they were there.
- There is a perception amongst BME groups that services are geared towards white opiate users.
- Brockley Cross and Downham flagged up as drug dealing hotspots within the borough.

Detoxification & Rehabilitation Services

Wickham Park House

- Increased crack use has affected the service in the following ways- an increase in challenging behaviours, acute crack withdrawal bordering on psychosis, and craving behaviour.
- To give an indication, 5/10 on the current waiting list are addicted to crack and heroin.
- We offer a specialist service to pregnant drug users. 'Crack babies' are somewhat of a media myth.
- Inappropriate referrals are made for crack users to our service from community drug agencies, some in Lewisham.
- There needs to be more specialist crack services and greater knowledge amongst workers to minimise these inappropriate referrals.
- We need small in-patient crack units that you can be admitted to in crisis, with a high level of staff to monitor agitation and mood swings.

City Roads

- We have 19 crisis beds and 2 planned admission beds
- The majority come in with poly-drug addiction.
- We run a general programme for all addictions, not focussing on any one drug.

- Crack users tend to get into crisis quicker than the more entrenched heroin users, which means they may be able to rebuild support networks easier and consequently are less isolated.
- 35% of our clients are women and 40% from BME communities.
- We are still not seeing primary crack users

The Criminal Justice System

HMP Belmarsh CARAT team

- Manager and 2 workers run drug courses for inmates at HMP Belmarsh
- Quarterly figures show 17% on the course are Lewisham residents, 23% overall are primary crack users, which equates (mathematically) to less than 3 primary crack users from Lewisham on the course at any one time.
- We prioritise short-term or remand prisoners for the course.
- Not much crack comes into the prison, more heroin and cannabis.
- Once fully staffed the aim is to develop Crack Cocaine workshops.
- Postulated risk taking and drug use escalate in a crack binge until the individual appears to reach crisis point, whereupon they are usually arrested.
- Felt Lewisham extremely poorly equipped to serve crack users.
- Trying to engage BME groups (who are under-represented on the course) and dispel image of police and prisons as institutionally racist.

Lewisham Probation Service

- Probation worker has seen a huge increase in crack users coming in the past 6-9months. 50% of clients are primary crack users.
- A lack of drug awareness amongst workers could result in drug users not being identified and referred onto the drugs course.
- Opportunistic crimes are committed, mainly burglary. Little violence involved and no firearms cases.
- See mostly men, shifting away from young black to young white males.
- Felt the borough had a crack problem and limited crack services.

Lewisham Police

- Head of the Drugs squad commented that they do not send many seizures away for detailed analysis due to high cost.
- Deptford Police Officer stated no major dealers on the patch.
- Dealers limit the quantity of rocks they carry to lessen their conviction if arrested.
- Local crack market is chaotic compared to the cannabis market, which, is tightly controlled and organised.
- The new 2004-2005 Lewisham Police performance indicators for robbery and burglary are to be reached by targeting areas around crackhouses via a partnership operation between the community, intelligence from prisoners and Anti-Social Behaviour Action Team (ASBAT).
- Police operations now focus on causing disruption not just displacement
- The exact number of crackhouses in the borough is unknown but thought to be in double figures.

BME Groups in the Borough

Somali

- Sourced from interviews with a Somali Sure- Start worker and drug worker both working exclusively with Lewisham's sizeable Somali population.
- Lewisham has a Somali population of approximately 4,000
- Crack use amongst Somalis in Lewisham is thought to originate from refugee camps they came from in Kenya and Ethiopia where crack and heroin are cheap and plentiful
- The majority of the Somali drug worker's clients use khat, half are using crack and/or heroin.
- They tend to smoke rather than inject.
- Disclosure of drug use hindered by cultural shame, secrecy and denial.

Vietnamese

- Sourced from interviews with a community worker and drug worker both working exclusively with the Vietnamese community in Lewisham.
- There are estimated to be 3,500 Vietnamese living in the borough, mostly concentrated in New Cross and Deptford.
- All 26 of the specialist Vietnamese drug workers' clients are primary opiate users, dabbling in crack, some more heavily than others.
- Heroin is the biggest drug problem in the Vietnamese community and injecting is a taboo subject.

Mental Health Services

Dual Diagnosis Consultant Nurse

- There are 2 different types of crack users with dual diagnosis, those with serious mental health diagnosis using crack as well and those presenting in crisis to acute admission wards with crack induced symptoms.
- The borough needs a central crack specific service.
- Mental health professionals are not trained to recognise substance misuse.
- The increase in violence on the wards is perceived to be directly correlated to crack use.
- Some clients self medicate with crack.

Psychiatric Unit Triage Nurse

- The Triage nurse speculated 5-10% of the crack users that come in present with psychotic symptoms, depression and consequences of their chaotic lifestyles.
- Drugs get into the ward but not via dealers hanging around outside but friends and relatives bringing it in.
- Heroin users tend to be more open about disclosing their drug use than crack users.
- A worker at an agency for African-Caribbean community experiencing mental health problems estimated 70-80% of their members using crack and or alcohol and or cannabis.

Commissioning

Joint Commissioning Manager for Drug services in Lewisham

- Crack's impact was noted from its effect on users' health, risk taking behaviour and the ways they funded their habits.
- Changes in the rehab criteria in 1997 may have led to a sudden increase of men caught up in crack-binge-crime-and-prison cycles as they no longer qualify for rehab and consequently find it harder to get help for their drug use and break the cycle of offending to fund their habit and short custodial sentences, not long enough achieve sustainable results.

Survey of Lewisham Professionals' opinion of the Crack Problem

Summary of Questionnaire Results

- The agencies and professionals in the borough most likely to be in contact with crack users were sent a brief questionnaire

- Whilst some of them had spoken to the Researcher over the course of the study, the purpose of this survey was to put respondents' views into an easily comparable, comprehensive format.

- Representatives from drug agencies, the Criminal Justice System, housing providers, mental health and youth services were given the chance to offer their opinions and make practical suggestions for crack strategies, that could be put into place in Lewisham to effectively deliver solutions and support to those most in need of it.

Please state the nature of your interaction with crack users

- With the exception of the youth worker, all of the respondents came into regular contact with crack users.

What do you think is the nature of the crack cocaine problem in Lewisham?

- Crack use was reported to be problematic in some areas of the borough.
- Crack use is on the increase.
- The full scale of the problem is hard to ascertain (both on the suppliers' side-as reported by the Drugs Squad, and the users' perspective). The latter are not accessing services either due to lack of awareness of the services available, not perceiving their habit to be problematic or BME communities not accessing enough services

What changes have you noticed over the last 5 yrs?

- There is a perception that there have been no changes to the provision of services for crack users despite an increase in demand.
- Availability is up but the market is becoming increasingly hidden through the use of mobile phones, postal importation and shrewder dealers.
- An increase in crack users, specifically primary crack users that brings with it changes in administration route and an increase in prostitution and STD's.

Do you think crack is Lewisham's most problematic drug? (Please explain your answer)

- Whilst it has its associated problems-No
- It's in more Poly-drug users presentation but often not perceived as problematic or their primary drug of choice.
- Hard to say as low disclosure by crack users and BME groups disproportionately represented.

If not, which drugs do <u>you</u> think are

- The youth worker felt Skunk, Cannabis and Alcohol were the main drugs used by young people
- The mental health professional stated Cannabis and Alcohol was the main drug of choice amongst the mentally ill
- Heroin &/or Alcohol was the opinion of the rest of the professionals surveyed.

Are the majority of crack cocaine users you meet: (Please underline)

Primary Crack users
Primary heroin users, also using crack
Crack and heroin users
Drinkers using crack

- This received a mixed response from the borough's professionals, some see all of the options but generally, they see Crack and Heroin users.

Do you feel you are adequately resourced to work effectively with crack cocaine users?

- 6/10 groups surveyed did not feel adequately resourced to work with crack users.
- 1 didn't comment

What practical steps could be made to tackle the borough's crack problem?

- In borough, specific crack services (with women-only groups)
- Assertive outreach workers/BME outreach workers/Satellite crack workers to take a service to hard to reach dual diagnosis clients
- Models of treatment tailored to meet the needs of BME communities
- Working partnership between treatment agencies and representatives from community groups to best identify the needs of BME groups.
- Increased coordination between the police, probation and prisons.
- Enhanced sharing of skills and information across agencies and boroughs.
- Train up workers engaging with crack users, with training packages from COCA, the Blenheim project etc.
- A crack awareness day with the local community.

Recommendations

1. Training recommendation

Basic crack awareness training provided by a recognised body such as COCA, should be available to a wide range of generic services which have contact with crack users, supported by information on local services and referral protocols. This training should be planned based on an assessment of need amongst target audiences and if indicated, cultural awareness should be integrated into this provision.
Whilst drug workers and arrest referral workers should automatically receive this, it is also worth bearing in mind the following professionals:

- Housing workers
- Day centre workers
- Volunteers
- Police
- Teachers
- Youth workers
- GP's
- Social Workers
- Probation service
- Community street wardens
- 'Street pastors'

2. Services Directory recommendation

A compact, colourful, easy-to-read laminated services directory designed for clients (not for services) should be produced to improve crack users awareness of existing services.

The current Services directory (for agencies) should be aggressively marketed to GP's surgeries, DSS departments, Housing offices, Hostels, Estates, Hospitals, and Community services such as the Street Wardens and Street Pastors and Police Community Support Officers etc.

3. Crackhouse recommendation

Crack awareness training should be given to Housing and Tenancy Support workers and additional training provided to enable them to identify vulnerable tenants likely to be targeted for their properties, so they can set up support networks and early interventions.

4. Mental Health recommendation

Specialist drug treatment, dual diagnosis and general psychiatric services should develop and agree local protocols and care pathways for managing crack cocaine users with psychological problems e.g. by improving arrangements between Community Mental Health Teams, GP's and Community Drug Teams (CDT's).

5. Young People's recommendations

- Trained young ex-users to accompany youth workers into:
  - Schools
  - Youth clubs
  - Youth Offending Team (YOT) groups
  - Pupil Referral Units (PRU's)
  - Care homes

in order to raise drug awareness and discuss issues and risks.

- Raise awareness amongst front-line workers around the issue of young people's inception into dealing as runners/watchers. They should be able to recognise warning signs and confidently, sensitively and competently intervene.
- Generic young people's service providers and those coming into contact with young people should be given regular, updated basic crack awareness (incorporating where there is an assessed need, an element of cultural competence training)
- Instead of 'Just Say No', a more intelligent form of anti-drugs message should be developed for young people like 'Do you know what is going in your spliff?
- That the partner agencies of the DST, working with young people, develop an information and awareness campaign targeted at young people who smoke cannabis/skunk which gives realistic and credible health messages about cannabis and warnings about crack with information on how to access support services.
- That further research is carried out in the phenomenon of "White Widow" (cannabis/skunk spliffs laced with crack) in the borough and awareness of it is raised amongst young people
- That the DST establishes systems to closely monitor and evaluate all drug service provision to young people in the borough, in order to establish baseline prevalence figures for young people's substance misuse in the borough.

6. Treatment Recommendation

That the DST compiles, disseminates and maintains a register of premises where drug users self-help meetings can be established and continued and encourages Cocaine Anonymous, in particular to establish local self-help meetings.

7. Out of hours provision recommendation

A 6 month pilot scheme (with monthly monitoring to evaluate uptake) to revive the old cross-borough partnership of Lambeth, Southwark and Lewisham to buy 2 beds in any 24 hour staffed hostel for those crack users with nowhere to go, to be booked on an emergency basis.

This is not suitable for those in crack psychosis who should be referred to A &E but, for example, those 'hidden homeless users' at the end of a binge with nowhere else to go or those affected by a partner's heavy use.

In acknowledgement of the likelihood of clients relapsing over the weekend, it is suggested that a service offer Saturday or Sunday 2-5pm sessions to give clients additional support.

8. New Service Provision recommendation

Based on this study's finding on the low levels of chaotic heavy users, rough sleepers and street sex workers in the borough there is need for a low threshold intervention.

Based on the levels of poly-drug use and the fact that drug specific services quickly date the Researcher will not be recommending a crack specific service.

It is recommended an existing service be reconfigured to create a Drop-In, staffed by generic crack-skilled drug counsellors, and a team of ex-users, drawing in a range of satellite workers to run groups, underpinned by constant monitoring to see which services are needed and which are not.

The centre should be viewed as one hub around which to build services.
The culture of the centre is about advice, not referring clients to other services but bringing those services to them and advising them how they can help themselves thus promoting their role in their recovery, and raising their self esteem.

Location

A service in the town centre whilst ideal is some senses is impractical as it is too public and too close to a large shopping centre. It should be placed somewhere in the North of the borough with good transport links, which could run satellite sessions to a premises in the South.

The Team

4 generic drug counsellors (comprising 1 Somali, 1 Vietnamese and 1 African Caribbean worker + a manager)
This team will run groups, provide assertive outreach (specifically the BME workers) and one to one therapy and be able to encourage volunteers in from their respective communities.

Ex-users team

6 ex-users, who have successfully completed Tier 3 treatment programmes and undergone a vetting process, will be trained to become 'peer education volunteers'.

Publicity via local newspapers and TV for this group of ex-users giving something back to the community will help to destigmatise crack users amongst the community and enhance the belief that treatment can work for crack users. (This is publicity to promote the work of the team and the ex-users, not to publicise the address of location of the centre, which will be kept out of the press).

On-going training and supervision will be provided for the ex-users by the staff team, in addition to having their travel paid for and lunch provided they will:

- Run groups
- Provide peer support to clients
- Provide assertive outreach

Groups

The following groups will be run in the centre <u>twice a week:</u>

- Housing advice, links will be forged with the Homeless Persons' Unit and local direct access hostels
- Complementary therapist offering either:
  - Reiki
  - Shiatsu
  - Indian head massage
  - Acupuncture
  - Reflexology
  - Tai chi

A Range of herbal and detoxification teas will be available at the centre

Once a week:

- Women's group

The following satellite workers will come in on a fortnightly basis, this again is flexible and according to monitored level of need:

- Benefits advice worker
- Immigration advice worker
- GP advisory service (for those not wishing to see their own GP)
- A nurse offering hepatitis vaccinations, asthma clinics, sexual health awareness, the provision of condoms and needle exchange
- A worker from Lewisham Substance Misuse team
- Education, Training and Employment advice
- Allow the Arrest Referral worker to meet new clients there
- Arrange for a local law firm to send a lawyer in once a month to offer advice and take legal aid work
- A mental health link worker with good drug awareness training, and up to date knowledge of current and local service provision with the ability to refer on to mental health services. These should aim to establish links with the existing service for BME groups provided by ICIS.

In addition, a core group will involve the preparing and consumption of a communal meal, whereby workers, clients and volunteers will plan, budget and cook a lunch. The purpose of this is to draw people in, refresh or teach basic living skills, alleviate boredom and enhance group cohesion

Groups will be placed either side of the lunch and a nutritionist will come in once a month.

Out of hour's service

1 evening session will be provided until 10pm once a week for those working or with prior commitments.

All of these recommendations are achievable, some will require additional funding. They are based upon the suggestions of the key informants (mainly local crack users) the Researcher spoke to throughout the study.

In the event of additional funding not becoming available:

9. How do current services improve, in order to meet the needs of crack users?

Training: Basic training should be provided to a wide range of generic services which have contact with crack users (and those working with high risk groups such as sex workers and young black males). This is to raise awareness and inform of appropriate referral routes into available support services.

Ease of Access: into flexible services providing Out of hours access, drop-ins (for instant access, some of which should be late night) and gender specific groups. Food, clothes and washing facilities may encourage attendance.

Outreach Work: Services should aim to provide outreach (not in name only) to give an increased visibility in the community, concentrating on hard to reach groups. This could be furthered to enhance partnership working by setting up satellite sessions in agencies on a reciprocal basis.

Increased use of ex-users and volunteers for mentoring, escorting and advocacy work.

Aggressive marketing of available treatment and support services for drug users.

Agencies should attempt to incorporate some of the highlighted elements of the described new service into their own, with particular emphasis on providing complementary therapies.

1. Introduction

The effects of crack cocaine are: paranoid behaviour; feelings of restlessness; irritability, and anxiety.
On the other hand, an individual who uses crack cocaine may feel self confident, empowered or exhilarated.
"The buzz is the closest thing you'll get to heaven, like an electric shock going across your head, it lasts 30 seconds" (Lewisham crack user)

In 1981, there were the first reports of crack as a drug that could be bought as a refined product in Los Angeles, USA. By the mid-1980's newspaper headlines carried warnings of an imminent crack epidemic about to hit Britain as it had America.

Several informants for this study referred to Lewisham being the first place in Europe where crack appeared, highlighting estates in Deptford where it could be purchased as early as 1981. It is reasonable to assume that the borough's modern crack market has been developing since then but not at the catastrophic proportions predicted by the media, it has developed its own pattern.

The British drug scene has a history of poly-drug use and crack seems to be moving into most major conurbations in England perhaps particularly London, Bristol, Liverpool, Manchester and Newcastle. Crack is also emerging as a problem in smaller towns and cities, more in the south than in the north; Hastings, Reading and Oxford are examples. Serious crack problems are thought to be emerging in some rural areas, notably Somerset.

Crack is now being used (mainly in spliff form with tobacco and or cannabis) in the rave scene, within the established heroin scene and extensively within the sex industry.

The National Crack Plan

As part of the Updated National Drug Strategy, the government published in 2002 a National Crack Action Plan.

This was supplemented later in 2002 and early in 2003 with a more detailed electronic document 'Tackling Crack: A National Plan' and the identification of 37 High Crack Areas (HCA's) and High Crime Basic Command Units (BCU's), which comprise 16 of the London boroughs.

Lewisham has been classified as a HCA and its neighbouring boroughs Lambeth and Southwark have been informed by the Home Office that they are both in these categories.

How did Lewisham become a High Crack Area?

The Home Office Selection Process for identifying HCA's is best explained by breaking it down into the following points:

1. Police forces across the country are asked to evaluate their levels of:
- Burglary
- Firearms offences
- Vehicle theft

Levels of these crimes reported by the Metropolitan Police were among the 10 worst areas in the country.

2. Information regarding drug use was considered from the Drug Action Teams within that "Top Ten", which were then split further into their Borough Command Units (BCU's) and evaluated with regards to levels of:

- Burglary
- Robbery
- Theft of/from vehicles

The top 35 worst affected BCU's were identified

3. DAT's across the country were inspected for high levels of:

- Crack supply
- Crack possession

Seizures of crack were also noted.
The Top 35 areas for crack/ cocaine treatment figures were identified
The Top 35 areas for Soliciting were identified

4. Having considered all of these and manipulated the data, an area was termed a HCA if it met 3 of the following 5 criteria:

- One of the Top 35 BCU's for acquisitive crime
- In the Police Force area Top Ten for Gun Crime
- One of the Top 35 Petty Sessional Areas for Soliciting
- A DAT in the Top 35 for crack related offences
- One of the Top 35 Health Authorities' Regional Areas for crack users presenting for treatment

(Abigail, 2003)

Lewisham scored on all 5 and joined 36 other DAT's to become a High Crack Area

In view of this, Lewisham Drug Strategy Team now has the following reporting and planning responsibilities:

- Assess level of crack problem
- Complete baseline assessments of level of crack service provision
- Produce quarterly reports on action taken on crack (effective from July '03)
- Create a strategic system of managing/organising work on crack
- Produce a quarterly treatment plan and 6 monthly Young People's Plan incorporating references to action on crack.

The Research Brief

Lewisham Drug Strategy Team commissioned this report in light of its High Crack Area classification; its purpose is to establish the nature and extent of crack use across Lewisham, focussing on

- Treatment
- Young people
- The community
- The Criminal Justice System

with the aim of producing a clear analysis of local information.

Work Undertaken

5 main areas of work were undertaken for this study:

- A literature review
- Interviews with 50 crack users from local treatment agencies, hostels and support agencies;
- Interviews (via group workshops) with 57 young people from local schools, youth clubs, youth agencies and the Youth Offender Team;
- Interviews with 60 key informants (Substance misuse treatment providers, mental health professionals, members of the Criminal Justice System, BME groups and local residents) and
- A review of treatment data

A total of 167 interviews were carried out during the course of the study (comprising individual, face to face, group workshops and telephone interviews) between October 2003 and May 2004.

A wide range of current local and national information informed the report and a listing is provided with source information for these publications.

The author is responsible for the views expressed in this report, which do not necessarily represent the views or policies of Lewisham Drug Strategy Team or Lewisham Council. Naturally, any errors, omissions or misinterpretations of data or facts remain the responsibility of the author.

The phrase crack and crack cocaine have been used interchangeably throughout.

For further information about the drug treatment services provided in the London Borough of Lewisham, the Drug Strategy Team or local drug and alcohol policies and initiatives, please visit: www.lewisham.gov.uk/drugs

2. Lewisham's Demographic Breakdown

- The borough of Lewisham is situated in the South east of inner London with the River Thames in the North, Bromley in the South, Southwark to the West and Greenwich to the East.

In 2004, Lewisham comprises the following eighteen electoral wards:

Lewisham Deptford: Brockley, Crofton Park, Evelyn, Ladywell, New Cross and Telegraph Hill

Lewisham East: Blackheath, Downham, Grove Park, Lee Green, Lewisham Central and Whitefoot

Lewisham West: Bellingham, Catford South, Forest Hill, Perry Vale, Rushey Green and Sydenham

(Lewisham Crime & Disorder Audit, 2001)

- According to the Environmental Protection Group, report (2001) Lewisham is primarily an urban residential district, encompassing low-density suburbs through to low-density neighbourhoods, and covering an area of 13.4 square miles.

- Lewisham is a socially deprived inner city borough populated by approximately 248,922 people, characterised by a growing younger population, and a larger percentage of ethnic minorities (31.3%) to Whites (68.7%) than is found across London and the UK as a whole.

- The following areas have been identified as 'hotspots' for deprivation (Bellingham, Downham, Evelyn and New Cross) and crime (Bellingham, Brockley, Catford, Crofton Park, Evelyn, Forest Hill, Lewisham Central, New Cross, and Rushey Green) in comparison with the rest of the borough.

- The borough of Lewisham is a highly deprived area. The Department of the Environment's Index of Local Conditions reported Lewisham as the eleventh most deprived district in England. Furthermore, Lewisham has a Jarman UPA (under privileged area) score of 35.4, placing Lewisham as the 9th most deprived area in London (Kenny, 1998).

Figure 1- Ward Map of Lewisham (see over page)

Map of the London Borough of Lewisham

Honor Oak Estate

Silwood Estate

Milton Court Estate

Heathside & Lethbridge

Pepys Estate inc. Trinity & Evelyn

3. What is Crack Cocaine?

"For many centuries, natives of South America have used the leaves of the coca plant as a medicine, a food and an all-purpose means of getting through the day. Rich in thiamine, riboflavin and vitamin C, coca leaves are believed to tone the muscles, aid concentration, breathing in the mountainous regions, and exertion in the heavy labour of the Andean tin mines. Mama Coca is the Goddess of the coca plant, and South Americans still make offerings of coca leaves to Mama coca, in exchange for a good harvest.

Cocaine hydrochloride is a white crystalline powder, derived from the coca plant, and today local consumers regularly make large offers of cash to a less traditional deity called 'Papa Dealer', in exchange for a bag of said product.
Unlike coca leaves, cocaine hydrochloride has no known nutritional value whatsoever"
(Mcdermott, 2001)

What Is It, How Does It Work and How Do You Take It?

How to make it

1. Powder cocaine is dissolved in a solution of sodium bicarbonate and 20ml of water (1:2 bicarbonate to cocaine powder).
2. The solution is boiled and a solid substance separates from the boiling mixture.
3. The solid product is cracked out of the container and dried for 24 hours under a heat lamp.
4. The crack is then broken or cut into rocks, each typically weighing one tenth to one-half of a gram

Purity

One gram of pure cocaine powder will convert to approximately 0.89 grams of crack cocaine. The Drug Enforcement Agency (D.E.A) estimates that crack rocks are between 75%-90% pure.

What does it look like?

Crack comes in the form of small off white rocks or lumps

Appearance

"Yellow and crumbly-good"
"White and hard, have to cut it with a blade-not all that"
"White and perfumey-bad"
"Pinky Crystal-only ever been washed up once"
"If its too yellow-too much ammonia (freebase)"
"Too white-too much bicarbonate"
"The strength depends how it's washed and how many times. It's a bit like teeth, white is good, too white is very bicarby and slightly off white is best"
"When you cook it up, the clearer it goes in the barrel, the better the quality"
(As reported to the Researcher by the local crack users)

Street names for Crack and Heroin

'Brown and White'
'Dark and Light'
'White 'n' dark'

Street names for crack

'Mumpy' (***"name for a big stone, big like a big chubby go-go dancer"***)
'Shit'

'Pebble'
'Stone'
'Food'
'Bone'
'Catfood'

Street names for users

'Cats' (***"call them cats cos they come prowling at night and their eyes are big"***)
'Crackheads'

Amounts

½ a Teenth = £45-£50
1/16th ('Teenth')= £65-£90
1/8= £105-£120
¼ = £200-£250 (4-5gr)

1 rock weighs 0.2g
1 rock = 2 hits
1/16th = 1g

A "teenth" would make about 15-20 £10 rocks
£20 rock can be broken up into 3-4 £10 stones

"You can buy 1.7g of rocks £70 and sell them on for £120"
"There's a hierarchy amongst smokers between those that buy in bulk and the £10 a time smokers"

What is Crack?

Cocaine is both a central nervous system stimulant and a topical anaesthetic. It is found on the leaves of the Erthroxylum coca plant. The traditional method of coca use is to "chew" the leaves (the leaves are actually not chewed so much as sucked, producing a mild stimulation).

Outside of South America it is generally used in its more refined and extracted forms: either powder cocaine or freebase cocaine which produce much stronger effects than "chewing" the leaves.

The term "Crack" is alternately used to refer to street quality freebase cocaine, or to refer to the product of a particular manufacturing process, which uses sodium bicarbonate rather than a flammable solvent.

Freebase

Freebasing is the process of manufacturing where the cocaine powder is dissolved in water and heated with a chemical to 'free' the cocaine base from the salt (often referred to as 'washing').
Originally, ether was used, but this carried a high risk of explosion so it became more common for ammonia to be used.

People in Britain have been freebasing cocaine for nearly 30yrs, but it never took off as a major drug because of the difficulty in the "cooking" or "washing" process and the fact you had to wait for the ammonia to evaporate to be able to smoke the base properly.
Freebasing produces small, crystallised pieces of cocaine like rock salt that can be smoked on a pipe or in a spliff.

Crack and Freebase

Is virtually the same thing, Crack is just a quick and dirty way of making freebase cocaine using baking soda instead of ether or ammonia.

It is commonly “cooked” in a microwave, thus enabling mass production and distribution.

Crack derives its name from the ‘crackling’ sound it makes when it is being smoked. This is due to sodium chloride (table salt) being left in the ‘base’ when baking soda is used in the ‘washing’ process.

How to take it

It is mainly smoked or injected (but can also be snorted or ingested).

Unlike smoking cocaine hydrochloride, smoking crack does work. If anything, it works rather too well. As with injecting, people tend to smoke crack for the intense rush, which can actually be more intense than when injecting. Because there is a very large surface area in the lungs, you can absorb very high doses, very quickly by smoking crack. As a result, crack produces much higher cocaine levels in the bloodstream much faster than any other way of use. The outcome of this is an extremely rapid and intense high. Followed by an equally rapid and intense crash.

Crack-pipes

Crack cocaine is typically smoked in pipes constructed of cans or plastic drink bottles with tin foil over the top to support the rock and a straw or biro poking out to inhale the smoke through.

The user heats the side of the rock (usually with a lighter) and the heat causes the crack to vaporise. The user inhales the fumes through the pipe. Facilitated by the large surface area of the lungs’ alveoli as crack cocaine is smoked it is absorbed almost immediately into the blood stream, taking only 19 seconds to reach the brain. However only 30-60% of the available dose is absorbed due to incomplete inhalation of the fumes and variations in the heating temperature.

Is Cocaine addictive?

It depends what you mean by addiction. If you mean does it cause physical dependence, in the same way that heroin, alcohol or tobacco does, then no. There isn’t a well-defined withdrawal syndrome, and you don’t have physical tolerance.

How crack affects the brain’s chemistry via Dopamine, Serotonin and Adrenalin

When we do something pleasurable, one of the chemicals in our brain that regulates mood (called dopamine) releases a message that roughly translated means “Mmm. That was nice. More please” When we do crack cocaine, our dopamine levels go through the roof-that’s the high.

Under normal circumstances, the dopamine levels rapidly return to normal (this is the crash) and we get on with our lives. With repeated crack cocaine use though, the reabsorption process is interfered with and so the dopamine message keeps firing off, demanding more and more pleasure in the form of crack cocaine.

This is why, even when crack use becomes unpleasant- users are agitated, paranoid and think they’re in the process of having a heart attack- some people will still keep taking it. It isn’t that they are particularly perverse. It’s just that they’ve taken a drug that keeps hitting the ‘do it again’ switch in the brain, and so it’s this rather than a simple lack of willpower that can sabotage attempts to wrest control of their brain back from the chemistry.

How Adrenalin Interacts with this Process…

Adrenalin is a naturally occurring substance within the body, which heightens your state of awareness and prepares the body for action according to the situation. The release of adrenalin into the system mimics what is usually described as 'fight or flight' response. It is usually triggered in a fearful or exciting situation and is there to help us cope with these situations. When people start using crack, this response is triggered by the drug and for the user becomes known as the **craving.** This is the anticipation of using when thoughts about crack activate the fight or flight response.

On Your Way to Score

"On the way to score you get sick, diarrhoea, sweating, once when I arrived to score I was covered in vomit people rushed me in, thought I was in trouble with clucking but it was the thought of the crack, I hadn't used for 6yrs"

"While you're waiting for it can make you sick, gives you instant diarrhoea"

"When you're going to use you can taste it on the back of your mouth and on your breath, you shit yourself"

When people use crack they artificially release adrenalin into their system without any need for it. This (along with the effects of other natural chemicals) leads to increased levels of anxiety, paranoia and in some cases, drug induced psychosis.

The users' mind needs to make sense of what is going on and depending on the situation can respond with aggression, fear or sexual arousal. They are exhausting their body, mind and nervous system. Hallucinations can develop because of a lack of food or sleep.

Chasing the initial buzz…

Usually the first hit they have or the one at the beginning of the binge is the strongest and gives the biggest buzz. This is because the brain develops a tolerance to the crack and because of the depletion of dopamine and serotonin.
Simply put, people only have certain amounts of these chemicals; the more people use, the less they have available to give then the high they are searching for. This explains why the high becomes less and less intense as the binge goes on and users are forever chasing this initial high.

The Buzz

"It was such a powerful feeling, like jumping out of a plane"
"Someone gave me a pipe, it was so powerful, I started taking it all the time it knocked me out, I said that's the drug for me"
"The buzz is the closest thing you'll get to heaven, it's like the best sex you've ever had"
"Like an electric shock going across your head, it lasts 30 seconds"

Depleted Dopamine and Serotonin

Continued or long-term use can severely deplete the levels of dopamine and serotonin. Low levels of these chemicals can make the user feel depressed and even suicidal. It becomes harder to find pleasure through the things that used to please, which only reinforces the feeling of wanting to use again.

Depression

The depression is due to chemical imbalances in the brain. The inability to find pleasure in everyday things can lead to feelings of lethargy and again reinforces the desire to use, as the drug has become one of the few sources of pleasure left to them.

The feelings of depression can stay with users for some time after they have stopped using, as it takes some time for their natural levels of dopamine to return again (between 6-12 weeks.)

How long does it last?

- The maximum physiological effects of crack take place approximately 2 minutes after the users inhalation.
- Similar to intravenous use, the physiological and psychotropic effects of crack cocaine last for approximately 10-15 minutes after the users peak effects occur.

The most dangerous risks associated with crack cocaine is overdosing and poisoning. This results in:

- Nausea
- Vomiting
- Irregular breathing
- Convulsions
- Coma and death

Sudden Death

The extreme effect of crack cocaine can happen the very first time or any of the following times an individual uses crack cocaine. This effect is known as “instant death” or “sudden death”.

Sudden death takes place when the users’ body chemistry is imbalanced to the slightest degree. This releases toxic chemicals into their body creating a reaction within the individual resulting in cardiac arrest. This negative reaction to crack’s toxic chemicals is the cause of “sudden death”

These may happen with only small doses or may even happen at a later time after the drug has been taken.

The effects of crack

Early Use

- Magnification of pleasure, euphoria
- Alertness, and in some cases, hyper-alertness
- Increased and sometimes a grandiose sense of well being
- Decreased anxiety
- Lower social inhibitions: more sociable and talkative
- Heightened energy, self esteem, sexuality and emotions aroused by interpersonal experiences.
- Appetite loss and weight loss

Compulsive Use

- Extreme euphoria- “mental orgasm”
- Disinhibition
- Impaired judgement
- Grandiosity
- Impulsivity
- Hyper sexuality
- Hyper vigilance
- Compulsivity
- Extreme psychomotor activation/agitation
- Anxiety; irritability; argumentative

- Transient panic
- Paranoia
- Terror of impending death
- Poor reality testing; delusions
- Extreme weight loss

Physical effects

- Chronic sore throat
- Hoarseness
- Shortness of breath
- Bronchitis
- Lung cancer
- Emphysema and other lung damage
- Respiratory problems such as congestion of the lungs, wheezing, and coughing up black phlegm
- Burning of the lips, tongue, and throat
- Slowed digestion
- Weight loss
- High incidence of dependence
- Blood vessel constriction, loss of oxygen to vital organs
- Increased blood pressure
- Increased heart rate and irregular heart beat
- Brain seizures that can result in suffocation
- Convulsions
- Dilated pupils
- Sweating
- Rise in blood sugar levels and body temperature
- Reduced desire for food, sex, friends, family and social contacts
- Heart attack
- Stroke
- Death

Crack Psychosis

Psychosis is often seen in crack users, they are paranoid individuals who hear and see things that are not there.

"Had a boyfriend, he was horrendous, more and more he used, fixing and injecting, 'til nowhere else fix. He does this until he ends up in prison. He tells me about the madness in his head. Really nice people would rob their own granny for crack"

"Crack gets a bad name because it can bring out the worst in people and they're the ones who can't stop taking it"

Emotional/Psychological effects

- Sadness and depression
- Loss of interest in appearance
- Sleeplessness
- Extreme paranoia
- Intense craving for the drug
- Schizophrenic-like psychosis with delusions and hallucinations

The Paranoia

"The more you take the more you want its not like you can o/d on it, the paranoia gets worse. Use heroin to come down, it's such a horrible, horrible feeling."

"With friends-its sociable then it becomes paranoid-twitchy-keep looking of the window-especially if it's not your place."

"Only get paranoid when you're on your own. With mates chatty, chatty then go quiet"

"Affects 95% of people I know, their twitchy, paranoid, digging up the carpet"

"On your own you do get paranoid, think someone's going to kill you, think someone's standing behind you."

"Boring on your own but when smoke with others some get wired, paranoid"

Withdrawal Symptoms

Although cocaine does not cause dangerous physical addiction, discontinuing regular use can lead to a wide variety of unpleasant withdrawal and craving symptoms, including:

- Intense craving for more cocaine
- Hunger
- Irritability
- Apathy
- Depression
- Paranoia
- Suicidal ideation
- Loss of sex drive
- Insomnia or excessive sleep

Often individuals take more cocaine to reduce these effects, leading to a pattern of addiction and habituation.

The Cravings

"Gives you a filthy temper, makes me quite violent, sweating, it makes you sick in your head"

"Feel it all over your body, in your stomach, in your chest, your body aches your hands are sweaty, can't eat and you feel sick"

"Feel naughty, I'm not going to smoke today, then get a bit of money in your pocket and know you can, soon as that rocks in your pocket or you go out to score, your belly starts going"

"I'll admit I'll spend every penny in my pocket on crack…once I start…. But you don't wake up craving it"

"You do crave for it, when I get it in my head to get a rock only that pipe seems to do the job. When you use heroin it takes the jitteriness away. Takes away that feeling of wanting another".

What is craving?

Cravings are the biggest hurdle crack users face when they try to give up the drug.

Users are advised:

1. Cravings require a trigger (a person, place, money etc.)
2. They are a need not a want

Cravings with crack are a combination of physical, chemical and emotional factors:

- Physical feelings of sweating, heart beating faster, butterflies in the stomach, anxiety and increased breathing come from the release of adrenalin into the body triggering the fight or flight response.
- Compulsion to use, single-minded behaviour (described as 'the mission') and a belief that they need the drug all come from the imbalance created in the brain chemistry; this may be compounded by insomnia.
- Emotional factors such as depression, boredom, loneliness or even a celebration can provide justification to use and contribute to irrational thinking.

There are 4 types:

1. **Craving when using:** these are usually triggered by the crash or 'come down' which, can be experienced after each hit. This leads to wanting to use again, even when they know the buzz they get will not be as satisfying.
2. **Open craving:** As the name implies, these cravings are overt and the user is aware of what they want. This type of craving may fit into their pattern of use such as time of day, day of the week, faces and places. What is important about these is they are explicit and the user can choose if they wish to act on them, or not as the case may be.
3. **Hidden craving:** This is a little more complicated and often a feature of giving up. A string of events may lead to using, that they are not fully aware of until it is too late.
4. **False craving:** These tend to occur some way into recovery, when the user has been drug free for some time and feeling confident in their abstinence. A stressful event occurs that generates anxiety (first day in a new job) or real fear (threats) that trigger adrenalin release and the fight or flight response. This mimics craving and can induce thoughts of using.

(Robinson, 2003)

Crack, Cocaine and the Law

Crack and Cocaine are class 'A' drugs and are controlled under the Misuse of Drugs Act. Cocaine powder can be used for certain medical reasons, but other than that:

- Crack and cocaine are illegal to produce, supply and possess. It is also illegal to allow your premises to be used for the dealing and production of crack cocaine.
- If someone is caught carrying 2-3 rocks, they may run the risk of being charged with possession with intent to supply, especially if they happen to be in a dealing area.
- If they buy crack or cocaine for their friends, and are caught, they can be charged for supplying a class 'A' drug.
- If they pass a bit of mint off as a 'rock', again they can be charged with supply if they are caught.
- If they allow friends or acquaintances to smoke or manufacture crack in their house, they can face legal proceedings if they are caught.
- The maximum penalty for possession of crack or cocaine is **7 years** imprisonment. Although a sentence of 7 yrs is unlikely to happen, people regularly serve time for possession especially if it is connected with another crime.
- The maximum penalty for supplying crack cocaine is **life imprisonment.** The time that you get will to some extent depend upon amounts involved and the evidence against you. It is not unusual for people to serve 2-3 years for less than a 16th (5 'rocks').
- Cocaine or crack can be detected in urine for up to 3 days

Crack and Alcohol

When people mix crack cocaine and alcohol, they are compounding the danger each drug poses and unknowingly performing a complex chemical experiment within their bodies. Researchers have found that the human liver combines crack and alcohol and manufactures a third substance- cocaethylene, which intensifies crack's euphoric effects, while possibly increasing the risk of sudden death.

Pregnancy

The use of crack cocaine when pregnant may lead to spontaneous abortion and increases the likelihood the user will deliver their baby prematurely.

Babies are more likely to be born underweight which may be due to poor diet and restricted blood supply (which carries nutrients) to the foetus. Some babies have been reported to show disturbed behaviour for the first month or so after birth, but there is no evidence to suggest that there is any lasting damage or so called 'crack babies'.

4. Literature Review

The Scale of the Problem and Who Uses Crack

The scale of crack use in London

- An analysis of 5 data sources in 12 London boroughs revealed there were approximately 20,000 crack users in these boroughs, over half of whom were also opiate users.
- Extrapolating to London as a whole, the results indicate that there are some 45,000 crack users in 2001.
- These estimates are subject to a wide margin of error, and further work needs to be done to corroborate them, especially to obtain estimates by ethnic group, and to examine in more detail the overlap with opiate use,
  (Home Office research, Hope et al., forthcoming; Hickman et al., 2003, in press).

Crack prevalence statistics in Lewisham

The Regional Drug Misuse Database (RDMD), which became the National Drug Treatment Monitoring System (NDTMS) in 2003, provides relevant data on borough trends amongst drug misusers. The RDMD and NTDMS provide a means of head counting users that avoids client duplication when they are using more than one service, and gives other information on behaviour. A form is completed by the drug agency at the point of first contact and forwarded to the RDMD (NTDMS); subsequent forms from other agencies are matched, leaving the 'original' agency as the one listed providing the treatment.

Up to date estimates of the levels of under-reporting is not known but work is being carried out at the NDTMS to resolve this so that it can adjust its figures to reflect a truer picture.

Subsequent changes with the way that data is collected and analysed following the 2003 handover means that 2003-2004 data is currently unavailable but the information below gives some indication of patterns of crack use over the past 9 years within the borough of Lewisham:

Table 1- Data on the changes in the main presenting drug of users in Lewisham between 1995 and 2000:

Drug	1995	1996	1997	1998	1999	2000	%	Total	%
Crack	14	5	13	91	109	102	11.9	334	9.2
Heroin	199	361	262	523	458	400	46.6	2203	60.1
Grand Total of all drugs	274	440	367	900	773	858	100	3612	100

The data in Table 1 (above) shows a dramatic increase in crack use between 1997 and 1998 and relative stability in the figures since then. Crack use accounts for 11.9% of all drug use in the year 2000 and 9.2% of all drug use between 1995 and 2000, compared to heroin which accounted for 46.6% of all drug use in the year 2000 and 60.1% of all drug use in Lewisham in the 5 year period.

Table 2- Number and percentage who had treatment based on borough of residence and main drug. April 2001-March 2002

Borough	Crack	% of Total number of Drug Users	Heroin	% of Total number of Drug Users
Lewisham	86	10.8	493	61.8

The data in Table 2 (above) reveals 86 crack users from Lewisham accessed treatment for their crack use between 2001 and 2002. Crack users comprised 10.8% (compared to 61.8% of heroin users) of all Lewisham residents accessing drug treatment across London.

Alternatively, Table 3 (below) shows that 44 individuals accessed crack treatment within the borough of Lewisham. They comprised 6.3% of all drug users accessing any form of drug treatment in Lewisham, 66.3% of which was made up of heroin users.

Table 3- Number and percentage who had treatment based on borough of treatment and main drug. April 2001-March 2002

Borough	Crack	% of total number of drug users	Heroin	% of total number of drug users
Lewisham	44	6.3	463	66.3

Heroin + Crack-those who use both crack and heroin and/or any other drug
Heroin-Crack- those who use heroin without crack and/or any other drug
Crack-Heroin- those who use crack without heroin and/or any other drug

Table 4- Number and percentage who had treatment based on borough of residence and drug profile. April 2001-March 2002

Borough	Heroin + Crack	%	Heroin-Crack	%	Crack-Heroin	%
Lewisham	100	12.5	361	45.2	158	19.8

Table 4 (above) reveals heroin users (Heroin-Crack) comprise the most substantial proportion (45.2%) of all Lewisham drug users presenting for treatment across London. Crack users not taking heroin (referred to throughout the research as primary crack users) are seen in greater numbers presenting for treatment than those using heroin and crack, (referred to throughout at Poly-drug users) this is not peculiar to Lewisham but a pattern seen across London. This could be due to heroin users also using crack omitting to disclose their crack use to treatment agencies.

The pattern is the same for those presenting for treatment within the borough (see Table 5 below)

Table 5- Number and percentage who had treatment based on borough of treatment and drug profile. April 2001-March 2002

Borough	Heroin + Crack	%	Heroin-Crack	%	Crack-Heroin	%
Lewisham	82	11.7	348	49.9	105	15.0

Lewisham treatment statistics

Table 6- Adults in crack treatment between 2002-2003 by gender and agency

	Orexis	Community Care team	CDP Evolve Project	CDP Quantum Project	The Dual Team Catford	Total
Male	298	1	8	26	0	333
Female	104	1	8	8	0	121

Table 6 (above) shows that between 2002 -2003 454 individuals presented to these local agencies/Professionals (CDP Evolve Project is a crack specific service in Southwark, the rest are in borough) for their crack use, the ratio of men to women accessing services is almost exactly 3:1.

357 accessed help for their crack use as part of a poly drug habit (see Table 7 below)

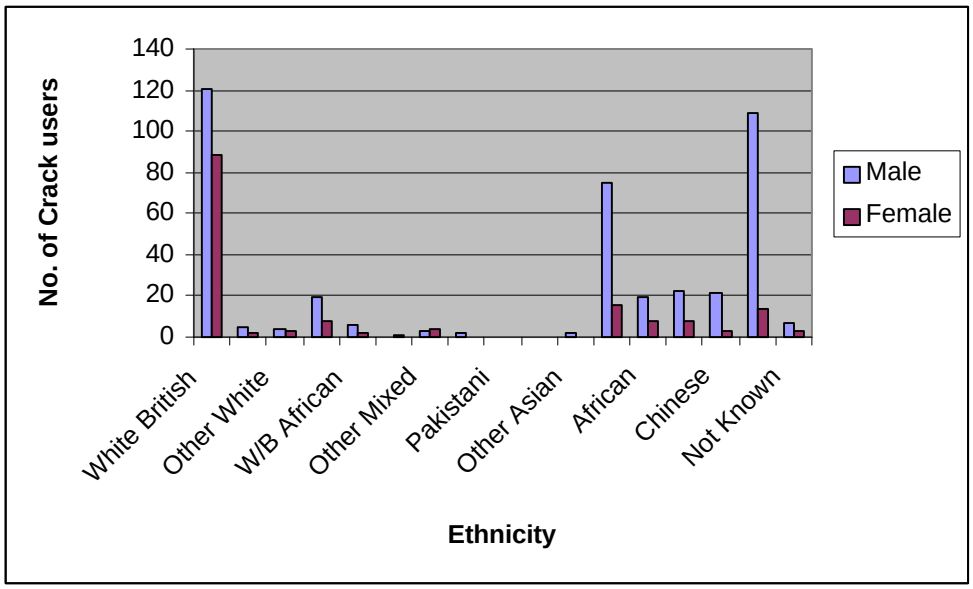
These statistics show that between 2002-2003 Orexis saw more crack users than any other local agency.

Table 7- Adults in crack treatment between 2002-2003 as part of poly drug use by gender and agency

	Orexis	Community Care team	CDP Evolve Project	CDP Quantum Project	The Dual Team Catford	Total
Male	178	27	8	8	38	261
Female	54	8	8	3	23	96

Figure 2 (below) shows that White British males present most frequently to drug agencies in Lewisham for help with their crack use, Caribbean males also comprise a significant percent accessing crack treatment.

Figure 2- Drug users presenting for crack treatment in Lewisham by ethnicity and gender 2002-2003



The absence of any 2003-2004 treatment figures makes it is hard to comment on the pattern of crack use within the borough and compounds the difficulty of estimating a likely population figure.

Crack use in Lewisham has risen steadily since 1995, with a sharp increase between 1997 and 1998 (this could be attributed to data collection methods or administration changes) it appeared to stabilise around 2000 to 2002 but last years (2003) treatment figures were at an all time high.

Goldie & Raynor's (2002) provided a 'best guess' of 2000-4000 problem drug users in Lewisham and the figure of 2020 is used by the Drug Strategy Team (Hickman & Frischer, 2002), however it is impossible to reliably estimate how many of these are crack users in order to provide a figure on which to plan services.

Trends in drug use

Research has shown crack cocaine is more common amongst those involved in the sex industry (May et al, 1999), amongst minority ethnic groups (Aust & Smith, 2003) and poly drug users (Edmunds, 1996).

Who uses crack?

Some UK studies suggest that crack and cocaine using populations are more heterogeneous than any other drug-using group. Bottomley and other colleagues found there is no typical crack user. For example, some drug users have an extensive history of drug use, whilst for some it is the first drug they try (Bottomley et al, 1995).
Increasingly crack is used in combination with other drugs. Rather than describing this as 'poly-drug use, Parker & Bottomley (1996) coined the phrase 'rock repertoire'.

Certain groups of crack users, for example BME, youths and females, have traditionally been under-represented amongst drug service clientele. Many of these have multiple needs, and services will need to reconfigure their treatment approach in order to attract these hard to reach groups.
(GLADA, 2004)

Crack and heroin users

Some, possibly the majority of crack users have dual dependencies on both crack and heroin.

Crack users may start taking heroin to relieve the depression, restlessness and brittle feeling crack leaves them with.

Long-term heroin users are believed to be attracted to crack in part because it has perceptible and pleasant effects- it gets them high, whereas heroin has become a sort of medicine they have to use in order not to feel ill.

Their crack consumption is usually less than primary crack users' and heroin can actually tone down the stimulant effects of crack.

While this group may feel treatment would be beneficial, their treatment outcomes are jeopardised by their crack use.

Injecting may be a common route of administration amongst this group.

Primary crack users

Primary crack users take only or mainly crack, rather than having a habit, the user is in a constant state of lapse and relapse, as crack does not cause the same kind of pattern of long-term dependency as heroin.

Short-term crack use may have little impact on the users' behaviour but as their habit worsens, they may become increasingly chaotic and desperate.

Severely dependent crack users can have acute periods of almost constant craving. At the height of a binge, they may be on crack almost 24 hours a day for several days or even weeks. Yet, at other times they show little obvious signs of dependency, sometimes going several weeks between purchases.

This group tends to favour smoking (rather than injecting) and historically perceive treatment services as having little to offer them.

Is Polydrug use leading to a complete convergence of the drug markets?

Yes and no. It is agreed that the crack, heroin and cannabis markets overlap to some extent, with all of these drugs readily available and sold in combination.

Yet separate markets for heroin and, largely, cannabis, do exist and there appears to be very little cross over between the powder cocaine and crack markets. There are many more cocaine users than crack users. Currently the two markets appear to be quite distinct: crack dealers do not sell cocaine and *vice versa.*

Some professionals fear that significant numbers of recreational cocaine users will be tempted at some point to try crack. Currently it would appear to be distribution factors, and highly negative imagery, that keeps cocaine users away from crack, but there is a fear that migration will occur encouraged by dealers.
(Cragg, Ross & Dawson 2003)

Race and ethnic status

A Home Office report into crack markets by Burgess et al in 2003 closely examined the issue of ethnicity and drug use, their findings state:

- The vast numerical majority of crack users in the UK are white. Many white crack users also use heroin.

- Asian communities use all drugs less than white communities. The Asian community shows limited evidence to date of involvement in selling or using crack, however this may be due to lack of data which for this group is weaker than for any other.
- Research shows that the proportion of crack use per capita in the African Caribbean community is at the same level or slightly above that of white or Asian communities. Unlike, white users, African Caribbean users are much less likely to use heroin.
- Sangster et al 2002 found convincing evidence that crack use is disproportionately more damaging and prevalent in African Caribbean communities, within cities in which the numerical majority of crack users will still be white.
- This is often because African Caribbean communities are more likely to be located in the poorest and most deprived inner city neighbourhoods, where crack markets are often a feature.

Crack and the black community

A keynote speech by Grantley Haynes (a crack outreach team manager) at the "Your Community Your Problem" crack conference in Birmingham 2002 highlighted the following issues pertinent to the black community regarding crack:

- Ethnic issues amongst crack users will require a change in service provision
- African Caribbean crack users express great resistance to agencies geared towards opiate injecting users (Orchid research, 1997)
- Workers have little knowledge of how to engage the hard to reach groups which they serve
- Culturally specific confidentiality-distrust can affect whether a service succeeds
- A combination of racism, fear, shame and polarisation of black communities are amongst the key barriers to access
- Location and consideration of proximity of services to police stations and mental health units (in terms of associations and contextual issues, Inciardi (1992)

The Community

The National Crack Action Plan sets the objective for Communities as ***"Reduce the indicators of crack related harm in a community"*** via:

- Reduction in offences to pay for crack
- Reduction in crack supply
- Rapid access to treatment services for users
- Young people who reject the offer of crack
- Sex markets are less visible and sex workers get help

"One of the worst effects of drug misuse is that it challenges the very essence of communities, weakening their sense of confidence, ownership and capacity to build and develop. The effect is exacerbated by negative stereotyping and stigmatising of different groups of Londoners, for example the portrayal by certain sections of the media of African Caribbean communities, crack use and gun crime. The media is sometimes responsible for promoting a sense of hopelessness that anything can be done to protect communities from the harm caused by drug misuse"
(Greater London Authority, 2003)

Community-led initiatives

It is argued that sustainable long-term reductions in crack use will most reliably come from community-based initiatives. Those who think this want local authorities to come forward, not

just with information about dealing, but also with ideas for what leisure facilities are required, or in need or repair, or what could be done to generally improve the area.

Estates blighted by drug use will not improve until residents come to have some sense of ownership and pride in their common spaces. It is enormously difficult to overcome the 'bunker mentality', which, in many areas has pervaded for years and encourage in residents a greater sense of involvement and commitment.
(Cragg, Ross & Dawson 2003)

Bailie, 2003 points out one of the problems inherent in community led initiatives tackling crack in their neighbourhood:

"Community development projects require funding and achieve results in a medium to long term way, while only short term funding has been available"

London initiatives

A sizeable website- www.crackcocaineincamden.co.uk has been created by Camden residents, detailing the extent and nature of the boroughs crack problem. This site seems to be an attempt to prompt and assist police and local authority action and could be seen as a cry of frustration

"There are going to be community awareness raising projects in Clapton, about crack use and what its effect is and how it works. Raising levels of awareness so…local residents will be more confident and understanding of what the police are doing and what the patterns of drug markets are and why things happen they way they do"
(GLA drug policy advisor)

A review conducted by Doyle Training & Consultancy Ltd, examined 'promising practice' in addressing crack cocaine problems through community leadership in London, this was launched in 2004 alongside the GLADA's Evidence base for the London crack cocaine strategy.

They raised the issue of staff recruitment for these projects and highlighted the worth of ex-drug users incorporation into teams.

"The best approaches seek to use recruitment and retention as another way of empowering and engaging with local communities. For example, a number of the projects examined for this study were making increasing use of ex-users, who are being trained as outreach workers. Using ex-users as workers in the community has all sorts of added value- they have credibility, it increases the number of workers in the field, provides positive role models for current users, and increases the number of ex-users in gainful employment"

9 projects and initiatives were picked; one of those is examined in depth below:

Ealing Case Study

Project: Peer Education Project for Recovering crack cocaine users

This project is still in inception, having only been staffed since February 2004. The basic premises underlying the project's conception were:

1. To provide training and employment opportunities to ex-users who have successfully completed Tier 3 treatment programmes
2. To increase the numbers of ex-users working in the field
3. To increase local awareness of drug services available within the borough

Operational Components

It is anticipated it will develop in the following way:

- Ex-users will be referred from Turning Point's day programme and following a vetting process will be trained to be peer education volunteers.
- The training will be provided by the project co-ordinator and will include areas such as:
    - Supporting crack cocaine users
    - Harm minimisation
    - Negotiation and anger management
    - Assertiveness
    - Group work

- Volunteers will also undertake a Certificate or Diploma in Counselling (the current identified provider for the training is Thames Valley University)
- The volunteers will eventually act as a focus to help provide mutual support amongst current users through a peer support network. This aims to address the inevitable gap in service provision for drug users in the evenings and weekends.

Prostitution

There is a relationship between street-based sex work and crack markets which has been well documented in research (May et al, 1999; Gossop et al, 1994; Mckegany & Bernard 1996) with roots reaching as far back as 1916, when the much hyped British cocaine epidemic was traced to prostitutes supplying the drug to the local soldiers (Berridge, 1988)

May et al (1999) published a report evidencing the link between commercial illicit sex and drug industries. Its main conclusions state:

- The sex industry can play a significant role in the developing drug markets and *vice versa*
- There are significant links between the sex industry and crack cocaine markets and crack is a drug which facilitates sex work

These validated the findings by Freucht in America in 1993, which highlighted the sex workers' role within crack distribution in terms of:

- Carrying drugs and using with clients
- Exchanging information, introducing buyers and sellers
- Selling and bartering goods and services including sex for drugs, he postulated that the sex and crack markets combined because the short acting nature of the drug encouraged binge use and sex workers were in a situation to raise a steady stream of cash to fund that bingeing

Green et al, 1999 states ***"The network links between prostitute and crack markets vary in visibility and specificity. For example, the red-light district of Soho has been associated with intense and open marketing of crack to young homeless men and women. In other areas, including Paddington, crack marketing is mobile and less visible and it seems that knowledge of, and relationships with, others involved in its use are more significant than particular locations"***

Neighbouring boroughs research

Lambeth

A report by Liabo et al in 2000, found a third of the young working women in the Lambeth area had drug related problems, many of them were using crack, which, was being aggressively marketed in the borough.

In 2001, a local GP carried out a piece of research with sex workers patrolling the 'beat' in Streatham and Brixton Hill. She stated that for 5/12 of the women she interviewed ***"It was the use of crack and the extreme addictive nature of crack and its expense that was the reason for working on the street"***

Lindsell (2003) in a qualitative study examining the working women in Lambeth, revealed 29/30 were using crack cocaine, 23/29 were additionally using heroin. Taylor (2003) reported similar findings in her study of the borough's sex trade.

Lewisham Research

A study commissioned by Lewisham Drug Strategy Team in 2004 entitled ' The Sex industry and Sexual exploitation in Lewisham' found the following:

- There is no red light area or 'beat' in the borough
- There are sporadic reports of street sex work
- The drug and sex trade are believed to be entangled
- The controlled drinking zone imposed in the borough disrupted the sex market that had evolved from the female street drinkers
- The indoor sex market does not play a part in the drug trade and its sex workers are not problematic drug users
- In Autumn 2003, a hotspot developed in Sydenham, where women linked to crackhouses and crack dealers were sex working in a local park and propositioning men and schoolchildren from the area.
  (Nash, 2004)

This study

Of the 50 people interviewed four women admitted selling sex as a way of funding their crack habit. Sex and drug trades tend to exist symbiotically. Prostitution provides a 24-hour source of money to individuals, who due to their heavy drug use have few financial resources available to them.

Investigating prostitution must be done sensitively and the Researcher was mindful of the issue of self-defining:
A woman doing what she has to do to get her drugs and self-defining herself as a prostitute can be a very different thing.

Nash et al 2004, cite the risk behaviour of sex workers in crackhouses, specifically ***"Women who sell sex for crack inside of crack houses might not consider themselves to be 'sex workers', thus limiting their engagement with service providers who could offer access to condoms, lube, sexual health advice and harm reduction"***

Sex for drugs exchanges or "Cock-for-a-Rock" are a feature of drug markets and a variation on prostitution whereby the woman is paid in drugs or may be allowed to stay in a crackhouse, working for her lodgings.

With the overlap between the crack and sex trade so obvious it comes as no surprise that some of the interviewees whilst not actually selling themselves knew someone or were affected by it. For example:

- One man said his daughter was prostituting herself to feed her crack and heroin habit.
- One reported her ex-partner was a pimp
- One had been in a relationship with a sex worker on Brixton Hill and had injected for her and all of the other women.

Rough sleeping and the sex and drugs trade all operate behind closed doors in Lewisham, as is illustrated in these quotes:

"Was 3-4 (punters) a day now 3-4 a month, I was desperate, so high on crack it didn't register, I've been raped, had bones broken. A red-light scene here? There is and there isn't, you see 4-5 girls out at 4-5 in the morning"

"Meet people on the street, they come to my flat. There's no real red light district but around here, it's attached to the drugs trade. Done it around here around here and Streatham and Brixton"

"I was on the game until fairly recently, I used to be an alcoholic, have used speed and coke heavily in the past, was a prostitute down on Park Lane. I now just do old regulars, a punter of 18 years wanted to marry me and decorated my boys rooms when they were small, I've got three like that"

"Not many working women. Not when you've got the Fortress (Lewisham Police Station) slap bang in the middle, the place is "hot", the further you go to New Cross and Peckham more of a street scene there, if you're there late enough you'll see them"

Red Light Areas

Whilst there is no obvious red light district in Lewisham, some of the women said you would see working girls in:

- Catford late at night
- Sydenham High St was mentioned occasionally
- Honor Oak estate has reported sporadic sightings
- Stanstead Rd.

Sex for Drugs

Several women spoke of dealers asking for sex as way of credit for drugs, the Somali crack/khat user confirmed this trend:

"Sometimes they owed, there were suggestions of prostitution" (through interpreter)

"Guys on you asking for a shine (blowjob) to make up the money for a rock."

"Women suck cocks for a steam (a crumb, a pipe not even a whole rock). Got a friend that will do it for £3, other girls get upset as it makes the dealers think we'll all do it."

"Have a friend whose selling herself for crack in Peckham (she's 20 yrs old)"

"(Dealers) they talk about giving them shines"

Mental health

Crack cocaine can lead to a number of mental health problems and exacerbate existing psychological conditions.

Mental health problems are more commonly reported than physical problems amongst crack users. Symptoms can range from mild depression and anxiety to extreme cases of cocaine psychosis, similar to Schizophrenia (Withers et al 1995).

In a study of City Roads clients Webster found that 30% (72) crack users had reported attending a mental health service in the past, 65% (151) reported having suicidal thoughts and

37% having previously attempted suicide (Webster, 1999).

Drug use and mental health issues often fall foul to missed or mis-diagnosis and thus the most appropriate treatment, as a consequence those with mental health problems may not be managed effectively by either mental health services for their drug use or drug agencies for their mental health problems.

Young People

The National Crack Action Plan sets the objective for young people as ***"Reduce the desire to use crack"*** and suggests interventions including:

- Education on the specific risks of crack
- Links to and risks of sex work and gun crime
- The provision of credible diversionary activities
- The promotion of alternative role models
- Inform young people that treatment for crack is available and it does work

The Updated National Drug Strategy sets a target ***"To reduce the use of class A drugs and the frequent use of any illicit drug among young people under the age of 25 especially by the most vulnerable young people".***

Which young people are vulnerable to develop substance misuse problems?

A report by SCODA (now Drugscope) suggest the following groups, many of which overlap, should be pin-pointed when conducting substance misuse needs assessments on young people:

- Those known to Social Services
- Homeless young people
- Those involved in the Youth Justice System
- Those involved in prostitution
- Those with substance misusing parents

(Evans et al. 1999)

Eddington & Parker state in their 2000 paper that the new wave of heroin misusing young people emerging from 'adequate' family backgrounds weakened this 'high risk group approach', and suggests it may require review.

Further research supports these groups', and others', likely involvement in substance misuse:

- **Youth offenders:** the relationship between juvenile offending and substance misuse was highlighted in a Health Advisory Service study published in 2001. In the same year, Goulden & Sondhi found 60% of serious and/or persistent offenders had used an illicit drug in the last year compared with 14% of non-offenders. This validates the findings of DPAS/SCODA in 1999.

- **Psychiatric disorders:** In a 1999 paper, Zeitlin evidenced a link between mental disorders and drug use in young people, as had Kaminer in 1994.

- **School truants and excludees:** It has been found that drug use is more prevalent amongst truants and school excludees than those regularly attending school (Goulden & Sondhi, 2001 and Powis et al. 1998)

- **Gender:** Males are 1.4 times more likely than females to have 'ever' experimented with drugs and twice as likely to have taken drugs in the last year or month (Ramsay & Partridge, 1999)

- **Homeless Young people and runaways:** There has been little research conducted in this field, what little there is suggests 80% of those who have ever slept rough have tried an illicit drug, compared to 53% of those who have never slept rough. Klee & Reid highlighted the link in 1998, followed by Goulden & Sondhi in 2001 who reported over 80% of persistent runaways have tried illicit drugs compared to 42% of young people who have never run away.

- **Social deprivation:** Prior research (Squires et al, 1995) has shown a strong positive relationship between levels of deprivation and levels of substance misuse. Consequently, a low Jarman UPA (under privileged area) score is directly correlated with low substance misuse and *vice versa.*

- **Young people in substance-misusing families:** Recent use by older siblings was found to be associated with higher rates of drug misuse among their younger brothers and sisters (Goulden & Sondhi, 2001).

Rupert Bailie produced a report in 2003 entitled 'Tackling Crack in Southwark'. The particular risks of involvement with **crack** for vulnerable young people were also reported to him by a number of key informants in the borough, with concerns for:

- Young people in local authority care
- Young people who are at risk of sexual exploitation
- Young people who are victims of crime or racism
- Young people involved in gangs
- Young people who feel that they are unlikely to succeed in mainstream education and employment.
- Young black men who are stigmatised by some sections of the media and can be excluded from mainstream service provision.

Young people's route into crack use

Russell Webster raised the following point in his young people's needs assessment carried out in 2001:

"Another area of concern raised by several interviewees, including young people, was that many young people had been introduced to the use of crack cocaine by smoking it in a reefer with cannabis. It was reported that several young people did not know that cocaine had been added and several interviewees stated that those suppliers who sold cannabis and crack often deliberately encouraged young people to start using crack in this way"

Bailie (2003) validates Webster's findings about the involvement of young people with crack regarding:

- The opportunities to become involved on the supply side
- The attractions of such involvement
- The associated risks were felt to be real and cause of much concern to the community and service sector respondents.

A number of his respondents felt that cultural factors were a strong influence on young people, in particular:

- The 'Americanisation' of youth culture
- The glamorisation of crime and weaponry

- Misogyny
- Homophobia
- Individual greed

Lewisham Perspective

ARAC were commissioned by Lewisham Drug Action Team in 2002 to carry out a substance misuse needs assessment of young people in the borough, their findings highlighted the following:

- Baseline data on young people and substance misuse is required for Lewisham. Overall, assessment, reporting, and monitoring procedures that, would give a reliable estimate of crack use by young people in Lewisham do not exist.
- Key informants expressed concerns that class A misuse was less obvious on the surface in Lewisham, e.g., class A drug deals conducted via mobile phones. This suggests that class A drug misuse may be harder to assess and identify unless young people are accessing services.

Young People's Substance Misuse in Lewisham: Estimates of prevalence

Estimates suggest that cannabis is by far the most used drug by young people in Lewisham aged 11-19 years.
They estimated approximately 1,548 (12%) to 3,880 (40%) 11-19 year olds in Lewisham may have used cannabis in the last month compared to approximately 0 to 49 (0.5%) 11-19 year olds in Lewisham who may have ever used crack.

Lewisham Young People Drug Treatment Statistics 2002-03:

18 individuals in structured crack treatment
8 Poly-drug users in treatment

*Young people here is defined as under 19 years of age

(Sourced from Lewisham's 2002-03 Crack Audit)

- Cannabis and alcohol represent the majority of young peoples substance misuse problems when presenting to services in Lewisham.
- ARAC calculated that for every sixteen 16-19 year olds in Lewisham estimated to misuse drugs on a regular basis, only one is actually accessing a service, suggesting a need to attract more young people to services.
- They highlighted the lack of agencies providing in-depth or longer-term interventions or medical services. Furthermore, there are a limited number of agencies with young person specific drug and alcohol policies.
- Key informants for the study stated that the level of service provision is relatively good in Lewisham, and that the services are not being used enough by young people in the area.

Bailie (2003) highlighted the obstacles hindering young people accessing treatment:

- It is not clear that the model creating drug specific posts within generic services such as the YOT and Social Services is either efficient or effective in meeting the needs of young people, or that adding provisions for young people on to adult substance use services is appropriate.
- If young people are referred, their drug use represents a second stage of assessment. Many are unwilling to discuss drugs in a statutory service setting, as it may involve the admission of criminal activity.
- There are few residential services for young people and they are expensive and hard to access. There has been almost no development nationally of Tier 4 young people's drug

services. The need in any borough is small, and because of the borough-led approach in the commissioning of services, the need for provision has simply not been addressed.

Similar Research

The young people's needs assessment for Lewisham carried out by ARAC in 2002 revealed the following: (their findings support those of this study)

- The young people informing the study suggested:
  Cannabis to be the drug of choice for young people, whilst 'harder,' class A drugs were perceived to be little used by young people in the borough.
- It emerged that young people had very little knowledge of the consequences and effects of different drugs, particularly class A drugs.
- There was mixed opinion on whether drugs are a problem in Lewisham, and on what constitutes a drug problem, i.e., some believed that widespread cannabis use is harmless.
- It emerged that young people had limited knowledge of any local or national drug prevention messages.

Webster's 2001 findings also explain some of the results emerging from this research, specifically relating to young people's attitude towards crack and the drug dealing lifestyle.

He describes in detail, young people's initiation into drug dealing through 'running' for bigger dealers.

His findings corroborate this research which show that the young people in Southwark also quoted £20 as the average price for a rock of crack and displayed the same tendency to abandon friends who get involved in crack use.

- Although rocks of crack could be bought in different sizes and different prices, £15 (Aylesbury and Peckham) or £20 (elsewhere) was the price given as the norm. £10 and even £5 ('chips) were widely reported as being available.
- The young people had broken off contact with these users (regular crack users), as they did not want to get involved in 'heavy drug use'.

This research also supports these findings:

Amongst young people, crack appeared to have two distinct images:

- For many it was seen as a dirty and dangerous and a substance that they would actively avoid having any contact with.
- For others, crack had an image associated with glamour and excitement, linked to a lifestyle of drug dealing which brought with it the trappings of wealth- cars, clothes, jewellery etc.

The young people in Lewisham touched upon the role of 'runners':

"Running for top shotters- they give you a sample that you sell on and make a profit then give it back, minus the profit, to the dealer. You work your way up like that"

Two common routes for young people starting to use crack described by Webster were:

Route One

Heavily entrenched cannabis smokers who use crack at the suggestion of their dealer. Several accounts were given of dealers actively encouraging experimentation by:

- Putting crack or cocaine in a spliff
- By stating that they had no cannabis but would sell crack for the same price
- Offering a 'free taster'

Route Two

Described young peoples initiation into drug dealing, whereby drug dealers recruit the young people, known a 'runners'. On some estates there is a pyramid of dealers with those in their 20's most heavily involved and making the most profit. As people progress to this level, they disengage from the more dangerous (in terms of encountering violence or running the risk of arrest and prosecution) activities by bringing in 'runners' to perform these tasks.

Residents as young as 12 or 13 years old may be approached to deliver 'packages' containing drugs for financial rewards. Some of these young people may get to like the money they earn in this way and, often without the prospects of rewarding legal employment, become more heavily involved.

It was reported to Webster that young people often enjoy the reflected glory of being known as an associate of a well-known drug dealer- 'being in with the man'. This relationship serves to enhance the respect given to the young person and offers them some protection.

The young people in Lewisham validate this point through comments such as:

"No one disses them, by knowing the Top shotter, nothing won't happen to you"

Many of these young people also become involved in smoking crack as well as selling it. Some of these young people may end up working for a mid-level dealer on a regular basis. After often only a few weeks, they may realise that they could make more money by cutting out the middleman and setting up as dealers themselves. Often the people to whom they are delivering are introducing friends who also wish to buy drugs (hence new customers they could poach).

Bailie's 2003 report highlighted the following points, which differed slightly from these.

The Southwark Youth PSA Survey carried out in 2002 contained a questionnaire posing the following to 605 young people:

Why do you think some young people decide to take drugs?

Their responses are displayed below, in order of priority:

- Pressure from their friends 61%
- Other 37%
- Being bored 28%
- The type of area they live in 18%
- Attitude of their parents towards drugs 14%
- Because drugs are easy to get hold of 11%
- They don't know that drugs are bad for their health 10%
- Don't know/not stated 9%
- Influence of film/television/newspapers etc.7%
- They don't think they'll get caught 7%
- Being in trouble at school 6%
- No job opportunities 5%
- Not being able to read of write properly 2%

- They cited peer pressure as the most powerful influence affecting young people's decision to take drugs, which supports the findings of this study, as did the family

influence and easy access option; other than that, this sample of young people revealed different reasons for starting to take drugs from the Lewisham sample.
- They stated crack to be the **most** harmful substance from a list of: Cannabis, Ecstasy, Speed, Heroin, Tobacco and Alcohol.

If you knew someone who had a problem with drugs, whom would you go to for help or advice or would you not go to anyone?

Their responses are displayed below, in order of priority:

- My parents 44%
- A Schoolteacher 20%
- National Drugs Help-line 13%
- Friends 12%
- My local GP 11%
- The Police 10%
- Other/ Don't know not stated/ A member of my family 8%
- A member of my own family other than my parents/ No one 6%
- A drugs charity 5%
- A social worker 4%
- A health clinic/ a local support group 3%
- My nearest NHS hospital 2%

- The person they would most likely go to if they knew of anyone worried about their drug use was their parents'. Whilst most of these options were listed by the Lewisham young people an interesting difference is that these young people would more readily go to the police or a school teacher, 2 institutions the Lewisham young people were not comfortable involving.

Crack Markets and Dealers

Crack Markets

The National Crack Plan outlines the following objectives for tackling crack markets:

Action on trafficking

Objective: Reduce the amounts of cocaine reaching the UK

Example activities:

- Work with producer countries to reduce areas of cocaine cultivation
- Intercept cocaine in transit countries and en-route
- Intercept cocaine at point of importation

Middle Market Supply

Objective: Interrupt middle market distribution in the UK

Example activities:

- Targeted Police operations
- Building of relevant intelligence
- Develop regional capacity to intercept dealers

Street Supply

Objective: Close local crack markets and make selling crack difficult

Example activities:

- Close crack houses
- Close street markets
- Reduce the number of places where crack might be sold through environmental measures
- Tackle related criminality-e. g. Gun crime

How does crack reach the UK?

Research is sparse but several generalisations can be made:

- Cocaine rather than crack is brought into the UK
- Most cocaine originates in producer countries in South America (Columbia, Peru and Bolivia in particular)
- Some is imported by air, often through Jamaica and other Caribbean islands, though these routes have recently become riskier
- Larger scale importation is via the European mainland, for example through Galicia in Northern Spain.

Drug markets

The following levels are used to describe different crack markets and the people involved at these stages:

Level 1: Street markets: street dealers sell crack to users
Level 2: Middle markets: middle-market suppliers buy from importers or brokers and sell onto street dealers
Level 3: Import markets: Importers or brokers are involved in large-scale importation of cocaine.

This arrangement can be quite fluid. Street dealers can act as middle market suppliers or be directly involved in importation.

How crack markets operate

Crack dealers may turn cocaine into crack before the point of sale or in crack houses.
Crack is distributed by many low-level dealers operating at street level or out of crack houses. Deals are small, and often carried in the dealer's mouth in cling film wraps. To limit the consequences if they are arrested, they do not hold large quantities preferring to hide small stashes in nearby flats, doorways, shrubbery and abandoned cars. These are sometimes 'booby-trapped' with needles.

Open or closed markets

Low-level dealers congregate where there are known drug markets. Some of these markets are 'open' in the sense that a person would be able to locate a crack dealer by wandering around, without needing a phone number or introduction. Open markets attract users and dealers from other areas and make crack more accessible to new users.

Open markets can be:

- On the street where several street dealers can congregate offering drugs or waiting to be approached.
- Off the street at premises which can be approached by anyone. These can be crack houses or clubs, café's or pubs.

Street markets usually occur in the public entrances to buildings such as bus, tube or train stations, or in other semi-enclosed settings. Such markets can operate there because dealers can be absorbed into larger crowds or groups using those premises.

For this reason, they are usually located in busy urban and inner city areas where dealers and users blend into the crowd, or where there are lots of transient, homeless people or prostitutes. Brixton Tube station is an example of this.

Some street dealers can carry out another function of work, which masks their presence on the street, for example prostitutes or beggars.

Closed street markets

A closed market is one where a dealer will only sell to users who are known or introduced to them by a trusted customer, who will vouch for them.

Closed markets can be:

- On the street, at meeting points arranged via mobile phone
- Off the street, at premises from which drugs are sold only to known or introduced users, but which are not places where users can stay and use
- Crack houses, which only admit known buyers, where drugs can be used, and from which other goods and services, such as sex, can be obtained.

(Burgess et al., 2003)

The markets may be open or closed to a matter of degree. In Zurich in Switzerland in the mid 1980's, the police 'tolerated' a 24-hour open drugs market (in a park beside the railway station) based on the belief that it was better to observe an open market than for it to be pushed underground. In the event the use of weapons by some dealers and public protests resulted in the market being closed down and dispersed. The point is that because markets are not visible does not mean they are any less active.
(Goldie & Raynor, 2002)

Policing crack markets

Street sellers may carry crack in their mouths in wraps and swallow it if apprehended. Some prostitutes selling drugs or acting as runners may have the drugs concealed in various orifices and may require an intimate search if apprehended.

Street markets are the most vulnerable to the simplest enforcement tactics. As a result, they are on the decline. Nonetheless, they are still very damaging to neighbourhoods where they still exist.

Police visibility acts as a deterrent, but scope for arrests and convictions are limited, and covert operations are extremely expensive. They can also lead to closed markets.

When the police are successful in arresting dealers, this often results in substitution, where a dealer working at a lower level promotes himself or herself to fill the gap.

A Metropolitan Police Service 'Operation Crackdown' in late 2000-2001 to shut down crackhouses, which:

- Involved police costs of £800,000
- Involved 300 operations
- Resulted in 1,621 arrests

According to one independent review of the effect of the operation:

"There was little discernible added difficulty in obtaining class A drugs and no change in local prices. Several street markets were disrupted, although in some cases for relatively short spaces of time.
(Webster et al., 2001)

Technology and market transformation

Drug markets are transformed by enforcement initiatives but they have also been greatly affected by the emergence of mobile phones.
Until the mid-1990's, street sellers tended to operate in specific well defined places. This allowed potential buyers to locate them with ease.

Nowadays, increasingly, contact is made by the buyer ringing the sellers' mobile and arranging to meet at a mutually agreed spot.
A variant on this is the delivery system, where the drugs are delivered to the users home or agreed place.
Mobile phones thus minimise the risks associated with illicit transactions by making police surveillance largely impracticable.
(GLADA 2004)

Lewisham Specific Research

Evidence suggests that the crack market in Lewisham has grown up over a number of years, at a steady rate, to become a significant part of a problematic criminal drug market in the borough.
Indications of this stem from reports of:

- The price of a rock dropping from £20 to £10
- An increase in the number of dealers, some selling aggressively
- An increase in users presenting to drug services

all point to the fact that the crack market is established and is probably still growing.

Effects of enforcement on the market

Lewisham Drugs Squad has operated small-scale drug disruption activities in several parts of the borough, focussed mainly on estates including:

- Clare estate
- Leybridge Court Estate
- Milton Court

Goldie and Raynor, in a recent needs assessment in 2002 carried out a number of interviews with drug users; the findings of this study are validated by theirs.

Lewisham's crack market

The market in Lewisham is a local one, with few people preferring to go outside the area to obtain what they required.
Occasional visits may be made to the 'front line' in Brixton, where there exists a 24-hour 'open market'.

By contrast, there are few reports of such 'open street' dealing in Lewisham.
The market appears to be both 'open' in being accessible and being 'closed' as far as transactions take place in varied, often private places. The structure of this market is a very fluid one and is literally 'mobile'.

How it operates

Invariably contact is made by mobile phone (although some still relied on call boxes to make the calls if they had no phone and the dealer would ring back if the money ran out).

Frequently the initial exchange is in code for example referring to needing 'food' and arrangements of where to meet might also be coded, especially if referring to a regular spot, alternately anonymous locations such as super market car parks are used.

Some referred to how dealers would not supply strangers if there had not been an introduction from a known and trusted user. An indicator of a 'closed market'.

Now dealers will deliver either to an arranged meeting-place, or directly to the buyer's home. In addition to providing a 'convenience service', this also seems to be a way for some dealers to gain some knowledge about their customers and hence some form of hold over them. (Goldie & Raynor, 2002)

Drug dealing hotspots in Lewisham

The 50 crack users interviewed in the present study provided some details of the nature and location of Lewisham's crack scene. Themes from their interview transcripts are displayed below with some supporting quotations:

Whilst it was reported that there is no 'Front line' and the dealers move about some hotspots did come up:

"There is no front-line"

"No actual open dealing, they're too paranoid- betting shops"

"They target pubs"

Catford

"Outside Catford Post Office"

"Tesco's car park in Catford"

"Lewisham Town Centre and Catford"

"Tesco's in Catford-top of the flats (Millford Towers)"

"Rushey Green DSS, it's the main DSS for Catford"

Hither Green

"Hither Green Lane and by the park"

"Hither Green Lane"

New Cross

"New Cross, Peckham and Camberwell, it's rife"

"New Cross Post Office and Train Station"

"Bookies on New Cross Road"

Lewisham centre

"Lewisham Centre"

"They park up by Lewisham Clock Tower"

Khathouses

"Deptford and New Cross"

Ladywell

"Ladywell graveyard"

On the borders

" By the Cutty Sark"

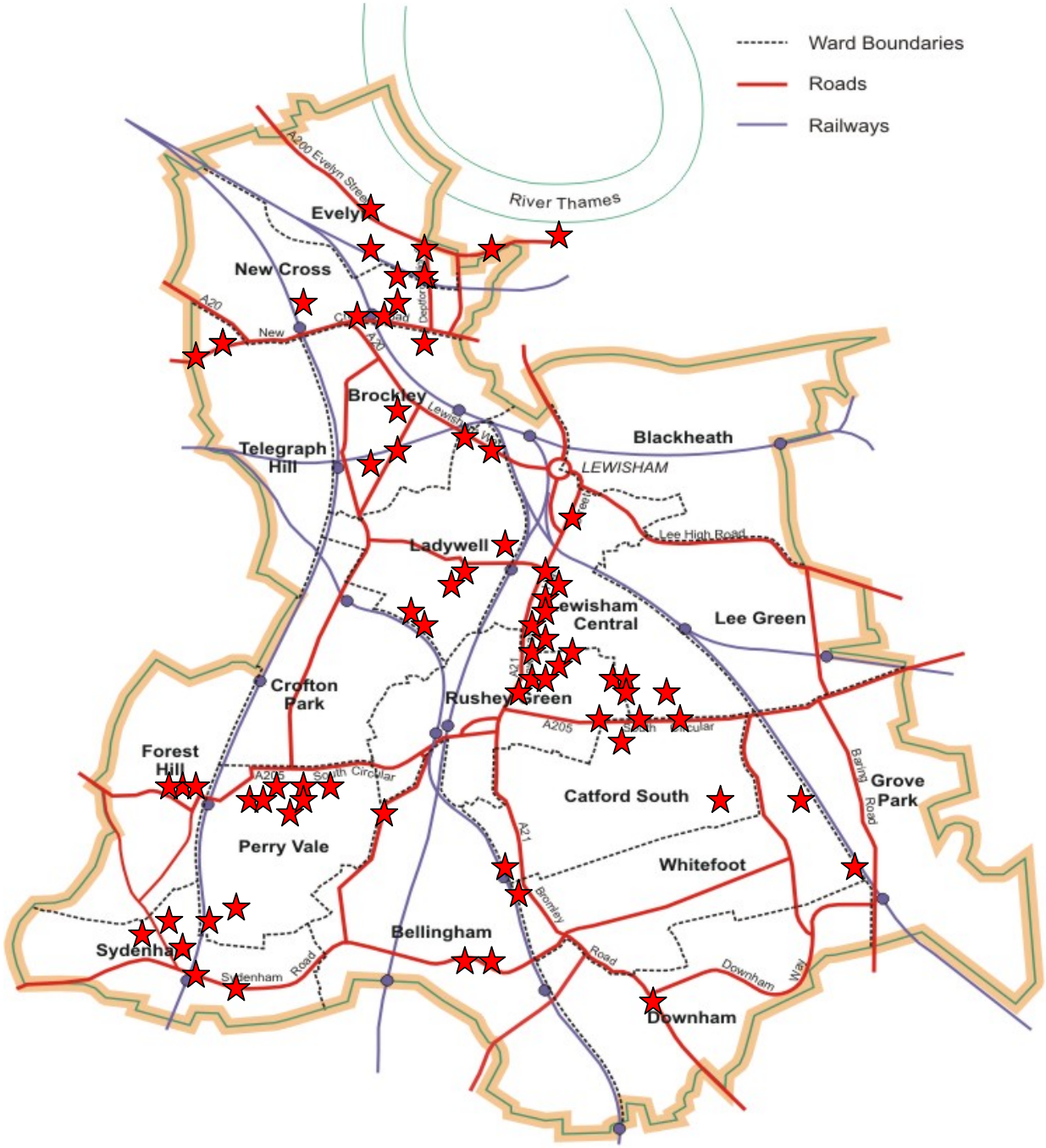
"Greenwich"

"Peckham, behind the Post Office"

"Old Kent Rd"

Figure 3- (seen on following page) Crack 'hotspots' in Lewisham as reported by 50 local crack users'

Crack 'hotspots' appear to be evenly spread throughout the borough with one area of concentration around Central Lewisham and Rushey Green.



Geographic Information & Research 2002
Wards Roads & Rail 2002.cdr

Turf

Most of the media attention focussed on crack and crack dealers highlights the rivalry between dealers protecting their patches from other dealers and the resulting violence from this.
Lewisham does not seem as affected by such "turf wars" as before but one respondent warned of what may be to come:

"So many dealers nowadays it's getting out of control, one person will want to take control, and there's been violence in the past with turf wars"

"Its territorial survival of the fittest, have to fight for your area"

"There's no turf war, there are guns but it's not as bad as it was, I've been kidnapped and had a gun held to my head when I was dealing"

"You might get one who doesn't want anyone serving on his or her patch. Loads out there"

" Some rivalry but nothing major"

The Researcher was interested to find out how the markets fluctuate over the years and if the current wave of poly-drug users is a result of:

Crack dealers starting to sell heroin or *vice versa*?

4 contradictory responses came back:

2 were of the opinion Crack dealers started to sell heroin as well:

"Started selling both, were just selling white then went over to selling the both (Brown). Make a lot of money with the brown"

"White dealers swapping over to dealing both, Jamaican's never liked heroin, heroin dealers used to be African's and Turks"

Alternatively, 2 believed it was the other way around:

"Heroin dealers started selling crack"

"Heroin dealers started selling crack, they supplied to a demand"

Crack Dealers

Demographics of crack users known to the police

The Greater London Alcohol and Drug Alliance has drawn up a consultation document as an evidence base for a London specific crack cocaine strategy. This states:

- 9/10 of those arrested for drug offences were male and their average age was mid-twenties.
- Around half were white European and under a third African Caribbean.

However:

- Two thirds (67%) of those accused of supplying crack in 2002/03 were African/ Caribbean
- 24% were white Europeans

- African/ Caribbeans accounted for the largest proportion of both males and females accused (67% and 68%).

These figures, which points to the disproportionate involvement of black groups in the supply of crack which is a sensitive issue and requires more detailed examination. There are for example, questions about the possibility of selective policing.

Crack dealers Vs. Crack and Heroin dealers

- There is no straightforward profile of a crack dealer but in general terms there is a difference between those who sell crack as one of several commodities to poly-drug users and those who sell crack to primary crack users.
- Increasingly dealers will not sell crack alone but other drugs. In the largest urban centres, there is a greater market divergence with different dealers for crack and for heroin.
- In out-of-city-centre estates, or in smaller cities, dealers are more likely to supply heroin and crack.
- Primary crack dealers (dealers mainly or only selling crack) may well use it themselves, but during binges are unlikely to be fully capable of dealing successfully.
- Some may not be users at all, even though their runners, cookers (those who turn cocaine into crack) or enforcers may be.

Violence attached to the crack trade

Crack dealers are likely to use excessive violence to control their patch, compete with other sellers and intimidate witnesses and users, especially those who owe money. They are more likely to use violence, guns and other weapons than dealers of other drugs are, and some of this aggression is exacerbated by the use of crack.
(Burgess et al., 2003)

Lewisham specific research

Cocaine Supply

The London boroughs can be grouped into 4 demographic types:

- Inner city boroughs
- Other central boroughs
- Affluent outer boroughs
- Poorer outer boroughs

Lewisham falls into the ‘Poorer outer borough’ category, along with Brent, Ealing, Haringey, Greenwich, Waltham Forest and Barking and Dagenham.
Cocaine supply offences rose in all 4 groups on 1998/99 figures, with the ‘Poor outer boroughs’ up 100%.
(GLADA, 2004)

Table 8- Crack Supply Charges on London Borough of Lewisham

Year	Crack Figures
2001-2002*	7
2002-2003*	31
2003-2004**	30

*2001-2003-represents those individuals Charged, Summonsed or Cautioned
**2003-2004-represents those individuals Charged

Dealer's ethnicities

Goldie & Raynor's 2002 study included interviews with Lewisham's drug users who stated that the dealers tended to be black and of Afro-Caribbean origin.

The consensus was that the dealers themselves did not use, although some said this was changing. This gives some support to the findings of this present report.

As opposed to the street level dealers, the view appears to be that the middle tier suppliers are either African or Turkish.

Gathering information about drug dealers is, through the very nature of the trade, fraught with difficulty. Some respondents in the present study were understandably evasive about details through fear of retribution, losing their dealer or being labelled a "grass".

It is impossible to distinguish between Crack and Heroin dealers, as the respondents indicated that 78% of the suppliers in Lewisham sold both drugs.

The information that did come through furnished the Researcher with some demographic details of the drug dealers in the borough, how they operate and how they treat and are perceived by the drug users.

The following themes emerged in their comments:

Race and Gender of the Dealers and Likelihood of Them Being Addicts Themselves

38/50 (76%) commented on this topic and the consensus was that drug dealers in the borough were black males, 14 reported that their main supplier was Jamaican.

The Researcher took care to delve further for likely ethnicity when they respondents simply replied "black", to distinguish between African's/ African-Caribbean's/ black British etc. It was also noted, that some young men might adopt a Jamaican accent for credibility or to imitate Yardie gangsters.

"Jamaican rather than African"

"Young black men, mainly Jamaican, some African"

"Black men, more African than Jamaican, they're not putting on Yardie accents"

"Male, black, Jamaican"

"Never met a white crack dealer, young Jamaicans trying to make a quick buck"

"Mostly black Jamaicans, I know who's a real Yardie and who ain't"

"Can be black or white"

"White men bringing in huge amounts, then it goes down the chain to street dealers, there's not many white crack dealers"

"Some white/girls/Chinese/Indian, depends who you know"

"White/black/girls/kids"

There were mixed messages regarding their likely ages as 7 described them as young boys (approx. 16-20 yrs old), others made no distinction and said some were young and some were middle aged.

"Young, Jamaican boys, no idea what they're selling"

"16-20 yr olds on bikes, to them it's a game"

"Young, black men, some very young about 16"

"All of them are getting younger"

"All different ages"

Whilst the majority bought their drugs from men, female dealers are not uncommon:

"Some women"

"Know 2 women that do it"

"Never met a female doing it"

"Never bought from a female"

"Loads of women as well"

"Some women, they tend to be the partner/wife of the dealer"

"Some women, even some women with their kids"

"Met one woman dealer, she was dealing for her partner while he was in prison"

"I did once deal with a female dealer, she was recommended by a friend, she was a smartly dressed white business woman"

12/38 (31%) commented as to whether dealers were supporting a habit of their own, only 2 felt this to be the case:

"Not addicts"

"They don't use themselves"

" 20yrs ago I used to go round to friends' houses and use, friends dealt and used etc. now dealers don't use"

"Some are supporting their own habit"

"The dealers aren't users, just smoking skunk"

"Have known a few white dealers in the past, they tend to be using and supporting their own habit, black ones generally don't use"

Tricks of the trade

The street name for dealers is “shotters”.

A trait that became clear is that dealers do not reveal their real names to the users and tend to go by a letter of the alphabet or a pseudonym:

“Don’t know their real names, just a letter”

“Give you a letter”

“Know them by nicknames”

“Never know their names, just refer to themselves as letter R or F”

They may travel about the borough in cars or on foot:

“Some deal out of cars”

“Some walk, some in cars”

They know how to avoid arrest:

“They know where to stand out of the way of the cameras”

“You employ people (runners) to protect yourself”

“He keeps it in his mouth, two types of wrap, blue and white ones”

Evil Pushers or Just Making Easy Money?

This theme came through quite strongly, 9 people made some form of judgement of their dealers.

Were they plying the weak and vulnerable with their poisonous wares or simply obeying market forces and supplying a perceived demand?

3 were of the former opinion:

“Who would do it? They’re arseholes, I did it and I was an arsehole. I sold heroin to my friends”

“Evil”

“Some dealers are nasty, I slap that out of them quick, they talk about giving shines (a blowjob), I select a few who are respectable”

However, most people felt dealers were just ordinary human beings who happened to sell drugs for a living:

“Prefer to deal with nice upper class ones…with nice cars, just shotting don't say much, making money”

“I don’t believe in pushers, I’ve given it to people, dealers phone you up “Why haven’t I seen you for a while?”

"Home delivery usually, they come in have a cup of tea. I've known them a long time, they're not evil, and they have families, girlfriends. I've known them pay peoples electricity bill so they aren't cut off. I dissociate myself from the scum"

"Everyone trying to make some money out of it" (husband deals)

"Don't like the ones that push, decent stuff sells itself, no need to stamp on others' turf"

"I've known some for years"

The Stereotypical lifestyle of a drug dealer

The portrayal of drug dealers in films and Gangsta rap videos shows them driving big fast cars, bejewelled and wearing designer clothes. This is not an image upheld by the crack users in Lewisham:

One told the Researcher:

"Naah, that's the skunk dealers, the white dealers have got too much to lose"

"Flash ones in flash cars are very rare"

"They upgrade their clothes and car, can't help themselves think they won't be caught"

"Some gold teeth, suits, and diamonds, some tone it down"

"Some tone it down and some flash their stuff"

Powder power

This term came up a few times and was described to the Researcher as an elevated sense of importance by the dealers, swelled by their sense of power over the users, they could be quite derogatory towards them:

"Act as if you should be honoured to be buying from them, that's why I don't like credit"

"Get what's called powder power. Let them know you're not a mug just because you're using drugs, seem to not be nasty to you"

"Take liberties, keep you waiting for hours and are rude to you"

The Vietnamese/Chinese Dealers in Lewisham

The Researcher spoke with a Chinese ex-crack and heroin user who gave an insight into the Chinese dealers in the borough:

"Vietnamese dealers give you small draws…gang leaders from Chinatown open up crackhouses, there's definitely one Mr Big controlling it. They're not on the street at all, indoors and driving around in cars"

Only deal with one dealer

Some crack users prefer to stay away from the drug scene and have one favourite dealer they always use. These reported a better rapport with their supplier and a certainty of the quality of his/her drugs:

"Only know 1 dealer"

"Have one favourite I always ring first"

"Only deal with one dealer-reliable, quick, and good quality stuff. Sits down and talks to me, he's all right"

"Stayed with him 6-7 yrs, preferred that for my own safety, not on the street or from crackhouses, got to know him"

CRACKHOUSES

Definition

A Crackhouse/ dealing house is defined as: ***premises used in connection with the production, supply or use of class A drugs and associated with the occurrence of disorder or serious nuisance.***
(Anti-Social behaviour Act, 2003).

In some areas, crack is bought from street dealers in nearby drug markets and the house is primarily a place to use.

How do they develop?

Typically, when users and/or dealers take over the accommodation of 'a vulnerable person' those people whose houses have been taken over usually have at least one of the following:

- Crack or other drug problems
- Mental health problems
- Drink problems
- Learning difficulties

Or are likely to be:

- Elderly
- Young women, often parents, who have some dependency on the dealer
- Sex workers

The tenant may know the crack dealer well. They may buy from them, use crack with them or have a current or previous sexual relationship with them for example; they may have children by the dealer although the relationship may have now ended.

The dealer may gradually spend more time at the residence until eventually they run the house. The tenant may go along with what is happening and may feel they get something out of it, such as sex, drugs, money or kudos through association with powerful people. Ultimately they are powerless and not in control. They may just be irritated by the situation rather than afraid or concerned.

Alternatively, the tenant may be gradually seduced into allowing their property to be used. They may be vulnerable and initially view the dealer and/or associates (maybe sex workers) as friends, only later realising what has happened, by which time, it is too late.
(Burgess et al, 2003)

Why they develop?

For a number of reasons:

- Crack produces cravings and users are often in a hurry to use
- Many users are homeless
- Crack is a stimulant and users look for social activity in a way heroin users do not

- Very often, the premises are used to sell both sex and stolen goods as clients attempt to raise money in order to buy crack

The effects of crackhouses

"Once established, a 'crack house' has a significant impact upon the local area. The level of crime in the vicinity escalates; much of it is violent acquisitive crime. The quality of life for members of the local community diminishes and a threat of violence pervades".
(Commander Brown, Metropolitan Police, 2002)

Drug paraphernalia, litter, noise, general comings-and –goings, intimidation of residents and prostitution may also increase.

Whist it may be obvious to the police and surrounding residents that a crackhouse is in operation, it is often difficult obtaining sufficient evidence to secure convictions and close down the site. The public complains about crack houses and the authorities try to close them as quickly as they can. This almost invariably takes longer than seems reasonable to those that complain, but the delay generally results from the difficulty in providing evidence to justify the eviction of a tenant.

Closure is quicker and easier if the legal tenant agrees to be temporarily rehoused elsewhere, and if the police do not intend to bring charges for dealing (which would involve obtaining evidence that is difficult and time consuming to collect).

Communication regarding crackhouses

The issue of communication with the community over the progress of crack house closures is a contentious one.

- Lambeth has placed signs about crack houses (much like signs appealing for witnesses) in affected streets and estates
- Westminster and Lambeth have leafleted residents about the existence of crack houses and the action they propose to take.
- Kensington & Chelsea distribute an A4 flow chart to all residents explaining the various police and judicial procedures needed to evict people from crack houses.
  (Cragg, Ross & Dawson 2003)

Enforcement

The usual effect of policing crack houses is displacement to another location.
Although new civil powers have been introduced, it remains true that relatively low level door security will buy participants enough time to dispose of the drugs.

It is not clear to what degree crack use would abate if all crack houses were closed.

Crack OUT campaign

The purpose of the Crack OUT programme was to reduce the supply and use of crack cocaine in Lambeth. Closing down crackhouses was a major priority of the initiative.

A report from the Greater London Alcohol & Drug Alliance published in 2003 states:

"Between August 2002 and November 2002, 151 raids on suspected crack houses in Lambeth resulted in 131 arrests, of which 26 were for supply of class A drugs and 18 were for possession. In total 252 rocks of crack cocaine were discovered as a result of police operations"

Crackhouse closure protocols

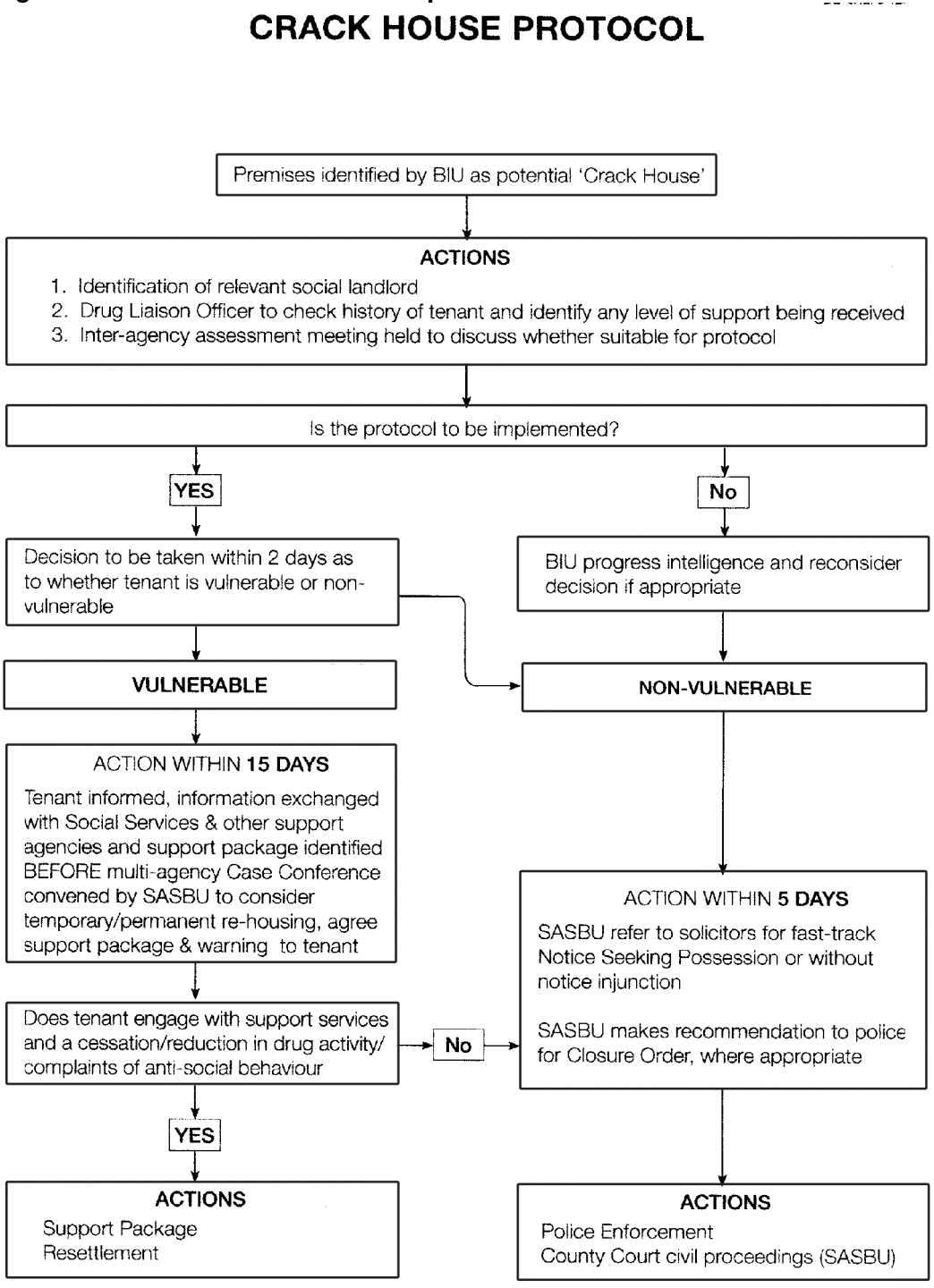
The Royal Borough of Kensington & Chelsea have established a protocol for closing crack houses that has been adopted in whole or in part by some other boroughs. Under the protocol, the target is to close the premises within 42 days.

Lewisham's Crackhouse protocol

In Lewisham, initial meetings between a partnership comprising Police, Housing, Anti Social Behaviour Action Team (ASBAT) and members of the Drug Strategy Team (DST) have discussed a protocol, which will be loosely based on Southwark's crackhouse protocol (See Figure 4 below), but adapted for the borough. It is hoped to be in existence by July 2004.

In 2003, Lewisham Police reduced the number of officers attached to the drug squad. In February 2004, a new larger pro-active crime squad of 14 officers was formed. Its remit is to focus on robbery, burglary, firearms and drug trafficking (Supply). The team is tasked through the Borough Intelligence Unit acting on researched information and priority is given to 'crack house' information and persons linked through drug abuse to robbery and burglary. Fast time response is now possible, and two premises have been closed down in the last month, with a corresponding fall in burglaries in the immediate areas.

Figure 4-Southwark's crack house protocol



BIU: Metropolitan Police Service Borough Intelligence Unit
SASBU: Southwark Anti-Social Behaviour Unit

The 50 crack using respondents in the present research were asked how drugs, specifically crack, were sold in their area. A quarter believed buying crack from crackhouses was a viable option in Lewisham; the following provides an indication of their views on these premises.

There are not that many crackhouses in Lewisham

A common theme that came up was the belief that most of the crackhouses had been closed down by the police and were more of a common feature of the crack scene 3-4 years ago:

"Much more common 3-4 years ago"

"Crackhouses all closed down in Millford towers in 2002-2003"

"Not so many in Lewisham"

"None that I know of left in Lewisham, in Catford they've shut them all down"

"Not so many here as E. London"

"Don't know any around here, in Camberwell and Peckham they're rife"

Stigmatised

Crackhouses also appeared to be somewhat stigmatised and not something the respondents wished to be associated with:

"Not that I know of, they are not my sort of thing"

"Wouldn't want to know where they are, glad they're not around"

"Don't go and don't like them"

One person was of a contradictory view:

"Quite a few in Catford, some picking up in Downham"

The perception that Crackhouses occupy a low profile Lewisham's drug market could be due to a number of factors:

- Intensive policing
- A lack of visible rough sleepers

Or as one respondent surmised:

"Its quite well policed, beyond Catford you're heading out into white affluent areas where they wouldn't be tolerated"

You wouldn't know they're there

Some respondents expressed the belief that more was going on than "met the eye"

"Knock on the door walk in from the street, but you'd have to know them. My cousin uses his house to deal from."

"Maybe they don't look significant from the outside so nobody knows they are there."

A last resort when you're desperate to score

Many crack users the Researcher spoke to regarded crackhouses as a last resort, somewhere where they could rely on being able to score:

"Only go if I have to"

"Sometimes you have to go and score in them"

"They're a 24-7 source of supply"

"24 hrs-a few dealers will work shifts in there"

"Dealers cook it up during the night and serve it up during the day"

This concept that a crackhouse would function as a manufacturing house was rejected by another interviewee:

"It wouldn't be made in them"

Buy and go….

Whilst regarding a crackhouse as a last resort, several respondents commented that they would buy their drugs and leave immediately:

"I just go in there to buy"

"You rush in and rush out…if they see you with a bit of money they'll rob you outside"

"Been in there to pick up but wouldn't stay there"

"Go to crackhouses, but don't like to stay there, buy and go"

Bad atmosphere and full of paranoia

Explanations were proffered as to their disliking of crackhouses, namely an air of paranoia in them, induced by the crack and intensified by the actual fear of the premises being raided:

"Everyone in there gets prang (paranoid)"

"People in there are so paranoid and presume I'm old bill"

"Nasty vibe, paranoid and stealing from each other"

"Don't like the danger in them, people growling at each other-bad, bad atmosphere"

"Don't like the vibe in there"

Dirty squats

The squalor and dirt of crackhouses came up several times:

"They're dirty and messy"

"You'll smell them before you get in"

"Shitholes and squats"

"They're scruffy and dirty and there's nothing in them"

"Dirty smelly dumps with needles and fights everywhere"

Unsavoury characters

Add to this visual picture the kind of people that the respondents felt used crackhouses:

"***The people are rough and give you verbal"***

"People begging, lowlife people wanting a bit of your rock"

"Full of horrible untrustworthy people"

Prostitution and promiscuity

There was a sinister suggestion of what happened to women in crackhouses and the possibility of prostitution and sex for drug exchanges occurring.
Six of the interviews were carried out in a direct access hostel in New Cross; the police had placed one of these interviewees in the hostel over the weekend after she had been raped at knifepoint in a crackhouse.

"There are young girls in crackhouses (called crack baby's) mad on it, get passed around" (one of the respondents reported rowing with her partner about what he did with other girls in crackhouses).

"Don't go into crackhouses, I'm frightened black men will rape me"

"Only go to ones where I know people there, men can do stuff to you that you don't want"

"Don't like them, see bad things in them, once saw a girl being made to give blow-jobs to everyone in the room"

"Always be women (sexworkers) willing to "plug it" if there's a raid"

Guns and Weaponry

Finally, two people implied that weapons were a feature of crackhouses:

"Sick things go on in there, always baseball bats and knives"

"A guy on the door, likely to be armed (always bats and knives in there) needs a code to get in"

This sense of organisation was echoed by one respondent, who reported:

"There's one room they smoke in and one room they serve in"

The law of crackhouses states if you go in somewhere you have to pay or 'sort someone out" as exemplified in this quote:

"When I go in somewhere I'll pay for their drugs"

The Chinese respondent the Researcher spoke to implied that Vietnamese gang leaders opened crackhouses, which were then controlled by one Mr Big.

Crackhouses in Lewisham

2 of the local housing providers spoke to the Researcher about the issues raised by their tenants' properties becoming crackhouses:

Hyde Housing:

One of the workers in the Social housing department described a particularly troublesome hotspot around Harton St in Deptford comprising 1 of **their** properties and another nearby:

- Meriton Mansions (72 units comprising 2 houses and 70 flats)
- Norfolk House (3 different landlords, professionally squatted and in a state of neglect)

These premises have been the objects of complaints from other residents and of police scrutiny as it is believed 2 known drug users are allowing their properties to be used for dealing and consumption of drugs (crack and heroin).

Hyde Housing have tried to work with the individuals but have now started eviction proceedings.

In the vicinity of one of the properties the following have been reported:

- Drug paraphernalia-Tin foil/home made crack pipes
- Human waste and knives on stairwells
- Postal fraud (Post going missing from communal post boxes (credit and store cards reported stolen and used fraudulently)
- Emptied out wallets and purses found around the estate

Prostitution, a well-documented 'bed-fellow' of crackhouses has never been flagged up as an issue, although one tenant found used condoms in their post box and they are occasionally found on the stairwells.

CCTV and door entry codes are there to protect the property but it is suspected the residents in question wedge the door open.

The problems have escalated in the past 6 months and beat managers (Police officers) patrol the estate and undercover surveillance initiatives and raids have proved futile.

Tenants complaining but not wishing to make an official report are an all too familiar reason for drug dealing and crackhouses flourishing and is the case with Meriton Mansions. Whilst bitterly complaining, the residents are reluctant to name any names and some continue to leave the communal door open.

Other problematic properties

The following estates are all in the vicinity of Meriton Mansions and Harton St and Brownmill Rd, where drug dealers are known to patrol in cars.

Norfolk House - a large neglected property of poor housing stock with a high turnover of tenants. It has been partially squatted by long-term squatters. There have been complaints of dumped furniture being left on this estate.

Carrington House - a large ex-rolling shelter (emergency temporary accommodation for rough sleepers). Rough sleepers and drug paraphernalia (crack pipes and syringes) have been reported in the bin chambers of this property.

"***We are Social landlords not rehab, social services or the Police. We have a responsibility on both sides, to help these individuals keep their tenancies and prevent them becoming street homeless, but also to protect the other tenants from these issues and individuals wandering onto their estate. The situation may be alleviated slightly by extra funding for lighting and securing the entry doors".***
(Hyde Housing Worker)

Thamesreach Bondway

One of the Housing Support Workers spoke to the Researcher about 2 of the shared houses she manages in:

- New Cross
- Lewisham Way

whose tenants are heavy crack users and whose properties have become virtual crackhouses.

New Cross Property

One is a 2-bed basement flat in New Cross; they are unable to let out the other room due to:

- The constant stream of visitors and cars to the property
- Drug paraphernalia (crackpipes and syringes, no needles) lying about
- People sleeping in the bedrooms and hallways
- Repairs frequently needed due to fights, the doors being forced and the front gate being kicked in
- Frequent fighting and screaming

The crime rate has soared in the local vicinity and 2 of the tenants known associates are notorious violent robbers, whose stolen goods have been found in the flat.

Whilst prostitution is suspected due to the constant stream of women visiting the flat, there is no concrete evidence of this.

The situation affects the whole neighbourhood but especially the other Thamesreach Bondway tenants who may have vulnerabilities and issues of their own.

Action taken

The tenant herself is a heavy crack user and a very vulnerable young woman. She has open lesions on her face and has been beaten up by known drug dealers in the past. When she was in prison in November 2003, another resident occupied the tenancy claiming Squatters Rights and had to be removed by the police. She is in complete denial about the situation and whilst all efforts have been made to get her help with her drug use, a Notice to Quit has been served. Solicitors are in the process of gathering evidence for the eviction procedure.

Lewisham Way property

The second property is in Lewisham Way, a hot spot where drug dealers are known to operate.

It is occupied by a long-term chaotic crack user and heavy drinker who cannot look after herself or her property.

She engages with staff occasionally but has recently been taken to court for damage to her property, for which she avoided a custodial sentence on the premise she engaged with staff and cooperated with City Roads (a detoxification unit they were trying to get her admitted into).

Constant streams of men come to the property and she is believed to fund her habit through prostitution and clipping. She also shoplifts and steals from other tenants.

She has been given a final warning and Thamesreach Bondway are in the process of collecting evidence in the event they should need to evict her. This they will do reluctantly as they acknowledge she is extremely vulnerable, however her behaviour and associates endanger other residents.

Getting her help

The staff have made her appointments at CDP Quantum Project Forest Hill but she doesn't keep them and they continue to try to get her into City Roads where she detoxed successfully 5yrs ago.

Ironically, she is being bullied and intimidated by her neighbours, all of whom are in the process of being evicted or rehoused due to **their** disruptive behaviour.

The Criminal Justice System

The National Crack Action Plan sets the objective for the Criminal Justice System to ensure the speedy referral of crack related offenders into treatment via the following example activities:

- Ensure arrest referral identifies crack users
- Develop relevant Drug Treatment and Testing Order programmes
- Ensure prison programmes address crack
- Develop persistent offender schemes

CJIP (Criminal Justice Intervention Programme)

As of April 2004, Lewisham became a CJIP borough, joining 16 other London boroughs.

CJIP areas are boroughs with high levels of acquisitive crime; with central government funding to set up Criminal Justice Intervention Programmes, targeting drug related offending.

In these areas, arrestees committing any of 10 trigger offences:

1. Theft
2. Robbery
3. Burglary
4. Aggravated burglary
5. Taking a motor vehicle without authority
6. Obtaining property by deception
7. Going equipped for stealing
8. Production or supply of a class A drug
9. Possession of a class A drug
10. Possession with intent to supply a class A drug

are now routinely subjected to tests designed to detect levels of cocaine and opiates in their system.

- In London CJIP areas, just under half of all tests proved positive for crack or powder cocaine.
- Whilst the tests cannot distinguish between the two forms of the drug most arrestees confirmed they had been using crack as opposed to powder cocaine.
- Half of those testing positive for cocaine/crack also tested positive for opiates.

Bailie, in his 2003 crack report for Southwark raises the point:

"Indications are that the prison population, and the population of arrestees, contains a greater proportion of BME drug using clients than the treatment population in treatment outside prison.
The potential for a disproportionate impact on BME communities of mandatory drug testing in custody and in the future of 'presumption against bail' if this is adopted, is clear"

The CJIP data suggest that a large number of those passing through the Criminal Justice System (CJS) who are arrested for a range of acquisitive and drug offences are also using cocaine and/or crack problematically.

Analysis suggests the police are in contact with a much larger proportion of crack users than treatment services are.

Ways to overcome this include:

Criminal Justice Intervention Teams (CJIT's)

In CJIP areas, Criminal Justice Intervention Team's exist, whose role it is to co-ordinate quick access to treatment for problematic drug users, particularly those who previously have not accessed services.

Key interventions include:

- Drug testing on charge at police stations
- Co-ordination and provision of services at police stations and courts
- Triage assessment and referral to specialist treatment
- Harm reduction advice and information
- Access to rapid and low threshold treatment
- A single point of contact for service users and professionals
- Co-ordination and case management
- Specific interventions for crack cocaine users
- Facilitation of access to other services such as housing, employment, education and training
- Integrated working to support community sentences

Arrest Referral

Arrest referral refers to an intervention offering drug users at the point of arrest an opportunity to engage with drug treatment and related services.

- From Apr 00-Feb' 03 - **55%** of those assessed by Arrest Referral workers reported using crack.
- Mirroring treatment data, White arrestees were likely to be dual heroin/crack users, whilst Black arrestees were more likely to use only crack.

Arrest Referral in Lewisham

The arrest referral service has been re-tendered in the past year (2003), the new providers are Turning Point who have successfully provided an 'enhanced arrest referral service' in neighbouring boroughs and have already established themselves in Lewisham despite delays and difficulties in recruitment.

They now cover the custody suite in Lewisham's new police station located in the Town centre.

Arrest referral figures for the past year are slightly skewed as the re-tendering of the service caused inconsistencies in the coverage and a break in provision for a short period of the year. However, for the year:

- 368 detainees were contacted by the arrest referral workers
- Of those 204 were assessed
- 156 consequently referred on to treatment services.

Table 9 - Arrest Referral Crack specific statistics for Lewisham (Dec 03- March '04)

Month	Crack as Primary drug	Crack as part of Poly drug use	Total
December	4	11	15
January	2	10	12
February	3	2	5
March	5	9	14

Table 9 (above) shows that arrestees frequently report crack as being part of their drug repertoire rather than as their primary drug of choice.

Treatment

The National Crack Action Plan sets the objective for treatment as the enhancement of ***"the availability of flexible, appropriate treatment for primary crack users"***

It outlines the following:

- Ensure flexible, responsive services exist for all drug users that meet the needs of crack users
- Offer specialist services to particular client groups e.g. BME and sex workers
- Set up specialist services where problems are particularly acute

Most of the literature on crack originates in the US and few studies of treatment have been undertaken in the UK.

Summary of UK treatment data

By 2000-01, crack cocaine users represented 14% of all annual treatment notifications in London; in other words, crack had become the second most commonly reported primary drug used by those seeking treatment

London services recorded just over 21,000 treatment demands. The vast majority derived from those groups traditionally associated with drug service provision:

- They were mostly male (76%)
- White (66%)
- Opiate users (70%)
- Aged between 25-34 years (41%)

(GLADA, 2004)

Those who seek treatment for crack cocaine problems often present with a complex set of needs, such as:

- Problems directly related to their use,

- Those associated with mode of use (blood borne viral infection, injecting site infections etc.)
- Problems associated with accommodation, finance, employment or childcare.

A briefing for the National Treatment Agency to inform the commissioning of services found:

"Crack misusers often seek help in crisis. Easy and immediate access to support, advice and referrals via drop-in centres, peer support networks and 24-hour telephone help-lines are solutions recommended by misusers and found effective in practice"
(Whitton & Ashton, 2002)

The National Treatment Agency's (NTA) 'evidence based guidance' recommends that support services for crack users:

- Deliver psycho-social interventions through counselling, group therapy, and structured day or residential care
- Provide intensive programmes for users with multiple needs
- Market themselves in a different way and pro-actively engage clients
- Offer treatment quickly and avoid pharmaceutical interventions
- Through case-management and commissioning, establish care pathways including through the CJS and including aftercare.

Factors that keep crack users away from treatment

It is important to note that several factors have historically militated against positive engagement of primary crack users to services:

- The paranoia suffered by many users, making them distrustful of services
- The historical lack of competence within services to respond adequately to the needs of BME populations
- The perceived and actual lack of utility of services to crack users, combined with a historical lack of understanding of crack in many drug services
- The history of prioritisation of injectors by services in response to HIV and, more recently hepatitis, while many crack users smoke their drugs
- The periods of inappropriate self-confidence felt by some users leading to a misperception of their own problems.
- The historical characterisation of cocaine as a non-addictive drug, and therefore drug use, which does not require treatment.

(Bailie, 2003)

A snapshot of addiction treatment in the mid-1990's showed that most services were not attracting cocaine misusers. A more recent study of 100 crack users similarly revealed that

"Despite high levels of service contact most respondents did not feel that services were offering adequate assistance for their crack use"
(Harocopos et al 2003)

The position of women, and in particular women who may be involved in selling sex and women who have responsibilities for child care, needs careful consideration in planning service responses at Tier 4, especially in light of the findings of Harocopos et al, 2003 which stated that women were more likely to return to using crack than men.

A Briefing assessing the treatment options available to crack users and emerging best practice was prepared for the National Treatment Agency in 2002. It revealed the following:

Treatment elements

Engaging and Retaining

- Cocaine misuse is treatable.
- Early treatment experiences impact heavily on engagement
- Quality of counsellor relationship is highly influential (empathetic, knows about crack, builds relationship, non-judgemental and honest)
- Next day appointments better than same day or 4 days later appointments
- Directly arranging transportation and telephone reminders have boosted attendance.

Psychosocial therapies (which include counselling, cognitive behavioural therapies (CBT) and group therapy

- Recognised psychotherapies delivered by trained psychologists perform **no better** than well-structured drug counselling, especially when the latter is within group therapy
- In the US, Cognitive Behavioural Therapy (CBT) approaches have been seen to be successful, with little difference in effectiveness between group therapy, using these approaches and individual treatment

British Experience: emerging practice

- Engagement phase: skilled worker, flexible arrangement/appointments, empower client; knowledge of effects of crack; address immediate concerns or crises.
- Range of techniques within a structured framework: relapse prevention; trigger management; managing emotions; cognitive behavioural techniques; anxiety management
- External support systems and aftercare vital

Treatment Settings

- No research has been carried out to indicate which settings, are suitable for men or women, or for people with different cultural backgrounds.
- Community setting as effective as residential for those without complications
- Residential setting best for those with complex or multiple needs; requiring ‘place of safety’, best results achieved if client stays for at least 3 months
- Continuing support important to prevent relapse: people often lapse and relapse

Pharmacotherapies

A wide range of medications have been tested in the treatment of crack/cocaine dependence including:

- Anti-depressants-Desipramine and Fluoxetine (Prozac)
- Dopaminergic agonists including Bromocriptine and Amantadine
- Anticonvulsants including Carbamazapine and Phenytoin
- The opiate antagonist Naltrexone
- Beta blocker Prophranol
- However, there is currently no strong evidence to support the general use of pharmacotherapies as a way to ease withdrawal, reduce crack cocaine craving or promote abstinence.

Complementary therapies

- Though popular in British drug services, when steps are taken to eliminate other possible outcomes acupuncture is usually found to have little or no effect on crack cocaine misuse outcomes. It may help to retain clients.
- Other complementary therapies have not been researched sufficiently to reach any clear conclusions.

(Whitton & Ashton, 2002)

This opinion is further endorsed in the West London crack specialists, the Blenheim Project Guide to working with crack users:

Auricular acupuncture: this form of acupuncture first came to prominence through the work of the Lincoln Clinic, which is situated in the Bronx in America. Up to 200 crack users are seen and treated in a day using this method. Ear acupuncture aids relaxation and works with the kidneys, liver and lungs to help detox and rebalance the system. It will also help with feelings of depression.

Detoxification teas: teas are very useful in helping recovery or reducing harm while using. They help clients relax, clean the system, reduce cravings and can be used at home.

Shiatsu massage: shiatsu works in a similar way to full body acupuncture and uses many of the same points to work in balancing the mind body and spirit.

Deeper exploration of complementary therapy's role within substance misuse can be found on www.achpsm.org.uk a website set up by the Association for Complementary Health Care Practice with Substance Misusers.

Harm minimisation

Drug services should endeavour to target and educate crack users in harm minimisation strategies and practices.

For example, needle exchanges could develop services for those using crack intravenously by extending the range of injecting equipment distributed and increasing awareness of the problems associated with injecting practices. Crack users tend to inject more frequently than opiate users, often leading to tissue and vein damage. (GLADA 2004)

Drug Free Community Support and Self-Help

The first cohort study to look specifically at service use amongst crack cocaine users in the UK highlighted Self-help group attendance as a significant factor in predicting changes in drug-using behaviour.
(Harocopos et al 2003)

Community Self help groups such as Narcotics Anonymous, Cocaine Anonymous and Alcoholics Anonymous have enormous benefits for some of its advocates, yet its abstinence based, religious overtones cannot suit all.

Providing continuing adequate support to former users is a crucial part of relapse prevention provision. It is particularly important in the case of crack users because of the continuing chronic relapsing nature of patterns of use and because pharmacological treatments are not available, and may not be necessary.

Treatment Provision in, and available to, Lewisham Crack Users

Services in Lewisham have made some efforts to respond to the needs of problematic crack users as they have emerged.

In particular, the development of crack specific workers at Tier 2 services:

- CDP Quantum Project Forest Hill
- Orexis

Combined with the availability of Tier 4 provision at:

- Wickham Park House

- SLAM Maudsley Hospital Acute Admissions Unit (AAU)
- Equinox Crisis and Assessment Centre
- City Roads
- Community Care Team (can fund for residential rehabs or structured day programmes)

Which means that the response to crack in Lewisham is more developed than in many areas yet still insufficient.

There are no crack specific services in Lewisham where problematic crack users can receive an integrated package of care that adequately responds to their complex and varied needs, there are however generic drug agencies with crack specialists within them.

There is a stand-alone crack service based in Southwark run by CDP available to LBL clients but there is no provision within the borough that crack users can access in crisis.

5. Profile of Crack Users in Lewisham

Main Points

- Two thirds were white, 56% were male, the average age was 36yrs old, 58% were in unstable accommodation, 84% were claiming a form of sickness benefit and two thirds reported health problems, nearly half of which comprised respiratory complaint. Just over half suffered with depression.
- Only 28% of the crack users with children had them in their care and the same percentage had a family member with an addiction.
- Only a third of the sample reported supporting anyone else's habit and this seemed to be mutually beneficial arrangement between friends, family and partners displaying none of the usual sinister exploitation.
- 1/3 of the sample were primary crack users, the remainder were poly-drug users using heroin and other drugs and alcohol
- The influence of a friend, family member or partner was cited as the most common reason for starting to use crack.
- Nearly two thirds stated benefits solely funded their habit but 36% cited shoplifting as their source of funds, other illicit sources included deception, sexworking, drug- dealing and handling stolen goods.
- 40% had been arrested and charged in the past year, the same percentage felt they had been discriminated against on the grounds of their drug use, race or housing status
- For the most part the cohort was clean, well dressed and displayed none of the typical signs of chaotic desperate crack use. This is not to do them a disservice; it is merely reflective of the difficulty in obtaining the views of out-of-treatment drug users.

Results Summary

50 local crack users participated in the research. A questionnaire designed to form a semi-structured interview ascertained their demographics, drug use, nature of the local crack market and dealers, how they funded their habits and their experience of treatment.

Profile

- Two thirds of the sample were white and a third were from BME groups, the mean age was 35 and 58% were male.

Housing

- 92% of the sample lived in the borough
- 58% were not in secure accommodation, 1 was NFA and a further 20 had experienced homelessness at some time in their lives.

Physical Health

- A third reported no health complaints
- The majority of their ailments involved respiratory disorders-asthma, bronchitis and emphysema

Mental Health

- 58% of the sample suffered from depression and those experiencing past/present paranoia and psychosis attributed this to their crack use.

Children

- Just under half the sample had children not in their care; those most likely to have custody of their children were ex-users and those with adolescent children.

Family History of Substance Misuse/Alcoholism

- 28% had a family member with a drink or drug dependence and half of these had more than one addicted family member. Where there was a problem, alcohol was the most likely substance being misused.

Drug Use

- £10 is the smallest rock you can buy and the price quoted by 80% of the respondents, but some users pay £20 and it would appear to be contingent upon size and where in the borough and from whom you are purchasing it.

If you couldn't get hold of any crack what would you use instead?

- 46% laughed and said that would never happen, the money would run out before the availability dried up.
- The remaining 54% stated they would alleviate their cravings with another drug, either illicit (heroin, amphetamine, powder cocaine or cannabis) or legal (alcohol, prescription drugs or aerosols).
- Two other themes emerged namely: the compulsive binge nature of crack use; and the fact that many users felt they were not addicted to it and could put their cravings to the back of their mind and forget about it.

Supporting someone else's habit

- A third were supporting another's drug habit; they tended to share the cost with a partner, family member or friends.

What drugs have you taken in the past month?

- 6/50 interviewed were no longer using crack
- 15/50 (30%) of the sample were primary crack users (as had been 5 of the 6 ex-users), whose preferred route of administration was smoking; 9 (75%) used every day, they had been using crack on average for 6yrs.
- 29/50 (58%) were poly-drug users, using both heroin and crack.
- They had been using crack for longer than the primary crack users (11yrs), injecting was common practice and 6 were 'speedballing'.
- 4 drank heavily and 14 used skunk/cannabis, 6 had given up heroin and 7 spoke of crossing over addictions throughout their drug-taking years.

Qualitative Analysis

How did you start taking crack?

- One third cited the influence of friends, followed by family or partner, other themes emerging (in order were):
    - Arrival of a frequent dealer or user in their life
    - Curiosity
    - New way to take powder cocaine,
    - Depression/Personal problems
    - Acquired a habit outside of the country
    - Upon a dealers suggestion
    - Already involved in a drug scene
    - Smoking weed
    - Peer pressure.

How do you fund your crack habit?

- 60% cited their benefits but 36% admitted to shoplifting and explained to the Researcher about this, and Burglary, Deception and Clipping.
- 6 respondents reported leaving a profession or losing their businesses due to their crack use, others described how they'd juggled jobs and a habit.

Have you been arrested and charged in the past year

- 40% had, mainly for shoplifting.

Discrimination

- 40% felt they had been discriminated against on the grounds of:
    - Their drug use (being labelled a junkie)
    - Race
    - Housing status

Supply

How do you normally buy crack in Lewisham?

- The preferred method of scoring crack is to pick up from a pre-arranged place on the street, having phoned the dealer on their mobile telephone, placed an order and agreed a meeting point.
- The least popular method was purchasing from a stranger on the street.
- A popular option, that was not listed, was 'Home Delivery', cited by 26% of respondents.
- The respondents were fixed in these methods and rarely strayed from one or two of them.

How many crack dealers do you know in Lewisham?

- Users knew an average of 10 dealers and had bought from 4 in the past month.

How do you contact your crack dealer?

- 92% phone their dealer's mobile telephone to order drugs

Do you buy crack in the same area that you live?

- Over half of the sample rarely had to leave their area (let alone borough), yet they would travel many miles:
    - In the event of a drought
    - For a good deal
    - For a particular dealer
    - For recommended quality.

What drugs does your dealer sell?

- 78% reported their dealer sold both crack and heroin

Do you receive credit from your crack dealer?

- The street term for credit is 'bail'
- Nearly two thirds could get it, because they were good customers and could be trusted.
- Some had to leave something of value such as jewellery or a DSS book; sexual favours could also secure credit.

Crack-buying patterns

- Interviewees were asked to describe the nature and frequency of their crack scoring. The most popular single option was to buy daily for themselves, whilst the most popular combination was "I buy 2-3 times a week for myself" and "Sometimes someone else buys drugs for me".

Speculation as to the likely relationship between dealers in Lewisham

- It was felt the phrase "A lot of small dealers and a few big ones" best described the borough's crack market.
- In fact, the evidence accumulated for this report suggests that there are high numbers of minor street dealers, not working for themselves, getting their supplies from 1-2 bigger dealers further up the chain.

Availability and Supply of crack and any other drug

- The majority could purchase crack in 15 minutes, and several could get it in less than 10 minutes.
- Their theories suggesting what caused market changes fell into the following themes:
    - Prices have gone down
    - There are more crack users and dealers nowadays
    - Dealers push more aggressively nowadays.
    - Some felt the crack market was on the decline.

How is crack sold in your area?

- The crack market is semi-closed. It does not have a 'front-line', the users must be introduced to a dealer by a known user, they would then be given the dealers mobile telephone number.
- Runners are a dying feature of Lewisham's crack market, more commonplace 3-4 yrs ago.
- Those that do operate are likely to be adolescents on bikes
- They could also be a friend/partner of the dealer
- There were contradictory reports as to whether they would be users themselves.
- Runners feature throughout the borough and there is no evidence to suggest they are more prolific in any one area.
- Runners are brought in after a raid or arrest when a dealer wants to stay away from the streets.
- Crackhouses are a rarity in Lewisham, most of them have been closed down by the police and they are unpopular with users.

Does police activity affect the way you buy crack?

- 42% answered yes:
    - It affected their behaviour and their dealer's behaviour
    - It hindered but did not stop them
    - They were often under the scrutiny of the police.
- 52% said no:
    - It made little impact on the market
    - They felt they had minimised their chances of arrest sufficiently.
- 6% didn't answer

Treatment

- 96% of the respondents had sought help for their drug use at some time
- 52% for heroin, 20% for crack, 16% for crack and heroin, 8% had accessed some other form of treatment and 4% had never been anywhere for help with their drug use.
- Many respondents did not perceive treatment for crack to be effective because they did not see it as physically addictive.
- 2 who reported they had only had previous treatment for heroin addiction, made the point that this time around they were seeking help for both heroin and crack cocaine.

What aspects of a community-based drug service do you consider important?

- Fast access to treatment
- Ex-crack using staff
- One-to-one support
- Housing advice

What service would you like that you do not have now?

- Most wanted a Drop in/ Crisis centre; such a venue would need drug workers for counselling; complementary therapy and users groups.
  The remainder wanted (in order of priority):
    - Better access to housing
    - I have access to all I need
    - Detox & Rehab
    - More Counselling/Counsellors
    - Some guidance in imagining a drug free life
    - Staff support
    - Leisure activities
    - Benzodiazepine script
    - Quicker help
    - More Crack awareness programmes
    - Need to get out of my environment
    - Complementary therapy

What would encourage you to attend a service?

- Wanting a methadone script and their health deteriorating were the most common responses. The rest were:
- Friendly, empathetic, non-judgemental staff
- Nothing
- Described elements which all together would constitute a local Drop-In
- The desire to change their lifestyle
- Knowing what services are out there to help
- Knowing the agencies will respond to their needs quickly.

What would discourage you from attending a service?

- The biggest discouraging factor was unfriendly judgmental staff.
  Followed by:
    - A slow service
    - Trust broken to outside services
    - Meeting lots of other addicts
    - Cultural issues
    - Being under the influence of drugs
    - Embarrassed they'd relapsed
    - Pettiness of the system.

What obstacles might prevent you from attending a service?

- 38% did not answer this question; those that did prioritised a long wait for a methadone script as their biggest hurdle. Others were:
    - If withdrawing or heavily under the influence of drugs
    - Their children
    - Lack of travel fare
    - The rigmarole of the system
    - Myself; I'm the only obstacle

- Schedules and times
- Nothing, if I wanted to go I’d go.

Methodology

The Questionnaire

A questionnaire was designed, to form a semi-structured interview carried out by the Researcher comprising closed- and open-ended questions. It was based upon some of the material in 'Drug Market Mapping for London DAT's Seminar Toolkit' produced by Tiggy May and Russell Webster in 2003 (See Appendices 1).

It explored the following:

- Background
- Health
- Drug use
- The nature of Lewisham's drug market
- Their crack buying patterns
- Drug dealers
- Drug availability in Lewisham
- Which services they were in contact with
- What they wanted from a service
- What prevented and discouraged them attending services
- Their opinion of crack treatment
- How they funded their habits

The research proposal and the draft questionnaire were shown to the managers and staff of several of the local drug agencies, their feedback helped formulate the final questionnaire. Due to the potential paranoia of the respondents and the illegal nature of aspects of their lifestyles, it was decided that tape-recording the interviews was unfeasible.

Target Number of Participants

It was agreed that 50 crack users would suffice as a representative sample.

Settings

Contact with the drug users was established through several local venues, including community drug agencies, direct access hostels, a mental health hostel, a housing association property and ICIS, a voluntary sector organisation working with black African Caribbean's experiencing mental health problems.

- 1 interview was carried out by phone with a client of CDP Quantum Project- Forest Hill
- 2 interviews were carried out in Lewisham Hospital as clients of the Dual team, Catford
- 3 interviews were not done by the Researcher but by a member of staff with whom the interviewee had an existing rapport and bond of trust, it was felt this would elicit answers that were more honest.

Poster

A poster was put up in each of these venues stating the purpose of the research, inclusion criteria, emphasising the anonymity of the study and explaining it would take approx 45 minutes in exchange for a £10 Tesco's voucher.

Participant Recruitment

The workers from these services assisted in identifying possible interviewees.

Inclusion Criteria

Drug users were eligible to take part in the study if they met the following criteria:

- They were currently buying and using, or had in the past 12 months, bought and used crack cocaine in the borough of Lewisham
- They used crack cocaine at least twice a week

Procedure
The study was conducted between December 2003 and April 2004. The drug users were initially approached by a member of staff to ascertain their willingness to participate and by the Researcher to verify they were eligible to take part.

In total 51 drug users were interviewed, in private side rooms of the venues. (1 transcript proved to be unsuitable and was destroyed and not included in the final study).

Informed Consent
The majority of the respondents were keen to complete the interview before they even knew the brief for the research. In light of this response, great care was taken to give detailed information on the purpose of the study, and written consent was obtained.

Participants
Interview situations were occasionally hurried and chaotic. Frequently the interviewees were under the influence of drugs and/or alcohol and became fidgety towards the final questions and spoke of an appointment they had to get to!
Some respondents were highly suspicious of sections of the questions (especially those pertaining to the drug dealers in the borough) but some spoke openly and freely and appeared to enjoy relaying their opinions and experiences. All but one managed to complete the interview.

Analysis
All interviews were transcribed verbatim. When all 50 were complete, the open-ended qualitative responses were analysed by identifying and recording the themes, which emerged from the interviews.

Demographics

Respondents Profile

Table 10- Gender of respondents

Gender	No. of Respondents
Male	28
Female	22
Total	50

Table 11- Age range of respondents

Age Range	No. of Respondents
19-25	6
26-35	13
36-45	25
46+	6
Total	50

The average age of the fifty crack users was 35.8 (range of 20yrs to 52yrs).
56% of the sample was male and 44% female (see Table 10 and 11 above).
Two thirds of the sample were white, one third were from BME groups, (see Table 11 below)

Borough Ward Map 2002

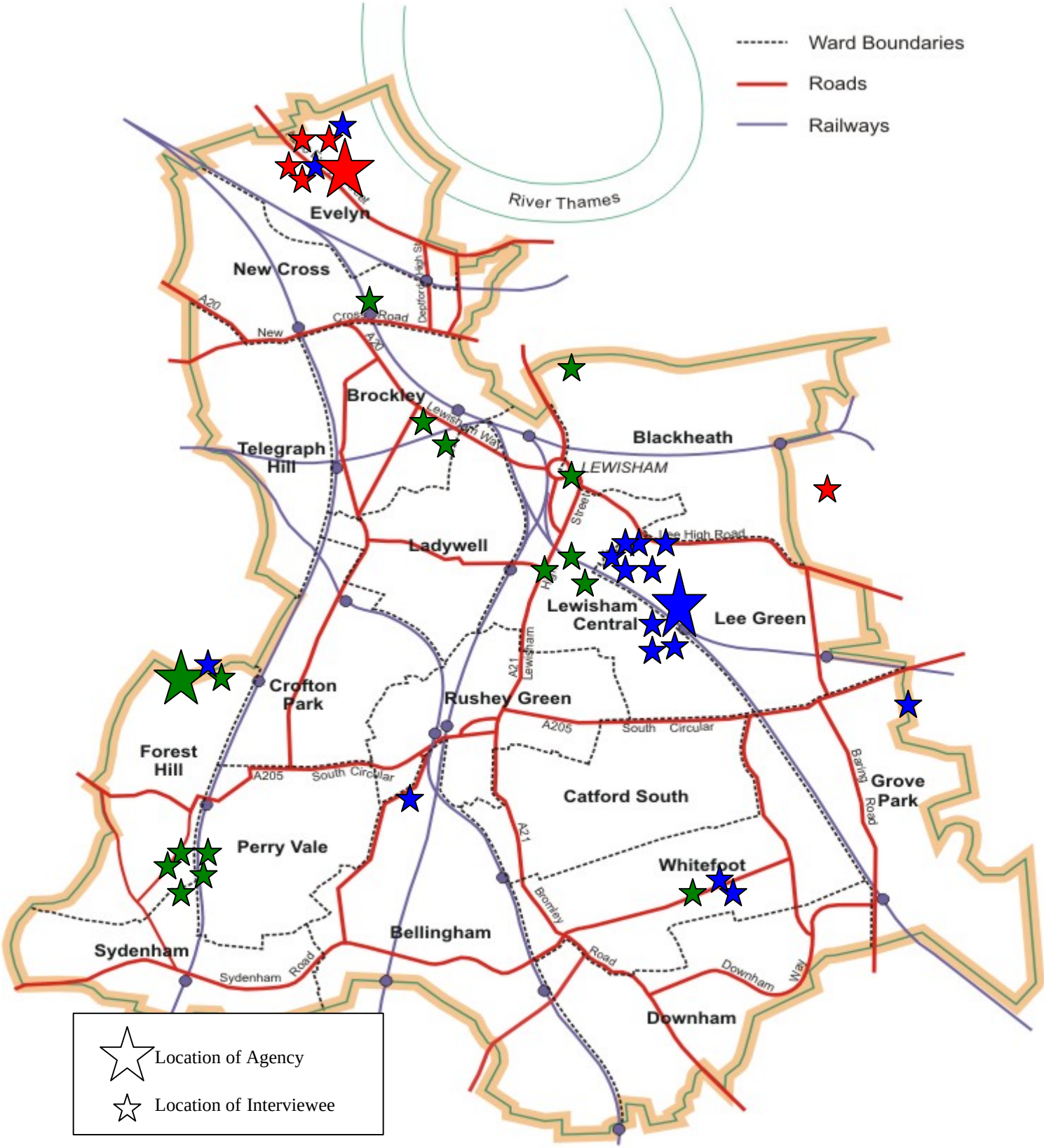


Figure 5- Distance travelled by drug users to treatment agency
Figure 5 (above) shows that whilst Orexis and the Dual Team Catford tend to be visited by locals, drug users are more inclined to travel to attend the Quantum Project Forest Hill.

Table 12- Where the interviews took place?

Location	No of Interviews Conducted
	16
CDP Quantum Project Forest Hill	
The Dual Team (Catford)	13
Orexis	6
St.Mungo's Pagnell St. Hostel (New Cross)	6
Avalon Ennersdale House Hostel	5
Thames Reach Bondway Housing Association Property	1
Honor Lea Hostel	1
ICIS	2
Total	50

70% (35) of the interviews were carried out in community drug agencies (see Table 12), which means 70% of the respondents are addressing their drug issues in some ways already and may not reveal the chaos or high dependence a more "out-of-treatment" population would have. The Arrest Referral worker reported several arrestees to be interested in participating in the research but due the severity of their crime, or their unlikelihood of appearing in court they were not granted bail and therefore could not meet with the Researcher. Other leads into non-treatment populations proved non-productive because of the chaotic nature and lifestyle of the target group.

Table 13- Housing situation of the respondents

Current Housing Situation	No. of Respondents
Hostel	14
Council accommodation	13
Staying with a friend	6
Staying with friends/relatives	4
Housing association shared property	3
Private rented	4
With partner	1
Bed & Breakfast	1
With partner's relatives	1
Own home	1
Squat	1
No Fixed Address (NFA)	1
Total	50

To use Skillington's 1995 definition homelessness is essentially defined as " a lack of secure accommodation"

Table 13 shows that 42% of the respondents were in secure accommodation, those others (denoted by shading) are classed as 'hidden homeless', staying on friends floors, moving back with parents following relationship break up's etc.

Apart from the 14 living in direct access hostels for rough sleepers, an additional 6 of the sample had experienced sleeping rough in the past 5 years.

A five- year housing history of the interviewees revealed:

- One had a council property but was staying on a friend's floor, as she had no gas or electricity.
- The one NFA interviewee had lost his accommodation 2 weeks before and was staying in a car (he was one of the drug free respondents, having not used for 3.5months)
- One man, now staying in a hostel had abandoned his flat after it was taken over by crack dealers and users, he said:
- ***"They came in and wouldn't leave, I couldn't call the police"***
- Two respondents had run away from home at 13, one left home to live with new age travellers, couldn't read or write and had been using crack and heroin for 10 years since he was 15. The other was known to Lewisham Youth services, had been using crack since he was 13 and ***"had been kicked out of every B&B he had ever stayed in"***
- The only respondent with her own home, lived with her partner and one other; they all used crack and shared the cost of their habits.

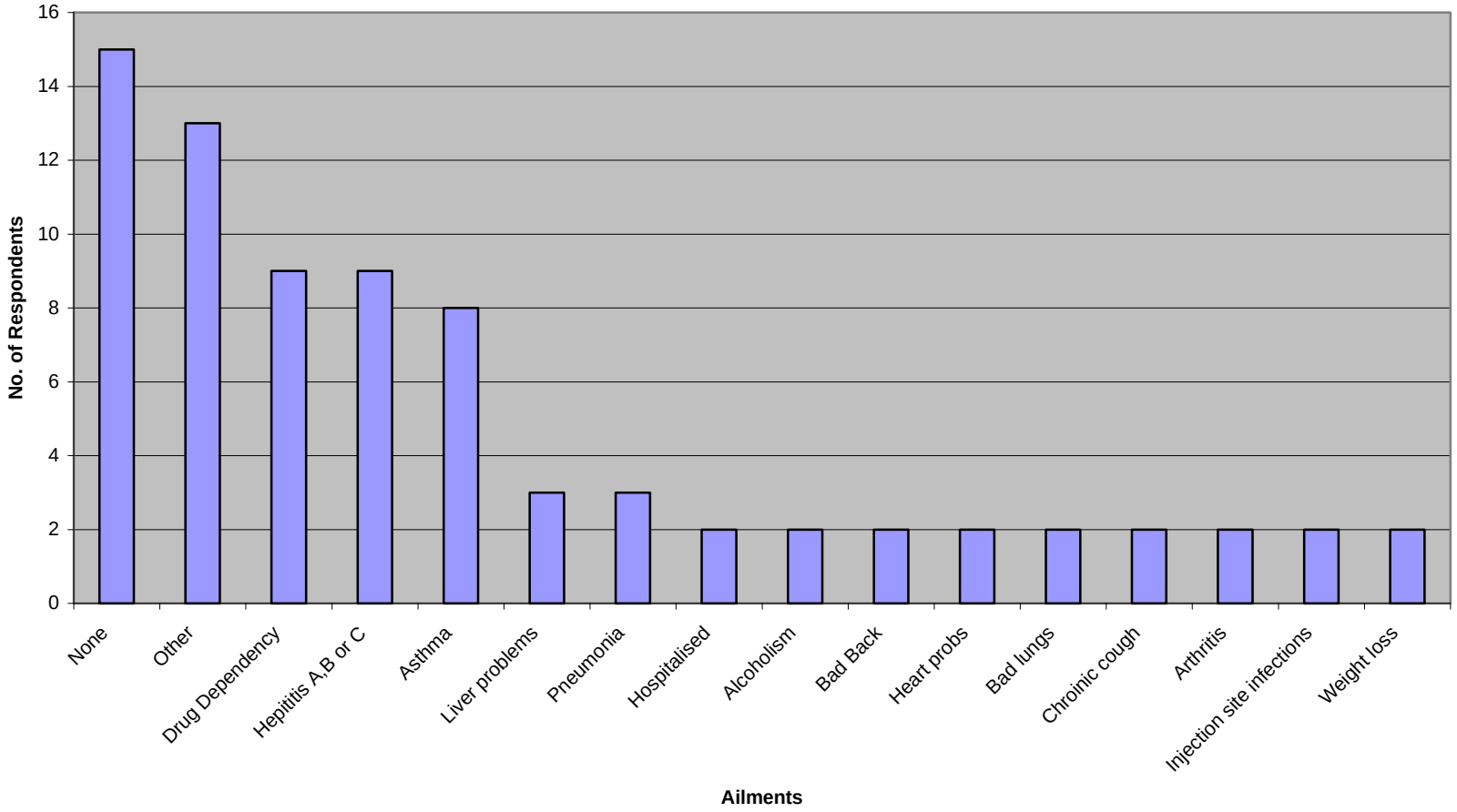
Employment Status

- 42 unemployed claiming a form of sickness benefit
- 1 in full-time employment (ex-user)
- 1 full-time, 1 part-time student
- 4 in the process of sorting out their benefits
- 1 on sick leave from work
- 1 on maternity leave from work

Health

Physical Health

Figure 6- Physical health ailments



Other

- Urine infection
- Spasms
- Osteoarthritis
- Lupus
- Dizzy spells
- Gallstones
- TB
- Disabled (limited use left hand and leg)
- Cancer
- HIV +

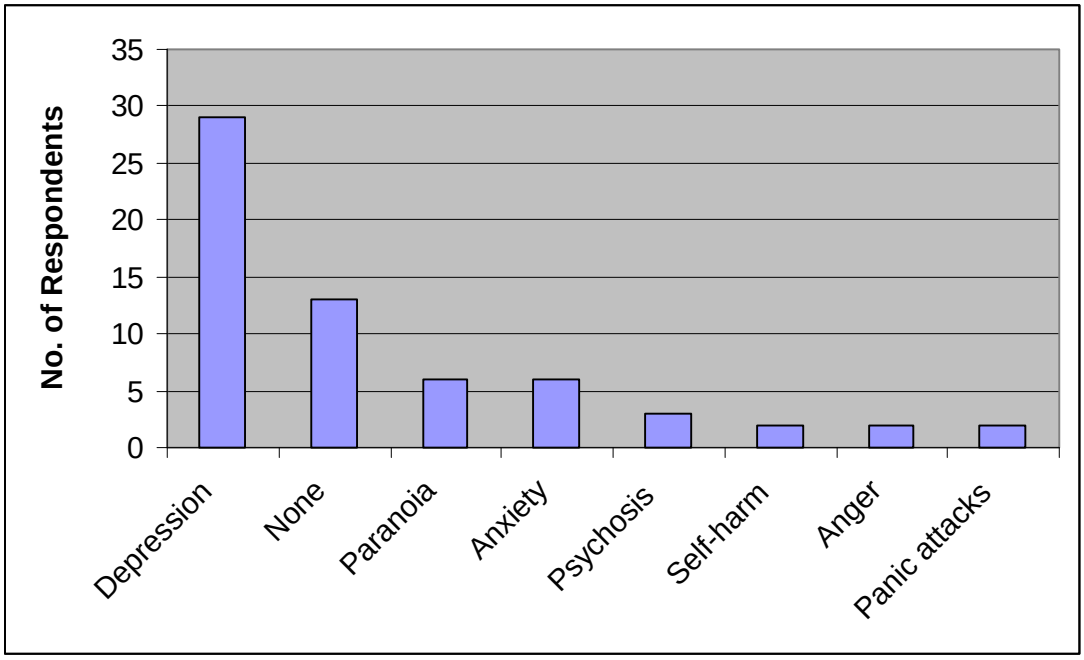
Appearance- the tendency of chronic crack users to binge on crack for days at a time, neglecting food, sleep and basic hygiene severely compromises physical health. So heavy crack users appear emaciated most of the time and lose interest in their physical appearance. Many have scabs on their faces, arms and legs, the results of burns and 'skin-picking'.

This was not the case of the crack users in Lewisham; for the most part, they were clean, well dressed and looked relatively healthy.

- One third reported no health problems (see Figure 6 above).
- As can be expected with crack users lung and breathing difficulties did feature heavily (making up 48%) in their health complaints (Asthma, Bronchitis and Emphysema) as did their general drug dependence (drug dependency and injection site infections).

Mental Health

Figure 7- Mental health problems



Other

- Post Traumatic Stress Disorder (PTSD)
- Suicide attempts
- Nervous Breakdowns

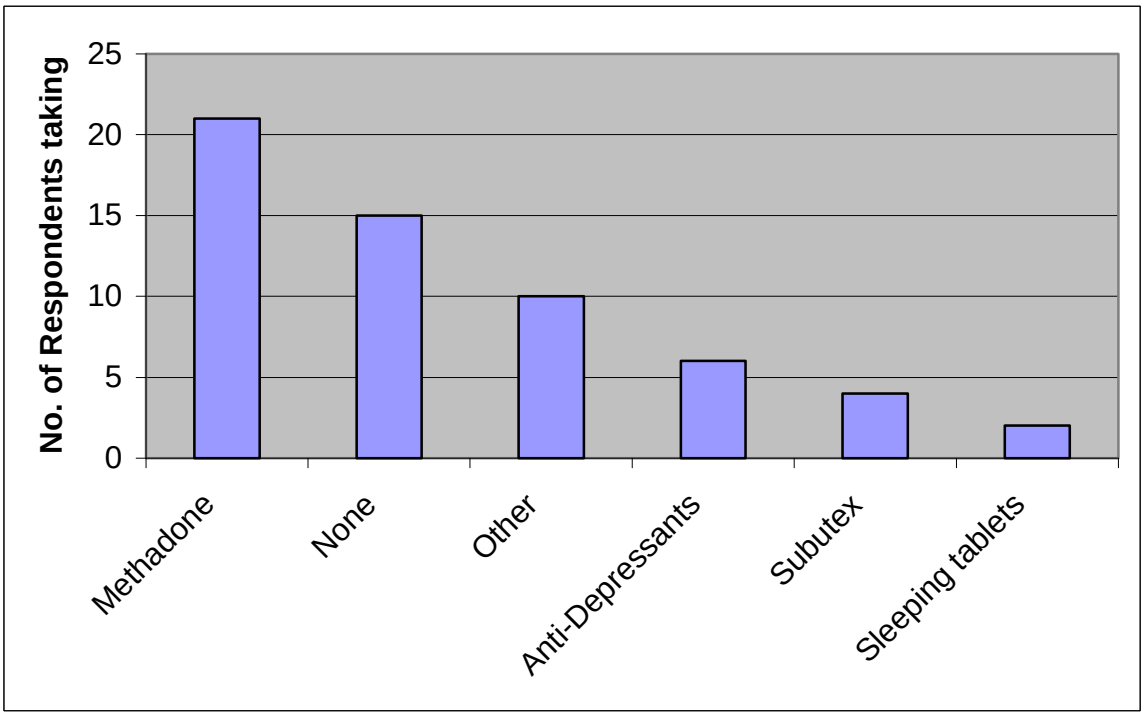
- Personality Disorder
- Low Self Esteem

- Just under a third of the interviewees reported no mental health problems but 58% suffered from some form of depression (Severe, Suicidal, Clinical and Manic see Figure 7 above).
- 3 had been hospitalised via mental health sections (all women) and 1 had served a prison sentence in a Secure Psychiatric Hospital.
- Those suffering from current or past paranoia or psychosis attributed it to their crack use.

- 56% of the users interviewed reported having both a physical & mental health ailments

Prescribed Drugs

Figure 8- Prescribed drugs taken by the respondents



Other

- Temazepam
- Valium
- Lithium
- Alazapine
- Amitryptaline
- Anti-biotics
- Thyroxine
- 2 in process of obtaining heroin substitute prescriptions

- The most significant prescribed drug taken by the respondents (see Figure 8 above) was methadone (for their heroin use), 4 more were on the opiate blocker Subutex.
- 30% were taking no prescription drugs.

Children

The respondents were asked if they had any children and if they were in their care.

- 18 (36%) did not have any children
- 25 (50%) had children but they were not in their care
- 4/7 respondents with children in their care had adolescent children (15yrs +) and 1 was an ex-user
- 2 reported their child had died
- 1 was involved in a custody dispute with the mother of his child
- One woman had all 7 of her children taken into care, most recently twins, when she had relapsed whilst in the Ladywell Unit (Psychiatric unit at Lewisham Hospital) suffering from postnatal depression.
- One woman reported that her children had just been taken off the "At Risk" register since her violent partner had left.
- One commented ***"I don't know one woman smoker who's still got her kids"***

Family History of Substance Misuse/Alcoholism

Yes- 14 (28%) No-26 (52%) Didn't comment- 7 (14%) Didn't know- 3 (6%)

Just over a quarter of the interviewees have a family member with drink or drug dependence and 50% of these had more than one addicted family member. Where there was a problem, alcohol was the most likely substance being misused.

"My dad was an alcoholic and my twins are both using crack, they're 27yrs old and one of them has been inside 36 times"

"My dad used heroin and my husband deals"

"Aunt was an alcoholic and Uncle's on crack"

Respondents' Drug Use

How Much Does A Rock of Crack Cost in Lewisham?

£10 is the smallest rock you can buy and the price quoted by 80% of the respondents, but some users pay £20 and it would appear to be contingent upon size and where in the borough and from whom you are purchasing it.

"You can get £50 ones"

Crumbs can be broken off and sold for less and go under the street name of a "steam".

What's The Most You've Ever Spent on Crack in One Period of Time/Binge?

The purpose of this question is to demonstrate the binge-abstinence cycle of crack dependence and the vast financial ramifications of that habit. This sum is relative as the binge can last hours, days or months depending on the cash source and how many people are sharing it.

Table 14- Expenditure on crack cocaine during a binge

Cost Range £'s	No. of respondents
50-200	17
201-400	6
401-600	4
601-800	5
801-1000	2
1000+	9

"Sold my flat, made £10,000 profit, spent £7,000 on brown & white"

"£8,000 in 4-5 days"

"£90,000 from an illegal windfall"

"£14,000 compensation from a car accident, gone in 6 weeks"

"£1,400 in 10 days, with friends"

"£16,000 of my brother's money in 2 months"

If You Couldn't Get Hold of Any Crack What Would You Use Instead?

The responses to this question make for worrying reading for those trying to combat the borough's drug problem on the supply side, as they give a clear indication of the scale of Lewisham's crack market and the ready availability of the drug.

23/50 (46%) laughed at this suggestion and said it would **never** happen. Here's what some of them said:

"Always able to get hold of it, that's the scary thing, why it's so hard to stop"

"Would always be able to get hold of it its rife"

"Never happen, there's more crack dealers than heroin now"

"You can always get hold of it, can get crack easier than heroin, a lot of them deal both"

For those who said something else their responses fall into clear themes.

Some would try to alleviate the cravings with another drug:

- 15 would use heroin
- ***"Heroin sometimes, it's a cheaper alternative"***
- ***"If you can't calm down, use brown"***
- 4 would smoke cannabis
- 1 said he would get drunk
- 2 said they would get drunk and stoned
- 1 said she would drink or use aerosols
- 3 would substitute with Amphetamine (Speed)
- "***Has a similar effect £5/g and the effect last for 3-4 days"***
- 3 would use powder cocaine (one of them would wash it up into rocks)
- The Somali respondent would use Khat and made the point she would never use alcohol

4 prescription substitutes suggested were:

- Co-Promazine
- Methadone
- Diazepam
- Subutex

Two other themes emerged from the respondents' comments:
The compulsive binge nature of crack use once you start taking it in a session.

Can Control it…until I start…

"If I can keep off it its ok, once you start its bad"

"You can have some sort of control over it, but when you touch it, you'll spend the money"

"Lovely to take it but I can take it or leave it, but if its around I'm scrabbling on the carpet, in the bottles (crackpipes) looking for every last bit"

Its non-addictive nature, which means some users can put their craving to the back of their mind and forget about it.

Mind over Matter

"Wouldn't bother don't have to do it"

"I wouldn't bother, get a bit moody, there is no substitute"

"Wouldn't bother would forget about it"

Other comments were:

"You'll run out of money before you run out of drugs"

"Make an effort, travel, make some phone calls"

"If nothing else to sell or someone to bail me, go to bed in a bad mood"

Supporting Someone Else's Drug Habit

More than two thirds of the sample do not support someone else's habit, those that do tend to mutually support one another and may share the responsibility of buying drugs amongst a group of friends, with family members or with a partner.

One couple had arranged for their benefits to come out on alternative weeks so one could buy the drugs one week and the other the next.

"Me and my mates support each other"

"With my partner and one other in the house, we all support each other"

Table 15- Respondents drug use in the past 30 days

Drug	No. Using	Mean No. Days Use/ Month	Mean Time Using (Yrs)	Mean Weekly Habit (£)	Smoke	Inject	Smoke & inject	Speed ball
Crack only	15	21.2	6.42	259.29	13	1	1	-
CRACK & HEROIN								
Crack	29	20.5	12.42	92.23	16	9	3	6
Heroin	29	19.9	11.46	224.73	14	3	9	6
Not Using	6	-	-	-	-	-	-	-
TOTAL	50	-	-	-	-	-	-	-

*One respondent within the crack & heroin group administered drugs via 'skin-popping" a form of non-intravenous injecting.

Drugs Used (Refer to Table 15 throughout)

This question examined the drugs the respondents had used in the past 30 days; this was broken down into the following information:

Can you tell me which drugs you have used in the past month?

This gives some indication of the frequency of the habit.

The respondents tended to give answers in terms of their use and expenditure per week, which was multiplied by 4 to give a monthly figure. A daily user was awarded a figure of 30 whilst someone using 2-3 times a week (8-12) was awarded 10 (average: 10).

This is not an exact science but it gives an overall picture. The Researcher has observed that when chaotic users are asked this question, their conception of days, weeks and months can be somewhat vague.

Cost of a habit

Similarly, estimating a cost of a habit is really only to give some indication of the scale and does not allow for credit, sharing drugs, dealing drugs and having drugs given/ bought for you.
For example one couple shared their money and bought £100 worth of crack and £20 worth of heroin and used it all in one day and then did not use for the rest of the week.

Research on clients at City Roads reports that 'the average (median) weekly spend on all drugs was £800, although 22 respondents reported spending £1500 or more' (Harocopos et al, 2003)
It is likely that many of these reports are inaccurate-either exaggerated or not providing enough information about the number of users sharing the purchases. Gray (2004) reports that a standard 0.2gram rock costing £15 to £20 will rarely be smoked all at once. He describes how users chip pieces off so that a 0.2gram rock will provide two or four smokes, with each smoke, buzz and come down cycle taking around 10 minutes. From this, he calculates that it would take 40 minutes to smoke a standard rock, and that it would take 54 hours (without any breaks to talk, use other drugs, get money or make purchases) to smoke £1,000 worth of crack at bulk discount price of £12.50 per rock.
(Nash et al., 2004)

CRACK ONLY GROUP (see Table 15)
20 stated crack was their primary drug of choice and did not use heroin, 5 of those were now drug free.

Route
Only 1 injected, 1 smoked and injected and the remaining 13 smoked crack on a pipe or in a spliff.

Habit
The average habit was 21.2 days out of 30 which works out at using 4 days a week although (9/15) 75% of them are using every day compared with only (8/29) 27% of the crack and heroin group.

Duration of Habit
They had been using on average for 6.42 yrs, 6 of the 15 crack users had previously developed a heroin habit.

CRACK & HEROIN GROUP (see Table 15)
30/50 were using both crack + heroin. 1 was now drug free

The crack only group appears to have been using crack for a shorter period than those using both crack+ heroin.

There is no significant difference between the drugs they used first:

12 started using both at the same time
8 had been using crack the longest
9 had been using heroin the longest

Route
The method of taking drugs differed slightly between the crack and heroin users and the primary crack users.

Injecting was more common amongst the former, some of whom practiced "Speedballing": A long established practice that dates back to the 1930's. Traditionally speedballing involves the simultaneous injection or piggybacking of heroin and cocaine. (McCaffrey 1998)

Ex- Users
- 6/50 respondents were ex-users. 5 primary crack users and 1 ex-crack and heroin user.
- 2 were included for the cultural awareness they brought to the study; neither had used for 3 years but were from Somali and Chinese backgrounds.
- 2 were clean for 3 weeks and 3.5 months respectively but had used heavily in their using time and had good local knowledge of the scene.
- Workers at a voluntary sector agency in Lewisham for African/African- Caribbeans experiencing mental health problems interviewed 2 members who had used crack in the past.

Other Substances
- 4 reported drinking on a daily basis approximately 3-5 cans of super strength lager. One commented, ***"It helps bring me down"***
- 14 reported using cannabis or skunk, with habits ranging from £10 week to 5 who were smoking heavily:

  "I can smoke an ounce of solids in 2-3 days, I smoke from 9am when I wake up 'til 2am when I go to bed"

"As much weed as I can get my hands on"

- 1 was using Ecstasy once a week.

Crossing Addictions and Giving Up

- 6 reported giving up heroin

- 7 described the drugs they have substituted and used in the past:

"Used to be an alcoholic, have used speed and coke heavily in the past"

"Started to use heroin to come down off the crack"

"I went from alcohol to heroin to crack"

"Used to drink heavily, helped me come down off the crack; to chill out, that was when heroin was more expensive"

"When I was homeless I was drinking and using crack every day

"I was drinking 6-8 cans of super strength lager/day for 9months before I used crack, I swapped one addiction for another"

How Did You Start Taking Crack?

The respondents were asked to describe their first experimentation with crack. Whilst it is acknowledged each experience is different and each person has his/her proclivity towards addiction influenced by their personal circumstances and the way they like to feel, some themes and similarities did appear between their experiences.

10 themes were identified and are a displayed below in descending order with some supporting quotations:

1. Influence of friends, family, partner
2. Arrival of a frequent user or dealer in their life
3. New way to take powder cocaine &/also Depression and personal problems &/also Curiosity
4. Peer pressure &/also At a dealers suggestion &/also Acquired a habit outside of the UK &/also Involved in a 'drug scene' &/also Smoking weed

Family/Friends Influence

This is by far the biggest influencing factor, featuring in almost one third of the responses. In this instance, friends appear to be a stronger influence than partners or family members:

"I was with my mates. I was in Catford, heroin and crack had just hit the scene, everyone was doing it, left school, got a job, everyone was doing it"

"Was with friends, no peer pressure, took 2 months to form a habit"

"Had a group of friends who were using, living in a hostel, started both at the same time. We'd go and score for each other"

"Someone gave it to me (a friend). We were jamming together at a friend's house in Lewisham. Afterwards it felt horrible, mad feeling in my head"

Family

"In N. London. Brother was using. I was chaotic in my heroin use, he told me how nice it was, straight away had a real problem with it. Was dealing brown at the time making £800/day would spend it on crack. Me and my brother worked out once we'd spent nearly a £1m on drugs in 18months. £1,200 a day between us"

"In Downham (its rife for heroin and crack) my brother turned up with some, I was using heroin at the time so didn't really see the difference. I loved it, it was pukka, went quickly to injecting in the groin and doing speedballs"

Partner

"I started taking heroin out of sheer frustration. My partner has a habit; she promised she'd always be straight with me. She was lying to me, I have mental health issues, so one day I locked myself in the bathroom and took her entire bag of gear. The crack started a little while after"

"I was living in Westbourne Park. A girlfriend introduced me to it, we started to do it once a week when we got our benefits"

Arrival of a Frequent User or Dealer in Their Life

This was the second most cited reason for trying crack, reported by 12% (6/50) of the respondents. It appears the decisive factor is being around a frequent supply of the drug via a new friend or neighbour. Often those who initiated their crack habit in this way had tried the drug before:

"Late 80's in Lambeth, had a partner who was using it really badly but it never bothered me, used it now and again, I was using heroin and liked to be on a downer. Then we were living in Catford and had some people staying with us who were really into it"

"Left home at 15, went to stay with a cousin, one of her friends did it. When I got my flat someone nearby used, used to come round all the time, that's when it became a habit"

"Living in Highbury got involved with a brown dealer, he gave me some white, got the most amazing buzz from the pipe. In the last 2yrs I've switched, noticed it with other users. They've switched because its not physically addictive doesn't make you ill so it's the lesser of 2 evils. But its compulsive once you start or you're thinking about it and you can't stop"

"Lots of factors-a bad childhood, poor family, hanging out with the wrong crowd-by that I don't mean other gang members, been with them since I was 8yrs old-but those I met through the gang. Smoked weed from 12-13yrs old then at 17 a friend introduced me to a dealer- I wasn't thinking straight. Tried crack first, heroin soon after, after a week I was using it regularly. At first the whole gang were using in one house, about 20 of us, fidgeting and getting paranoid, it was too much"

Curiosity

8% started acquired a crack habit through sheer curiosity as to what it would be like. This explanation has a slight feel of youthful experimentation about it and 2 in this category were 13yrs old when they first tried crack:

"A friend and I were on ecstasy, she offered it to me, I was curious to see what it was like, it made me sick but I went back for more. Whenever I had money I wanted to try more"

"13yrs old living in Brooklyn, New York, just experimenting with friends"

"With friends, just like you start smoking fags. Living at home, I was 13yrs old"

"I had a girlfriend who was on both, I was intrigued, and she allowed me to use crack because it's not addictive. Then I started scoring for people and giving them their hit (injecting for them) it makes you liable"

And…

New Way to Take Powder Cocaine

4 respondents stated this was the reason they tried crack. All 4 differ slightly, one was persuaded there was no difference between the powder she was snorting and a rock of crack, one was using so much powder he built up a tolerance to its effects and one was experimenting- making one drug out of another.

"'87-88 it was just another way to take cocaine, a friend found out how to clean it up, we cleaned it up to see what all the fuss was about. Was in Deptford and yes it was very nice"

"Was in Islington using powder cocaine daily, someone offered me a rock. It was very intense, gradually built up from 2-3 times a week"

"In Southwark with girlfriend's family. Was using powder cocaine for 8 yrs-then stopped getting the effect of that so started washing it up"

"In Downham with my ex-boyfriend, I didn't realise he was into it. I'd been to the pub and I was sniffing Charlie, couldn't get any more powder so we got some solid. He said it was the same as I was putting up my nose"

And…

Depression/Personal Problems

4 of the respondents were grieving in some way when they developed their crack addictions:

"Homeless in Bellingham, Forest Hill, Cardiff wanted death, this was a different escape route. I was living on the street. In my teens, there was a death in the family, I was going out taking anything I could get my hands on"

"My wife was pregnant with triplets, went in for a routine procedure at 4months and lost 2 of them, had a premonition it would happen. I was just puffing at the time, when the kids died my marriage broke up and I hit the drugs big time-I've nearly died 5 times"

"Didn't even like the smell of it, was in the rave scene, doing E's and Charlie, tried a crack spliff, then 7 yrs ago having trouble with my girlfriend and family and started to take it more regularly"

"In Croydon dealing with break up of relationship had a friend who was doing it, she offered it to me.

Acquired a Habit Outside of the Country

2 of the sample started taking crack outside of the country where it is cheaper and stronger, and returned to Britain with a habit:

" I was in a refugee camp in Kenya, 1996, readily available over there, £3 worth here, get you very high there. I had flashbacks to the killing of my husband. Didn't like it, too shameful for a Muslim woman to be using it. Lots of men and women in the camp using. Came to England Nov 2000, came to Orexis Jan 2001. When I came here, the people I was staying with weren't

using it so I had to forget about it. Then went to stay with some women that were using but I was only on income support and I couldn't really afford it. I spent 4.5months cutting down"

"With the crack-someone offered me a pipe, it was nice, didn't get into it 'til I went to Holland, it's cheap and really strong out there. Cleaned up for a couple of months, then I was staying in a hostel in South London and someone was serving up a couple of doors down, got back into it"

And…

Dealer's Suggestion

2 tried crack at the suggestion of their dealer, one substituted for their normal drug-of-choice and one for a new buzz:

"One day my dealer didn't have any speed so tried it (crack) carried on taking it even though it made me sick. I was on the game until fairly recently"

" I was with my partner in Lewisham, he suggested we mix the white with the brown after his dealer suggested it"

Already Involved in a Drug Scene

2 respondents were dabbling in other drugs and part of a drug clique, one new drug didn't really seem to make that much of a difference:

"In Camden in the "Aciiid" scene, was about 19 or 20, using a lot of powder, started to cook it up. Wasn't as it is now, was hanging out with dealers who had hundreds and hundreds of pounds and they were middle class with jobs. I was much younger and prettier than and a little dolly babe for them to play with in return for drugs. Was already taking heroin"

"Living in Amsterdam, involved in the drug scene, people were washing it up, I was dabbling with heroin on and off, didn't see much of it over here just if people had it. In the last 10yrs it's really become a problem"

And…

Smoking Weed

2 were smoking weed, although one was tricked into smoking crack and believed she was, in fact, smoking skunk:

"Wasn't working, was staying in a crackhouse. Asked my mate to get me some puff, he had some brown, had a dabble, and then we tried crack. Was in Lewisham with friends/acquaintances"

"I was staying with a friend, his older brother gave me what he said was weed (I just thought it was one I hadn't tried). He kept trying to sleep with me. My brother was beating me up, I ran away to Peckham, when I tried it with my friends I realised it was crack I had been smoking. Used to have it in spliffs, last year tried the pipe. The full blast hit me. Your mouth waters from the sweetness".

And…

Peer Pressure

2 people blamed peers pressuring them to experiment with crack:

"I was 17 in Lewisham, influenced by an older crowd (25+) they were freebasing told me to try it. Peer pressure, if I didn't take it I would look soft, next night I was out looking for money for more"

"With a woman in New Cross, she told me to try it, it was such a powerful feeling-like jumping out of a plane, started taking heavily, lost my job 6months later"

The remaining seven reasons did not fit neatly into a theme or were combinations of more than one. The final explanation is the Researchers personal favourite!

"About 10 years ago I started taking crack in prison"

"With a friend, just happened to have it. Had a pipe, it was the best thing on the planet, had a habit since that first time"

"I was in Greenwich, someone washed it up on a pipe, freaked me out and frightened me, God knows why I did it again but I cleaned out the hostel I was living in the next night. Normally I'm quite respectful about places that I live but I robbed the whole place"

"Was smoking cannabis, someone gave me a pipe, it was so powerful I started taking it all the time. I was with neighbours who were heroin and crack users in West Norwood. It knocked me out I said that's the drug for me"

"Smoking weed, a friend offered it to me, tried it. Then I had my son (he's now 16) then I was feeling depressed a 10 yr relationship had broken up and I'd been diagnosed with Lupus, the same friend offered it to me again. I started to buy it and things escalated from there"

"Was with a friend, tried it in a spliff first. Used to work labouring and security mainly, did it at the weekends, then I was smoking and working, then I went into prison"

"I was working as a courier in London, using heroin, saw a dealer stash 4 ½oz of heroin, dug it up sold half and swapped half for crack, as the friend I was with used crack. I'd tried it once or twice before, didn't really like it, but having that amount gave me a taste for it"

How Do You Fund Your Habit?

If a person were using an average of £100 per day of crack cocaine supported by crime, then by Home Office estimations they would have needed to commit £300 worth of crime to get the £100. This is £2,100/week and £109,200 per year.

The respondents were asked to name the three primary sources of funding their crack habit. Table 16 (below) illustrates their answers:

Table 16- How do you fund your crack habit?

Source of funding	No. of People
Legal	
Benefits	30
Borrowing	10
Working	10
Sick/Maternity Leave/Police Pension	3
Illegal	
Shoplifting	18
Other	6
Deception & Fraud	5
Sex-working	4
Drug Supply	3
Handling stolen goods	3
Begging	2
Clipping	1

*Clipping is a form of deception in sex work where money is taken without delivery of the promised service

**Other includes pick-pocketing, selling the 'Big Issue', cleaning car windscreens, finding things, selling them on, and recycling scrap metal

Nearly two thirds of respondents (60%) claimed their benefits funded their habits but 36% admitted to shoplifting.

It should be noted that interviewees may be uncomfortable revealing their illegal sources of funding and some were evasive:

"You don't want to know, bit of this, bit of that, hustling"

Some were aware of and /or involved in their partner's/friends illegal activity:

"Partner was involved in credit card fraud/pimping"

"Burglary/Robbery-my ex did it but I was involved"

"I have a friend who steals alcohol then sells it on to local sweetshops, I go with him but I don't get involved. I wait outside the shop"

Some refer to past involvement in criminality to fund their habits:

"Don't thieve or shoplift anymore"

"I'm cutting down at the moment, trying to be good before I go into detox but shoplifting and deception in the past"

One pointed out, as if by way of an explanation:

"This <u>is</u> to fund my crack and heroin use"

Some criticise those that rob and steal to fund a habit:

"No need to burgle and steal to maintain a habit"

"Begging, it's better than stealing"

"Don't agree with people robbing for their drugs"

The Researcher noticed an interesting use of language was employed when respondents referred to their criminal activity they called it "grafting". They also make particular reference to the relief a methadone script brought them:

"When you first wake up you scrape together enough money for beer, with that inside you, you can go out grafting"

"Cos I have to or I have to go and get heroin, don't want to have to go out and graft or stick needles in myself worrying where its come from"

"Don't go out grafting anymore at all now I'm on it"

"Methadone, stops me going out robbing"

Illegal activities

Shoplifting

18/50 (36%) named shoplifting as a source of funding for their habit. They explained to the Researcher, how they did it, what sold on well and if they had a pre-arranged buyer to sell the goods onto.

There was a consensus that meat, alcohol, clothes or toiletries sold on well, goods were sold on at third to half of their original price to known fences, or second hand stores, or were stolen to order for customers/ friends in pubs. Respondents reported travelling all over the borough and further to large shopping malls in the South- East (Lakeside, Essex and Bluewater, Kent) for large amounts but staying local for £10 to £30.

"I was caning it in Catford now have to go further afield, cameras follow me now and I hear a familiar crackle of security radios when I enter a shop. Meat and Alcohol- can sell it all day in pubs"

"Had a car, between September-February I was making £180/day, went to Bluewater and Lakeside and Reading with a list of things to get, mainly men's clothes, jackets and jeans. I was stealing to order and selling them on at half price (food and meat). Eventually I got twitchy and called it a day. I'd go into M&S-nick something, put it in a bag and take it back to be refunded, get vouchers and sell them on for half price to friends and in pubs.

"You make good money on clothes and meat, £40 worth of goods sells on for £20. On clothes, I make a third of their original value. People on the street order what they want. I travel all around South London-Victoria, Putney and Wimbledon. If want money quick I go to Peckham, I'm known too well in Catford. Toiletries sell on well easy; £20 is 20 bottles of Radox bubble bath. I always make sure I buy something on the way out."

"£500/day I've walked out with TV's, Videos and DVD's, sell it on for half price. I'm barred from Lewisham centre; I travel to Bluewater or Vauxhall. Get rid of it in the pubs in the area. Children's clothes and CD's go well, I tend to get orders from the pub"

"I go with my partner, I'm her back up, I help her get away (Researcher asked if that meant hitting a security guard he was evasive)***. We go to Lakeside, Sutton and local. Do get caught and arrested, DVD's are hard to sell, we have our main buyers and find out what they want"***

"Travel about the borough. Clothes sell on well, sometimes I do it to order, or if something looks good and I think, I can get rid of it I'll take it. Mac 3 razors always do well"

"Generally stay local. Throw a few things in my coat. I'm not known in shops yet. EVERYBODY goes in the local Co-op (Hither Green by Ennersdale House hostel)***. Food, clothes, especially baby clothes all go well"***

Deception

One interviewee told the Researcher:

"Dealer gave me a credit card-because I look quite respectable, he gave me £20 for every pair of trainers I managed to get him, we went to all the big shopping places, got about 80 pairs, then the card got stopped"

Clipping

A female crack user described how she clipped in the West End; she was affronted when the Researcher asked her if she was a sexworker:

"I get myself dressed up and go grafting in Soho. I take them to a cash point and give them a set of keys for a flat I'll be waiting in, I charge £200 a time and collect keys (get them off burglars). I don't run away (she exclaimed with some indignation) ***I walk"***

Burglary

One of the interviewees was now clean of heroin having completed a prison detox after been caught red-handed coming out of a window, he described how he burgled when he was maintaining a crack and heroin habit:

"If the window is open and its dark enough, I seem to have a sixth sense if anyone's in. I take whatever I can put in my pocket-money and gold"

He is now on Subutex and funds his crack habit through benefits and borrowing.

Other

This describes often entrepreneurial, imaginative ways some of the respondents earnt money for their drugs:

Cleaning windscreens

"Make enough- about £10/hr"

Recycling Scrap metal

"At night, make about £70-£80"

Finding things and selling them on

"I find things as well. I found a TV and video, got it working and sold it on for £50, find money, found a fireplace and a bureau, I walk around looking for stuff"

"I pick things out of skips, repair them, and sell them on. Sold a bloke a microwave, got it working, he came back a week later and I nearly got beaten up!"

Begging

"6am-10pm I can make £60-70, it's good at Christmas. Getting hard now in Catford, some security guards wind you up, and try, and get you nicked"

"12-10pm- £60-80/day at Waterloo Station"

Working and Using

This can be broken down into three themes:

- Losing a profession/business through crack use
- Trying to continue working whilst using crack
- Cash in hand labour (on top of benefits) to boost funds for drugs

Of the 50 people, the Researcher interviewed about their crack use the following people had abandoned these careers:

- Drug worker- who had only just given up full time work so she could get rehab
- Police Officer on Medical Discharge from the Metropolitan Police
- ***** Football Team Player's secretary
- A nurse
- A nursery nurse on maternity leave
- 2 had lost businesses thorough their drug use

They had this to say:

Drug worker:

"Have tried not to get involved with too many services, don't want to throw away my professional reputation….First time in my working career, I haven't worked, don't get me wrong I've lost jobs. I set limits that I won't smoke after 3am, depends on your dealers some won't come out that late. I've maintained a level of discipline, been smoking since I was 13….If I've used all night, I wouldn't go to bed, I'd have a bath and go straight to work. I always had a life with my using. Knew I couldn't give up"

Metropolitan Police Officer:

"Educate people about addicts, I'm fed up with them stereotyping us. I'm not used to being followed around stores (used to be the other way around)! Educate people, warn them…I just went one step too far, I was just trying it, didn't realise the hours and the stress at work were affecting me"

Others' experiences

"Started taking crack heavily, lost my job 6months later"

"Smoked away my home, business, car…"

"I've worked all my life. I was working on the buses for 6 yrs using heroin and homeless. I used to finish sometimes at 2am and try to find somewhere to stay, trying to get into work on time, clean and tidy. Finally, I was sacked when I started using crack because I went downhill fast. I vowed I wouldn't work again until I was clean."

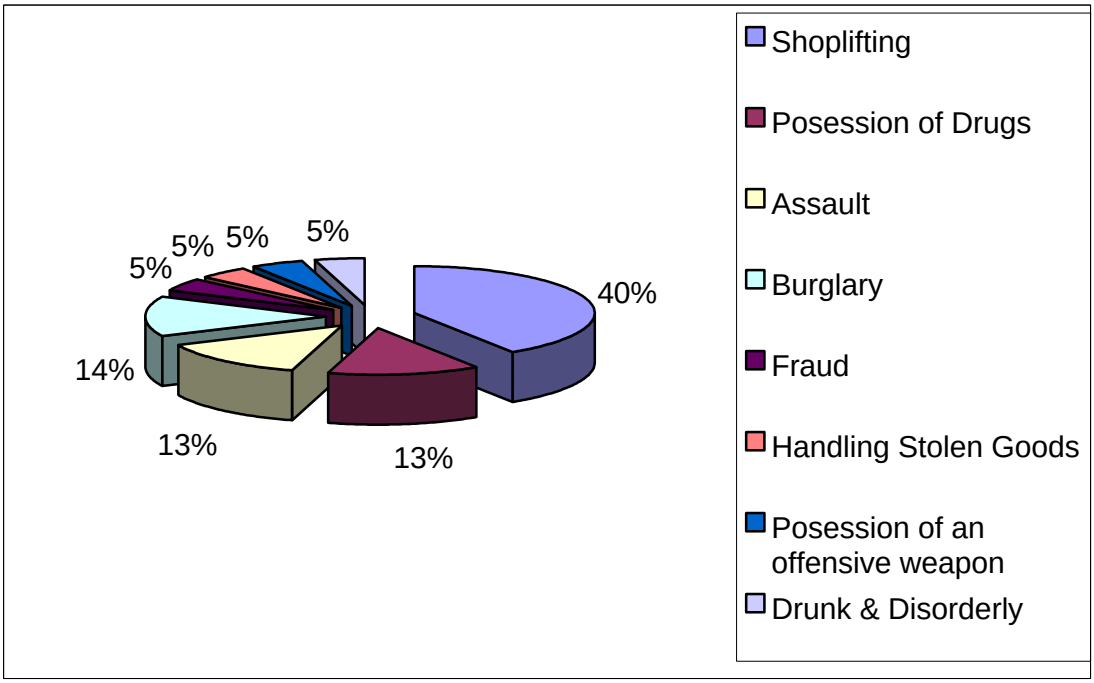
"Used to do labouring and security, did it at the weekends, then I was smoking and working, then I went into prison"

"I've had enough; I don't want to go to prison; I had a house, a family, a business"

"I was a travel agent earning good money before this started"

"I was a shop fitter by trade, making £700-900 a week, every time I had wages, spent it all on drugs, had to borrow money for a travel card into work from those I'd been doing drugs all night with, would go straight into work, managed to do this 'til I started on heroin as well"

Figure 9- Have You Been Arrested and Charged with an Offence in the Last Year?



40% of the respondents had been arrested and charged with an offence in the past year, mostly shoplifting. Two claimed they were set up by the police.

Although they were not asked if they had been to prison, 20% (11/50) had seen a prison drug worker so it can be assumed that at least 20% had served a prison sentence.

This only takes into account the past year, two of the interviewees had served time for murder, one had the charges dropped and one was transferred to Broadmoor Psychiatric Hospital following assessment.

Discrimination

Respondents were asked:

"Do you feel your…

- Age
- Gender
- Sexuality
- Race
- Health status
- Sexual orientation

…has ever prevented you from getting the help that you need"?

This question elicited a somewhat mixed response, as it is such a long, wordy question and the final question in a lengthy questionnaire. They often looked blankly at the Researcher or simply said no, however with a prompt of "Do you feel you've ever been discriminated against" some very different answers came up.

6/50 (12%) did not answer this question 24/50 (48%) said no 20/50 (40%) said yes

One said:

"I think drug agencies are very aware of discrimination"

Another felt she had benefited from positive discrimination, as she was 16 when she approached drug agencies and was deemed vulnerable and prioritised in the waiting list.

One wasn't sure:

"Maybe…hard not to just be paranoid"

Labelled As A Junkie

The most common theme was being labelled as a junkie and subsequently being treated differently by the Police, GP's, Hospital and Prison staff and by members of the public, as illustrated in these quotes:

"Yes, been called a junkie, people on the street, in prison it's expected. Dual team are arseholes but its not actual discrimination"

"For being a junkie"

"Some services, like doctors look at you like just another drug user, so do some drug workers, that would stop me going back"

"For using drugs- GP's and Police"

"In hospital-when people find out you're an addict they treat you differently"

"People get a picture of you when they know you're a drug user and judge you"

"Old bill, because I'm a drug user, they recently raided the hostel looking for drugs"

Race

Another issue that came up was one of race and racism; three made a point of this, not attributing blame to drug agencies but to the general oppression of BME communities:

"Yes but not here, in housing and education colour has a lot to do with it"

"Yes, race innit, get stopped and searched all the time, they always think I'm a dealer get stopped in the West End a lot. Hassle my family, recently broke down the front door and came in through the window"

"In the grand scheme of things yes, the movement of drugs is in black areas, not in Bromley, in Peckham, Brixton and Deptford. The Police couldn't care less- nothing happens to white people's children. The community would support the removal of drug dealers, the police needs to work with and for communities"

One white man felt he experienced racism:

"Because I'm white, from non-white workers"

One man faced discrimination in prison and from drug dealers due to his ethnicity and appearance:

"In Prison because I was white and older with long hair people thought I was a grass or a nonce. Even when I went to score drugs, black people called me a honky."

Housing Status

Housing status came up twice. One respondent felt Lewisham council had treated him unfairly, by rehousing his violent partner but not him:

"Lewisham council discriminated against me, my partner went into prison, when she came out, she came round with 3 men and her parents and beat me up and took all my furniture. They wouldn't rehouse me, to get me away from her because they said it was a domestic…but they rehoused her. I think that was unfair"

The issue of young, single males without children or health problems being told they are not a priority by housing services is a common one and a very real feature of London's housing crisis which keeps many young men trapped in offending and drug using cycles.

One man reported that he couldn't get drug treatment because he was NFA:

"Wouldn't register me on the Blenheim Day Project because I didn't have an address"

Institutional Prejudice

Finally, the ex- Police officer that the Researcher spoke who had been medically discharged from the Metropolitan Police for her drug use felt that, as an organisation, they had been at a loss to know what to do with her:

"The establishment are so ignorant. I was the one and only in the Met that came forward; they wouldn't find me a rehab/day programme; eventually they just found a way to get rid of me. It's at least 5 years before I'm allowed back"

She also commented that the reason she had left the force had not been kept confidential, as she had been arrested by a former colleague twice on suspicion of heroin possession, while she was behaving in a way that would not otherwise have aroused suspicion.

6. Supply

Main Points

- A rock of crack can be bought in Lewisham for a minimum of £10; prices then go up depending on the size of the rock, the dealer and your relationship with that dealer.
- Nearly all of the users phoned their dealer's mobile phone to arrange a sale and place to meet for exchange, disliking the risks of crackhouses (of which there are few) or trading with strangers on the street. A quarter opted for home delivery.
- Two thirds could get credit from their dealer on account of being trusted or a good customer. On average, they knew 10 dealers.
- 78% of the dealers known to the sample sold crack **and** heroin, it was felt that there are a lot of minor dealers in Lewisham, who are unlikely to work for themselves.
- There is no 'frontline' in the borough, that is, an area where drugs can be sold freely and easily to strangers by strangers. Users must be introduced to a dealer by a known user who will vouch for them; this classifies the market as semi-open.
- Runners are less likely to feature in transactions than they were 5 years ago with most sales occurring directly between the dealer and the user.
- The users stated they could obtain crack in 15 minutes, from any point in the borough.

How Do You Normally Buy Crack in Lewisham?

The respondents were asked to rate their preferred methods of buying crack (1-5).

Award each a rating of 1-5
1 = Preferred Method
5 = Last Resort

They were encouraged to describe them and suggest any alternatives that were not on the list, these comments can be seen below:

1. Pick up from a pre-arranged place on the street
2. On the street from someone I know
3. Go to a dealer's house
4. Go to a known dealing house (Crackhouse)
5. On the street from a stranger

Figure 10- Preferred method of purchasing crack in Lewisham

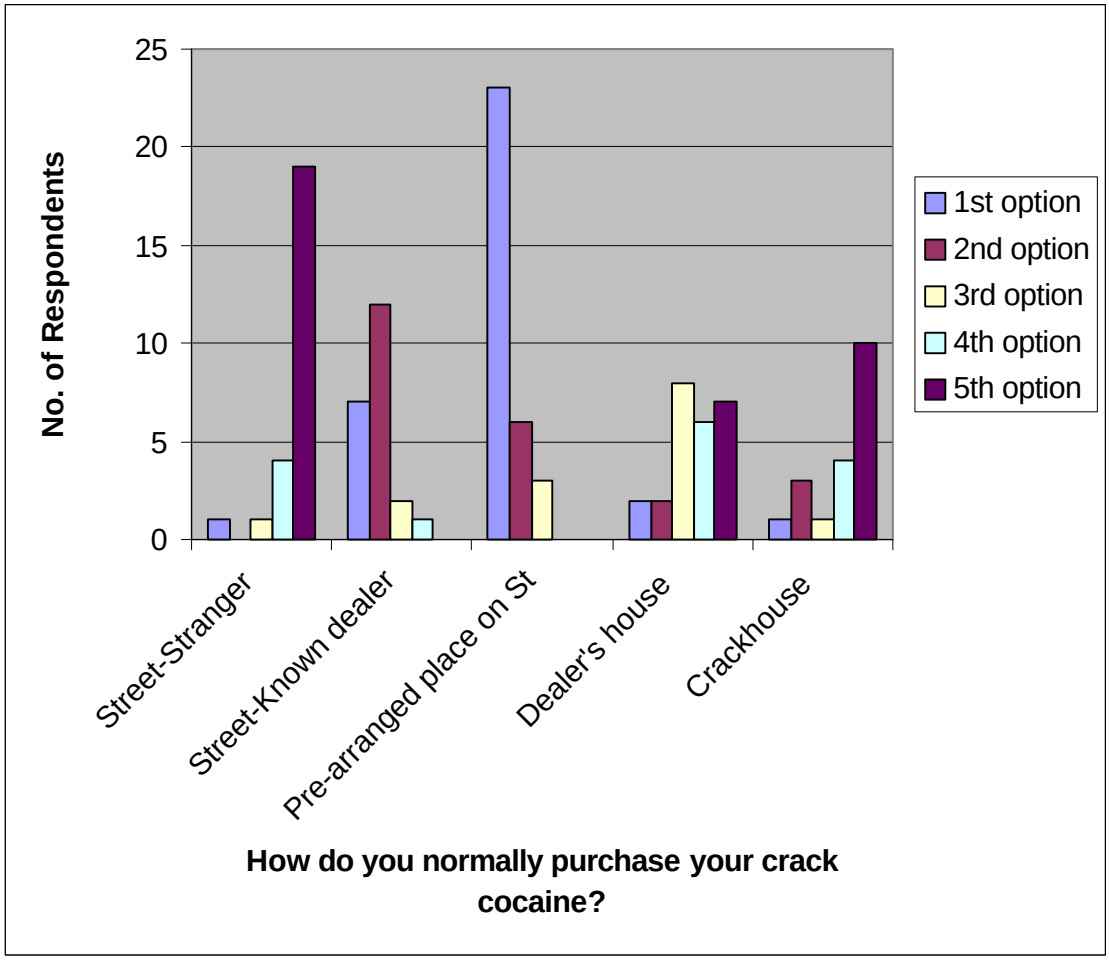


Figure 10 shows according to the 50 crack users interviewed the preferred method of scoring drugs in the borough is **"pick up from a pre-arranged place on the street"**, having phoned the dealer on their mobile telephone, placed an order and agreed on a place to meet. This was overwhelmingly the most popular vote receiving 21 more votes than the second option, **"approaching a dealer that I know on the street".**
Last resort was "**on the street from a stranger**"; cited as too dodgy, as you wouldn't know what or from whom you were buying, and there is a strong possibility you could be buying from an undercover police officer.
3 people said they had done all of the options in the past and the fact that so many people refused to comment on or simply disregarded some options show that respondents are quite fixed in their methods of scoring crack and rarely have to diversify. This may indicate either that their habit has remained within certain boundaries or that the supply has never run low.

Pick up from a pre-arranged place on the street

Additional comments made about this method

"Phone up and someone comes and meets me"

"Text someone I know and hook up"

On the Street from someone I know

Additional comments made about this method:

"Depends how well I know them"

"You can't trust anyone"

Go to a dealer's house

Additional comments made about this method:

"If they're friends"

"Vary rare to get their address, unless it's a good friend"

Go to a known dealing house/Crackhouse

Additional comments made about this method:

"When not living anywhere, but I don't like to"

"Could be busted at any minute"

On the Street from a Stranger

Comments made about this method:

"Don't like to, too dodgy"

"Could be old bill"

"When I first moved here from Westbourne Park, I was in New Cross and I saw some guys hanging around-just knew they were dealing. Seem to have a radar, ask them if they've got any crack, they get suspicious, next time they might take me somewhere"

Other

A popular option that came up that was not listed was "Home Delivery", 13 people said they phoned their dealer and he/she dropped it off.

Two said a friend or partner got their drugs for them.

The Somali respondent said a runner brought their crack to their female Khat house:
"Phone a man, who arranged to bring it, but takes a cut, he is not Somali, although it is now rumoured that a Somali is dealing to the young people"

How Many Crack Dealers Do You Know In The Area?

Respondents reported knowing between 1-36 dealers in Lewisham, which works out at an average of 10 each.

Examples of responses included:

"Used to know 16-18, now know 3-4, never go under 3 or they start taking the piss"

"Change dealers frequently"

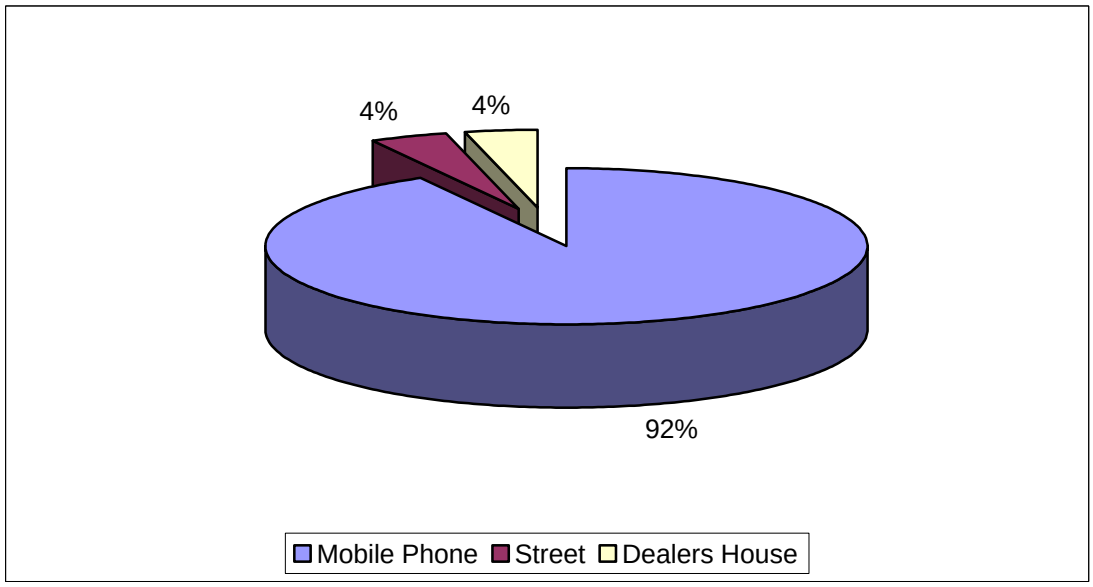
These 2 examples exemplify what is called "Powder Power", whereby a dealer may feel he/she wields power over the user and will gradually make the deals smaller and smaller and take longer to come out/deliver.

"Used to know 15-20 in Catford and Downham, tried to cut down recently so I've taken all the numbers out of my phone"

How Many Dealers Have You Bought From In The Past 30 Days?

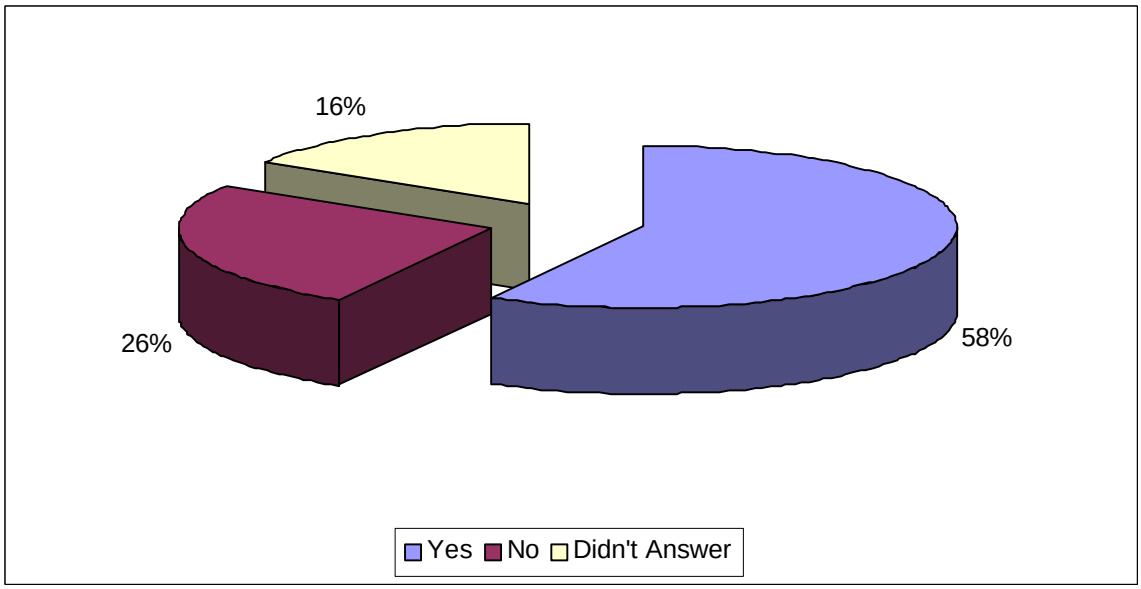
This gives some perspective on the question above, whilst they may know 10 dealers, they had purchased crack from an average of 4 dealers in the past month.

Figure 11- How Do You Contact Your Crack Dealer?



- 92% of respondents contact their dealer by phoning him/her on their mobile phone.
- Two go directly to the dealer's house (it would have to be a friend)
- Two buy drugs on the street

Figure 12- Do You Buy Drugs in the Same Area That You Live?



Over a half of the interviewees could and did buy drugs from within their neighbourhood.

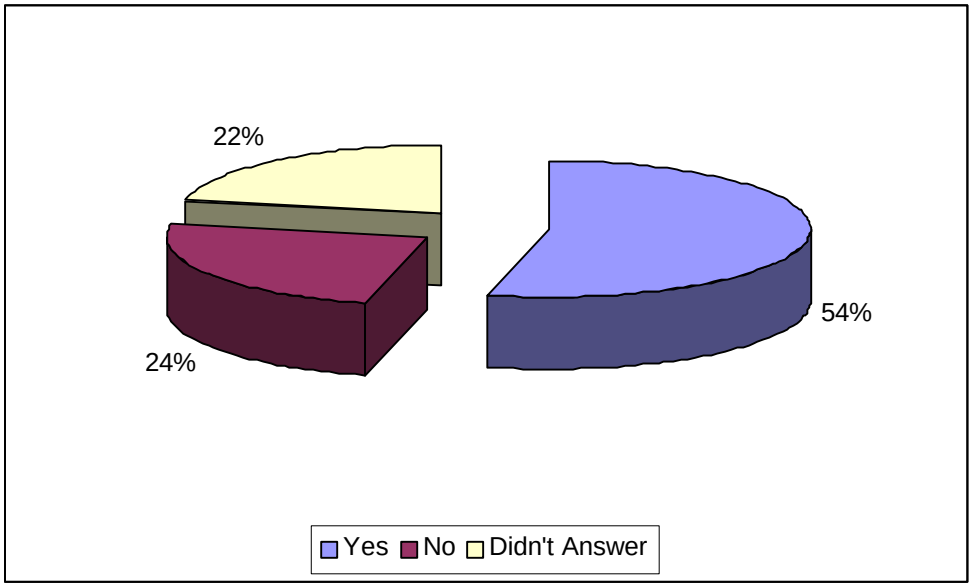
For example:

"Yes, have it delivered"

"Yes, from across the road"

"Can do, but prefer to go to Peckham, it's sweeter, better quality there"

Figure 13- Do you buy crack from anywhere else?



The purpose of this question was to ascertain if crack users in Lewisham had to travel out of their area to buy crack.

However, the respondents made it clear that whilst there was usually no need for them to leave their area, they would be willing to travel to obtain drugs in the event of:

- A drought in their area
- To meet a particular dealer
- For good quality
- For a good deal.

"Don't normally have to travel"

"Travel for quality and bulk, sometimes go to Brixton frontline"

"Might travel early in the morning, depends how desperate I am"

"Depends where he is, rather give him my money than anyone else"

"Will go wherever I know dealers, up to Westbourne Park or down to Croydon because I know dealers who would give me credit for £30"

What Drugs Does Your Dealer Sell?

- 39/50 (78%) reported crack **and** heroin
- 7/50 (14%) reported just crack
- 4/50 (4%) reported crack plus other drugs, namely cannabis/skunk, large quantities of powder cocaine and ecstasy.

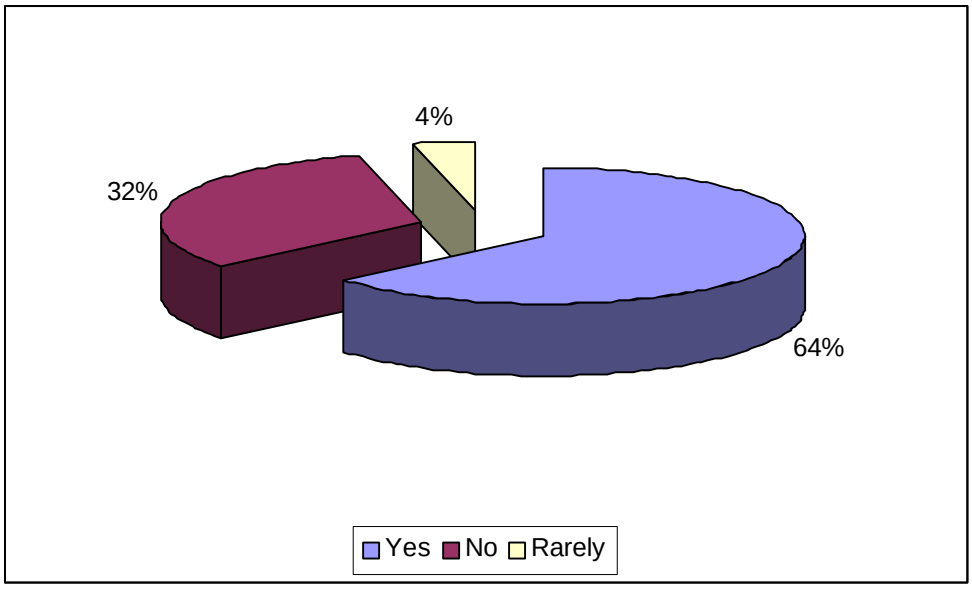
They said:

"Depends who you see"

"More in Deptford only sell white"

"Most just white, some brown & white, I don't use brown so I have to be careful, get bits in it and I start aching later on"

Figure 14- Do You Receive Credit from Your Crack Dealer?



This question received a mixed response. The nature of the credit or to give it its street name 'bail', is explained below:

Nearly two thirds of the crack users reported their dealer would give them credit for being 'good customers' and 'trustworthy' (see Figure 14):

"Normally get credit for £20 worth on trust for being a good customer"

"They trust me, I'm known…. Dealers reel you in like fish and feed you"

One in five users discussed leaving valuables with their dealers as credit for drugs. Items commonly left included jewellery, DSS books and mobile phones:

"I usually leave jewellery or my social book, depends how well you know them. Once I lost all my jewellery when my dealer was shot"

"I normally leave jewellery, nothing incriminating in case they get arrested"

"I've left phones and lost phones"

Respondents acknowledged the considerable risks to buying on credit:

"Don't want to get my head kicked off"

"They know where I live"

One reported finding it easy to obtain credit from:

"A dealer who fancies me"

Others reported performing sexual favours in return for credit:

"A blow-job, have to leave a watch or on faith"

"Sometimes owed money and there were suggestions of prostitution" (Somali crack/khat user)

How much would it extend to?

This was dependent on the user-dealer relationship; some who had been using one dealer for years could get quite a bit:

"Up to £70-80 based on trust"

"I've been a good customer, up to £50"

"Yes he knew I was working and was good for it, could get up to £100 for each (brown and white).

For others it was a maximum of a £10 stone and pay the next day:

"Only £10 worth, knows he'll get the money the next day"

"Occasionally, up to £10 if you're a regular"

Some respondents were very against the idea of owing their dealers:

"Credit gets you into trouble"

"(Credit) is where your problems begin"?

"Don't like to and wouldn't ask"

"You shouldn't do it, that's how they trap you"

Crack Buying Patterns

Interviewees were asked to describe the nature and frequency of scoring crack. They were given the following options:

1. I buy daily for myself
2. I buy daily for myself and one other (partner/friend)
3. I buy daily for a group of friends

4. I buy 2/3 times a week for myself
5. I buy 2/3 times a week for myself and one other (partner/friend)
6. I buy 2/3 times a week for a group of friends

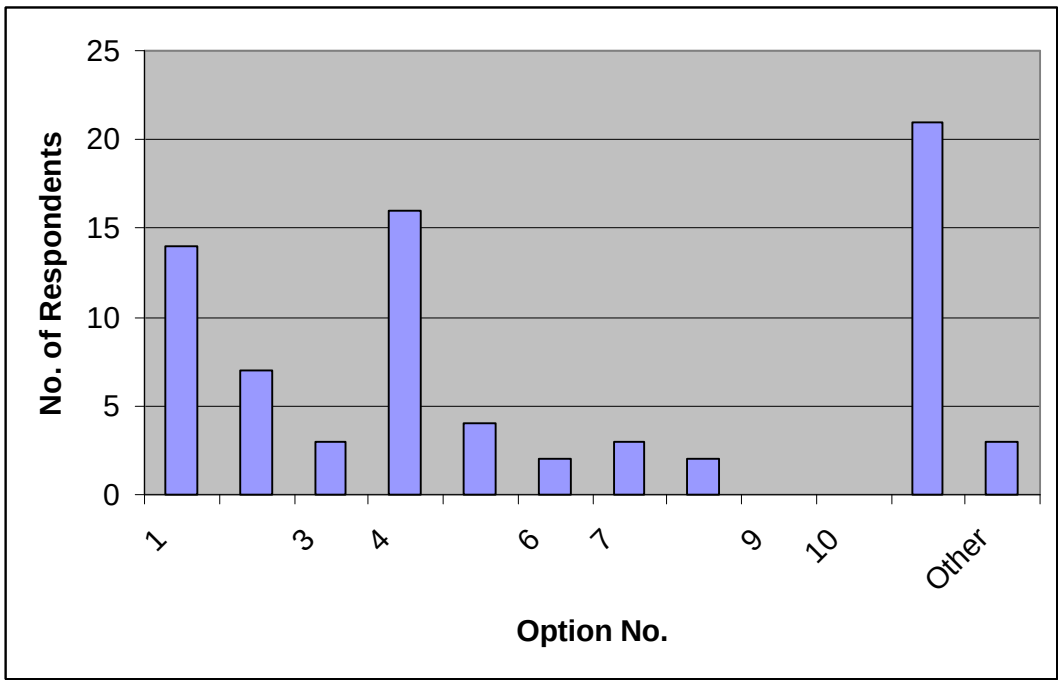
7. I buy once a week for myself
8. I buy once a week for myself and one other
9. I buy once a week for a group of friends

10. Someone else buys drugs for me

11. Sometimes someone else buys drugs for me

Their responses can be seen below in Figure 15:

Figure 15- Lewisham crack users' crack buying patterns



Other

- 2 didn't answer
- 1 bought crack once a fortnight
- 1 bought 3-4 times a week for himself and one other

Of the 22/50 who only picked one option, the most common was ***"I buy daily for myself".***

The most popular combination was 4 and 11***"I buy 2-3 times a week for myself"*** and ***"Sometimes someone else buys drugs for me".***

Overall, 11 was the most commonly featured option.

Table 17- Relationship between crack dealers in Lewisham

Statement	True of Lewisham's crack market
No idea	8
A free for all	2
Only a few dealers, no one else is allowed in	2
A lot of small dealers and a few big ones	14
One main dealer supplying lots of other smaller dealers	6
Total no. of respondents	32

Respondents were asked to describe the likely relationship between crack dealers in the borough. They were given the option of agreeing with 5 statements and encouraged to add any further comments if none of the 5 represented their opinion, their responses can be seen above in Table 17.

Additional comments relating to some of the statements:

No idea

"Don't know or care, it's everywhere"

"Don't really know"

"You keep yourself to yourself, you don't hang about with these people"

A free for all

"Lots of people buying little amounts" (Ex-drug dealer)

A lot of small dealers and a few big ones

"A lot of small and a couple of big ones"

"Most get their supply of 1 or 2 dealers, work their way up, and then bring in others to help out"

One main dealer supplying lots of other smaller dealers

"All wrapped in the same way in Catford, so could be from the same place"

- 2 wouldn't answer but were not put in the No Idea category

- 18 respondents did not feel any of the statements described the relationship between Lewisham's drug dealers and made their own comments, these can be seen in full below:
- 9 respondents felt there were:

"A lot of small dealers"

They added the following comments:

"A lot of small dealers-who all know each other"

"A lot of small dealers-who won't know each other"

"Only a few dealers no one else is allowed in' and ***'One main dealer supplying a lot of smaller ones'*** and ***'A lot of small dealers"***

"No big ones about, small time, people have got the horrors, the police have cleaned up"

"Small fry"

3 people only dealt with one dealer

"Only knew one dealer"

"Only score from one person- a runner and a friend"

"Only deal with one dealer- reliable, quick and good quality stuff"

Additional Comments:

"A few that know each other and get it off each other when they run low and a few pick up from one main dealer, a few independent and a few working for someone else"

"A lot of different dealers, some have runners maybe there's a Mr Big. It comes ready made in rocks"

"They all know each other, the small ones that is, roadies and streetworkers are all linked"

"No relationship between them, not enough crack dealers to have to worry. Don't think there's one big one" (Runner scoring for other people)

"Lots of big and small dealers"

"Loads out there"

"Some probably know each other, all the junkies know all the dealers"

"They tolerate each other"

"A few know each other, most just come and go"

"They know each other, there's no bad vibes"

"I know bigger ones"

"They're aware of each other but it's volatile"

"They know each other but there's not a relationship, don't think any of them are working for themselves"

Just over one quarter of the respondents (14/50) 28% agreed the statement:

"A lot of small dealers and a few big ones"

was true of Lewisham's drug market.

Further validation for this comes from 9/50 respondents who independently commented Lewisham had:

"A lot of small dealers"

The additional statements accompanying these:

"Most get their supply from 1 or 2 dealers"
"A few pick up from one main dealer"
"One main dealer supplying a lot of smaller ones"
"Small fry"
"Small time"

suggests there are lots of street dealers, not working for themselves, getting their supplies from 1 or 2 bigger dealers.
As to the likely relationship between the drug dealers, the responses were contradictory, making it impossible to speculate on the nature of the relationship between them.

Availability and Supply

The respondents were asked to rate and comment on the availability and supply of crack and any other drug they were using in Lewisham.

Availability Key

1. It would take less than 30 minutes to purchase the drug
2. It would take less than 3 hours to purchase the drug
3. It would take 3 to 4 days to purchase the drug
4. You would have to leave the area to purchase the drug
5. You don't know

Figure 16- Crack availability in Lewisham

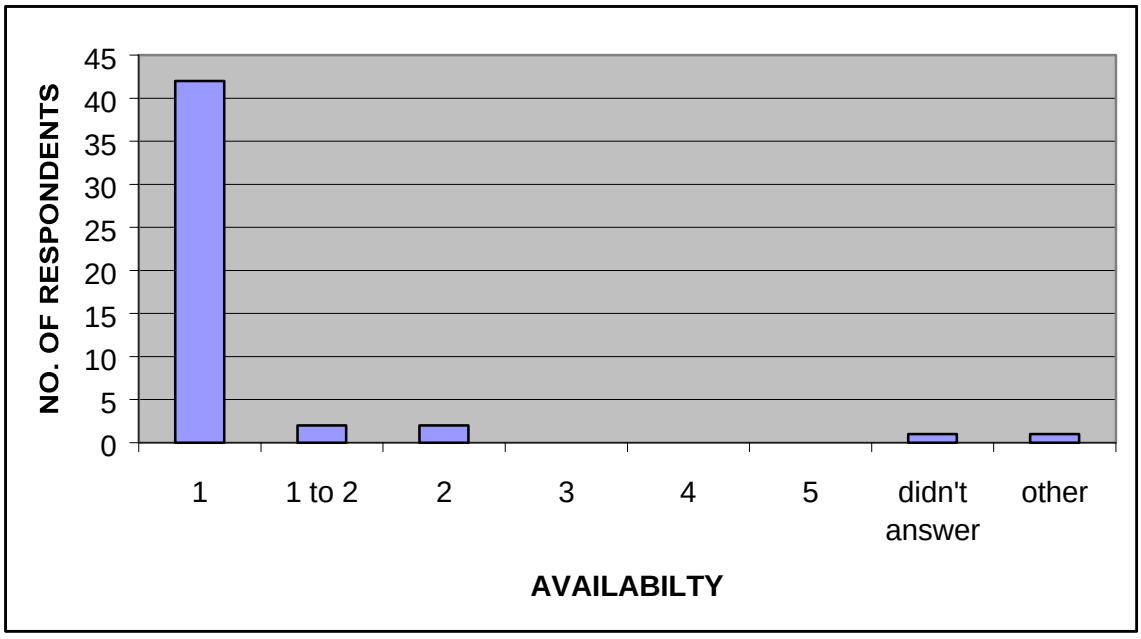
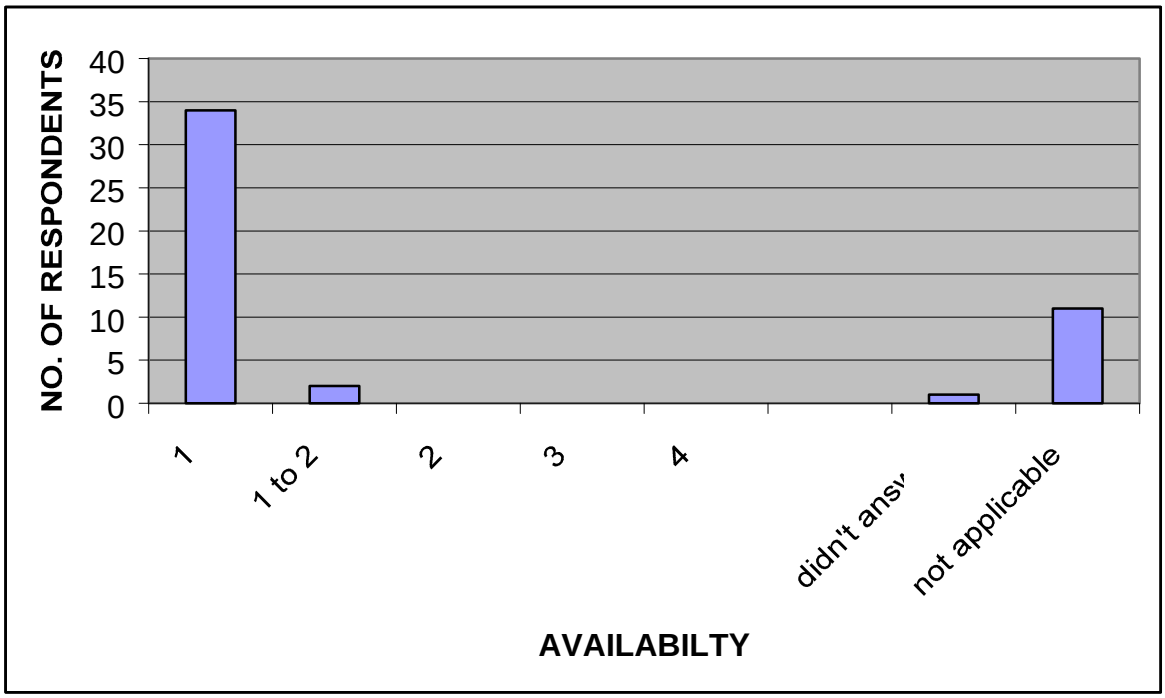


Figure 17- Heroin availability in Lewisham



Stability Key
In the last 6 months has supply…

1. Increased
2. Remained stable
3. Decreased
4. Fluctuated

Figure 18- The stability of the crack market in Lewisham

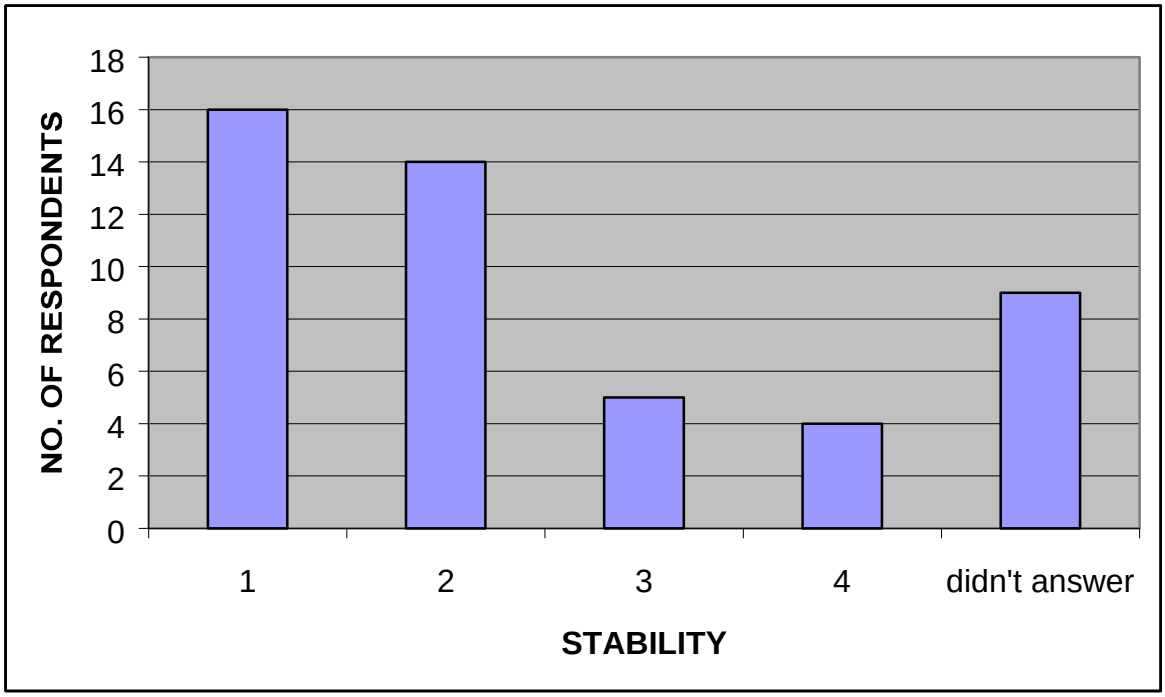
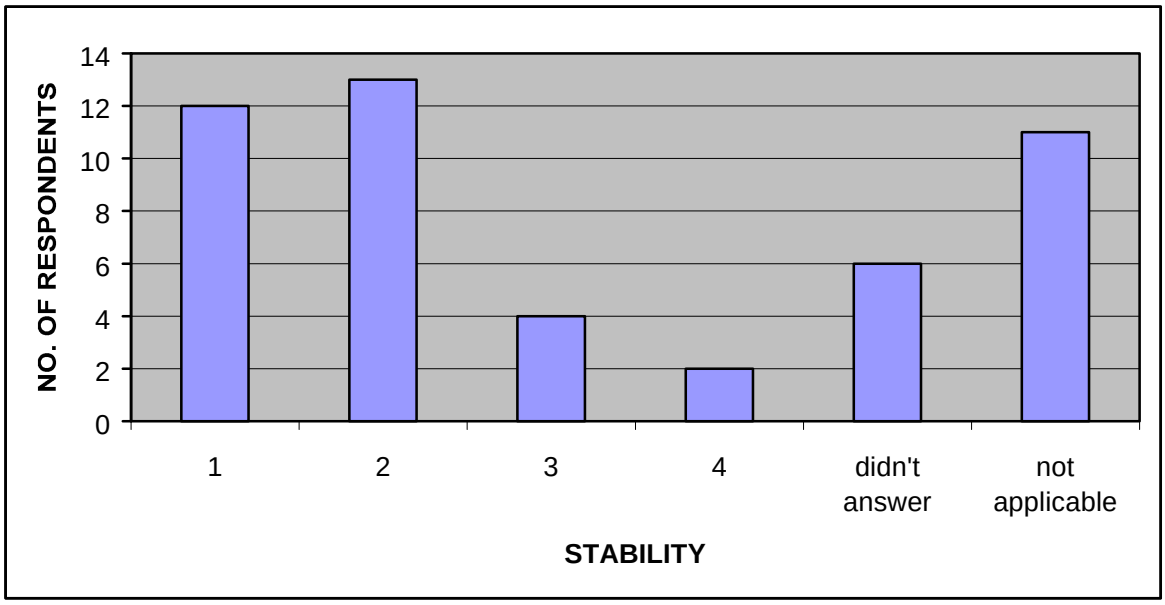


Figure 19- The stability of the heroin market in Lewisham



Other Drugs

- 3 commented that weed/skunk were consistently available and supply had increased in the last 6months
- 2 commented that amphetamine supply and availability had dropped in the last 6months
- 2 commented powder cocaine was readily available and supply had gone up in the last 6 months
- The Somali respondent said both Khat and Crack could be brought to their female "Khathouse" in 20-30 minutes

Figures 16 and 17 show that the majority of respondents could purchase crack and/or heroin in 15 minutes. They said they would be annoyed if their dealer quoted longer and several said they could get hold of crack and/or heroin in less than 10 minutes.

Figures 18 and 19 show that the most of the respondents felt that the supply of crack had gone up and heroin supply had remained stable in the past 6 months, those that reported the markets to be stable (denoted by 2) commented that that meant "constantly high"

The majority of the respondents had a theory about what causes the fluctuations in the borough's crack market over the past 10 years and there was little to distinguish between them.

Price Has Gone Down

Was most common phrase that came up came up with 7/50 (14%) proffering this as a reason behind the boroughs influx of crack.

"Cheaper-the price of cocaine has plummeted, 20 yrs ago I was paying £1200 /oz now £450/oz"

"The bags are bigger"

"The deals are getting bigger and cheaper, they've decreased the smallest amount you can get down from £20 minimum to £10"

"It's so cheap £25 worth 5yrs ago is now £10"

There Are More Crack Users Nowadays

6/50 felt it was due to the demand being at an all time high:

"There are more users"

"More people using it now, you've got 40 yr old and 20 yr old junkies, 2 generations"

There Are More Crack Dealers Nowadays

An equal amount of people (6/50) believed an increase in crack dealers had flooded the market, with one suggesting that the area had had a crack problem for years and this was the only new discernible feature.

"Its got worse in the last 10 years, there's more dealers; there's been a crack problem around here for 20 years"

"Used to be low key, now it's really in your face it's everywhere"

"It's got a lot worse recently, more dealers out there they all want a piece of the money"

"If it's (crack) not good enough try someone else, people are popping up left right and centre"

Dealers Are Now Pushing Crack

4/50 proposed that new wave of "aggressive" dealing by the dealers was the cause.

"Dealers trying to poach new customers, my dealer just bashed up another dealer"

"At Rushey Green they give out freebies with their number, if you like it you phone them"

"People used to be paranoid-hard to get hold of numbers of dealers, now they freely give out there numbers"

"They offer '3 for 2' deals"

Droughts

Several had something to say about when supply dried up. Two referred to the 2001 invasion of Afghanistan interrupting the importation of heroin into the country. Public holidays are postulated here and in other areas of the research as causing drug droughts, as supply slows down and people panic and bulk buy.

"When that thing with Bin Laden, nothing coming through, had to travel to Brixton"

"The Afghan war, New Year and Christmas all bring on a drought"

"Hard at Christmas"

"There have been some droughts, when you can't get it or it's crap"

"A while ago it got more difficult to get white, the dealers do run out-a bit"

Crack Market in Lewisham is on the Decline

3 actually felt that the supply of crack was decreasing:

"Not as big as it was around the manor, people have been nicked and people have got the horrors"

"Prices have gone up"

Other

Two suggestions could not be categorised and stand alone

"Depends on the time of day, best gear from lunchtime til 10pm"

"I think it's an epidemic in Lewisham, its got worse in the last couple of years"

How Is Crack Sold In Your Area?

The crack users were asked:

In your opinion which of the following statements applies to how crack is sold in your area?

They could agree or disagree with as many of the statements as they liked and were encouraged to elaborate over topics to provide the Researcher with a detailed picture of the local crack market.

Table 18- How is crack sold in Lewisham.

Statement	Respondents' view of Lewisham's drug market
Most users arrange to buy drugs from sellers using mobile phones	38
Most exchanges take place on the street, but are arranged on mobile phones.	30
Most exchanges of drugs and money are made between users and runners	25
Most deals are done directly between the user and the seller	21
Most users buy drug from street based sellers	11
Most drugs are sold through crack houses	9
There are only a few street based sellers	2
Most users buy drugs from dealer's private addresses (homes)	1

Respondents made it clear that the drug market is a semi-closed one, in that you could not just approach someone on the street and expect to be able to buy drugs as you could in a open market or "frontline" such as Brixton (Lambeth) or Harlesden (Brent). Dealers were introduced to new users and they would give them their phone number. To buy crack, users phone their dealers and arrange a convenient place to meet to exchange drugs and money. The dealer may arrive on foot or in a car. This makes the market a very fluid, transient one and hard to police.

Most exchanges of drugs and money are made between users and runners

This elicited the most comments. Lewisham's crack users agreed that runners were rare nowadays, more of a feature a few years ago and of a more "frontline" open drugs market.

Some respondents seemed unsure:

"Very rarely"

"Goes on a bit"

Some respondents **disagreed** with the statement:

"There aren't runners"

"Doesn't happen you can't trust them"

"Not anymore"

"Not around here, goes on more on the street"

"I've always dealt with the dealer directly"

Some respondents, while acknowledging it was rare explained how it worked;

Although there was little agreement as to who a runner would be, several mentioned young boys on bikes, working a form of apprenticeship to become dealers:

"Not much, young men start as runners, like an apprenticeship"

"Big ones don't want to do it, sometimes will be women or boys of 17yrs+"

"15-16 yr olds on bikes"

"Shotters-young boys up and coming, was commonplace, not so much now"

"Young boys on bikes working their way up"

Alternatively, some reported they would be adults, partners, wives or friends of the dealer:

"Would be a friend or partner of the dealer"

"Know a couple of people who run for people, adults not kids"

"Mates of the dealer"

There were similarly contradictory reports of the likelihood of the runner being a drug user who owed their dealer a favour. Nevertheless, one theme was consistent; they are not to be trusted:

"Don't like to use runners, have to sort him out, share and he'll always rip you off"

"Some just working, some smokers as well"

"Might but you can't trust them"

"Not as much now but had friends doing it for a bigger man, they get them on it, it's wicked"

Figure 20- How is crack sold in Lewisham.

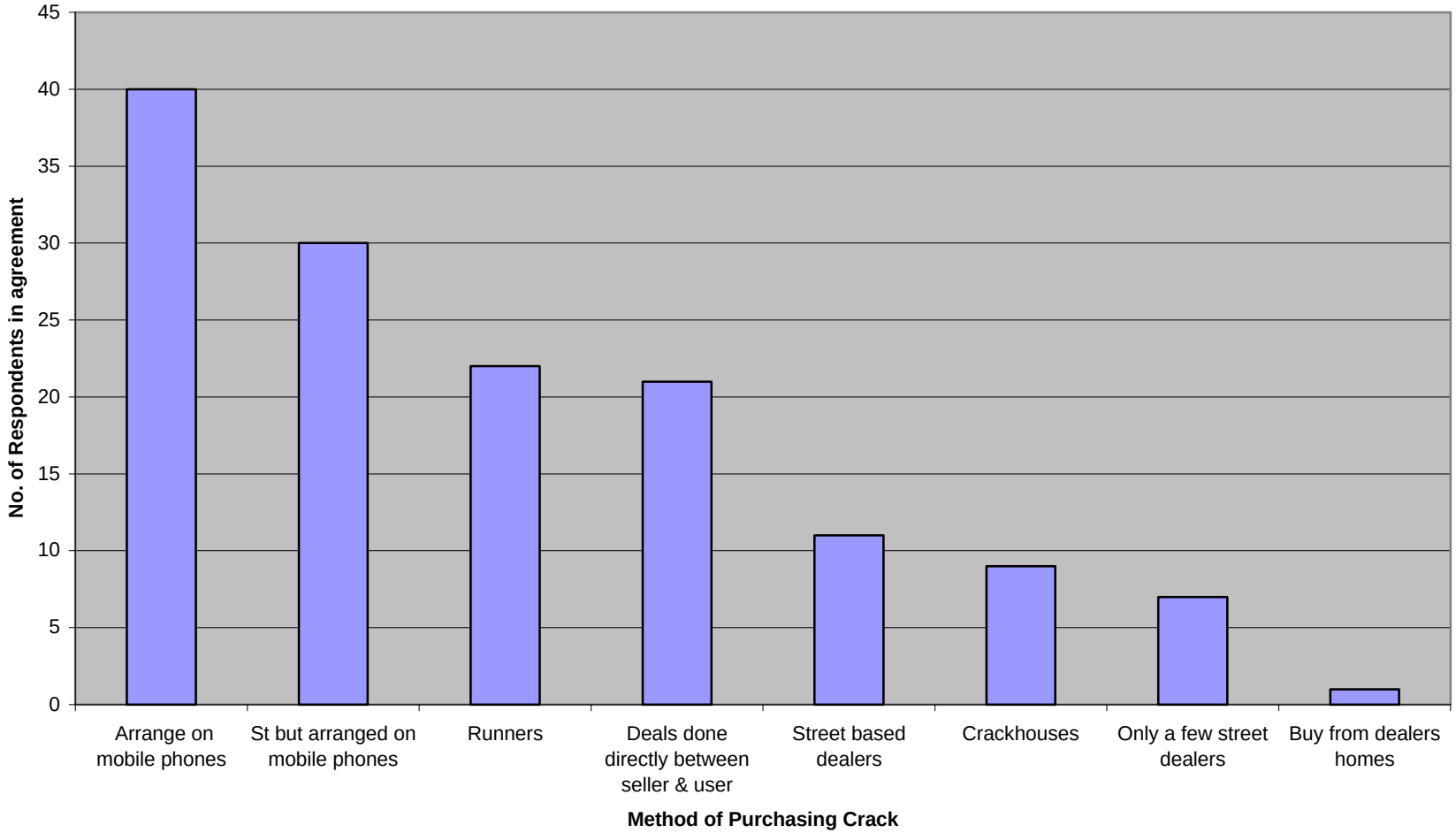


Table 19- Geographical 'hotspots' for runners in Lewisham

Area in Lewisham	Runners Reported to be Operating in:
Central Lewisham	2
Loampit Vale	1
Sydenham	2
Forest Hill	1
Hither Green	7
Grove Park	1
Catford	2
Downham	1
Bellingham	1
Ladywell	2
New Cross	4
Deptford	1

A consensus where Runners operated within the borough could not be reached from the information displayed in Table 19. 5/9 interviewed in Hither Green were in a direct access hostel, 4 of the 5 cited runners as a feature of the crack market. It could be inferred that one person from the hostel goes out and purchases the drugs for the all crack users in the hostel.

They would not be trusted with selling big quantities of drugs:

"They'll just be running for someone else, they only sell teenth's" (1/16ths)**.**

A dealer brings in a runner following a raid or arrest to take the heat off them:

"There'll be people trying to earn out of it, when a dealer's been raided and doesn't want to give his phone number out, that's when you bring in a runner"

"Employ one when you're trying to stay away from the streets"

One respondent spoke from personal experience:

"I used to be a runner, you get stitched up and robbed. They know you've got it on you, most heroin addicts will do anything"

The Somali crack/khat user said a runner would bring crack to their "Khat-house"

Most users buy drugs from street based sellers

44% agreed that runners were instrumental in Lewisham's crack market but made the point it was a rare feature, this is confirmed by the fact that 42% feel most exchanges occur between the user and the dealer.

It is the opinion of the Researcher that this statement does not refer to a frontline, but to drug users meeting their dealers on the street by prior arrangement or knowing certain establishments where they might be.

Most drugs are sold through crackhouses

Crackhouses seem to be an apparent rarity in Lewisham, presumably because most have been raided and closed down by the police.

There are only a few street based sellers/ Most users buy drugs from dealer's private addresses (homes)

These statements imply, there are in fact, numerous mobile crack dealers

Additional comments:

"Never"

"They wouldn't tell you were they lived"

"That's how they get caught"

"You wouldn't know where they live they don't even like you knowing their name"

Does Police Activity Affect The Way You Buy Crack?

42% (21/50) answered yes 52% (26/50) answered no 6% (3/50) didn't answer

Yes

Some themes came up in the respondent's explanations:

Police activity affects the drug dealers

"Yes, if my dealer gets arrested"

"Yes, if a police van's in the area the dealers won't come to the flat and have to arrange to meet elsewhere"

"Yes, the dealers move when the police are in the area"

Police activity affects the user's scoring behaviour

"Yes, if we see the police we move on"

"Yes, if you're scoring and Old bill drive past you go"

Police activity hinders buying drugs but it does not prevent it

"Yes, sometimes get a bit paranoid, but there's so many you can always find another. I'm secretly pleased the police are cracking down, it helps me stay clean"

"Yes, makes the dealers disappear, it just makes it harder but it's still easier than getting a cup of tea"

"Yes, if they raid the local crackhouse or arrest most of the dealers, but you can always find a way to smoke and if you have to travel you do so"

Drug users are often under the scrutiny of the police

"Yes, they're always floating about, making themselves busy, especially at my partner's house. I put it in my mouth"

"Yes, the bastards won't leave you alone. Stick you in that silly little cell and treat you like shit. Like a Scaghead"

"Yes, if you're seen making phone calls in groups, we get a CRO (Cross reference), the local bill know our faces anyway and if they don't, they come and find out"

"Yes, see someone going to the same old plot regularly you can't go there. I once punched a pig, he's never forgotten me, whenever he sees me he asks me where I'm going and where I'm coming from, then he takes me down the police station to search me"

Some did not fall into a theme

"Yes sometimes, I prefer to meet someone as opposed to street dealers"

"Yes, their presence is felt a lot around here (New Cross)"

"Yes, to get your money you have to break the law, shoplifting whatever…"

No

15 merely said "No"
11 made additional comments, which have, loose themes and similarities:

Police activity makes little impact on the drug market

"No, just go somewhere else"

"No, one goes down another one comes up"

Most respondents were nonplussed by police efforts

"Does it fuck"?

"Don't care if they're there or not"

"It should but personally for me it doesn't"

"Not really"

Some drug users felt they minimised their chances of arrest

"No, dealer delivers to my house so I don't have to worry"

"No, I don't worry because I'm in a house or I buy the crack and go, don't even smoke in there" (a crackhouse)

Some did not fall into a theme

"No you can keep an eye out for them"

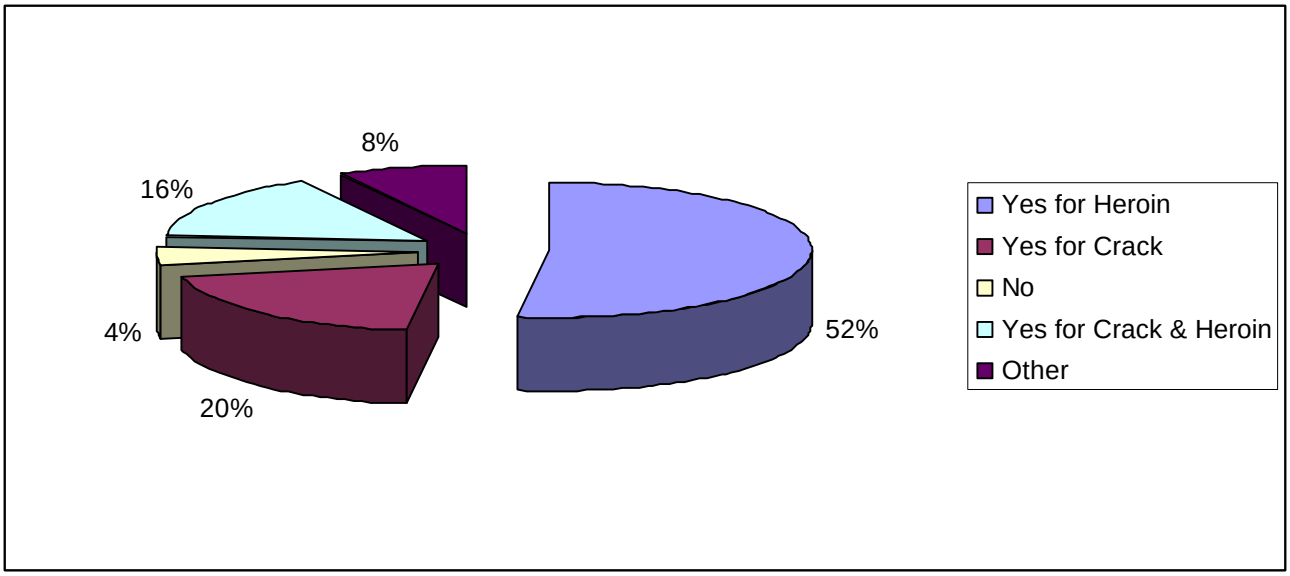
"No, pray they don't catch you"

7. Treatment

Main Points

- 96% of the sample had sought help with their drug use (figure most likely positively skewed by research methods) but only 20% had ever sought help for their crack use.
- Most of the sample had gone for help with their heroin use, due to the pain of withdrawing and sidelined crack treatment as a waste of time as they felt it was non-addictive.
- Fast access to treatment is considered the most important feature of a community based drug agency and a long wait for a methadone script the biggest obstacle to attending such a service.
- Wanting a methadone script and deteriorating health brought these drug users into treatment and unfriendly judgmental staff kept them away.
- A new service most users would like in the borough was a drop-in or crisis centre with counselling, complementary therapy and groups they could attend.

Figure 21- Have You Ever Received Treatment or Help In Connection With Your Drug Use?



2 who reported they had only had previous treatment for heroin addiction, made the point that this time around they were seeking help for both heroin and crack cocaine.

Other

- 2 for Crack and Alcohol
- 1 for alcohol not drugs
- 1 for Crack and Khat

Respondents' detailed appraisals of their treatment can be seen in "Crack users' Appraisal of their Treatment" section.

Figure 21 shows that 96% of the respondents had sought help for their drug use.

The two that hadn't both lived in hostels, one was seeing a counsellor for anger management and depression and one was very young and not at a point where she wanted to address her drug use:

"Not trying to stop completely, just trying to cut down, I don't want people to tell me to stop, I'd rather stop for myself"

Of those that had received treatment, over half had for heroin misuse.

Many respondents did not perceive treatment for crack to be effective because they did not see crack as physically addictive.

"Yes for heroin, there is no help for crack. It's all in the mind"

"Yes for heroin, once you nip that in the bud you can control both (heroin and crack)"

"Yes for heroin, crack is psychological"

"Yes for heroin, I weaned myself off crack"

Respondents were asked to comment on which of the following 16 features they considered most essential to a community drug agency, their responses are listed in order of priority below and are displayed in Figure 22 (over page).

1. Fast access to treatment
2. Ex-crack using staff (2 objected to this)
3. One to one support
4. Housing advice
5. Complementary therapy
6. Later opening hours &/also Drop in service
7. Mental health support &/also Advice on Hepatitis/ HIV+
8. Local services &/also E.T.E (Education, Training and Employment)
9. Users groups (3 objected to this) &/also Benefits advice
10. Worker of the same gender/ethnicity (6 said this wouldn't make a difference)
11. Referral on to other services
12. Separate stimulant service

3 respondents didn't comment

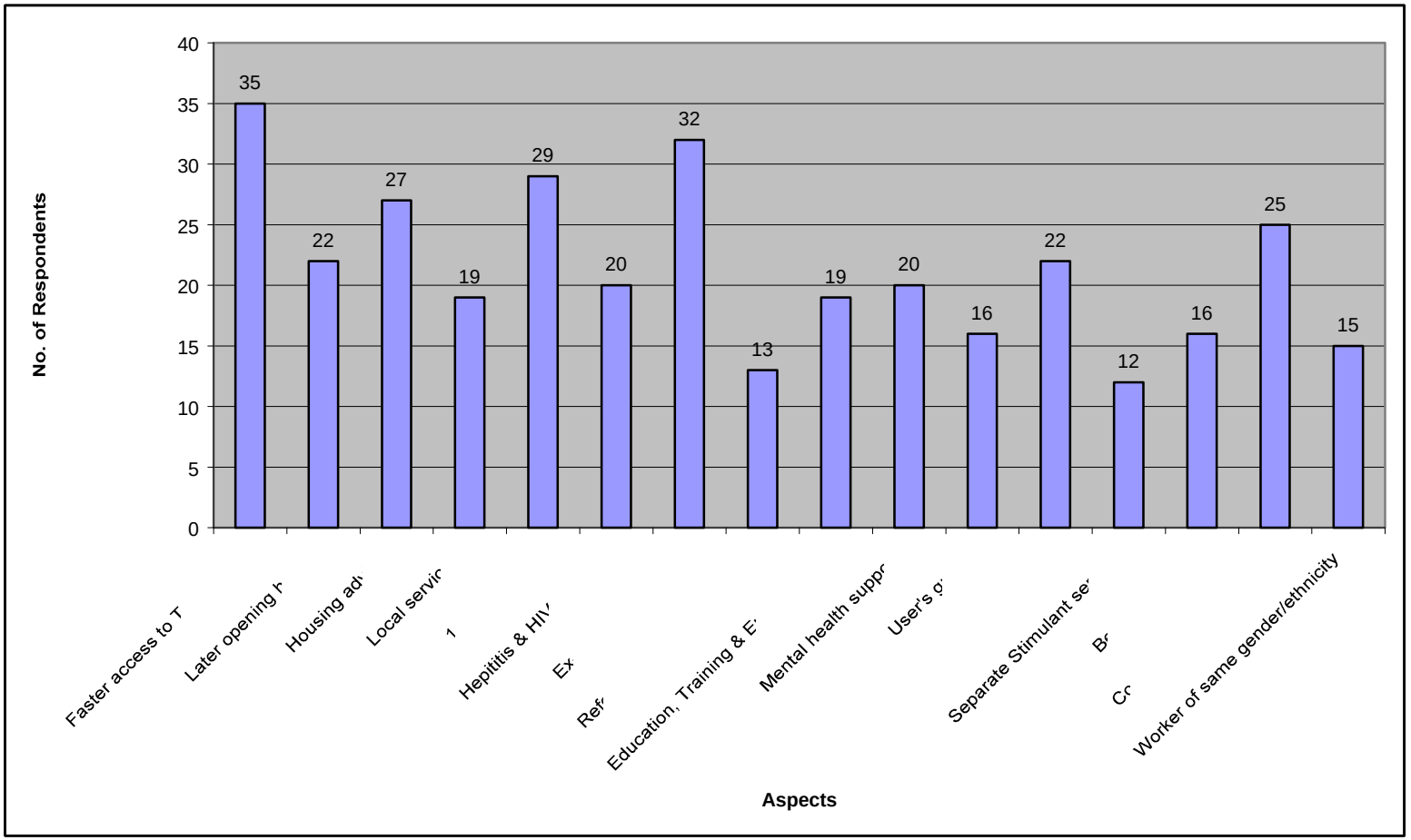
Additional comments

- All services should be welcoming and accessible

- The Somali respondent made the point that the only important aspect of a drug service for her was a Somali speaking worker, she did not comment on any others.

- The 'Worker of the same gender/ethnicity' option generated additional comments. One stated it to be their most important aspect. Ethnicity of the respondent did not significantly affect choosing this option, but one Black Caribbean respondent noted: ***" A variety would be nice, it's useful to be asked"*** and one white older male said, ***" A worker of the same gender would be nice given the proliferation of 'twenty-something' female drug workers"***

Figure 22- What aspects of community-based drug services do you consider important?



What Service Would You Like That You Do Not Have Now?

The Respondents were asked what new services (drug or non-drug) would improve their quality of life and make a difference.

Five did not answer this question

The following themes came up in order of priority:

1. Drop in Crisis Centre
2. Better access to housing
3. Access to all requirements &/also Detox and Rehab
4. More Counselling/Counsellors &/also Some guidance in imagining a drug free life
5. Staff support
6. Leisure activities &/also Benzodiazepine script &/also Quicker help &/also More crack awareness programmes &/also Need to get out of my environment &/also Complementary therapy

Drop in/Crisis centre

This was the most common request of the 50 respondents (18 % requested it). Such a venue would need to have drug workers for counselling, complementary therapy and users' groups. Many of the suggestions below could operate from one central building: a one-stop-shop.

"Somewhere local (Downham) a drop in, if it wasn't for my GP wouldn't even know about this place (CDP Forest Hill)"

"Drop in place where if you wanted to go and speak to someone you could, maybe offer you alternative treatment"

"Need crisis centres, wait so long when help arrives it may have passed. Don't check when they prioritise and people lie to get in"

"Crisis drop in centre for those having psychotic episodes-not something that's talked about"

"Drop-in for support"

"Have a drop-in with complementary therapy-acupuncture"

"Drop-in with group therapy. Talking in group helped so much, I surprised myself, and you can't bullshit other addicts"

Housing/Hostels

9/50 stated improved access to housing or a tenancy support worker to work with crack users to help them retain their properties. Once more the issue of young single males not seen as eligible for emergency housing is raised.

"Housing assistance I lost my flat as a result of crack use. I am not seen as a priority because I'm single and male"

"Housing, need a support worker to help me out with my electricity and gas. Admittedly, a Housing Officer sent me an appointment but I missed it"

"Not a priority for housing as I'm young single male"

Access to all requirements

5 interviewees did not feel a new service was required and 2 stated it was up to the individual to access the services available.

"Everything is here- acupuncture does work"

"Don't think you can get any more than is already out there, if you want it, it's there"

"Everything is within the hostel, they can also refer on"

"Got access to everything I need, will get off crack by myself"

"All drug related needs helped by my Somali Drug worker"

Detox/Day Programme/Rehab

5 respondents feel they need a detox to improve their quality of life. Another acknowledged the waiting list and difficulty obtaining a residential detoxification/rehabilitation and would settle for a structured day programme.

"A day programme-get help even if you can't get a residential"

"Like to go to a short detox and get cleaned up"

"Emergency drug services-emergency detox"

"Been thinking about detox/rehab-don't like the idea of being locked up, like prison"

More crack counsellors

As crack is not physically addictive the most feasible treatment is counselling and therapy to ascertain underlying issues. 4 of the 50 highlighted the need for more counselling services for drug users in Lewisham. One felt ex-crack users should do this and one called for more specialist crack counsellors.

"Crack counsellors"

"More counselling"

"Therapy- it's more mentally than physically addictive. Ex-crack users should do it"

Some guidance in imagining a drug free life

This theme came up in 4 of the responses and concentrates on helping former or current drug users identify their "transferable skills" into employment, education or training. Drug workers often comment that if their clients put the energy, imagination and focus into paid employment as they did into acquiring drugs they would make up a formidable workforce. Ex-drug users running such groups would be the most effective.

"Employment/college courses"

"Somewhere I could find out my capabilities for the future, see where I could develop my potential. I feel like a loser. I'm a natural artist I could put that into something"

"I think it would be nice to talk to ex-users (drug free for a few years) know where they were coming from would give me some hope"

"Bored, want to go back to work or a structured day programme"

Staff support
An innovative suggestion was made by one of the 3 people requesting extra staff support, a relapse prevention texting service. Extra mental health support was highlighted by one respondent.

"Calling/Texting service-tell worker when you're most likely to crave they could phone you/text you. Write letters to them, encourage them to stay off drugs."

"Somebody to sit down and tell you what to do, catch you before you go down the tubes"

"Some form of mental health support"

Leisure activities
Social activities were suggested by 2 interviewees as something they would like to see offered by Lewisham's drug services, they felt it would bring people into services by improving group cohesion, drug users often complain that all they do is take and talk about drugs.

"Want social activities/physical activities like football or basketball"

"Hot food and leisure activities"

Benzodiazepine script
A Benzodiazepine prescription was the answer for two respondents to alleviate crack/heroin withdrawal symptoms.

"Diazepam, one thing I know that slows you down"

"A Valium script, need a decent kip when I'm withdrawing"

More crack awareness programmes
2 interviewees felt educating society, young people and drug workers about crack and banishing some stereotypes would be beneficial.

"More crack awareness programmes/education"

Complementary therapy
Alternative therapies such as Reiki, Reflexology, Shiatsu and Indian Head Massage whilst they have little empirical evidence supporting their use, anecdotally amongst drugs workers they are felt to retain clients in services, alongside more traditional drug counselling.

"More alternative therapies"

"Acupuncture/relaxation."

Quicker help
Faster access to services was the final theme to come up and was highlighted by 2 respondents.

"Make it easier to get into CDP Forest Hill or the Dual Team, sometimes it takes 1 to 2months when you need help straight away"

"Waiting for the crack worker here" (CDP Quantum Project Forest Hill)

Getting out of the environment

"Get out of Ennersdale, I'm surrounded by drug users in here"

"No, not that hard to come off, just need to get out of the environment"

Other

The following did not fall under a theme and would improve the quality of life of 9 crack users:

"A substitute (like for heroin)"

"Think they should legalise it"

"More info about Narcotics Anonymous and Cocaine Anonymous"

"Someone coming into Ennersdale, someone who knows.

"Want to get clean and stay clean, help others"

"Advice on Benefits/Taxation"

"Police should try to crack down more"

"Someone to help me get access to my kids"

"If there was something like a miracle centre, I'd go there."

What Would Encourage You To Attend A Service?

4 respondents did not answer this question.

Those that did had their responses coded by the Researcher and arranged into common themes, which are displayed below in order of their popularity amongst the respondents:

1. Wanting a methadone script for their opiate addiction &/also Hitting rock bottom
2. Friendly, empathetic, non-judgemental staff
3. Nothing &/also Described elements which all together would constitute a local drop-in
4. The desire to change their lifestyle &/also Knowing what services are out there to help
5. Knowing the agencies will respond to their needs quickly

In terms of their Heroin use/Methadone

As 58% of the sample was poly-drug users, it is not surprising that seeking an opiate substitute/blocker would draw them into services and is in fact the joint top priority of the sample. Many poly crack and heroin users do not recognise their crack addiction to be problematic and instead focus on the physical addiction, and subsequent painful withdrawal from heroin. One suggested a "Shooting gallery" (a supervised injecting site where heroin users can test their street heroin's purity and inject in a sterile, calm environment and dispose of their works).

"If they're getting medication, not sure how you'd encourage crack users in"?

"Cos I have to or I have to go and get heroin, don't want to have to go out and graft or stick needles in myself worrying where its come from"

"Have to go in to get methadone to make you feel normal"

"Getting methadone/Subutex even though its free drugs and it gives people more addictions"

"Want a script- if you get that quickly and easily. Once you start going somewhere you start using their other services"

"User friendly place where you could use safely, heroin, instead of methadone"

Hitting rock bottom/Health deteriorating

This reason, also highlighted by 7 of the respondents describes a "wake-up-call" to address their using. It may be triggered by deteriorating health, two used this phrase ***"my using getting me into trouble"*** and generally a feeling of things getting out of control.

"Sometimes get to a point where you're falling and need to be caught, Helen empathises, makes it difficult for me to excuse my use"

"My girlfriend threatening to leave me, my health going downhill"

"Hit rock bottom and want to stop"

"The prospect of dying, I've had enough I don't want to go to prison I had a house, a family, a business"

"When I've had enough of this crap, but when you need help it's not quick enough"

Friendly understanding non-judgemental staff

6/50 prioritised friendly, empathetic staff who are culturally aware, willing to listen and respectful of client confidentiality above all else when considering what would bring them into/back to a service.

"The staff, positive and encouraging. To help you focus and with their help you look at different dimensions of your life"

"Know you have someone non-judgemental to talk to if you're having a bad day"

"Friendly unjudgemental staff that don't pass information over to social services"

"Good trained workers- understanding of cultures and race. Some cultures speak loudly and animatedly, workers find it intimidating and don't understand it and mistake it for aggression and try to bar you from the service"

"Place where they help, way they are to you and the staff help as much as they can"

"Because they're helpful, if they actually listen. I've been asking for 10yrs, I can go up there any time I like to get something off my chest. I once had an appointment to see a psychiatrist, he just left me there in the waiting room and forgot about me"

Nothing

The third most cited element that would bring these respondents into services is not something that requires re-commissioning, a budget or staff…it is nothing. There is nothing that would entice 5 respondents to address their drug use, unless they **wanted** to:

"Nothing would encourage me, only if my mind and body was ready"

"Have to have the will power to want get off the gear…nothing to do with them, it's all about you"

"If you want to look after your own personal health, must have to want to look after yourself and love yourself"

"Me"

"If I wanted to get help"

The perfect drop-in (local with flexible, later opening, sympathetic staff in a calm, drug-free environment)

The next theme featured in 10% of the respondents' comments highlighted these elements which, when combined create a one-stop-shop, where users can get help and advice:

"Would have to be local (Catford) lots of people on the social don't want to have to get money to travel, they spend it on drugs"

"If the people were understanding, sympathetic, empathetic. It would have to be local with flexible hours"

"On-going support/ complementary therapies/housing advice"

"Nice and safe, a calming drug-free environment with people that understand"

"Knowing that there's treatment on offer. A structured programme to get you back on track"

Changing your life

3 interviewees suggested a willingness to change their drug using lifestyle would bring them into agencies:

"The will to carry on living and get back into society"

"Wanting to change my way of life, get on the road to having somewhere to live"

"Hope"

And…

Drug agencies raising their profile

A further 3 interviewees pointed out that agencies should market themselves more aggressively, as many crack users may be unaware of the services that are available:

"They should give leaflets out"

"Publicity, nobody knows about these places"

"Word of mouth that it's good after the first assessment you know if you're coming back"

Finally…

Quick

2 respondents said if an agency responded quickly and efficiently that would be enough.

"Needs to be quick if you're withdrawing"

"Efficiency"

Some responses did not fall naturally into a theme; they are displayed in full below:

"An interest, something that stimulated me mentally"

"If I wanted to get help and a Somali speaking drug worker"

"Would like to work as a volunteer"

"Knowing that there's a substitute, treatment on offer. A structured programme to get you back on track and back to work"

"I have certain problems, no gas/electricity. If I could get those sorted, I would happily do a home detox. I'm from a middle class background, I need my creature comforts I'm not used to living like this"

What would discourage you from attending a service/agency?

5 didn't respond to this question.
The responses that were made and have similar themes and have been listed below:

1 Rude, unsympathetic, uninterested staff
2 A slow Service &/also Trust broken to outside services
3 Meeting lots of other addicts &/also Cultural issues
4 Under the influence of drugs
5 Embarrassed they'd relapsed &/also Pettiness of the system

Rude, unsympathetic, uninterested staff

This was the biggest discouraging factor cited by over a quarter of the respondents 13/50 (26%). A warm welcome into a service makes a real difference.

"A total lack of understanding for my situation"

"A friendly face goes a long way"

"Not listening, treating me badly, being patronised"

"Just another junkie, make them sit in the corridor"

"If I didn't like the staff, had arguments with ones in the past, down to them to make you feel like you can get help, give you support, have to ask for everything, but you can't ask when you don't know what' out there"

A lengthy process

A joint second discouraging factor was a long wait for a service and a fear their details and drug use would be passed to other agencies. This was the case for (6/50) 12% respectively.

"Places that take forever"

"Being told to wait ages"

"Waiting times, inflexible hours"

And…

Trust/confidentiality being broken to social services or the police

"Abusive staff-have to be able to trust them, if they misplace that trust you wouldn't go back"

"Maybe if workers not on my side, liasing with police"

"Judgemental, pass information to social services"

"Knowing you've used and social services finding out"

"If the police were involved"

Meeting lots of other addicts

An occupational hazard of a drug service is that it is full of drug users, with varying levels of drug using and abstinence. This was highlighted as a discouraging factor by (5/50) 10% of the respondents.

"Went to a place in Hammersmith it was rough and dangerous looking with chaotic heroin addicts screaming for needles in reception and people doing acupuncture"

"Being around loads of addicts when they're using it as a scoring house"

"Bumping into crack users I know"

"Wouldn't go into a detox, with those kinds of people, they're in there for selfish reasons, they all use in there"

"Other people using the service showing no signs of changing or addressing their issues"

Cultural issues

10% of respondents also raised the issue of culture as putting them off attending services. Be it via a language barrier, being seen entering a drug agency by another member of a tight-knit BME community or feeling isolated because of the colour of their skin.

"Not shameful coming in here, could be coming here for anything, Orexis used to have a housing rights worker
(Somali user asked if they would be discouraged from seeing the drug worker for fear of being seen by someone in their community)"

"Being discriminated against because maybe you don't speak the language"

"Nothing should really, I was nervous to step in here, the Vietnamese community around here all know each other"

"Shouldn't mix addictions. In St Luke's I was the only black person there and all the white drinkers thought they were better than me"

"If I can't understand what they're saying"

Being under the influence of drugs

Cited by (3/50) 6% of the interviewees was….

"If I'm relapsing don't go nowhere except to that phonebox or if credit onto that mobile"

"If I'd been using I wouldn't go"

"Nothing, but depends if I'm in a bad head state, I'll use gear and fuck it off"

Embarrassed if they had relapsed

The final themes to occupy joint 5th priority (2/50) 4% in discouraging factors were pride:

"Sometimes you feel in your heart, your pride, embarrassed to go back somewhere after you've messed up. Didn't want to go back to City Roads but if you were on your last legs you'd have to go back"

"Sometimes feel bad if you use, you go somewhere else because you're too embarrassed to go back after all their help. Same with chemists-they're nice to you as they see you on a daily basis, they don't treat you like a dirty junkie"

And….

Pettiness of the system

"Silly little rules"

"Pettiness of the staff or the system"

Other

Lots of very random responses came up that could not be categorised, they can be seen in full below:

"The counselling"

"The commitment you have to make to a treatment programme, I like it to be flexible"

"Sometimes just feeling like you can't be arsed to get out of bed"

"Travel cost"

"People there, boring, not a clue what they're talking about, just pisses you off"

"Bad atmosphere, people looking at me sideways"

" I've only ever been here. After relapsed Wickham Park House couldn't come back here for another script for 6 weeks"

"If it were under-resourced"

"If I had disappointed myself in some way, rather than something they had done"

"I'll keep going as long as they provide the methadone"

"Agencies tend to be Big Brotherish-inquisitive and punitive"

"Nothing, not wanting people to know about your kids"

"The fact I know I can do it for myself, if I really wanted to, I've done it before. Clean for 2yrs, even bought for friends in that time-did it for a girl, then we started to argue……"

What obstacles might prevent you from attending a service?

Its purpose was to investigate practical obstacles or perceived hurdles placed in their path by the system.
However, it had a very poor response rate the lowest of all 42 questions, 19/50 (38%) failed to answer. This could be due to a variety of factors:

- The previous four questions were all along the same theme and could have seemed repetitious
- It was near the end of the questionnaire
- It was at the end of a section of questions that required thoughtful considered response by which point the £10 Tesco's voucher might have seemed well earned!

8 themes came up in the responses; they are displayed below in order of priority:

1. Long wait for a methadone script
2. If withdrawing or heavily under the influence of drugs &/also Their Children
3. Lack of travel fare &/also The rigmarole of the system/Myself; I'm the only obstacle &/also Schedules and times
4. Nothing, if I wanted to go I'd go

Long wait for a Methadone script

The biggest obstacle standing between these 5 drug users and services was the prospect of a long wait for a methadone script, once they had made the decision to address their drug use.

"The length of time you wait for a script, some places you wait for 3months"

"Access to scripts-sometimes you get really desperate"

"Waiting 6 to 8 weeks for a script when you're in dire straits"

Children

Drug users are more than aware that the custody of their children remains under scrutiny. As a result, they may be reluctant to engage with services at the risk of highlighting their case to Social Services and risk the children being taken into care.
Another respondent raised the point that she could not go into a 3-6 month residential rehabilitation, as she had no alternative childcare. These are both well- documented obstacles, which keep, for the most part, women from getting help they need with their drug use.

" I was a single parent for 8yrs"

"Places won't take children over the age of 11. I can't go into rehab for 3-6months, and then relocate. Neither of my kids wants to be left for 6months. I'd take them out of school if I could take them, as long as I could get them a good school, but I couldn't leave my youngest with anyone-she's a real handful. Also I'm a different person when I come back from detox-I'm stricter, they have no way of blackmailing me"

Withdrawing or heavily under the influence of drugs

4 stated this to be their biggest obstacle to accessing services

"Heavy usage"

"If you're scoring and waiting for a dealer you'll miss your appointment"

Myself-I'm the only obstacle

"Myself, my circumstances"

"My attitude, if I'm not that committed to going I won't go"

"Myself-I'm stubborn. I would rather help myself, I won't give other people a chance to help me"

Rigmarole of the System

3 users had something to say about the long-drawn-out-effort between walking through the door and actually getting the help, they came in for.

"The fact that it was virtually impossible to carry on working and get a rehab, I had to give up my job to get into the benefits system"

"Having to come down everyday testing you, ain't helping, just chasing you away"

"Little things, like when you go to the Dual team and you have to have a piss test-you know you have a problem. Then you have to wait to be allocated a worker- it should be quicker"

Lack of travel fare

A practical obstacle highlighted by 3 respondents was lack of money for the travel fare.

"No benefits"

"Lack of money for fares"

"Travel fare-sometimes just haven't got it"

Schedules and Times

This cited obstacle described trying to fit a chaotic, often nocturnal lifestyle into keeping a scheduled appointment within a 9-5 workday.

"The hours"

"Schedules and times"

Nothing, if I wanted to go, I'd go

Nothing would prevent 2 of the interviewees from attending a service, if they wanted to they would:

"If want to go, I'll go"

"Nothing, if I had to do it I would"

Unwelcoming Staff

Unfriendly staff would act as a barrier to services for 2 of the crack users interviewed.

"Attitude of staff"

"Dual team-nasty and unwelcoming"

Other
Some comments did not naturally fall into a theme:

"Language barrier, if I went anywhere else they would (have to) get an interpreter"

"Your friends are on it and want you to keep on taking it, it was how we socialised"

"Come in desperate, might have a touch and find 10k, then you wouldn't have a problem"

"Sometimes just feeling like you can't be arsed to get out of bed"

"People coming here using"

"More privacy, don't like all having to sit together"

"A fee"

"They ask you a lot of personal questions"

"Just don't want to"

"Distance from the service"

What is your Opinion of Crack Treatment?
11 themes emerged from their responses but the common belief, held by almost one third of the sample, is that…there isn't any!

The themes are displayed in full below:

1. There isn't any
2. Never really had any
3. Mind over matter is all you can do for crack addiction
4. My crack addiction has never really been that bad &/also I enjoy taking crack that's why I can't stop &/also Don't want a substitute just something to help with the cravings
5. All they can do with you is counselling &/also Want a substitute &/also Only ever had treatment for my heroin addiction
6. Crack treatment is not well advertised &/also Complementary therapy is the best help on offer

There isn't any
This theme came through really strongly with most of the respondents (16/50) 32% uttering exactly the same phrase. One respondent, despite holding this belief felt their imminent detox at Wickham Park House would cure their crack addiction!

"(Laughs), nothing is available to help crack users"

"What treatment"?

"There isn't any to speak of, people are starting to realise it's a huge problem and people need something"

"There isn't any. Wickham Park House are going to help"

Never really had any

10/11 respondents expressing this view had never had any crack treatment; the other felt they had not had enough to judge; yet, the phrases are again, identical and emphatic:

"Don't know, only just been suggested but there's a month waiting list here (CDP Quantum Project Forest Hill) need it while you're low, no good if they suggest it and then make you wait"

"Haven't had enough of it, as a worker I believe it exists"

"Haven't really had any treatment for crack, haven't tried the complementary therapy here"

"Dunno-not really experienced it, I know they say there's a lot of help but because its not addictive and there's nothing to replace it like methadone you don't believe them"

Mind over matter is all you can do for crack addiction

The third strongest theme to come through (from 12% of the crack users) is the belief that you can wean yourself off crack through willpower, as it is only psychologically not physiologically addictive.

"It's more psychological. Need a complete safe house, get all sorts of paranoias, voices plotting in your head"

"If you're ready for it, it can work for you, there's no substitute, only mind over matter not like clucking"

"For heroin there's methadone/Subutex, nothing like that for crack, just think its in your head and miss it"

"You need a good person behind you, someone to make treatment fun, helps you take your mind off it"

My crack addiction has never been that bad

Three themes came through for joint fourth place, each forming 10% of the interviewees opinions, this one, came entirely from respondents with additional heroin addictions which, they felt took priority:

"It has never been that bad"

"Quite good. If I reached a stage where I wanted to I'd address it; I've never sought help for my use"

"Crack's not a problem it's a little treat"

"Heard of it, it could be helpful, would consider going but there are other things I need to sort out"

And….

I enjoy taking crack and it's a compulsive drug that's why I can't stop

Some simply said it was a pleasant drug to take without the unpleasant side effects of heroin withdrawal and for that reason alone, they found it hard to give up. Three described its moreish, insatiable nature:

"Crack's nice, you keep on doing it"

"Heroin was a drug I didn't want to take but with crack I enjoy taking it, never had cravings that bad"

"At least you're content with heroin but with white just want more and more"

"It doesn't work-if I've got money in my pocket I want crack"

"Because it's not actually addictive it's just soo moreish"

And…

Don't want a substitute just something to help with the cravings

The remaining 5 were not looking for a methadone equivalent, just something to relieve the cravings; a couple of substances were suggested for this:

"I think you just need a drug to help calm you down"

"A drug should be developed to decrease anxiety/take away cravings and keep you relaxed"

"There's no substitute but you don't have to suffer, marijuana helps me so much"

"Don't want a substitute, only way is to take loads of Valium"

All they can do with you is Counselling

4 people were of the opinion that some form of 'talk therapy' was the most likely course of treatment for their crack addiction.

"Waste of time can't see how you can help a crackhead. It's mental, in Wickham Park, they stay there for 4 weeks, you need help mentally, need a counsellor you can ring at any time"

"Good if someone can sit down and talk with you, that's all you need something to sort your head out"

"All it is is counselling and more counselling"

And….

Want a substitute

4 preferred to hope for a substitute:

"There should be a substitute in this day and age. I read in 'Top Sante' there's a blocker injection you can take; this should be made available"

"I wish there was a magic pill, no substitute so I suppose they're doing what they can but need something to keep healthy and focussed"

"Can't believe there is no medical intervention"

And…

Only ever had treatment for my heroin addiction

4 had only ever sought help for their heroin addiction:

"Not much, only ever sought help with heroin but crack is more of a problem now"

"Never really had any, always gone in treatment for heroin problem"

"Never been for treatment for white"

Finally…

Complementary therapies are the best help for crack addiction

"Like the complementary therapy, would like it if they could all do acupuncture"

"Might try reflexology at CDP Forest Hill, it's supposed to be pretty helpful"

And…

Crack treatment is not well advertised

2 expressed a need for raising awareness of services offering crack treatment. One believed that there was treatment it just needed more vigorous marketing to alert crack users that help was available and one was doubtful of its existence:

"Need this kind of service all across the board-hand out leaflets to crack users/dealers make them aware"

"If there is, it isn't well advertised"

Some responses did not fall into any category or theme or was a combination of more than one; they are displayed in full below:

"Not a lot they can do for you. When you're actually in treatment its ok"

"Lousy (shakes his head) they just talk, surely they could give you something. All I've ever done is switch addictions drink à heroin à I now drink to come off crack"

"What substitute could you give if you don't physically need it"?

"Whoever is using is wrong, before I thought it was all right but now I realise its wrong, through dealing with what went on in the civil war in counselling and reading the Qu'aran"

"Seems quite good, I can go straight into Blackfriars Dual team, go to the group or have acupuncture once a fortnight"

"Can stop crack on my own. If I stopped taking heroin, I'd stop. I make sure I've got crack for the morning"

Conclusion

This report does not profile crack users as a whole but comments on the patterns and themes that arose amongst Lewisham crack users and uses their information to draw conclusions about Lewisham crack market.

Their backgrounds

Two thirds of the interviewees were white; they tended to live in the borough in non-secure accommodation.

They suffered, most significantly from respiratory complaints, depression, and those that had children, tended not to have them in their care.

Their drug use

A rock of crack can be purchased in Lewisham for £10.

58% of the sample were poly-drug users and whilst they tended to have been using drugs for longer and inject, more (75%) of the primary crack users group used every day.

Lewisham's crack market

Is probably best described as local and semi-open. It does not have a front line, and is open in that it is accessible, yet closed in the sense that transactions take place all over the borough, having been arranged on mobile phones beforehand.

Users reported knowing 1 to 36 dealers and doing business with an average of 4 a month.

The market is local, as users rarely have to leave the borough for supplies, over a quarter of the sample report having drugs delivered to their door (home delivery).

Most users phone up their dealer's mobile telephone, place an order and arrange a mutually beneficial place to meet (or home delivery); transactions tend to take place within 15 minutes.

Dealers

Crack dealers is somewhat of a misleading term (at least in Lewisham) as it was reported 78% deal both crack and heroin and poly-drug users tend to buy both at the same time.

It was felt the phrase 'a lot of small dealers and a few big ones' best described the market, which comprises lots of minor dealers getting their supplies from 1 to 2 middle market dealers further up the chain.

'Runners' are less of a feature than they were 3 or 4 years ago but little firm evidence came through as to who they would be and if they were likely to be users themselves.

Crackhouses seem to be a rarity as most have been closed down by the police; they were unpopular amongst the users, viewed as a last resort when scoring.

Treatment

96% of the respondents had sought help for their drug use at some time or another (this high figure is skewed by the method of data collection, which for the most part was carried out in community drug agencies) but only 20% had sought help for their crack use and only 16% for heroin and crack use.

Aspects the users considered important in community based services were fast access to treatment, ex-crack using staff, one to one support and housing advice.

The service most requested was a local drop-in or crisis centre, providing drug counselling, complementary therapy and users' groups.

They were encouraged into services by opiate substitute prescribing services and their health deteriorating and discouraged from going back by unfriendly non-empathetic staff.

Funding their habit

60% cited benefits funded their habits but 36% admitted to shoplifting, the sample included an ex-nurse, an ex-drug worker and ex-Metropolitan police officer.

40% had been arrested in the last year and just over half said that police activity did **not** affect the way they bought drugs.

8. Crack Users' Appraisal of Their Treatment

This is not a comprehensive review of the borough's drug services, merely a snapshot, as each one has slightly different admission criteria, the clients bring differing needs and they each have styles which suit some and not others.

Main Points

- Of the 3 main agencies in the borough (CDP Quantum, The Dual Team and Orexis) the Dual Team was the most accessed, with 56% of the sample having been there at one time or another. They liked the fact they offered a substitute opiate prescribing service to even the most chaotic heavy users but disliked the wait they often had for that service and the unsuitable, intimidating building they were housed in.
- The service **currently** being accessed the most by this sample was CDP Quantum. This received the highest praise of the 3, providing an all round service of prescribing, crack specific counselling and complementary therapy. Some were critical of the distance they had to travel to reach it and questioned how many people even knew about the service.
- Orexis saw the least of the sample-20%. Yet their clients cited a flexible service with specialist BME workers, a single factor responsible for bringing some drug users to their door. Staff shortages were blamed for the waiting list, which prevented some clients from accessing this service.
- Other detoxes and rehabs which the clients had accessed recently and reviewed were City Roads, the Acute Admissions Unit, Brook Drive, Wickham Park House and Clouds.

Lewisham Agencies

The Dual Team Catford

- 28/50 (56%) of the respondents had accessed this service at some time.
- 15/28 (54%) past service users and 13/28 (46%) currently accessing the agency.

Helpful Aspects:

- Empathetic staff
- Access to an opiate substitute prescribing service.

Unhelpful Aspects:

- A hard to access service with a lengthy waiting list
- Unsympathetic staff
- An intimidating unsuitable building.

Suggestions:

- A Drop in with groups.

CDP Quantum Project Forest Hill

- 21/50 (42%) of the respondents had accessed this service at some time.
- 2/21 (9.6%) past service users and 19/21 (90.4%) currently accessing the agency.

Helpful Aspects

- An anonymous building with a calm atmosphere and pleasant décor.

- Helpful, knowledgeable and empathetic staff.
- An all round service providing counselling (crack specific), an opiate substitute prescribing service, complementary therapies and homeopathic teas.

Unhelpful Aspects:
- The distance some had to travel to reach the service.
- Most reported an easy to access service with few obstacles in their path.
- Some highlighted the fact that drug users may not be aware of this drug agency's whereabouts or existence.

Suggestions:
- A weekend service and help line
- Leisure activities
- Housing advice
- A Drop-In.

Orexis

- 10/50 (20%) of the respondents had accessed this service at some time
- 3/10 (30%) past service users and 7/10 (70%) currently accessing the service.

Helpful Aspects:
- A flexible, helpful service
- 2 of the respondents went specifically to access specialist BME drug workers.
- Some were seen immediately and some felt staff shortages slowed their access to Orexis.

Suggestions:
- Group therapy alongside the existing one-to-one's.

Detox & Rehabilitation Services

City Roads

- 8/50 (16%) of the respondents had received treatment here.

Helpful Aspects:
- Quick
- Crisis beds accessible.

Unhelpful Aspects:
- Too restricted to the house
- Clients using drugs in there
- New intakes fresh from using the night before talking about their drug use.
- Some went in as crisis admissions, some were planned.

Acute Admission Unit (AAU)

- 7/50 (14%) of the respondents had received treatment there

Helpful Aspects:
- Most reported going in for methadone stabilisation when their street heroin use became chaotic and unmanageable.

Unhelpful Aspects:

- 2/50 (4%) disliked the medication given (Lofexidine)

Brook Drive

- 4/50 (8%) of the respondents had received treatment here

Wickham Park House

- 2/50 (4%) of the respondents had received treatment here

Prison Detox

- 3/50 (6%) had detoxed in prison, one explained that even though they were drug free on release and had a rehab to transfer to they couldn't face another institution and simply wanted to celebrate their freedom in the traditional way and get drunk and take drugs.

Clouds

- 2/50 (4%) gave a glowing appraisal of their treatment in clouds.

Respondents were asked:

Which of the following local services have you had contact with and which ones are you currently in contact with? (See Appendices 1).

In addition, they were asked to comment:

- What was helpful about the service?
- What was unhelpful about the service?
- What (if any) obstacles had they encountered trying to access this service?

Community Based Drug Agencies

- Dual Team
- CDP-Quantum Project-Forest Hill
- Orexis
- CDP-Evolve Project-Southwark
- CDP- Day Programme

Youth Services

- ACAPS Turning Point
- Child & Adolescent Mental Health Service (CAMHS)
- Community Drug Education Project (CDEP)
- Connexions

Detox & Rehab Services

- Wickham Park House (Detox)
- Brook Drive (Detox)
- City Roads (Detox)
- Acute Admissions Unit (AAU) (Detox)
- Other detox
- Phoenix House (Rehab)
- Other rehab

The Criminal Justice System
- Probation
- Drug Treatment and Testing Order (DTTO)
- Prison drug worker

Health Services
- GP
- Accident & Emergency

Other
- Mainliners
- Needle exchange
- Self help group
- Social Worker
- ARP Substance Misuse Worker

The responses could be placed under several broad headings and can be seen in full, under:

1. Community Drug Services within Lewisham
2. Detox & Rehab Services
3. Community Drug Services outside of the borough
4. Other

Community Drug Services in Lewisham

The 3 agencies in the borough are:

- The Dual Team-Catford
- CDP-Quantum Project-Forest Hill
- Orexis

The respondents' evaluations of these services can be seen in full below:

The Dual Team Catford

28/50 (56%) had accessed The Dual team-Catford
15/28 (54%) had used the service in the past
13/28 (46%) were currently using the service

Aspects current users found helpful about the Dual Team- Catford

This is what the 13 current service users felt was helpful about the service; their responses fall into loose themes:

10 cited the Staff. One was specific:

"Have a counsellor the same age and sex, no offence (towards the Researcher)***, but there's so many young women in this trade, it's refreshing to get that and I find him easier to talk to"***

"Used to think the Dual team were shit but my worker's good- can't speak highly enough of her"

"They sit and talk to you, help build your confidence up, give you ideas to stay clean that you've never thought of"

"Because I work for the NHS and have mental health problems, my keyworker is the Consultant Psychiatrist"

"I use it for good key sessions. Come when I want help, good staff"

"Get on with all the staff, like the service, my worker's good"

" My keyworker is good and not preaching. They're not judgemental and they're empathetic"

"Talk to them about heroin and crack. Like having someone to talk to, sympathetic, its all right"

"Yes, I'm lots more stable now with my script. The reason I come here is because I get on with my keyworker, she's blinding"

"Very unjudgemental staff, they know a lot but need to know more"

5 cited the fact it was an opiate substitute prescribing service and needle exchange:

"Medication"

"Easy access to needles and equipment"

"Just come here for my works"

"Come here to pick up needles"

"For Subutex"

2 were critical of the experience:

"No, don't like the rules and regulations, I have no rigid 9-5 system"

"Keyworker is shit-doesn't help, just says, 'Here's your next script'"

Aspects ex-users found helpful about the Dual Team-Catford

14/15 Ex users commented on the service.
1 did not pass comment:

7/15 respondents were satisfied with their treatment and their responses have been coded into themes:

Some were pleased with their speedy service:

"Were good, got me into detox straight away"

"Got it all sorted out in a week, but I don't see the point of doing Heroin and Methadone want to get onto Subutex"

Some went in for specific aspects of the service:

"1 year ago went in for needle exchange"

"All right, just went in for pins at the needle exchange"

Other Comments:

"Said I could come and get some help, I tried to listen to her voice for 9months, then I went back on it"

"The attitude of the staff, the way their procedures are set up, did work but I had to make it work"

7/15 past service users were critical of it and had found it UNHELPFUL, which explains why they went elsewhere for treatment.

3 described a hard to access service:

"A poor, hard to access service, had to phone in every Monday"

"Long drawn out procedure"

"They made it as hard as possible…they have no time for you and stick their rules down your throat"

Some felt the staff were not empathetic towards the drug users' predicaments:

"Didn't find them easy to talk to, didn't feel they understood"

"Knowledge of drugs good, staff not nice, too quick to reprimand. Too quick to cut you off and kick you out. They should be more understanding and more flexible"

"Don't bother, give you a hard time, get put off, make you feel like Catford junkies"

"Nobody down there seems to be in touch with what drug addicts are actually going through"

"Arseholes only went there because I arranged to see my social worker there. Did not like their attitude and didn't go back. The attitude there is totally different- (interviewed at CDP Quantum Project-Forest Hill)***- it's like they're looking down on you"***

One respondent suggested the effect of staff was exacerbated by the layout of the building:

"Went there initially, not a very welcoming place. Horse doors to let you in, a member of staff gingerly opened half the horse door! Referred me onto CDP Forest Hill, I found the whole process demeaning"

Aspects current users found unhelpful at The Dual Team Catford

4/13 did not pass comment; this is what the remaining 9 respondents **currently** using the Dual Team's services felt were **unhelpful** about it.

Only one feature recurred constantly:

The waiting list:

"Length of time it takes"

"Went 2 yrs ago as a self referral told them unless they helped me I'd be dead-they told me to come back in 3months-2 weeks later I was in prison"

The rest comprise individual criticisms and one suggestion for service development:

"Shame there's no Drop in, something like a Women's morning, art morning, coffee morning you could get to know people, belong to a group, share ideas and stick to your script, there's no sense of belonging here"

"Don't like the attitude of punitive measures, I don't appreciate being treated like a child. Once, 2 yrs ago they made me come every day for 6 weeks before I took my methadone, nobody explained to me why"

"I'm in the process of admitting to my superiors at work that I'm using, need someone to hold my hand and the doctor here won't do that for me"

"One week script, the time picking up the methadone"

"Leave messages and the keyworker doesn't get them"

"Keep you waiting at the front"

"I left 18months ago after I requested a script for the Christmas period so I could see my son, they gave me 25ml, way too small, I was in pieces, they set me up to relapse and that was the final straw. Was so disheartened I've stayed away until now"

Aspects ex-users found unhelpful about the Dual Team-Catford

7 of the 15 **past users** of the service found these elements to be **unhelpful.** 8 did not pass comment:

Too slow:

"Urine testing holds things up, when you decide to stop you want it there and then"

Non-sympathetic staff:

"Didn't feel comfortable talking to them-judgemental staff, didn't go back"

"When I first went there, they asked me how long I wanted to be on a script for, didn't know said 6months, at 6months they started cutting me down really fast saying I'd agreed to it. They're not as understanding as here (CDP Quantum Project Forest hill), everybody comes here. They (Dual team) don't know the life, here, seems to be more relaxed"

Other Comments:
"Want a more local service, more of a hindrance than a help"

"Lots of drugs, scripts, rubbish people and drinkers, I don't want to be a part of that"
"Didn't go back"
"Wasn't intense enough"

Obstacles preventing them from accessing the Dual Team-Catford

11/13 **Current Users** of the service highlighted the following **obstacles**.
2 did not pass comment.

2 felt there were no obstacles:

"No"

"If I want something, nothing is awkward"

2 were fast-tracked:

"Waiting list-couple of months, my Social Worker pushed it for me, but I've heard of people waiting longer"

"I was fast tracked through, didn't want a methadone script. Subutex is helpful"

The others described the effort of getting an initial appointment and then being told of the wait for the initiation of treatment:

"Have to keep ringing up every Monday, it can take ages"

"Waited a few weeks to see a doctor, then got a script"

"Long wait for the methadone"

"Ridiculous, had to phone up every Monday, then wait 6-8 weeks for an appointment"

"It's murder to get into and then you have to come every day"

"Wait so long to get on a script-6weeks. By the time you come here, you're so desperate and then you're told to wait"

"2 to 3months, then if you miss an appointment they start you again"

Only 6/15 **ex-users** commented on the **obstacles** hindering their access of the Dual team:

Again, the waiting list featured in their gripes:

"The waiting list, it takes a long time, you can wait months"

"Go through this and that just to get an appointment"

"My sister marched me down there, they said it would take 6 weeks, I made an appointment but didn't keep it, within that time anything could happen. I never went back"

"Took a month to get a script"

One suggested a change to the offered service:

"The way it's run, more action is needed, just have to keep calling in, when you want to just drop-in. Lots of people don't like the Dual team"

"Only went once, never heard from them"

CDP Quantum Project Forest Hill

21/50 (42%) had accessed CDP Quantum Project-Forest Hill
2/21 (9.6%) had used the service in the past
19/21 (90.4%) were currently using the service

Aspects current users found helpful about CDP Quantum Project-Forest Hill
All 19 of the current service users commented on the aspects they found helpful about CDP Quantum Project. They have been loosely grouped into 3 themes:

Its pleasant atmosphere:

"When you're down on your luck and your lifestyle is getting out of hand- it stabilises my life"

"Pleasant place to come"

"The fact that you walk into a building that's nice makes a difference"

"When you're on drugs day in day out, you almost become more dependent, nice to come here and have some sanity"

The attitude of the staff:

"The staff. They do things for you, your own family wouldn't"

"Can relax, the people are friendly and they understand"

"Excellent, been really good to me. My worker is excellent; loads of people come back here. The staff and service are good"

"Friendly staff not looking down on you, very knowledgeable about crack, they explained all about it, never had that before"

"My Crack worker is sent straight from Heaven"

"It's helpful, good to talk to people, the staff are knowledgeable"

"Best counselling I ever had, could relate to it"

"Doesn't make you feel so alone, nice to talk to someone. They don't look down their nose at you. Most care and have time for you or make time, even when you haven't got an appointment. There should be more places like this"

"People are really nice"

"Staff are good, very knowledgeable they give you tips and advice"

"I really like it. Like the talking, they have the time to sit down and talk about anything, think they're very knowledgeable about heroin"

"Very helpful staff"

"Went in for a script, see key worker fortnightly-they're all right"

"Like my counsellor, come when you like and they listen"
"Keyworker is very helpful"

"The counselling is fantastic"

"My counsellor is a lovely lady, she knows, she's been there herself, I talk to her a lot and get very emotional"

There was also praise for the services provided:

"It's anonymous and provides all the therapies (Acupuncture and reflexology) that really helps"

"Go for my methadone and counselling (sometimes) did get a better understanding of what I was doing to myself".

"Detox and lung teas are good"

"Getting services I need, Subutex and counselling"

"Yes, methadone takes the pressure off-when it's past the stage of fun and it's a habit. Free and there for you"

"Very helpful, went for a script. Removes the stress from my life, takes the pressure off, excellent staff and service"

"The acupuncture and relaxing teas are good"

"Different services provided, like the complementary therapies"

"There's a choice of lots of services- acupuncture and having bereavement counselling for the first time.

"The service, Sleep tea, hepatitis vaccinations and the complementary therapies"

"The programme and complementary therapy helps. The hours are good"

Aspects ex-users found helpful about CDP Quantum Project- Forest Hill

Both the **ex-users** stated what they found **helpful** about CDP Quantum Project- Forest Hill

"Nothing about it encouraged me I wanted to go"

"Got my methadone from there, while I was in prison they chucked me off their books. They knew a lot about drugs, went in once a fortnight had a chat and picked up my methadone. Enjoyed the acupuncture"

Aspects current users found unhelpful about CDP Quantum Project Forest Hill
11/19 currently using CDP-Quantum Project-Forest Hill outlined the aspects they found **unhelpful** about it.

8 did not pass comment:
3 said Nothing:

"Nothing, this place is terrific"

4 made practical suggestions for improvements to the services provided:
"Would like a weekend service and a help-line"

"Would like days out, activities, access to literature and internet/show a film"

"Would like help with housing"

"A Drop-in would be nice"

2 found the travelling to the service a negative element:

"Getting here is hard, 2 buses, would like to have my fares reimbursed"

"Could be closer to home"

Other Comments:

"Only been 2 to 3 times"

"Not the best keyworker I've ever had, not sure if he's new to it, he's a bit vague, not really got his finger on the pulse about what's going on and what users actually need"

Aspects ex-users found unhelpful about CDP Quantum Project- Forest Hill
Only 1 of the 2 ex-users of the service commented on the shortcomings:

"Nothing"

Obstacles preventing them from accessing CDP Quantum Project-Forest Hill
13/19 respondents **currently** using the service highlighted the following **obstacles**.
6 did not pass comment.

9 reported no problems accessing the service:

"Had to wait while they tested my urine sample, but that was it"

"Easy, walked in the door"

"2 weeks from being referred to being seen"

"Got a script in 2 days"

"Got a script quite quick"

"Fortnight to get a script"

"After the Dual team, couldn't believe how easy it was, after all their rigmarole"

"Got referred and in for assessment the next day"

2 suggested that drug users might not be aware of the Project's existence:

"Not knowing about the service, they should increase awareness through leaflets. Got clean with their help and support"

"Nobody knows about this place"

2 obstacles could not be categorised:

"Housing"

"The distance is a pain, but I don't like for it to be on my doorstep, so it's worth it"

Only 1 of the 2 **ex-users** commented on the **obstacles** hindering their access of the CDP Quantum Project-Forest Hill:

"Got in first time"

Orexis

10/50 (20%) had accessed Orexis for their drug use
3/10 (30%) had used the service in the past
7/10 (70%) were currently using the service

Aspects current users found helpful about Orexis

6/7 of the **current** service users commented on the aspects they found **helpful** about Orexis. 1 did not pass comment.

No common themes came up in the responses:

"Nothing encourages me to go, I want to go"

"Like the attitude and what they have to offer, getting you organised for treatment, the programme and the sessions"

"They worked around my work hours and let me come back when I fucked up"

"Definitely helpful, if you're really determined and committed and not just using methadone, for me personally, it was great"

"Like it there, can talk about how I feel and they advise me but don't tell me what to do"

"Yes the help I'm getting from the one-to-one counselling, talking about my experiences. Also, come here for help with my papers-immigration and income support"

Aspects ex-users found helpful about Orexis

All 3 of the **ex-users** commented on what they found **helpful** about the service:

"Arrest Referral worker from there came into Catford police station, gave me appointments, I didn't keep them. I was working by then, I got a Christmas job, only wanted a script, GP got me one"

"Was referred to a course there and failed something"

"Wasn't chaotic then, just on methadone"

Aspects current users found unhelpful about Orexis

5/7 of the **Current** users of Orexis highlighted the **unhelpful** aspects of the service.

2 did not pass comment.

2 reported they found nothing unhelpful:

"Getting a lot of help, wouldn't want to change anything"

2 made individual criticisms and 1 suggested a service development:

"When phone doesn't get answered"

"It's a long way for me to travel"

"Wish there were some groups, they help me with my self-esteem"

Aspects ex-users found unhelpful about Orexis

Only 1 of the 3 ex-users of the service commented on the unhelpful aspects:

"They criticised me if I was late, I lost my script, relapsed then hit crack on a large scale, in the last 2 yrs it has spiralled out of control"

Obstacles preventing them from accessing Orexis

5/7 respondents **currently** using the service highlighted the following **obstacles**.
2 did not pass comment.

2 were seen straight away:

"No, got in on the first day I tried"

"Saw me straight away, my worker had only just started and was eager to see people"

2 felt staff shortage had slowed their access to Orexis:

"Waiting list, they should have a form of prioritising. Need more counsellors"

"One week. They were short staffed but my worker fought my case, she's fantastic. No shame in coming here, most Vietnamese people come here, it's just a background"

1 realised **he** was the obstacle:

"I kept missing appointments"

None of the 3 ex-users commented on perceived obstacles to accessing Orexis.

Detox & Rehab Services

The respondents reported their evaluations of the following residential treatment centres:

Detoxes:

- City Roads
- Acute Admissions Unit (AAU)
- Wickham Park House
- Brook Drive
- Prison Detoxes
- Clouds

Rehabs:

- Phoenix House

City Roads

8/50 (16%) of respondents had received treatment in City Roads.

Helpful aspects of City Roads

All of them commented on what they found helpful about the experience:

3 gained from the experience:

"It was nice and quick-I didn't need counselling. It was nice to be out of the area and not see people you know"

"7 yrs ago was good, lots of company and know you're getting better"

"They took me off the streets, away from the drug scene, gave me food and a bed. I was clean for 21 days. Had acupuncture, group sessions, reflexology, one-to-one and helped me decide which rehab I could go onto"

2 were critical of the programme and 1 accepted she was at fault:

"Too restricted to the house, should take you out for walks. Fully detoxed- but used the day I came out"

"I would call it a detox, not treatment. I was treated awfully; it was the worst time of my life. They were not sympathetic to me, had a problem with the fact I was in the trade and they couldn't bullshit me. I will never refer anyone there again. The staff level of knowledge was reasonable. The food was great. The accommodation was of a decent standard. I detoxed for 10 days and was asked to leave; they said I was a disruptive element. The staff there are not about looking at issues, they have neither the time, inclination nor skill"

"Kept getting kicked out, just out of prison and I had an attitude"

2 found a blind detox (when the levels of heroin substitute being administered are unknown) beneficial:

"Blind detox-worked for me"

"Good people, kept you busy. Got clean then left. Blind detox-liked that"

Unhelpful aspects of City Roads

4/8 highlighted explained their perceived drawbacks of City Roads. Themes emerged:

Other residents continuing to take drugs distressed those trying to stay clean:

"Staff disappeared for hours at a time. People were using"

"Other patients getting drugs in and ruining it for everyone"

"Difficult to deal with new people coming in fresh from using and talking about it"

One respondent described how their withdrawal stopped them sleeping and their resentment at being sent back to their room. This exact problem is raised again in a respondent's criticism of Wickham Park House.

"Staff were all right but you can't sleep and they keep telling you to go back up to your room, lock the TV room at 12. There are lots of different addictions there so everyone has different patterns. Gets noisy at night and you're feeling irritable-can make you walk out of the door"

Obstacles preventing them from accessing City Roads

7/8 described their path into this detox, which has 19 crisis beds and 2 planned admission beds:

4 of the respondents were emergency admission and 3 were planned:

"Had to keep ringing up, it's a crisis centre, but mine was planned so I had to wait"

"I was a priority, I was at death's door"

"Phoned every day for 3 weeks from a phonebox near my sleeping site, I was desperate and suicidal, one day I stopped ringing and went on a binge, a week later I phoned again and they gave me a place"

The Acute Admissions Unit (AAU)

(7/50) 14% had detoxed in the AAU and one was in the process of trying to get in:

5 respondents disagreed with the choice of medication given (Lofexidine) or believed the dosage insufficient to prevent heroin withdrawal symptoms.

Helpful aspects of the AAU

Neither interviewees perceived the experience at AAU to be helpful (or had not been given the opportunity to find out:

"They have refused my admission"

"Nothing"

They commented on the choice of medication administered:

"6yrs ago I left, they put me on Lofexadine-made me feel really rough, I was using in there"

"Went in for methadone stabilisation, made a scapegoat for a problem in there-put on the street overdosed and nearly died. I wrote a letter of complaint"

"Stayed 10 days, worst detox ever, blind detox, don't actually know why I was thrown out"

2 comments stand alone:

"Go in to stabilise, years ago people went in to get off. I was drinking so much I couldn't get my scripts. They detoxed me from the alcohol-could have gone onto residential rehab but loads don't take you on methadone, have to be drug free"

"Once I did a complete detox but it was too much, second time did a methadone stabilisation and off alcohol and crack. Very helpful. Was in real trouble and it really helped. Staff were nice. Programme was good, I couldn't fault it"

Unhelpful aspects of the AAU

Medication:

"Hated it, no medication given"

"Wouldn't give me methadone, gave me Lofexadine which disagreed with me. I left I hated it, if I'd known I'd never have gone- I should have told them but I just left"

Obstacles preventing them from accessing the AAU

One woman raised the point that she could not go on to rehab due to childcare responsibilities:

" I had 2 children under 11, couldn't get anyone to look after them so I could go to rehab. Couldn't really hope for more than stabilisation, you feel like shit when you come out. Always try and keep it away from the kids, they're as good as gold"

"Community care assessors made me jump through lots of hoops"

"Quite easy to get in- 2 months"

Brook Drive

4/50 (8%) of the respondents had detoxed at this Equinox run detox in Lambeth:

Helpful Aspects of Brook Drive

The only theme apparent to the Researcher here is the trouble women can get you into!

" Went in for drink 5yrs ago through a social worker, have been involved in the Criminal Justice System from an early age. I walked out because I missed my girlfriend. There was too much talking, it was too much to handle, too depressing, I already knew what the problem was… and I had to wash up!"

"Went in for crack and drink. Got kicked out for having a girl in my room, managed to stay 2-3 weeks so I was detoxed, went about 6 weeks before I relapsed. Very supportive, liked the group work"

Unhelpful Aspects at Brook Drive

2/4 respondents felt the staff at Brook Drive were absent and in some aspects of client care, inexperienced:

"Didn't like the programme-it didn't go anywhere, boring with nothing to do. Staff not as helpful as other places, hardly saw them"

"They were learning from us. Didn't seem to know what to do when someone freaked out"

Wickham Park House

3/50 (6%) had been referred to this detox in Beckenham.

Helpful Aspects of Wickham Park House
2/3 commented and praised the staff:

"Yes, any detox is a bad detox 'cos you're withdrawing. The staff were very helpful and understanding"

"No, blind detox with Subutex-didn't feel bad on it. Stayed 6 days. The staff were all right"

Unhelpful aspects of Wickham Park House
All 3 tried to explain what they had disliked about the experience; the responses to this ranged from the trivial:

"Food was awful like hospital food"

…to the unexpected shock of detoxing:

"Shocked me wasn't sure what to expect. Rules and regulations, used to always doing what I wanted to, not allowed out at certain times. Wouldn't have made any difference even if someone had explained to me what it would be like.
Couldn't sleep, at night sent back to my room, laying there sweating, clucking, diarrhoea, heavy periods came back, sexual urges came back, needed to get up and have a cup of tea, watch telly. It was such a foreign place with dreary colours-dull, clucking and feeling dull and dreary. After 2 weeks, I was fully detoxed but I was asked to leave because I shouted and swore at the night nurses. I was detoxed but the feeling was not out of my system"

"Bored, didn't have a lot to do with staff or other residents. I wasn't ready, couldn't settle, they tried to keep me in. I used again after a couple of days"

Obstacles preventing them from accessing Wickham Park House
This statement exemplifies the endurance of addictions:

"I waited about 4months to get a place. I completed but detoured on way to rehab and used straight away"

Phoenix House

2/50 (4%) of the respondents had progressed on from their detox to a rehabilitation programme in Phoenix house, which is in the borough of Lewisham.

Helpful Aspects of Phoenix House
One highlighted the previously raised point of the importance of being accompanied by a worker from detox to rehab to prevent them straying and the other, the value of peer-led programmes:

"They transferred me personally, otherwise I would have used. I liked the complementary therapy and relapse prevention. Started to talk about stuff, left after a week-they let me come back"

"Stayed 8 months, relapsed after I got into a relationship with someone, that was my longest period of abstinence, it was really good there and came at the right time. Run by the residents, confronted by people you can't bullshit, as you yourself move up the hierarchy you feel more worthwhile as you're now helping people who come through the door. It's changed now, they've made the programme shorter"

Unhelpful aspects of Phoenix House

"Didn't get on with my keyworker I thought he was passing information about me onto the group leaders (not sure if that was paranoia). Was allowed out at the weekends towards the end, started to drink and smoke weed-eventually was discharged"

Obstacles preventing them from accessing Phoenix House

None of the respondents commented

Prison Detox

3 respondents described their experiences of detoxing in HMP Wormwood Scrubs and HMP Belmarsh:

"Prison Detox in Wormwood scrubs, came out last July, I was drinking heavily at the time. They gave me a standard detox. Helped a bit but my head wasn't feeling well, I was exhausted and I spoke to a psychiatrist. When I spoke to Counsellors in there I didn't believe they were legit, thought they were looking to penalise me"

"It's easier to cluck in prison, have to put up a front to the screws, also easier because you know you can't get it. Didn't bother with treatment in Belmarsh, just clucked"

"They (Prison drug workers) referred me onto a rehab in Bristol, I've been in prison every year since I was 19 (12yrs) for short spells, when you come out you just want to get pissed and get away from everyone. I'd broken up with my bird, all I had was my sister, so first day out I decided to treat myself"

Clouds

2 respondents had been in the exclusive Clouds and benefited enormously:

"14yrs ago, it was brilliant, I stayed clean for 2.5 yrs"

"I spent £7,000, best thing I've ever had"

Community drug services accessed outside of the borough

The respondents had visited the following services outside of the borough:

- CDP Day Programme (Southwark)
- CDP Brockley/Bromley/Old Kent Road
- Marina House & Stockwell Project (Lambeth)
- Mainliners Smart Project (Lambeth)
- Dual Team Blackfriars (Southwark)
- The Blenheim project (Crack Specific project)

The respondents' evaluations of these services can be seen in full below:

CDP Day Programme
3 respondents had been on the structured day programme run by CDP in Camberwell.

Helpful aspects:
One was not ready and one found it successful:

" The information they had to offer was good"

" The group sessions"

" The structure of the programme"

"Wasn't the right programme for me at the time I was still dabbling. I met loads of other users there; we'd talk about it all day and go home and use. The staff were excellent"

" I went from there to Greenwich college where I did a "Summer school" in English Lit & Politics, from there I went on to do a degree in the History of Politics. It worked out well, for once there were no obstacles"

Unhelpful aspects:
"Just not right for me at the time"

"Need another one, but cleaner people this time"

Experiences at other CDP Projects:

CDP Brockley
2 had been to CDP Brockley, which transferred premises and became CDP Forest Hill

Helpful aspects:
" My mum told me about the drop-in, because I was 16 they prioritised me and sent me to Forest Hill because that was closer"

" I had a good keyworker, I was just out of prison and went in for a script. It was all right"

CDP Old Kent Road
4 had visited CDP Old Kent Rd

Helpful aspects:
" They're knowledgeable and sympathetic, there's lots of ex-addicts working there"

" I went in for counselling, I was on probation and did a couple of "How to stay clean" courses"

"Quite quick, if you want to give up the gear they can help you quickly. Idiots sell it on"

" I went to the day programme but couldn't get into the residential and I was living right in the frontline in Brixton at the time"

CDP Bromley
2 had visited CDP Bromley; both praised their workers at this service:

Helpful aspects:
"Alcohol was my thing and my worker was fantastic"

" Ok, someone I see there he's pretty safe-quite clued up, understanding and sympathetic"

Community Drug Services in Lambeth

Marina House
4/50 (8%) of the respondents had accessed services in Lambeth in the past.

3 of them used Marina House, 1 admired the sense of belonging the group activities evoked but 1 felt it was not suitable for crack users:

Helpful aspects:
"Judgemental staff who thought people who smoke were 'not all there'. I felt it was more geared towards heroin"

"Didn't go back for the treatment (methadone) I was too busy smoking! They were great though, they fast tracked me in"

"CDP Kennington deemed me too chaotic so they sent me to Marina House, there's always something going on there: Women's morning, art morning, coffee morning, you could get to know people, belong to a group, share ideas and stick to your script, there's no sense of belonging here (The Dual Team-Catford)***"***

Unhelpful aspects:
"Nothing good about it"

Obstacles:
"Went 6 times for 1-hour group therapy, sometimes the group facilitator didn't even turn up"

Stockwell Project
1 had been to the Stockwell Project:

"They were brilliant, they were really flexible and bent the rules for me. I went there for a script, got it. It was easy to access and quick"

Mainliners Smart Project
3/50 had accessed Mainliners Smart project in Streatham

"Good complementary therapy"

"Every time I got nicked I lost my script from there"

Other services
Some services the respondents had/ were accessing did not fit into a category and can be seen below:

The Dual Team Blackfriars Road
3/50 (6%) of the respondents had been to the Southwark sister branch of The Dual Team Catford.

1 continued to use the service despite now being based in Lewisham.

Helpful aspects:
" I was sent there by Guys Hospital after I had a child, they got me a script and a counsellor"

" I was referred by my HMP Holloway Drug worker. I've been going on and off for 7yrs. They've been really good and helped me stay off it; I can go every day, drink my methadone and have a 15minute session. It's really good counselling. I stayed at the Waterloo one because I know them there"

The Blenheim Project
2 had accessed The Blenheim Project, a specialist crack service in West London, one still benefited from the counselling he received there:

Helpful aspects:
"I went as often as I could, I was sleeping rough and desperate. They have good staff who are knowledgeable about crack. I self referred myself in"

" I stayed clean 2.5 months after coming out. It has cut down my usage and laid down the knowledge and the groundwork"

Unhelpful aspects
"Rowdy people hijacking the group"

Obstacles:
"I waited 8 months for funding"

ARP Accommodation
2 had lived in Alcohol Recovery Project accommodation in Lewisham:

Helpful aspects:
" I relapsed when grandfather died, my mental health went"

"It wasn't structured enough for me after Rehab. I was sharing accommodation with an alcoholic and an addict. I was drinking and smoking heroin the whole time I was in there, eventually I was using crack as well"

The Cranstoun Project
One respondent was accessing this project. They provided counselling, found him accommodation and referred him on for anger management at the Oxleigh Unit- Queen Elizabeth Hospital-Woolwich:

Helpful aspects:
"So far, it's all right, they help you out. I was staying at my brothers, they got me in here (Ennersdale)***, took about 2weeks. I've got a keyworker there if I feel down"***

Obstacles
" None. I read about it in a doctor's surgery, the receptionist phoned up and I went down there straightaway".

The Oxleigh Unit in Queen Elizabeth Hospital

Helpful aspects:
"They help me. I felt really depressed and angry I wanted to hurt someone. They sent me here, they gave me sleeping tablets and someone to talk to"

Youth Services

ACAPS Turning point-Lewisham
Only one of the respondents had accessed youth services but had not been able to gain from the experience due to his heavy drug usage:

Helpful aspects:
"Was initially but then I was using too much"

Respondents Had *Also* Accessed:

The respondents were asked to comment on any services and professionals who, whilst not directly involved in their drug use, they often met because of their drug use.

The number of respondents accessing these services, and any additional comments are displayed below:

- GP 19/50 (38%)
- Prison Drug worker 11/50 (20%)
- Self-help group 9/50 (18%)
- Accident & Emergency (A &E) 7/50 (14%)
- Probation 7/50 (14%)
- Arrest referral team 6/50 (12%)
- Needle Exchange 4/50 (8%)
- Social worker 2/50 (4%)
- Drug treatment & testing order (DTTO) 0

GP's (38%)
Over a third of the respondents had a GP, with whom they had some level of contact.
5/19 felt their GP was unsympathetic or indifferent to their drug use, but the remaining 14 had a good relationship with their doctors, some of whom had been helpful in referring them onto drug agencies:

In particular, 5 commended the sympathetic knowledgeable GP's at the Wells Park Surgery in Sydenham.

Helpful
" Got a good relationship with my GP, she's sympathetic"

" My local GP initially treated me for alcoholism, looked up my local AA (Alcoholics Anonymous) ***meeting in a reference book, then referred me here (CDP Quantum Project)"***

" I go to Oakview family practice, they're really knowledgeable, they gave me a list of places to go"

The following surgeries were deemed sympathetic by the respondents:

- Lee Health centre
- The Ladywell surgery
- The Rushey Green Surgery
- Triangle Practice Morley Rd
- Surgery on Kemphill Rd
- Wells Park Surgery

Unhelpful

"My GP didn't help"

"My GP hasn't tried to refer me on anywhere"

"The GP I had before tried to kick me out of the surgery, then he retired"

Prison Drugs Worker (22%)

5 had found their prison drug worker helpful for getting them treatment and therapy as inmates and then referring them for help when they were released.
2 had experienced prison as a young offender.
6 had not benefited from or asked for help in prison.

Helpful

" They gave me addresses and phone numbers before I came out"

" I was on a Young offenders wing-helpful, the worker had been through it himself, got me group therapy and one-to-one's"

"They referred me onto rehab"

"They referred me to housing and drug agencies"

"Got me onto Subutex"

Unhelpful

" I don't bother in nick, I just go to the hatch and get my script"

"I always use drugs in prison, they're not that helpful they just refer you onto places"

"They're no help, you don't really see them"

"They're not bothered"

"I didn't ask for help. I had rehab waiting for me when I came out, I couldn't be arsed I just wanted to come out get pissed and have a laugh"

"I went to under 16's prison, I was using in there and wasn't ready for the help"

Self-Help Group (18%) (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous etc.)

Helpful
" My Self-help groups are in Sydenham, I find it quite helpful"

5/9 of the respondents found these unhelpful for a variety of reasons:

Unhelpful
" It works to a point, put you into contact with people trying to sort their lives out but I find the abstinence side really hard. You have to be quite together to walk into a room full of strangers. People offer to come and pick you up, I still get texts from people in groups"

"Don't really like the religious overtones and I don't want to spend all my time with ex-junkies"

"I went to NA, it didn't help, I didn't want to sit and hear other people's problems so I only went once"

"Couldn't see the point in talking about it, had all that shite in Belmarsh"

"Met loads of other users there, talking about drugs all day just makes you want to go and score"

Probation (14%)
A mixed response here. An apparent theme is that Probation Officers are viewed as the enemy and drug users do not feel comfortable disclosing their drug use for fear of being breached (having the conditions of their probation altered which can result in recall to prison).

Helpful
"They referred me here"

"Last year my house burnt down, it was bitterly cold and she got me a coat, at the time I didn't really help myself"

Unhelpful
"You can't trust them"

Accident & Emergency (14%)
Most of the respondents had accessed A &E following a drug overdose or through injecting site infections and abscesses.

Most of them acknowledged the sympathy they received varied:

Helpful
" They were sympathetic when I went in with my abscess"

"Vary in sympathy when I've overdosed"

Unhelpful
"They're horrible when they know you're a heroin user"

"Some are sympathetic, some call the Police"

Conclusions

This review reveals the broad variety of agencies and professionals drug users come into contact with as they seek help for their drug use or as a result of their drug using lifestyle.

What they like in community drug services

An all round holistic service offering pharmacological, practical and psychological interventions that is flexible in its approach and easy to access. Staff must be empathetic and knowledgeable.

What they don't like in community drug services

The exact opposite of the elements that they like! They criticise staff whom appear impervious to what they are going through and judge them and often fail at the first hurdle when faced with a lengthy wait for a service. They explained that as soon as they have made the decision to change they need a service that can respond to that motivation quickly.

What they like about detoxes

Whilst they talked of their gratitude of being saved from their drug use and their drug using lifestyle. The message that came through was that residential interventions only succeed when the client is emotionally ready and prepared for the experience. Some appreciated being escorted from their detox to their rehab as this removed the temptation to use en route. Some suited 'blind detoxing' (where the dosage of opiate substitute medication is unknown to the client), some cited it as their reason for self-discharging.

What they didn't like about detoxes

The clients were more vocal about what they disliked. Several mentioned how people using in the residential unit or coming fresh from using on the street jeopardised their abstinence and unsettled the group. An issue that came up was how hard it is to sleep when you are going through withdrawal and their bodyclocks were readjusting and how they resented staff for sending them back to their rooms. Some complained that staff were often absent when they needed them.

One point that was made, and which is deserving of reiterating is the struggle that women go through to secure a place on a detox/rehab when they have children and they may not be able to find someone to care for those children while they are in treatment. They are also fearful of bringing their drug use to the attention of Social Services for fear of losing custody of their children. This is one of the main factors preventing women from accessing residential drug services.

Interactions with other professionals

Agencies the respondents came into contact with as a consequence of their lifestyle, such as GP's, Probation and A&E received a mixed review. Some professionals had been sympathetic and tried to refer them onto appropriate services whilst others, they felt, judged them and did not help.

9. Case Studies

A worker at ICIS offered to put the Researcher in touch with B who was referred to their service after crack psychosis caused him to be admitted to the Ladywell unit. He is now free of drugs and working part time.

Case Study One

The Ladywell Unit

"An ICIS outreach worker came to visit me on the ward at Ladywell; I'd admitted myself on the grounds of crack psychosis and was discharged after 6 weeks when they could find no underlying mental health condition. I used them for support whilst I was using for 18 months then I went away to get myself clean. They fed me, washed me and gave me travel cards when I had no money.

Seeing a Consultant Psychiatrist

They referred me on to the Dual team to see the Consultant Psychiatrist there but I had to wait 6 weeks before I could see him, any addict will tell you, anything could happen in that time, I could have ended up dead or in jail. When I did see him, I was very open about my experiences. He said a detox wouldn't help and there was a long waiting list for residential rehab. I thought if I could get some clean time under my belt say 2 months I would be able to get my confidence back, he didn't think that would help.
The Dual team can give you the kick-start you need, if you can see them quickly and regularly, it's the intervals in between that are the problem. They should be open at the weekends. I once didn't use for 15 days, I thought this would prove my motivation to change but all it did was move me down the priority list for a detox. Eventually I learnt to play the system to get the help I needed….

How did it start?

I used crack for 2 ½years, when I started I was working as a ticket inspector on the trains, I was using every other day, you know when its got you, you have to keep going out for it. I was spending £200-250 a week and drinking heavily.
I started to miss work, I told a colleague I had problems at home, he covered for me for 2months until eventually I admitted it to him.
By this point I had social problems in Harlesden and I had to get away, I abandoned my brand new flat and ran…
I went to stay with a girl in Brockley and found myself in another circle of crack users.

HMP Pentonville

In 2002, my crack use sent me to HMP Pentonville, by then I was on a Kamikaze crack binge. I did anything and everything to get my money (except sell myself) I robbed, burgled, shoplifted and defrauded. The periods I spent on remand were too brief to ever see a drug worker. I always referred to my stay in the Ladywell unit, so I could see a Psychiatrist and they always got me off a custodial sentence.

The Habit

By the end, I was using everyday and it was a habit, the buzz had gone I was using £250 a night and drinking heavily, I'd drained all my finances and I wasn't enjoying it anymore.

Crack Psychosis

Even one £15 stone could send me off my head. Towards the latter stages when it was bad, my head would go silent and I would tune into other's conversations I believed I could hear. I'd see people from the window and imagine they were talking about me using in my flat. Sometimes I'd use and immediately phone for an ambulance. Once I heard the Police in my head and thought they were coming for me and dived out of a third floor window.

Crackhouses and Dealers

You find out about crackhouses through word of mouth; you have to meet someone who knows where one is. There were rooms for selling, smoking and girls; they'd disappear off into them or just do it in front of you.

I didn't know many dealers, I'd go into certain pubs, certain places, see people I knew used, as long as you were buying they'd provide a dealer. I had a couple of numbers in my phone but I didn't like it when they didn't have any and I would immediately erase them from my phone.

Brockley has that front line feel about it like Harlesden, there's loads of dealers there, especially in the summer. I saw a few guns; you know they are there, there's no love in this drug

A Divine Intervention

One night I was on the New Cross Road using and looking for more money, I went past a Pentecostal church and saw all these girls going in, my original idea was to rob or scrounge some money for a drink to take the edge off the cravings. The church had a predominantly black congregation and a visiting pastor from the US was preaching, I got chatting to this white fella, an ex-heroin addict working in hostels who told me all about a Christian rehab in Birmingham.
I moved in with a brother from church, I tried to clean up but occasionally strayed back to using. 1 month later, I decided to go. The Pastor bought me my ticket and sent me to Euston.

Christian Rehab

It wasn't based on a medical model, it was run by ex-addicts, there were no substitutes or medication given, and you allowed yourself to be healed by the power of prayer. You couldn't smoke cigarettes or watch TV, if you needed medical assistance you had to go and see a doctor. There was only one other black man in there. You work your way up and you're giving increasing responsibilities, I was running 2 little charity shops and I could have stayed on to run a house but I needed to come back in order to test if I was free from the struggle. When I had money in my pocket, how would I stay clean? Would something go off in my head?
It was apparent to me when I was given £120 when I left…I waited for that feeling...it didn't come.

I returned to where I had been living in Brockley. I see the users and dealers, some of them come and talk to me, it doesn't interest me anymore I have built up a relationship with God.

The Researcher was referred to H (as she shall be known) by a drug worker who said if she co-operated her story was worth hearing.

She did and it was. This woman had her ovaries removed and a full hysterectomy at 19yrs old, she is epileptic, diabetic has Irritable Bowel Syndrome, she found a lump in her breast and has just been diagnosed with cancer of the colon. Despite all of this, she is a feisty character and once threw a bucket of her own faeces over a social worker who betrayed her trust.
H is still using crack, sometimes chaotically, she occasionally sex works but for the most part battles to stay well.

Case Study Two

How It Began

H's problems began when she was gang raped by her sister's boyfriend and 6 or 7 of his friends at the age of 13. The charge of rape she brought against them was lessened to underage sex, by age 15, she was using powder cocaine but her use of crack began with the 'baby father' of her first child.
She reports he would sit downstairs for hours after she had gone up to bed, she wanted to be with him, to ***"understand him"*** and before long she was dabbling in crack herself.
He would scream at her if she wasted it and within 18months he was pimping her to his friends, if she didn't comply he resorted to violence, on one occasion breaking her arm, on another tying her up and leaving her in a burning building.
He's still in her life, a notorious gangster known as the 'Peckham Villain' or the 'Gun Man', whenever he comes out of prison he always catches up with her ***"he seems to know when I'm ill and plays on it".*** She once abandoned a property to get away from him but he found, beat and raped her.

Agencies She Visited

- Old Kent Road- CADA
- Platform 1 in Forest Hill had a black women's worker
- Dual team Blackfriars sent me to the Dual team in Catford- ***"It was hard to walk in there, what with it being local, my mum came with me"***

Her Habit

By this stage she was working in massage parlours, sleeping with private clients and living with a professional thief, her crack habit went through the roof:

"We were doing 2-3K's worth over 2-3 days, I was spiking my clients and then we ripped off their houses, we had so much money in the house"

It was at this stage she visited Orexis (formerly Drugs in Deptford) she reports:

"I felt supported, not judged, my worker was a godsend, she's saved me so many times"

Cutting Down

Whenever she tries to cut down her crack use she disassociates herself from her using friends, dealers with whom she has £500- £1000 credit and tries to set herself limits of only £250 worth of crack per week.

Dealers

"Some deliver, some disappear, some ring you up and want to know why they haven't seen you for a while"

(H did in fact receive a call from a dealer whilst the Researcher was at her house). She disassociates herself from dealers who use, although she admits they are a rarity.

Dealers disappearing could mean several things; they've been arrested, killed or moved up the chain from dealer to middleman ***"putting other people on the phones"*** maybe to importer.

She felt the police were impacting on the market:

"People are getting nicked, left, right and centre"

One of her close female friends was a dealer

"She looked after my kids and came and checked on me when I was low, I do driving jobs for her occasionally"

Female Dealers

"Back in the day, women were just wives of dealers, dropping it off, big, fat Jamaican women who know Big men, nowadays one woman is running Kent"

Violence

M told the researcher a convoluted tale about how a friend of hers was facing a "stretch" for her involvement in the kidnapping of a drug mule, which involved putting someone in a cold bath and then stamping on their face. She had once had a request from a friend to go and help ***"Find someone, kill her and bury her"***

Sexworking

"I don't like to work in the area that I live, I've worked in brothels in Birmingham. Some punters come to the house or I do I work in massage flats charging £40-50 a go, pussy and drugs always go together"

She identified red-light areas in Lewisham as Doggit Lane and Hither Green Lane.

Back In the Day….

"Nowadays half a' teenth' (half a sixteenth) ***costs about £35-40"***

She told the researcher that there's a lot of rubbish quality crack about at the moment, this reminiscence back to a golden era when drugs were drugs was echoed by other long-term crack users the Researcher spoke to.

"Back in the day, a £25 rock would sort you out, now 2 go in next to no time, its rubbish, loads of jank, in it, it feels too chalky. Even the powder coming in is washed up and cut once or twice. Sometimes you can taste the scag in it and it looks yellow"

10. Young People

Main Points

- The majority of the young people sampled were 16 years old, male and black.
- Most of the groups could identify crack, knew of various street names and street trading prices.
- They were less sure of crack's status as a class A drug and route of ingestion. Most were unaware it could be injected. This may explain their belief that heroin is more harmful than crack and its users more of a threat to society and themselves.
- Whilst they agreed crack was portrayed negatively in the press, some felt it was falsely represented as worse than it is due to racial stereotypes and prejudice.
- Peer pressure was cited as the most influential factor contributing to someone starting to take crack.
- Drug dealing was referred to a 'shotting' and the young people spoke of peers 'running' or 'watching' for dealers, like an apprenticeship, gaining them kudos and street credibility. They often emulate the messages portrayed in 'gangster' rap citing dealing or 'hustling' as a way of life and a reality on the street.
- The young people could not confirm 'White Widows' (skunk spliff's laced with crack) role as a gateway drug for crack.
- Trust and fear of being judged were prioritised if a young person were to feel comfortable disclosing that they had a problem.

Young People's Workshops Results Summary

- 57 Young people from around the borough participated in the research via group workshops and individual interviews
- Two thirds of the sample was male, the mean age was 16yrs old and 82% of those interviewed were Black, comprising Black British, Mixed Race, Black Caribbean and Black African.

What is Crack?

- The majority of the young people could identify crack and were aware of its street names and appearance.
- Most assumed it could only be smoked and were not aware it could be liquefied and injected, this could explain their perceivably harsher opinion of heroin addicts.
- They reported crack could be bought for £20, compared with the adult users, who reported it could be purchased for £10.
- One third were unaware which class of drug it was.
- Young people's street term for crack users is 'crackhead' and they used a variety of derogatory adjectives when asked to describe them.

Young People's Perception of Media Portrayal of Crack

- Most of the groups felt it was negative and paid particular attention to its addictive nature and the acquisitive crime its users may turn to in order to fund their habits.
- Some felt it was misrepresented to look worse than it was and racist stereotypes and prejudices towards the black community were perpetuated.
- Many cited Gangsta rap's stance on drugs, which portrays them a reality of street life.
- Most agreed crack was a harmful drug, although some put conditions on their opinions.

Why do you think someone might start taking crack?

- Peer pressure was felt to be the biggest influence, followed by:
    - Copying others
    - Stress
    - An older friends influence
    - Gateway drugs (especially cannabis/skunk)
    - A dealer's suggestion
    - Curiosity
    - Because it is easily accessible
    - To lose weight.

What health problems do you think a crack addict might have?

- Most groups focussed on respiratory ailments as opposed to injecting complications, as the majority believed crack could only be smoked. Mental health problems were also highlighted.

Do you think there's any difference between crack and heroin addicts?

- Two thirds of the sample believed heroin was more harmful, more addictive, its users stooped to greater depths because of their habit and their dirty needles were a risk to the community.
- One of the groups from Deptford felt crack was normalised in their area due to the high number of dealers around.

How do you think crack users pay for their drugs?

- Half of the groups believed crack addicts funded their habits through shoplifting and stealing from friends and family but half recognised they could be working and using crack.
- Issues arising from this topic were drug dealing, to use young people's terminology 'shotting'.
- Young people's initiation into drug dealing often comes through 'running' or 'watching' for dealers, in a form of apprenticeship. This was explored.

If someone smokes a cannabis spliff with crack crystals in it, are they more likely to go on and try it on it own?

- Verified street names for skunk spliffs laced with crack crystals are- 'Punk', 'White Widow', 'Monk', 'Rhino' and 'Crow'.
- This question received a poor response. The groups were undecided as to the role of 'White Widow' as a gateway drug, who would supply it (crack/cannabis dealers), how widespread its use is and whether young people are aware what they are smoking.

Positive and Negative aspects of crack dealers' lifestyles

- Two thirds of the groups were unable to list more negative than positive aspects.
- Positive aspects highlighted were the financial gains, some used the phrase 'easy money'
- Negative aspects were the violence and fear for your safety that would come with the lifestyle.

How easy do you think it would be to get crack around here?
When young people were asked to rate the difficulty of getting crack on a scale where 1= Very Easy and 4= Very Hard

- On average the young people scored 2 denoting it to be easy, although some implied that young people under 18 would find it hard and those over 18 would find it easy, as there is a perception that it's an older persons' drug.

How do you think crack affects neighbourhoods?

- Most agreed it gives the area a bad name, they also stated:
    - Crime goes up
    - People are frightened
    - It brings the police to the neighbourhood
    - It's not good for the children growing up there
    - There will be drug paraphernalia around
    - Issues of institutional racism were raised
    - People would be too scared to report dealers to the police.

What treatment is available for crack users?

- Three quarters cited rehab as a treatment option. On a more personal note they were asked:

If you or someone you knew were worried about your crack use, whom would YOU ask for help?

- Two thirds said the government help-line (Frank) or a similar anonymous phone line, followed closely by family and friends.
- Trust and fear of being judged were 2 issues highlighted, especially young peoples' fears their disclosure would be passed onto their school, the Police or Social Services.

Do you think there's a crack problem in this area?

- This received a mixed response between yes/no and maybe, although some thought it wasn't as bad as other places and other substances were more problematic.

What advice would you give to a friend if you were at a party and they were going to try crack?

- The majority (88%) of the young people emphatically stated that their friend should not try the drug. Their advice fell into the following themes:
    - They would relay the negative consequences of crack
    - They would explain how stupid they would be to experiment with it
    - They would encourage them to think about what they were doing and not act impulsively
    - That the ultimate decision was up to them
    - That they would break friends with them if they went ahead and tried it
    - That they would use force to emphasise their point

Methodology

It was the intention of the Researcher to interview a representative sample of Lewisham's young people to ascertain their level of understanding of crack cocaine, its effects and impact on their neighbourhoods. The Researcher also intended to find out what this group thought of users and dealers.

Qualitative methods were favoured, which sought to gather detailed descriptions and opinions from the young people.
As there was a possibility of a low response rate to a self- completion questionnaire and probably differing levels of literacy, the questionnaire was designed to be administrated by the Researcher as part of a group workshop (See Appendices 2).

It explored the following area:

- General and local information about crack cocaine
- Crack users- how a habit might start, associated health risks and how they might fund their habits
- White Widow, what is it, how prevalent is it, will you go on to use crack if you use it?
- Crack dealers-positive and negative aspects of their lifestyles
- Perceptions of the local crack market
- What treatment is there for crack users?
- Where would young people go for help, advice or information about crack?

The research proposal, with the draft questionnaire was sent to a variety of local youth clubs, schools and voluntary and statutory agencies working with young people. The feedback and advice from a selection of professional youth/drug workers helped to formulate the final questionnaire.

Participant Recruitment

The Researcher visited several youth clubs with a known youth worker from Community Drug Education Project (C.D.E.P) to explain to workers and potential participants the purpose of the research. Contacts were also made with youth services and schools.

A poster was put up at these venues stating:

- The purpose of the research
- Its anonymous and voluntary nature
- Briefly explaining it would take about 45 minutes in exchange for a £5 JD Sports/ Top Shop voucher.

Target number of participants

It was agreed that 60 young people would be interviewed for the research in groups of approximately 4-8.

4 were carried out individually as semi-structured interviews with clients of ACAPS Turning Point this was to assess the consistency of responses throughout the whole questionnaire, something that is impossible in group settings. Another youth organisation was approached for this purpose but declined.

Procedure

The workshops were carried out from December 2003 to March 2004; those carried out in youth clubs were pre-arranged by C.D.E.P youth workers, the remainder by the Researcher herself.

An independent youth worker facilitated the workshop with the "Black Self Development group", as they do not encourage white facilitators to come to the group.

The young people were asked if they would like to participate in a workshop, if they agreed, they were assembled in a room around a flip chart. The Researcher stated the following ground rules before each session:

1. Mobiles on silent
2. Listen to each other's opinions respectfully
3. Confidentiality (what is said in the room, stays in the room)
4. Finish on time

The difference between powder cocaine and crack cocaine was then pointed out to clear up any confusion over the focus of the discussion.
Each question was read out and the young people's comments were recorded on a flip chart.

Throughout and at the end of the session any incorrect information about crack cocaine or any other drug related matters were clarified.

A brief monitoring form recording age, gender and ethnicity was then handed out along with one private question, which was placed there to avoid bravado responses and encourage the young people to record their true beliefs and feelings. It asked:

What advice would you give to a friend if you were at a party and they were going to try crack?

Having completed this form, they were given their voucher.

The flip charts and monitoring forms were transcribed verbatim so analysis could commence.

Demographics

57 young people were recruited from the following locations:

- 11 young people from a youth club in New Cross
- 17 from a group run by Lewisham Council teaching Cultural history, self-awareness and personal development for black youths in the borough
- 2 young people from Honor Oak
- 2 on courses run by the Youth Offender Team
- 9 were recruited from a youth club in Bellingham
- 5 from a leaving care team based in Deptford
- 5 from a year 10 of a secondary school in Deptford
- 2 were attending a course at council buildings in Lewisham
- 4 questionnaires were completed individually with the help of a worker at ACAPS Turning Point

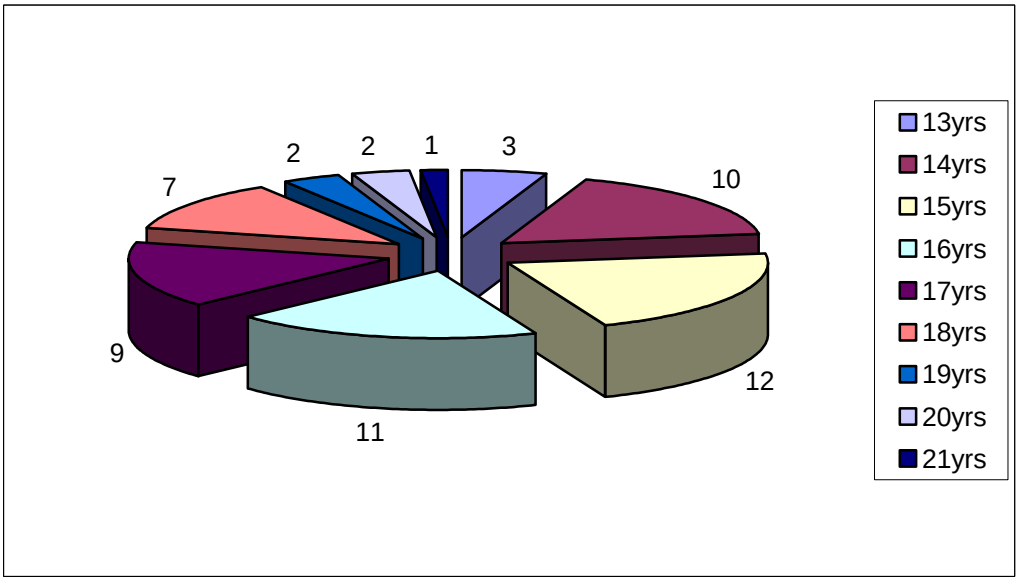
Table 21-Gender of the young people participating

Gender	No. of Respondents
Male	37
Female	20
Total	57

Table 22- Ethnicity (How the Young People Described Themselves)

Description	No. of Respondents
Black British	18
Mixed Parentage	13
Black Caribbean	10
White British	7
Black African	6
Other	2
Chinese	1
Total	57

Figure 23- Age of the young people



Almost Two thirds of the young people were male and the mean age was 16 yrs old (see Table 21 and Figure 23). Table 22 shows 12% of the sample was white the remainder was predominantly black, with Black British, Mixed Race, Black Caribbean and Black African accounting for 82% of those interviewed. (Some of this was due to random sampling and some due to targeting groups deemed 'at risk' by research).

What are the street names for Crack Cocaine?

'Dots'	***'Tea'***	***'Wash'***	***'Rock'***
'Food'	***'Yaa Yoo'***	***'Peng Peng'***	***'Bone'***
'Whites'	***'Stone'***	***'Rocks'***	***'Cooba'***

As would be expected of savvy inner city young people they were aware of a wide selection of street slang terms for crack. Only one group misunderstood and stated names for powder cocaine:

"Charlie"

"Richmond"

What does it look like?

"White stones"

"Little white circles"

"Don't know"

"Little white/yellow blocks"

"White rock/gravel/crystals/chalk"

"Whiteish yellow little rocks"

"White/Beige"

"White rocks"

"Yellow white rock"

"A stone, stony white powder, crystals, yellow or pure white"

"Don't know"

"Yellowy white rocks look a bit like crystals"

Most of the groups were again aware of cracks' appearance, except for three, importantly though they were not the same individuals as previously mistook crack for powder cocaine, which indicates not necessarily ignorance on their part maybe just belligerence!

These 2 questions ascertain if these young people were given a substance or verbally offered drugs they could identify what they were being given as crack and make an informed choice if they wanted to take it.

How do you take it?

"Don't know"

"Inject/pipe/spliff"

"Smoke in a roll-up or home made bong"

"Smoke in rizlas or in a pipe"

"Zoot, pipe/needle/foil/home made bong, on gums"

"Sniff/eat/on a bottle, bong/inject"

"Smoke it, crumble in spliffs"

"Bong, on tin foil"

"Inhale the fumes"

"Pipe, rizla, on a can or small whiskey bottle (home made bong)"

"Don't know"

"Smoke it through a pipe or plastic bottle"

- 2 didn't know (1 of whom was an individual from ACAPS who did not complete the entire first section of the questionnaire)
- 2 mistook the route of powder cocaine and thought you could eat or snort crack. Although it is true that most drugs can be taken via most routes, they just might not be the most effective or pleasurable ones.
- Finally, of the 10 that attempted to answer this question only 3 groups were aware that crack could be liquefied and injected.
- This may go some of the way to explaining their more derogatory opinion of heroin users, which is explored in a later section.

How much does a rock cost?

- 2 groups said £10-£20
- 3 groups said £20 ***("depending on size")***
- 2 groups said £25-30
- 1 group said £20-50
- 2 listed a range from £5- £100 ***("depending on the dealer)***
- 2 didn't know

Whilst 80% of adult crack users interviewed by the Researcher stated a rock of crack could be bought in Lewisham for £10, most of the young people were of the opinion prices start at £20. This could be interpreted several ways:

- They're not guessing because there is consistency between the responses and they represent group opinions, where everyone's input was noted.
- They could be using information from the media, most pertinently for these groups, the music they listen to such as Rap, Hip Hop, Drum 'n' Bass and Garage
- This could be quite encouraging news, as it suggests dealers are not offering cheap deals to young people to entice them to try it, except one individual questionnaire, which reported rocks could be bought for ***"£5,10, 20 or 30 depending on the dealer".***

The Misuse of Drugs Act divides drugs into 3 classes A, B and C (this decides how you will be treated by the Police if you're found with it). Do you know what class of drug crack is?

- 2 didn't know
- 8 correctly answered Class A
- 2 groups were unsure if it was A/B and could not give a majority vote
- 1 group all knew it was A but thought powder cocaine was B

Two thirds of the young people were clear on the classification of crack as a Class A drug and the penalties that went along with that, although a third did not consider this drug to be in the same league as heroin.

What words would you use to describe someone who had a problem with crack?

This is an ambiguous question and could have been answered with vulnerable, ill, in need of help; 3 of the individual interviewees gave sensitive responses in that vein:

"Someone who needs to deal with the pressure that makes them want to use crack"

"Someone who needs professional help to sort out their life"

"I don't like the word addict, but I don't know what else you can call them"

However, all 10 group workshops and one individual interviewee shouted back a derogatory nickname, usually:

"CRACKHEAD"!

The rest are listed below:

"Cat" ("because they inhabit a secretive underground world, and beg for tit-bits")

"Crack Fiend"

"Fiend Head"

"Shit Head"

"Smoked/Drugged out"

"'Teef'" (thief)

"Addicts"

"Scabby Crackhead"

"Schizo"

"Smackhead"

"Junkie"

The adjectives they used were similarly unsympathetic:

"Mentally unstable"

"Dodgy"

"Paranoid"

"Desperate"

"Low"

"Sick"

"Grimy"

"Broke"

"Poor"

"Dirty"

"Aggressive"

Qualitative Analysis

The remainder of the questions required qualitative analysis. Once they were collated and compared, themes, differences and shared points of reference emerged, these can be seen in full below:

General

What Have You Heard About Crack In The Media?

- 2 groups actually stated explicitly that media portrayal of crack was negative:

"Not in a good way"

"They make it look very bad"

- 5 reported that from the media they had learnt that crack was bad, two phrases that dominated were ***"it messes you up"*** and ***"it's bad"***:

"That it affects and messes up so many lives"

"It's bad for you"

"Real-as it can kill"

How do you think they make it look?

- 2 groups were of the opinion that media portrayal of Britain's crack cocaine problem was misrepresentative:

"Worse than it is"

- Another group expanded on this point stating they (the media) used the issue of crack as a vehicle for racism, to propagate negative racial stereotypes.

"Character assassinations and Stereotypes, for example the media misreporting and blowing the problem out of proportion, implying crack only affects black people"

- They believed the film industry glamorised crack:

"Glamorised by the media like the shotters- "Scarface" (Al Pacino film character***) and "Belly" (***Black equivalent of Scarface character***)"***

"In the movies, they always make it look cool but then something bad happens to them"

- One group felt the media made more of an issue of cannabis than of crack:

"Make more of a fuss about weed"

- Another thought the media promoted cannabis as a gateway drug to harder drugs like crack:

"If you blaze (smoke cannabis) from an early age you'll go on to become a crackhead"

- One group even felt that their peers judged them harshly for smoking cannabis:

"If you smoke weed people call you a crackhead"

- Most of the groups appear to have taken from the media the negative consequences of crack addiction, paying particular attention to the acquisitive crimes that crack addicts may commit to fund their habits:

"Get the money from robbing and associated with gun crime"

"Turns people into thieves"

"Crack addicts cause a lot of crime"

- They also focussed on how addictive it was and how desperate that addiction made crack users:

"People will do anything to get it, go to any extent"

"Illegal, bad long term effects"

"Addictive, turns people mad, stimulant, lose your appetite, it'll turn you into a Crackhead"

"That it's highly addictive"

"Can lead to you losing your possessions, illegal, 7yrs imprisonment, rob your family, it kills and they will do anything to get it"

- Finally, a strong theme that emerged was the message that came through rap artists songs and videos, neither glamorising it nor condoning it but portraying it as a reality of life on the streets.

- One group spoke of their adulation of Tupac (dead rapper) they regarded him as the new Malcolm X. They told the Researcher 'Gangster rap' involved the rapper talking about his/her life on the street:

"There are influences in the music, artists such as Missy Elliot make it out to be dangerous and harmful. Some make it out to be a way of life."

"Gangster rap makes it out to be a reality of life not good or bad, just hustlin'"

"Nars (rap artist) says its bad, but some of them are pretending that taking drugs is bad but really, they're doing it"

"Some rappers talk about being pimps and making money, it all boils down to drugs"

"Good/Bad Some people make it look bad. Rap videos show people selling it, as a reality, way to get money, like prostitution, they don't make it look good or bad"

- One group pointed out it was a drug used by rich celebrities which contradicted their opinion of it as a drug used by 'lowlife':

"Lots of celebrities taking it (Whitney Houston), lots of rich people taking it, it's not talked about, has a reputation as a dirty, grimy drug"

Do you think it's a harmful drug?

- 2 didn't answer and felt they'd answered that question with their previous response.

- 1 Group answer was worrying and full of youthful awkward logic:

"It's not harmful, if it were people wouldn't do it"

- 5 believed crack was a very harmful drug:

"Yes, you don't know what reaction you could get, could die, could go bad and thieve off your family"

"Most definitely"

- Two were not as adamant and put conditions on their opinions:

"Yes, but it depends what type of person you are also"

"I do in a way, if you are caught up in it, have people knocking on your door at 2am for £20, but if you don't thieve and go to work you need to chill out somehow"

- This person had made a similar point in the previous section and spoke from personal experience:

"It's ok to take drugs as long as you go to work and don't thieve. Know people who have good jobs just do it at the weekend and they're fine"

Using Crack

Why do you think people might start using crack?

- The young people stated peer pressure was the most likely reason someone might start using crack. They seem to have interpreted this question as why do you think young people would start taking crack, in which case peer pressure comes as no surprise as it is the bane of adolescence, when the fear of standing out from the crowd is paramount.

"Pressure from their peers"

"Peer pressure to be like everybody else and fit in. if 5 people are talking about stuff you haven't done you feel left out, like shoplifting"

"We're all going to do this do you want to come? Peer pressure gets worse as you get older, could lose all your friends or get beaten up"

"Impress people"

"Wanna fit in"

"Influenced by media or peer pressure"

- A form of peer pressure that was also postulated as an influence for starting to take crack was copying the behaviour of those they respect:

"See other people doing it"

"Imprinting (copying their peers)"

- Another made the point that peer pressure was easier to resist in certain environments:

"The environment you're in, for example at a friends' house you would probably say no, but at a party you're more likely to say yes"

- The next theme that emerged from this question was the issue of stress; you might start taking crack to escape the worries in your life and to relax:

"Hard times, stress, to relax, to escape"

"To make them feel better, makes them feel on top of the world, where nobody, home life or getting a job can bring you down"

"Stress and problems, to feel good and not depressed"

"Because they might not be happy, use crack to escape reality"

"Because they can't handle their problems"

- Some highlighted the influence of friends, family but especially older acquaintances as it appears to have a image of an older person's drug:

"Friends/Family influence"

"Friends wouldn't influence, would be older acquaintances or parents"

"Someone gets you into it"

"People around them doing it, not necessarily friends. Older boys getting girls onto it"

"Might have older friends (it's considered an older drug18 to 20+)"

- The last significant theme they raised was the issue of gateway drugs, if they built up a tolerance to softer drugs and were looking for new ways to get a buzz:

"Weed/skunk starts you off, you would have to smoke"

"When weed stops giving them a buzz"

"Wanting a higher buzz than from Skunk"

"Start with softer drugs and move up"

- One of the individual interviewees suggested it was a new way to take powder cocaine:

"Cause they're already using coke"

- Some groups suggested a dealer's influence might get people started on crack:

"Dealers give out free samples"

"Dealer's influence"

"Someone in his or her group is a dealer"

- Three people suggested curiosity:

"The media normalising it, whether they portray it as good or bad, makes people curious"

- Easy access:

"Because its easy to access,"

"Have it offered"

- Finally, crack's reputation as an appetite suppressant had not escaped one all female group's attention:

"To lose weight"

What health problems do you think a crack addict might have?

- According to this representative sample, young people focus primarily on the effects crack has on breathing and respiratory problems, this came up 8 times and was probably influenced by the fact that they assume most crack users smoke their drugs and don't inject them.

- Only 2 people mentioned "Injecting diseases"

"Lung problems-breathing problems and asthma"

"Lung, throat and tongue cancer"

"Lungs could collapse"

- Crack's effect on user's mental health was highlighted by over a half of the groups:

"Mental problems, some have crazy reactions to it"

"Constant depression"

"Affect your brain"

"(Prang) paranoid"

"You can 'switch' on people"

- The remaining health issues came up:

"Weight loss"

"Heart failure"

"Crack babies"

"Overdose"

- One little known problem associated with crack use was picked up by one of the groups:

"Bumps in face, face disfigurement, burnt skin"

Finally, they highlighted typical aspects of what they felt drug users would look like:

"Dysfunctional"

"Look drawn"

"Like haven't bathed or slept"

"Teeth decay"

Do you think there's a difference between people who are addicted to crack and those addicted to heroin?

There was very little debate on this topic and very little middle ground. Two thirds of the groups were adamant that heroin users would stoop to more extreme lows to fund their habit, were physically (as opposed to just psychologically addicted) to their drug of choice, let their physical appearance go and left their dirty needles around:

"Heroin's a lot worse, physically affects their appearance, they're all skinny looking"

"Heroin people are more aggressive and in your face. I was out with a friend once, she would sleep with anybody to get it, ask everybody on the street if they had any and she had needles in her bag. Its worse there's no getting through to them"

"They're dangerous; leaving their dirty needles around, when I was growing up my mum was always finding them in our neighbourhood"

"People sink lower to get heroin (shoot their own mother, rob a bank, steal from their own)"

"With crack, you only do petty things. I know someone who sells her baby's nappies, there is nothing in her flat, that baby needs to be taken away"

"Heroin users scheme, plot and plan whereas crack users are more impulsive"

"Heroin's worse, when you take it, need it again (find citric acid and needles all around) It's more expensive and kills people"

- One third of the young people could see little difference between the two as they both had an addiction:

"Well yes, there's a difference because they're different drugs but not really"

"Same they all need their fix, but the heroin people use needles"

"They're both the same, both go to extremes to get the money"

- 1 group in Deptford felt crack was **'normalised'** in their area:

"Crack doesn't seem as dangerous, there's so many crack dealers/drug dealers about they are almost part of society- "normal"

How do you think someone that takes crack pays for it?

- Of all of the young people spoken to, only one of the individuals interviewed looked at this issue philosophically and sensitively:

"It depends on their income and what sort of a person they are"

- One facetiously answered….

"With money!"

- A further 4 could see that someone that uses crack may also have a job:

"Some have jobs, my manager earns 30k+ and I think he's on it"

- However, the other half of the sample of young people thought that crack addicts funded their habits through criminal activity, owing money and selling their possessions. These are explored in detail below:

- Stealing from shops, their friends, families, and mugging people came up as the top source of funding for their crack habits

"Rob people and houses, steal money from their family and friends, shoplift. Buy fake guns and hold places up"

"Thieving, hustlers, muggings, stealing car stereos, stealing from family… Become more secretive as they get more addicted"

"Thieve, pick pocketing… shoplifting"

- One suggested they would steal from one and other:

"One breader would steal from another breader"

- Prostitution and drug dealing came up just as frequently. All male groups tended to disregard prostitution as an option, which was know an:

"Giving brains (blowjobs)"

- A street term frequently used by young people for drug dealing is "Shotting".
- Young peoples' initiation into drug dealing generally comes through what is known as 'running', where a dealer takes on a youngster (usually male) like an apprenticeship, to deal for him/her and they work their way up the ranks if they prove themselves to be reliable and loyal. One of the older groups spoke of this:

"Running for Top shotters- they give you a sample that you sell on and make a profit then give it back, minus the profit, to the dealer. You work your way up like that"

- Another said:

"Youths are less obvious, they would hold their own stock"

If someone smokes a spliff with crack in it are they more likely to go on and try it on its own.

- Whilst the Researcher was familiarising herself with the borough, its agencies and key workers, several youth/drug workers brought to her attention the issue of young people smoking skunk spliffs with crack in them, these are known as White Widow. Somewhat of an urban myth in some senses as it is believed that the skunk has actually been genetically modified to have crack crystals on their leaf tips. In reality, they are more likely to be a strong form of skunk with remnants/left over's from washing up crack sprinkled in. The purpose of this question was to investigate this phenomenon and ask if young people were aware they were buying this version of skunk.

- This question did not receive a satisfactory response, as the majority of respondents would not offer an opinion one way or the other:

- None of the individuals interviewed provided a yes or no answer, one couldn't be persuaded to imagine and the rest offered 'probably' or 'maybe' answers:

"Yes, if they like what they feel from it"

"It depends on the person but some are probably going to smoke it on its own"

- None of them could provide street names for skunk/crack spliffs, two simply wrote 'Crackheads', which led the Researcher to conclude they were unfamiliar with the phenomenon or had misinterpreted the question.

- Only 2 workshop groups came up with a final opinion:

- 1 group felt no, they were not more likely to go on and try crack:

"No, it's not a gateway drug"

- One of them added:

"White widow mongs you out much more than normal skunk. Its not very common"

- A large youth club workshop put it to the vote and (6-yes, 2-no, 2- don't know) concluded yes they were more likely to progress onto crack if they smoked White Widow.

- The rest of the groups were undecided:

"It all depends who you are, if easily vulnerable, yes, white girls are more likely to do it than black girls"

"Don't think so but you can never vouch for people. Know 3 people who had been doing it but didn't know when they found out they didn't go on to try it. It depends on the experience it doesn't agree with everyone"

- Some interesting snippets came from this, for instance one group gave an example of what could be termed inverse peer pressure:

"If you were smoking crack and everybody else was smoking weed you'd feel left out"

"You ask for it or you might just be given it. It's more expensive but you don't need to smoke as much. Not as easy to get, you need to know someone. Sometimes it just has soap-powder in it"

What are the street names for skunk spliffs laced with crack?

"Punk"

"White Widow"

"Monk"

"Rhino"

"Crow"

"Po"

"High Grade"

"Dark Mist"

"Foldy"

"Snow"

- Having consulted with experienced Youth/Drug workers the Researcher believes the underlined responses are in fact just types of skunk and the final 2 terms are street names for powder cocaine.

In conclusion, use of White Widow doesn't appear to be that widespread, there is no consensus as to how it is supplied- i.e. via crack or skunk dealers. One group told the Researcher that some cannabis dealers would be insulted by a request for crack, as if that were a line they wouldn't cross.

What lifestyles do you think Crack Dealers live?

- This next section focussed on crack dealers, this topic produced a lot of lively debate
- The young people were asked to list as many positive and negative aspects as they could think of. All of the responses were collated and two lists created, duplications were **not** included.
- 2 listed more positive than negative (they were all male groups)
- 6 listed equal negative and positive aspects
- 4 listed more negative than positive
- It would appear the "Bling- Bling" lifestyle is now a somewhat passé media stereotype and crack dealers have too much to lose and tone down their image with only skunk dealers 'bigging it up'.
- "Flossing" is the new 'Bling'; this phrase came up twice and refers to showing off your wealth in the form of houses, jewellery, cars etc.

The positive aspects most groups highlighted were the financial rewards dealing brings whilst the negative were the dangers involved. Two thirds of the groups listed more positive than negative aspects of a dealers' lifestyle.

This must be addressed in drug education, as it would appear media influences, cited in a previous section, such as gangsta rap do influence these young peoples' opinions, encouraging them to believe that drug dealing is merely 'hustlin' and a reality of street life. Whilst the Researcher is aware of the media's proclivity to demonise today's teenagers and focus on their love of designer trainers and consumerism, this does affect their attitudes, as exemplified by their positive views of drug dealers' lifestyles; in statements such as:

"Young people would look up to you"

"You would be treated with respect 'cos you've got money"

"You'd have protection, no one disses them"

Positive Aspects of a Crack Dealers Lifestyle

- *Earning*
- *Easy, quick money*
- *Work for hours or make your money, not a problem if you can forget about your morals*
- *Rich*
- *Easy money*
- *Good, rich life*
- *Money in your pocket*
- *Unhappy apart from the money*
- *Probably earn a lot of money*
- *A rich one*
- *Earn a lot of money*
- *Bling*
- *Big expensive lives*
- *Luxury*
- *Flossing*
- *Clothes*
- *Nice clothes brand names-Gucci, Prada, D&G*
- *Cars*
- *Flossing with a BMW*
- *Lovely cars*
- *Would have lots of friends because you've got lots of money*
- *Free sex*
- *Women and 'ho's*
- *Pimp*

Negative Aspects of a Crack Dealers Lifestyle

- *Most carry guns*
- *Have to be strapped (carry a gun)*
- *Die quicker*
- *Drought, no customers*
- *Your phone would always be ringing, have to get 2, one personal and one for work*
- *Might get caught*
- *Arrested*
- *Criminal record*
- *Busy*
- *Risky business*
- *If you're 'running' for people you have to take the blame*
- *No time to spend with your girlfriend*
- *The money isn't usually yours*
- *They use and are used by people*
- *Someone might be trying to bump them (kill them)*
- *Violence*
- *Dangerous*
- *Poisoning people*
- *Gun crime-risk of being shot*
- *Killed*
- *Can't trust anyone*
- *Living a lie*
- *People don't trust you*

- *Don't have to work yourself can employ runners through circles of friends*
- *Protection-no one 'disses' them, by knowing the Top Shotter, nothing won't happen to you*
- *Feel like they're big*
- *Opportunities*
- *You'd have a nice crib*
- *Could be an "undercover" (working and dealing), then they're really minted*
- *They feel like God, think they're doing the users a favour*
- *Big chains*
- *Bling/Ice (diamonds)/Gold*
- *Pimp and drug dealer all rolled into one, there is some credibility in this*
- *Be in a clique*
- *Young people would look up to them*
- *Treated with respect cause they've got money, people respect that*
- *Lavish Houses*
- *Always looking over their shoulder*
- *Nervous*
- *Not peaceful, always feuds*
- *Always on the run*
- *Ruins peoples lives*
- *Upsets their families*
- *Upset their children*
- *Get cased by mum's*
- *Not setting a good example to young ones*
- *Go to prison and come out broke and owing money, they're forced back into doing it to make their money back up quick*
- *Not a 9-5 lifestyle, you're at the beck and call of users*
- *If you go out with a drug dealer and you're caught in his car, you could go to prison*
- *Living in fear*
- *Get greedy, get caught*
- *They don't work*
- *They don't really do anything with their lives*

Additional Comments

" The bigger the dealer, the greater the levels of police corruption go, all the way down the chain to the foot soldiers. Dealing will never stop because it pays too well"

"Depends where you are in the chain, good if you're king of the castle"

How easy would it be to get crack around here?

- The young people were asked to rate the availability of crack in their area on a scale of 1-4*
  1 = very easy
  2 = easy
  3 = hard
  4 = very hard

* The meaning of 'around here' differed slightly between the groups, as some data was collected in venues where the young people were local and some in building they came to from all across the borough. Those that commented on their specific neighbourhoods revealed the following:

Table 23- How easy is it to get crack around here?

Area	Score Awarded	Additional Comments
New Cross	2 to 3 (average: 2.5)	***"Know so many that shot weed, that's easier to get hold of"***
Honor Oak	2	***"Not that common amongst young people, most haven't got the money"***
Deptford (from 2 workshops)	1, 4 and 2 (average: 2.3)	***1 "for over 18's"*** ***4 "for under 18's"***

A similar average score of 2 was awarded by the remaining 8 groups and 4 individuals, denoting the fact they felt crack was easy to obtain in Lewisham.

How do you think crack affects neighbourhoods?

- The young people cited a broad range of elements that an active crack market brings to an area, ultimately spoiling the reputation of the area.
- The themes that were raised are displayed in full below:

Area acquires a bad reputation/image

"Ruins the image of a neighbourhood"

"Bad vibe on the streets"

"Gives it a bad name, Catford known as "Crackford"

"The economy goes down, that's why there's so many pound shops!"

"Area would get a reputation and people would think everyone that lived there was a Crackhead"

Crime goes up in the area

"Burglary and street-crime go up"

"Increase in crime, stealing and prostitution"

"Bad gangs around could result in shootings"

People are frightened

"Old ladies get paranoid"

"You don't feel comfortable or safe"

"People become frightened in the area"

Police always around

"Feds (Police) everywhere"

"Police keep coming out, taping off the road"

"Constant surveillance by the police"

Bad for the children in the neighbourhood

"Not a good environment for the children"

"Little children might see it and try it"

"Kids go on crack"

Drugs paraphernalia all over the place

"Disgusting needles everywhere"

"Crack bottles and needles on the streets"

Institutional racism by the police

"Police target black people, the only white ones they go after are Kosovan".

"Ramping- Police chasing people for no reason, because of your colour and what you're wearing, then pin it on you"

People are too scared to report to the police

"Nobody says anything, as long as it's not in their backyard, see things going on but don't open their mouths, but when its their own child affected they're the first down the Police Station moaning"

"Nobody complains, they're too scared, dealers try to keep it tight keep them quiet"

Other comments:

"Can divide or unite a neighbourhood."

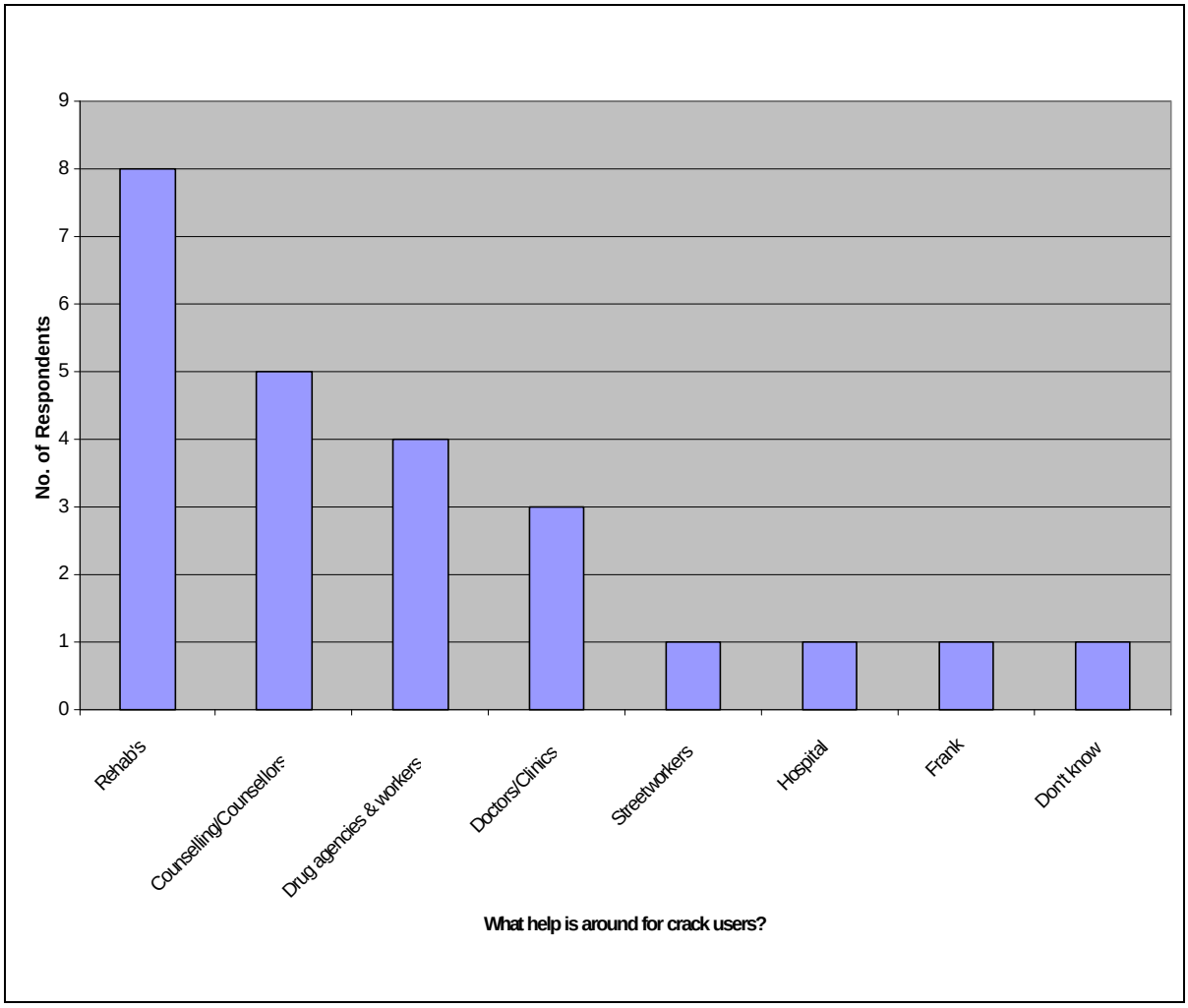
"Noise, disturbance, fights"

Treatment

What help is there for people who have a problem with crack?

- This was to gauge young people's level of awareness of the treatment options for crack users or people that need help, advice or support around crack.

Figure 24- What help is there for people who have a problem with crack?



- The young people had a reasonable knowledge of the help available for crack users. Only 1/9 said 'don't know' and 8/9 could name 'rehab' (even if the Researcher got the impression this was an umbrella term they had picked up from the media and had little idea of its true meaning). As one rightfully pointed out:

"Only know if you're in the scene, needed it yourself or knew someone that did"

- A random poll on the street or in an office would probably produce similar results.
- On a more sinister note the New Cross youngsters commented

"If the government didn't want it coming in, they wouldn't allow it, they're letting it in to kill black people".

If you were worried about your or somebody's crack use whom you knew, who would you ask for help?

- Frank/ Similar help-line 9
- Family 6
- Friends 5
- Youth worker/ Youth agency 4
- Drug worker/ Drug agency 3
- Hospital/ Doctor 2
- College tutor/ Teacher 2
- Social worker 2
- Agony Aunt (newspaper) 1

- The young people's response to this question indicates that above all when seeking help for themselves or an associate they would phone an anonymous help-line where they could guarantee someone would be professionally qualified to offer them advice or support concerning their crack use.
- Failing that they prefer to keep the issue within their inner circle and go to their family or friends.
- Trust and fear of being judged were two issues that came up in additional comments:

"Issue of trust with drug workers, in case they told the police, once told someone at school and nearly got kicked out"

"Wouldn't tell school because everyone would know"

"Someone who wouldn't pass judgement…people you trust who wouldn't judge you"

Whilst schools are becoming more aware of drug use amongst its pupils and their associates and introducing drug counsellors to its staff and enhanced drug education to its curriculum. If awareness is to be heightened of drug use and its wider effects, young people must feel they can confide in these specialists without concern of exclusion from school or involvement of the Police or Social Services

Drug awareness training is an imperative for workers engaging with young people. Local youth/drug agencies should encourage partnership work with schools, Pupil Referral Unit's (PRU's), parents and youth services to ensure a young person coming for help and advice is given appropriate and accurate information.

Do you think there's a crack problem in the area?

- 6 said yes
- 2 made the point it was a bad one, one acknowledged it to be growing
- 2 didn't know
- 4 said no
- The New Cross group felt alcohol was more of a problem in their area
- 1 group stated that they did not feel Lewisham had a crack problem as badly as somewhere like Brixton but felt it was growing

Finally, the young people were asked, individually on their monitoring forms:

"What advice would you give to a friend, if they were at a party and the friend considered trying crack?"
Each young person wrote their response on their monitoring form.

Only one of the answers was abusive and 6 did not answer the question, some left it blank, some said they couldn't imagine the situation and one pointed out ***"I don't keep that sort of company"***. This accounted for 12% of the young people.

The remaining 88% emphatically stated the individual should not try the drug. Not one said 'go ahead and try it' or 'I'll try it with you'.

The Researcher was sceptical if these were their true feelings or simply what they felt she wanted to hear. Furthermore, she questioned the worth of the question, as it seemed to examine the young peoples nature rather than their drug awareness.

Where their responses were in slang, the Researcher took advice as to their meaning from youth workers!

Their comments have been grouped into the following themes:

1. Informed their friend of the negative consequences of crack
2. Explained how stupid they would be to experiment with the drug
3. To think about it and not be impulsive &/also The ultimate decision was up to them
4. Would sever contact, break friends with them if they went ahead and tried it &/also Would use violence to emphasise their point

Just over a quarter of the group 19/57 (28%) instantly focussed on the negative consequences of crack addiction and the dark path it would take them down. Its ability to kill featured most prominently, followed by its addictive, destructive nature:

"I will tell them not to do it because it is not good for them and they could become addicted and ruin their life"

" I would tell her not to take any because it's a dangerous thing to get into, then I would give examples of people that have died of it and it takes away your mind into a whole different world"

"You gotta be mad 'cos that shit kills"

"Do you know what dem tings do to your insides"

"Crack is a hard drug and you could get hooked very easily"

11/57 (19%) of the respondents simply said don't do it, didn't elaborate or justify their comments:

"Just say no"

"Don't do it you'll regret it in the morning"

"Stop!"

"It's not about dat!"

6/57, 10% of the young people claimed their friend would be stupid or foolish to experiment with crack:

"Man's crazy if you're bolting dat"

"Are you dumb, don't be silly"

"I would try and persuade them that its dumb and not worth it"

" I would ask them why they were doing that foolishness"

8/50 adopted a mature philosophy, 4 would advise their friend against any hasty impulsive actions they may regret later, on the other hand, 4 were of the opinion they could advise but the decision ultimately rested with them:

"I would say hold on a minute, you've got your life ahead of you, think first"
"Long ting"

Or

"I can't make that decision for you"

"I would tell them to think really carefully about what they are doing but really its up to them"

4 also took an immature, slightly dramatic stance on the matter opting to sever contact if they went ahead and tried crack:

"I will talk to them if they don't listen I will disown them"

"If they didn't listen I would keep away"

"Can't flex with that round me"

3 were equally unremitting, resorting to force to get their message across:

"Take it out of their hand and throw it"

"What the fuck you on, Dickhead, you must wanna get smacked"

"If they didn't listen…I'd beat them up"

Finally, 4 responses did not fit into a theme, some because they were independent points and some because the Researcher could't understand what they meant!

"You should see someone"

"Ask yourself why you want to try some, think of reasons why you shouldn't do it and why you feel like doing it"

and…

"I won't tell a man to flop that"

"Way"

Conclusion

Routes in crack use

The young people seemed to be of the belief that heroin was more harmful than crack, which they were not aware was often taken in conjunction with crack as part of a poly drug habit, nor were they aware that crack could be injected.
This could lead to complacency as to the potential harm of crack and poses a particular risk to young people who may be introduced to the drug via cannabis or skunk; the use of which they seem heavily entrenched in.

The potential role of cannabis or skunk laced with crack crystals, known as 'White Widow', as a gateway drug to crack requires deeper investigation amongst Lewisham's young people.

As to, does young people's vulnerability to targeting by drug dealers enticing them to come and work for them as 'runners' and 'watchers' with the possibility to being promoted into low level dealing themselves.

Disclosure of their drug use

Finally, with regards to seeking help for their (or their friends'/acquaintances' drug use), the young people were fearful of being judged, people finding out or the School, Police or Social Services becoming involved. Young people must feel there are trained professionals available to them who will be able to advise them appropriately and confidentially or their drug use may go unchecked.

Lewisham Youth Offending Team (YOT)

Lewisham YOT is a multi-disciplinary team consisting of social workers, health specialists, probation officers, educational social workers, youth workers and police officers. The team works with young offenders. The Youth Justice Plan states that the link between substance misuse and crime are clear. As such, the YOT includes a substance misuse worker whose aims are to:

- Establish assessment tools to indicate levels of substance misuse by young offenders.
- Develop preventative and education programmes to reduce risk of problematic misuse of substances.
- Develop effective reduction programmes for low-level substance misusers.
- Refer the more problematic substance misusers to relevant programmes.
- Work alongside the community drug education team, arrest referral workers, etc., to develop interventions and services accessible to ethnic minority substance misusers and those under 18 years.

Furthermore, the YOT has initiatives in place that emphasise a focus on the following:

- Preventative strategies
- As part of the Crime Reduction team to establish links with the Drug Strategy Team to develop drug and alcohol services that match the needs of young offenders.

Interview with the Drug Counsellor at Deptford Green Secondary School

The role of drug counsellor was originally funded by Orexis but the school, recognised drugs to be an ongoing issue for its pupils and took over the contract when its funding ran out. They saw the main problem as being drug-using parents whose drug of choice tends to be alcohol and skunk.

Skunk & Cigarettes

I run a health awareness group and a real issue for the kids I see is smoking Skunk and cigarettes, it's not uncommon for them to be on 10 a day. Alcohol doesn't seem to feature. There's a problem gaining their trust and they fear being judged if they come to see me.

Young people's perception of crack

I've just finished a 6-week drugs awareness course, which incorporated a presentation about crack cocaine.
I've noticed they don't perceive smoking skunk or cannabis as constituting drug use but there is a real stigma around crack cocaine whose users they term "Crackheads".
With cannabis, they believe their "special" dealer will look out for them.

In my 4 years in the post, I've never seen anyone with a problem with crack and just one with problems with coke and they were referred to me by Orexis.

Young Person's Case Study

S is 18, she told the Researcher her story of running away from home, her crack addiction, how she got clean and her hopes for the future. She also gave some insight into young peoples perceptions of crack.

Case Study Three

How it began

"I was 13yrs old just smoking the odd spliff here and there. The crowd I was hanging out with joked how innocent I was, there were quite a few older ones, some locals, my brother and step-dad. At first, I just smoked every 3months, then it went to every 2 weeks but I was always with someone, eventually I just wanted it all the time whether alone or in company.

2 months before my 14th birthday we moved to Ireland, we had family over there and my mum wanted us to have a better lifestyle.
I was introduced to an uncle, who later went on to abuse me. At first, though I was in a new school and the pressure was on to fit in and be "cool". I could get served in pubs and my uncle was taking me out drinking, I just wanted to get drunk…and I did 2 to 3 times a week.

My mum 'clocked on' what was going on and informed social services, he was doing it to others, but I wouldn't co-operate and he said we were all lying.

That really messed me up, I went into a Children's Home, and by now, through him I was experimenting with speed and coke.

All I wanted was a buzz

I met a girl in there who was into sniffing lighter fuel, initially I was too scared, but then I tried it and loved the buzz. We experimented with gas lighter fuel even nail polish. At this stage in my life, I felt I had nothing to lose.

By the age of 15, I was doing pills (ecstasy) but whilst my mates were taking 1or 2 I'd always take 5 or 6, it was new to me, it took me out of me reality and I liked it. I was getting up at 9am taking a pill and having a couple of spliffs.

I was transferred to a 24hr supervised care home in Telford because of my drug use, which I ran away from to go to Birmingham. On the way I met a bloke at a train station who asked me to go for a smoke, I genuinely thought he meant cannabis, but it was heroin and crack. It made my throat tighten, when I smoked them together, I preferred the heroin but when I started doing it regularly it was the crack I loved.

What it's like?

As you're inhaling it, even before you've finished the pipe all the pain and stress is released from your head, waking you up, making you feel alive, confident, the buzz is indescribable. Very quickly it goes, after a few minutes and after 15-20 its not there anymore. You can get sick when you've done it; I loved that, as it releases the buzz again.
Although its not physically addictive the thought of the taste summons up butterflies in your chest, it's got a sickly feel, a kind of sense of death, afterwards you feel gutted.

Paranoia

Your heart pumps so much in your chest it scares you. If I walked up stairs with shopping and my heart pounded even that frightened me.

I was always paranoid I was going to die, in the end that did me a favour 'cos it helped me to stop. I got a bad case of paranoia; you think everyone is looking at you.

Funding her habit

There are things you have to do for it, nicking off people, cashing people's giros, begging and stealing out of shops.
I did dabble in prostitution, I had a boyfriend who would wait in a spot for me, I once got in a car with 4 blokes, but I begged them to drive me back to Telford. I'd tell him I want to go home and he'd say you're not going anywhere; I didn't provoke him any further.

The lifestyle

We were hanging out in abandoned pubs and crackhouses. People assume that that people who take it are living on the streets, low life junkies but I know lots of people doing it in drum 'n' bass and hip hop clubs. There's a group of young people who call themselves "haters", they look moody, listen to certain types of music, dominate a room and all use crack.

People who use powder cocaine were derogatory towards me, made snide digs. All those mates I was taking pills with fucked off.

I was injecting as well, I injected so much crack I don't know how I lived.

I would wake up and not know where I was.

Between the ages of 15-17, I was using £50-60 crack and heroin a day. Having mad sessions, someone would earn £600 and we'd all go into a garage and have a heavy session, lucky if you got in on those. When you couldn't afford it, you'd substitute something else, like a 4l bottle of cider.

I used to laugh at people who drank 'Tennants' on the streets until I ended up doing it. When you first wake up you scrape together enough money for beer, with that inside you, you can go out grafting.

An older Scottish woman once picked me up from a park in Lewisham, she was on crack and she took me back to her house, I thought she was helping me out but she tried to pimp me out…I soon got out of there!

I did some horrible things on crack but it didn't turn me into a cunt. It makes you feel like a bad person, so you might as well go back on it.

I worked with someone from Orexis for 6months whilst I was using and living on the streets, I'd come down from Birmingham and moved back in with my mum who'd come back from Ireland, but she kicked me out, she couldn't handle my addiction and made me out to be a horrible person.

Under 18's Detox

My worker from Orexis got me into a detox and rehab from Aug '03- Nov '03, a special one for under 18's in Lincolnshire.
When I came out of rehab, I was in an independent move on flat.
I came out in the November and I'd missed the intake for college. I felt abandoned when I came out. I had 2 keyworkers who came in 5 days a week but their attitude was "get on with it" which I suppose is fair enough.

I kept in touch with my worker from Orexis for a little while when I came out of rehab but then I broke contact with her. They never told me she'd left, just that she'd get back to me. I'd been through so much by then I could see through people.
I'm surprised how much I've changed, people assumed I was a nasty crackhead, friends and family laid continual guilt trips about what I'd done. I've got rid of everyone now.

I've been working with ACAPS for a year now; I turned up at their offices just before I went into rehab out of my head. When I needed someone to reassure me and give me practical advice they were there. Every time I said I'm worthless and deserve this to happen to me, they challenged that.

Dealers

Some dealers will sell you a tiny little rock for £5.

I had a posh boyfriend who had mates who were wannabe gangsters; they were running things, selling huge amounts of coke and crack. They could get guns and nicked car.

On the streets it's more local dealers and out of crackhouses.

Sometimes they give you a hard lump of chewing gum, you're so desperate you walk away almost hoping it will be crack but you're gutted.

I saw through dealers, some of them would make up stories about being abused so you'd feel like you had something in common and then they'd say, "by the way do you want a pill?" It makes me feel sick when younger ones look up to them, I feel like doing something to them when I see them now.

Lewisham

When I was using I went to the tower blocks and estates around Lewisham town centre, behind Lee High Road.
Deptford and New Cross are the worst but you see signs of it in Hither Green, Catford, and there are a lot of all night massage parlours in Sydenham.

Crackhouses

There's quite a few in Sydenham, behind a row of shops, they look like normal places.
In New Cross, they're more blatant, there's loads on the roads to Lee Green and Hither Green.

Acid is coming back on the scene; I hear lots of people are doing it.

Lewisham's biggest problems are crack and heroin, especially over the last year, there's more dealers and more people with a' don't give a fuck' attitude.

You can get all the help under the sun, you have to want to give it up, different things work, it depends on you. If people are calling you a dirty cunt that's what you're going to feel like.

Life now

I'm doing a course at Bromley College in "Health & Social care", it's a 4-yr course, and then I'll go on to do counselling at University. I want to be a drug counsellor.

I'm glad I got into it at the age that I did because I probably would have got into it anyway, at least this way its out of the way- what happened to getting pleasure out of simple things like just watching the sun going down?"

11. The Community

Main Points

- Geographical hotspots for crack dealing and crack use were highlighted throughout the borough, yet no one area stuck out as the worst effected.
- The community seemed to have little faith in the Police or authorities and a culture of 'dealing with things themselves' was perceived.
- The drug market, rough sleeping and prostitution scene all seem covert and behind closed doors.
- The majority of clients presenting to treatment services are poly-drug users, typically using crack and heroin.
- There is a disproportionately low presentation of crack users from BME communities. This was felt to be due to a perception amongst BME groups that drug services are geared towards white opiate users.
- Crack users may be reluctant to approach treatment services, as they do not feel there is any treatment for them or they do not need it.
- Gaps in service provision were identified as Cannabis treatment, Anger Management and Domestic Violence projects and crack specific services.
- Criminal Justice System professionals believed the borough's crack treatment provision was not reflective of the scale of the problem.
- The exact number of crackhouses is unknown to the police.
- Very few primary crack users present to the CARAT team at HMP Belmarsh.
- The probation service admits a lack of drug awareness amongst its workers could prevent crack users being referred for specialist help
- The most sizeable BME communities in Lewisham are the Somali's and Vietnamese. Somali crack users tend to also use Khat. Injecting is taboo in Vietnamese culture and users typically use heroin as their primary drug, dabbling in crack on the side.
- 2 different types of crack users have been identified presenting to mental health in the borough, those with symptoms induced by crack use and those with existing mental health problems that use crack as well.

Summary of consultation with Professionals and Residents in Lewisham

Throughout the course of the 8- month study, the Researcher spoke to a wide range of professionals working in Lewisham to gauge their perception of the borough's crack problem. The following topics were explored:

- Their specific role and likelihood of engaging with crack users
- The nature and scale of Lewisham's crack cocaine problem
- If they felt crack was problematic within the borough, if they did not, which drugs they thought were
- Drug Hotspots within their area
- Affiliated issues such as Prostitution and Crackhouses

The interviews once completed and collated, naturally fell into these categories:

Areas

Lewisham and Catford

- Hotspots for open dealing and using within the area

- It's the opinion of the street wardens that the most problematic substances on their patch are alcohol (street drinkers) followed by heroin.

Heathside and Lethbridge Estate

- Crack is a problem on the estate affecting the community as a whole

Deptford

- From its initial devastating impact in the late 80' s-early 90's, the market has quietened and gone underground.
- Open dealing via a phone box in the vicinity
- A general increase in muggings and fear of crime
- Police felt to be turning a blind eye
- Felt the community should be consulted over drug matters and their awareness raised
- Muggings commonplace (normalised)
- Culture amongst locals of dealing with the problem themselves.

Evelyn, Pepys, Trinity and Milton Court

- Drugs are not a new issue around here.
- Lack of community confidence re: reporting crackhouses.
- Some problematic estates, although crack specific information is sparse.
- A perceivable increase in drug dealing and problems since the concierge's removal from Hawks Tower on Milton Court

New Cross

- The 3 main issues in the area are crack, heroin and alcohol
- Various 'hotspots' for dealing, using and prostitution were highlighted

Silwood estate

- Heroin has historically always been a problem on the estate, nowadays there's more of a problem with users rather than with dealers
- There are spates of prostitution
- Concern regarding young people's cannabis use and the demolition of the local play areas and youth club were raised.

Honor Oak

- Crack was a bad problem 2-3 years ago, quieter now but still a disproportionate number of crack users for the size of the area.
- The drug problem is hidden and behind closed doors.
- Whilst crack users are demonised by13-16yr olds, its use has a certain status due to its gangster associations and high cost amongst the18+ generation.
- Prostitution is a recurring issue on the estate.
- Various crackhouses and pubs are linked to heroin and crack dealing.
- The community is reluctant to present a united front.
- Little drug paraphernalia found, this is felt to be due to the low levels of rough sleepers in the area.
- No specific drug services in the area.

Sydenham

- Although they are involved in a shared care scheme with CDP Quantum Project-Forest Hill, low crack awareness amongst the areas' GP's, who could be missing symptoms.
- New patient assessment does not ask about illicit drug use

The South of the Borough

- Downham GP's go through periods of reluctance to take drug users onto their books.
- Racism is an issue in the area, with BNP support and clashes between BME groups.
- No drug services in the area only 1 satellite drop-in once a week
- Alcohol is an issue for both adults and the young people, who in addition are heavily involved in cannabis and underage sex.
- Young men on scooters possibly 'running' for drug dealers in some areas.
- Ex-crack users informed Bellingham Sure Start worker the drug is readily available in the area.
- Satellite drug worker (new to post) receives enquiries about drugs in schools and partners' drinking. No enquiries re: Class 'A' drugs.
- Former satellite drug worker (4 yrs in post) perceives the area's main problems as being addiction to prescription drugs and alcoholism.
- No report of dealing hotspots.
- Skunk an issue with the young people.
- Downham community consultation did not highlight drug as an issue.
- Alcohol suspected to be problematic but hard to ascertain due to the behind closed doors culture.

Drug Agencies

CDP Evolve-Crack Specific Service-Camberwell

- Intake from Lambeth, Southwark and Lewisham. Lewisham not highly represented.
- 50% of clients Poly drug users
- Big increase in 18-24yr olds, whose drug route has progressed from alcohol and cannabis→Powder cocaine→Crack
- 10-15% of clients Professionals accessing the out of hours drop-in
- Perceived gaps in services- Cannabis, Anger Management and Domestic Violence.

The Dual Team

- No Crack Worker, we refer them onto CDP Quantum Project-Forest Hill
- 80% of our clients use crack and seek help for their opiate use.

CDP Quantum Project Forest Hill

- Low-level crack use, as part of poly-drug use. No evidence of chaotic crack use, felt this was directly correlated with low levels of rough sleeping in the borough.
- 80% of our clients are opiate users involved in the Shared Care Scheme.
- Crack worker-not seeing enough crack users from BME communities.
- Not much criminal activity to fund their habit, the users tend to binge on benefit day.
- Aim to set up good partnership working, especially with GP's.
- Crack dealing by Forest Hill station and large estates on Brockley Cross.

Orexis

- Numerous drug hotspots in the North of the borough highlighted.
- Sex for drugs exchanges commonplace in crackhouses, women would not self-define as prostitutes.
- Dealers supporting their own habit would not define themselves as dealers but as 'hustlers'.
- Hierarchy of dealers employing young people as 'Runners' and 'Watchers.

Lewisham Substance Misuse Team

- Majority of clients are heroin users with crack as their secondary drug.
- A perceivable increase in the past 3-4yrs of drinkers using crack.

- The biggest problem we face is crack users' perception that there is no treatment for them.
- BME clients report feeling isolated in all- white groups at Detox and Rehab and to an extent, amongst the (mainly white) locals of the rehab town, which, tend to be outside large cities. They felt they stuck out and as if everyone knew why they were there.
- Perception amongst BME groups that services are geared towards white opiate users.
- Brockley Cross and Downham flagged up as drug dealing hotspots within the borough.

Detoxification & Rehabilitation Services

Wickham Park House

- Increased crack use has affected the service in the following ways- an increase in challenging behaviours, acute crack withdrawal bordering on psychosis and craving behaviour.
- To give an indication, 5/10 on the current waiting list are addicted to crack & heroin.
- We offer a specialist service to pregnant drug users. Crack babies are a media myth.
- Inappropriate referrals are made for crack users to our service from community drug agencies, some in Lewisham.
- There needs to be more specialist crack services and greater knowledge amongst workers to minimise these inappropriate referrals.
- We need small in-patient crack units that you can be admitted to in crisis, with a high level of staff to monitor agitation and mood swings.

City Roads

- We have 19 crisis beds and 2 planned admission beds
- The majority come in with poly-drug addiction.
- We run a general programme for all addictions, not focussing on any one drug.
- Crack users tend to get into crisis quicker than the more entrenched heroin users, so they tend to be less isolated.
- 35% of our clients are women and 40% from BME communities.
- We are still not seeing primary crack users

The Criminal Justice System

HMP Belmarsh CARAT team

- Manager and 2 workers run drug courses for inmates at HMP Belmarsh
- Quarterly figures show 17% on the course are Lewisham residents, 23% overall are primary crack users, which equates (mathematically) to less than 3 primary crack users from Lewisham on the course at any one time.
- Prioritise short-term or remand prisoners for the course.
- Not much crack comes into the prison, more heroin and cannabis.
- When fully staffed will develop Crack Cocaine workshops.
- Postulated risk taking and drug use escalate in a crack binge until the individual appears to reach crisis point, whereupon they are usually arrested.
- Felt Lewisham extremely poorly equipped to serve crack users.
- Trying to engage BME groups (who are under-represented on the course) and dispel image of police and prisons as institutionally racist.

Lewisham Probation Service

- Probation worker has seen a huge increase in crack users coming in the past 6-9months. 50% of clients are primary crack users.
- Lack of drug awareness amongst workers could result in them not being referred onto the drugs course.

- Opportunistic crimes are committed, mainly burglary. Little violence involved and no firearms cases.
- See mostly men, shifting away from young black to young white males.
- Felt the borough had a crack problem and limited crack services.

Lewisham Police

- Head of the Drugs squad commented that they do not send many seizures away for detailed analysis due to high cost.
- Deptford Police Officer stated no major dealers on the patch.
- Dealers limit the quantity of rocks they carry to lessen their conviction if arrested.
- Local crack market is chaotic compared to the cannabis market, which, is tightly controlled and organised.
- The new 2004-2005 Lewisham Police performance indicators for robbery and burglary are to be reached by targeting areas around crackhouses.
- Partnership operation between community, prisoners and Anti-Social Behaviour Action Team (ASBAT).
- Focus on causing disruption not just displacement
- Exact number of crackhouses in the borough unknown but in double figures.

BME Groups in the Borough

Somali

- A Somali population of approximately 4,000
- Crack use amongst Somalis in Lewisham may originate from refugee camps they came from in Kenya and Ethiopia where crack and heroin are cheap and plentiful
- The majority of the Somali drug worker's clients use khat, half are using crack and/or heroin
- They tend to smoke rather than inject.
- Disclosure of drug use hindered by cultural shame, secrecy and denial.

Vietnamese

- 3,500 Vietnamese living in the borough, mostly concentrated in New Cross and Deptford.
- All 26 of the specialist Vietnamese drug workers' clients are primary opiate users, dabbling in crack, some more heavily than others.
- Heroin is the biggest drug problem in the Vietnamese community and injecting is a taboo subject.

Mental Health Services

Dual Diagnosis Consultant Nurse

- 2 different types of crack users with dual diagnosis, those with serious mental health diagnosis using crack as well and those presenting in crisis to acute admission wards with crack induced symptoms.
- Service gaps-need a crack service in the middle of the borough
- Mental health professionals not trained to recognise substance misuse.
- Increase in violence on the wards felt to be directly correlated to crack use.
- Some self medicate with crack.

Psychiatric Unit Triage Nurse

- Triage nurse speculated 5-10% of the crack users that come in present with psychotic symptoms, depression and consequences of their chaotic lifestyles.
- Not dealers outside, friends and relatives bringing drugs onto the ward.
- Heroin users tend to be more open about disclosing their drug use than crack users.

- Worker at an agency for African-Caribbean community experiencing mental health problems estimated 70-80% of their members using crack and or alcohol and or cannabis

Commissioning

Joint Commissioning Manager for Drug services in Lewisham

- Crack's impact was noted from its effect on users' health, risk taking behaviour and the ways they funded their habits.
- Changes in the rehab criteria in 1997 may have led to a sudden increase of men caught up in crack- binge-crime-and-prison cycles.

Methodology

Throughout the course of the 8- month study, the Researcher spoke to a wide range of professionals working in Lewisham to gauge their perception of the borough's crack problem. The following topics were explored:

- Their specific role and likelihood of engaging with crack users
- The nature and scale of Lewisham's crack cocaine problem
- If they felt crack was problematic within the borough, if they did not, which drugs were
- Drug Hotspots within their area
- Affiliated issues such as Prostitution and Crackhouses

The interviews once completed and collated, naturally fell into these categories:

Specific Areas

- Catford and Lewisham Central
- Heathside and Lethbridge Estate
- The North of the Borough
- Honor Oak
- Sydenham
- The South of the Borough

Community Drug Agencies

- CDP Evolve-Specialist Crack Cocaine service
- The Dual Team Catford
- CDP Quantum-Forest Hill
- Orexis
- Lewisham Substance Misuse Team

Detox & Rehab Services

- Wickham Park House
- City Roads

Criminal Justice System

- HMP Belmarsh
- Lewisham Probation Services
- Metropolitan Police Officers in Lewisham

BME Representatives from the following:

- The Vietnamese Community
- The Somali Community

Mental Health Professionals

- Dual Diagnosis Consultant nurse
- Psychiatric Unit Triage Nurse
- Agency for members of the African-Caribbean community experiencing mental health problems

Other

- Member of the Lewisham Council's Community Safety Team
- Joint Commissioning Manager for Drug Services in Lewisham

Community Members

Whilst it was felt to be important to ascertain the effect of crack cocaine on neighbourhoods by actually speaking to those people living in them, this proved problematic.

The Researcher attempted to engage Tenants Associations in the consultation process, but none came forward. This is understandable given the subject matter.

In addition, most members of the public are not sufficiently knowledgeable to be able to distinguish between drug users and the Researcher often found herself filtering out gossip, urban legends and misinformation about heroin and cannabis. And, to be fair, such is the level of poly-drug use it is hard to focus on just one substance.

A few interviews with members of the public have been included. (For the questionnaire, see Appendices 3).

The format of these interviews differs slightly, some naturally fell into the first person, whilst others suited the third person, although they are not in italic font within quotation marks their contents entirely represents the views and opinions of the interviewee.

Specific Areas

Catford & Central Lewisham

Interview with Catford and Lewisham Street Wardens

Patch covered
Catford Town centre, Rushey Green, Ladywell train station, Hither Green Estate almost down to Hither Green Station. Ladywell Road, Lewisham Town centre, Mercator and Orchard estates. Loampit Vale as far down as Deptford Bridge DLR station.

Aim
Reducing crime and fear of crime and promoting social inclusion.

Problematic Drugs in the Area
It is the opinion of the team that heroin and alcohol are the biggest problem within the borough and that crack use is not as widespread as heroin.

Crackhouses
The police definition of crackhouse is ambiguous, as it only defines them as properties where crack is manufactured; this keeps the numbers down. We did pass over intelligence to the Police of one manufacturing house in Deptford.
Doesn't have to be a house, could be a bin chamber.

Drug Paraphernalia
Needles and homemade crackpipes have been found in the following sites over the last 6 months:

- Alleyway behind Rushey Green Post Office
- Millford Towers-stairwells and disused store room for Tesco's
- Rosenthal and Capital House-basement
- Breadgar house-stairwells and bin chambers
- Lewisham Tesco's car park

Abandoned vehicles and dimly lit alleyways are also favoured by users, anywhere quiet and private where they cannot be seen or disturbed

Prostitution
Only one or two women known us, they are street drinkers rather than drugs users

Police have just carried out a big operation, common areas for open dealing are:

- Lewisham DLR
- Catford train station and back of the Town hall
- Open dealing of heroin and crack by the side of The Venue (nightclub in New Cross)
- Heroin dealing from car at end of Ladywell Park

Begging

Many of the beggars in the area are housed and using heroin, they roam about the borough.

Dealers

Many are users themselves and operate on a fast turnover, working for several months and then disappearing.

Public phone boxes are favoured for contacting dealers, as calls cannot be traced.

A classic method of indicating that crack can be bought is to hang old trainers tied together by their laces over telephone wires. Kids caught onto this though and hooked them everywhere!

This time of year is cold and quiet. Lewisham's biggest problem is the street drinkers; they affect the local businesses.

Heathside and Lethbridge Estate

Interview with a Youth worker on the Heathside and Lethbridge Estate

Heathside and Lethbridge estate is in the Blackheath ward and encompasses two tower blocks, as a former crack counsellor this youth worker is knowledgeable about the drug and is worried about its impact on the estate.

You can smell it around the estate; it's not about needles.
The older generation lock themselves away, they are scared.
There are professional users going to work in denial.

Crack robs you of your soul and your spirit, it owns you.
I see them moving around the estate; I describe their gait as "a violent bop

The North of the Borough

Interview with Youth worker in Deptford

The Ghetto

Milton Court known as The Ghetto in Deptford was historically the first place in Europe where crack appeared and it was the first to be raided in the late 80's and early 90's. People came from all over London, from as far as Charing Cross to score. They'd be wearing the same clothes time after time; they shone with dirt and had a ghost-like look.
They didn't really disturb the community at first, then the tell tale yellow signs appeared, people kept being robbed. The Spanish Steps was a notorious pub by Milton Court with a nasty reputation; someone had their tongue cut out in there for grassing.

Driven underground

When you do that first hit, you just keep on chasing that. There's a look in their eyes, an aura of fear and total instability. You have to be unstable to go there in the first place. 5 years ago, the crack problem was here but now it's much more hidden. Used to be a lot of crackhouses round here, but not anymore.

Tackling the Problem
Moonshot youth club- we experimented by keeping the gym open 'til 4-5am. The authorities shut us down and within 2 weeks the yellow signs were everywhere again. Once people were in that gym we had a roll call we could give the police when they came calling.

Turf and Race
Rivalry between gangs in Peckham, New Cross and Hackney. It's about claiming identity; black people have none so they claim turf.

Black on black crime is about superiority; the laws that come with it are none. Its about individual people making a living, totally rejecting the system, many will be sending money back home to Jamaica.

Dealers
Those out their "shotting greens" (dealing cannabis) some of these people can't read or write, they're just surviving. You have to live, juggle, be strong.

I used to know guys making all the money and now they're junkies.

Interview with Co-ordinator for Evelyn Neighbourhood Management and Hyde Housing Association

Patch Covered
There are 6,000 properties and 14,500 people residing in the ward, which incorporates three large sprawling estates:

- Evelyn
- Pepys
- Trinity

The purpose of the role of Co-ordinator is to secure improved service delivery to reflect local needs.

Drugs have always been an issue in this neighbourhood
They seem to have become part of the scenery, so crack's emergence is really viewed as just another drug, its not as if it will bring with it a completely new set of problems.

Community Response
There is somewhat of an "ostrich syndrome" around here, it remains an issue on the periphery, which often come up amongst residents, but there remains an astonishing lack of knowledge or understanding about drugs.

Crackhouses
Community confidence has been undermined regarding the closure of crackhouses. They report them and nothing happens for months even years, if anything happens at all.

Local Hotspots in Deptford
- A named fast food outlet is notorious for drug dealing.

Interview with Estate Managers in the North of the Borough

- Estate Manager for Milton Court and Bankfoot/ Meadows in the South of the Borough
- Estate Manager for Pepys
- Estate Manager for Evelyn

The purpose of the role of Estate managers is to take charge of caretaking and environmental matters, such as abandoned cars. Housing matters and repair requests are referred on and chased up.

They are limited in the amount of information they can convey about the estates as they only work Monday-Friday 9-5.

Pepys

Around the North of the Borough Pepys, Trinity and Silwood are known for problems with drugs.
A recent meeting was called by residents on Trinity estate (along Grove St) to discuss the burgeoning issue of drugs.
Suspect dealing to be going on in Lanyard house on Pepys.

Evelyn

Bitten Court is made up of single bedsits and has frequent reports of dodgy dealings, there is a suspected dealing house in there occupied by a known sexworker.
Mulberry House has been under police surveillance and was recently raided.
There is nothing to indicate any street prostitution on Evelyn.

Drug paraphernalia found:

Meadows estate
Bankfoot Estate
Needles are commonly found around bin sheds.

Milton court

There's been a noticeable increase in drug dealing and problems in Hawk's Tower since the concierge was removed.

Fenton and Austin House-used to have information passed on regularly but now the Tenants' Association has been disbanded. In one of the blocks a community room door has been smashed down and drug users are congregating in there at night.

Public Telephone Boxes on Grove St and Evelyn St by Trinity estate are felt to play a role in drug dealing.

Interview with a Deptford (SE8) Business Owner

"There's someone blatantly dealing over the road, I don't know how the police can say drugs aren't a problem".

Do you think drugs are a problem in the area? Do you have any idea, which drugs?
"Always have been around here, a mixture of everything (mainly crack, heroin and cannabis) but it's worse now with the crack"

"They (drug users) come in here and do their washing, you can tell they're on something or they go shoplifting and bring their stolen goods in"

How easy do you think it is for drug users to obtain drugs around here?
(Shrugs and laughs) "It doesn't take a brain-surgeon to work out what's going on over the road with that phone-box"

Are you aware of there being any crack/drug houses around here?
"Behind the shops on that estate (couldn't name the estate)***"***

Drug use and crackhouses are often associated with the following elements, are any of these a feature in this neighbourhood:

- Excessive noise
- Drug dealing
- Open drug taking- ***No***
- Drug Paraphernalia (Syringes, needles, burnt tin foil, crackpipes) ***No***
- Human waste
- Begging ***Get 2 coming in asking for a pound, you know they want it for drugs***
- Break-ins (Houses and cars) ***Haven't noticed***
- Muggings ***Gone up a lot in the last 2 yrs, I won't come down here now with a handbag***
- Prostitution ***Not particularly***

If you see anything like this, would you call?

- The Police ***I did when an old lady had her bag stolen and I would if I actually saw something happen***
- The Street Wardens (If applicable)
- The Council- ***Waste of time talking to them. Everybody is pretty dismayed with the council and their lackadaisical attitude, they know what's going on and they don't do anything***

What do you think could be done to improve things in the area?
"Don't think you'll ever get rid of the drugs but it could be managed better. That place over the road (Orexis) I didn't even know it was there, they should make people more aware and consult with the community over drugs matters"

Do you feel safe?
Where you live? ***"At night-no, I have a metal gate on my door but people are always letting strangers in the intercom-controlled communal door"***

In this area? *Night-**no** Day-**"yes, but I'm always on my guard. I go home from here and stay in, if I go out I always get a cab, you can't feel safe waiting around at night, nothing has ever happened to me, but when they're on the drugs they have no friends and family-that's their friend"***

Additional Comments:
"The Police turn a blind eye to it, something has got to be done it's getting ridiculous, 20 yrs ago I thought nothing of walking about at 3 or 4 in the morning.

There's been a crack problem around here for years, the police know where the crackhouses are, if I know where they are, they must do!
It's got worse in the last 2yrs, lots of old ladies come in here & talk about the muggings, one the other day around the corner as she was going into her block-you know its drugs. They sit in the café opposite and wait for the old ladies to pick up their pensions.

I live on Pepys, there are 2 crackhouses on there & I once I saw someone injecting on the stairwells".

Interview with a Deptford (SE8) Publican

Do you think drugs are a problem in the area? Do you have any idea, which drugs?
"Yes, I've lived here 14 years and in the past 7 it's got worse, it's all drugs, they smoke cannabis in here and I've found syringes, foil and crackpipes in the gents toilets".

How easy do you think it is for drug users to obtain drugs around here?
"Easy, they sell it on the street, you see them waiting for their drops and then a car pulls up, sometimes it's better than TV out there!"

Are you aware of there being any crack/drug houses around here?
"Gossip tells you where they are, some on Pepys estate down the road. The Nigerians are running it, everybody knows it"

Drug use and crackhouses are often associated with the following elements, are any of these a feature in this neighbourhood:

- Excessive noise
- Drug dealing ***All around here***
- Open drug taking- ***No, don't see it, chuck people out if I think they're injecting in the toilets***
- Drug Paraphernalia (Syringes, needles, burnt tin foil, crackpipes)
- Human waste
- Begging
- Break-in's (Houses and cars) ***Hear it all day and every day***
- Muggings ***Not an increase, just constant, goes on all the time, it's part of the day***
- Prostitution ***See girls around here doing it that were once beautiful but the drugs have taken their toll and their faces are all 'pockmarked'***

If you see anything like this, would you call?

- The Police ***We have a radio-link to the police***
- The Street Wardens (If applicable)
- The Council

"Their (Police) response rate has deteriorated in the past year, you get so used to it and you deal with it yourself".

What do you think could be done to improve things in the area?

Do you feel safe?
Where you live? ***No***
Additional Comments:

"The Evelyn Triangle (a group comprising community spirited workers in Evelyn) ***commissioned Magpie*** (an independent charity promoting active local citizenship in and around Deptford and New Cross) ***to assess the area, they made the following recommendations:***

- ***Improve the Street Lighting***
- ***Improve security with CCTV***
- ***Environmental restructuring-repositioning the street furniture***

Everybody is suffering from a lack of investment in this neighbourhood, trade has dropped off.

The fear of crime around here may be worse than the actual crime, but lots of the shops have a closed door policy and buzzer entry because they've been burgled so many times, we've been burgled 4 times".

Interview with the New Cross Wardens

Patch covered:
12-14 members of the team covering 5 zones:

- Somerville estate
- Kender Triangle
- New Cross Road
- Hatfield and Eckington
- Winslade estate

Since we've been up and running in June the number of needles we've picked up has been dropping steadily.

We have a good rapport with the community and they give us a lot of local information.

Issues in New Cross
The three problems in this area are heroin, crack and street drinkers. The crack scene is underground.

Areas and Hotspots:

- Hatchem park, there are three estates next to each other Gerrard House has a problem with crack, the other two have heroin and cannabis respectively.
- Lovelynch estate was notorious for crack in the 80's but its quiet now- there's an initiative running for the young people with Millwall football club called the Greenhouse Schools Project.
- Eckington Gardens- a phone box
- Casela Road- a bookies'
- Wild Goose area -crack pipes, needles, vomit, foil, faeces and wraps. Found all of these in a side room in a block of flats, we got that locked up.
- Wildgoose Drive there was a drughouse with bars on the front door.
- Kender Street on the Southwark/ Lewisham border by the Cost Cutter young girls suspected of prostituting themselves. A crackhouse has been raided and closed down. Kept finding Kit Kat wrappers, using the foil (to chase heroin/crack) and throwing the chocolate away.
- Kids possibly 'running' for dealers on mopeds on Hunson Road

Silwood Estate

Interview with Silwood wardens

No Crack Paraphernalia Found
2 in the team covering the entire Silwood estate. Have been in operation for 18months and in that time have found no crackpipes. Don't think it's much of a problem around here.

The Community Response
Very little representation from the residents as Single Regeneration Budget (S.R.B) committee bullying caused the residents to breakaway from the tenants association.

Issues on Silwood
Think there is more of a heroin problem around here, seems to be more users than actual dealers and the problem is worse now there's so many empty premises they can use.
The local street sweeper has been nominated for an award. He picks up lots of needles and comments on the burn marks and matches on the ground. We have a good relationship with him and the caretakers

Not much of a problem with street drinkers as there are no off licences or shops selling alcohol round here.

Not a great deal of crime on the estate. The police rarely patrol here and admittedly, we only work until 6pm.

Empty Properties

The estate is being demolished which puts it into somewhat of a limbo state, as there are a lot of empty properties. The council aims to board them up and cut of the water supply immediately but there is still a problem with squatters. There are lots of Eastern Europeans in there who work on the building sites.

Hotspots

- The Alpine blocks have some problems with youths smoking cannabis, suspicions of girls working and some heroin being dealt by users.
- One suspected crackhouse on St Helena Rd, a property on the Southwark side overlooking the Alpine.

Interview with 3 Silwood (SE16) Residents

Do you think drugs are a problem in the area? Do you have any idea, which drugs?
"A big problem, we keep finding needles, lots of Scagheads around here, they're demolishing the estate which means everybody's being mixed up"

How easy do you think it is for drug users to obtain drugs around here?
"You can see them in cars passing it over"

Are you aware of there being any crack/drug houses around here?
"There is one around here that we've heard about"

Drug use and crackhouses are often associated with the following elements, are any of these a feature in this neighbourhood:

- Excessive noise
- Drug dealing
- Open drug taking-***Used to see it being taken down by the arches (area in Deptford)***
- Drug Paraphernalia (Syringes, needles, burnt tin foil, crackpipes)
- Human waste
- Begging ***Sitting by the cash-machines with scabs all over their faces***
- Break-ins (Houses and cars) ***Gone down recently, there's a crackhouse round the back, when that was raided it seemed to stop then.***
- Muggings ***Have come down just recently***
- Prostitution ***Last Summer-3 or 4 of them between 18 and 25 met up by the church and went patrolling up and down, one of them had no teeth, and we heard it was £5 for a blowjob.***

If you see anything like this, would you call?

- The Police ***No, let them do themselves in, we're not grasses, they rarely come on the estate, only when they're 'blue-lighting'***
- The Street Wardens (If applicable)
- The Council

"People sort things out for themselves around here, we don't get others involved, we take the law into our own hands".

What do you think could be done to improve things in the area?
"More wardens to keep an eye on the kids, they're not going to build a new youth centre when they demolish the old one.
It's not as bad as it used to be around here.
More drug education".

Do you feel safe?
Where you live Day/Night? ***Yes, we've lived here for 21yrs***
In this area? Day/Night?

Additional Comments:

"The boys who have left college are plotting on the stairwells of Tissington Court 'til 3am out of their heads.

Scagheads and Crackheads are bad people

The new building replacing the one they're demolishing, hasn't got CCTV because they think because its not council anymore (Housing association) and a nice new housing they won't need it anymore. And they say they don't have the money for a new youth club. Crime will go back up without one".

Interview with Silwood Youth Worker

Regeneration
Half the estate lies in Southwark, before they started the regeneration work 4 yrs ago and decanted people out there were 1000 households here housing people with a good community spirit who had lived here all their lives.

Drug issues on Silwood
The drug problem is more hidden than it was before.
5 yrs ago, this place was Crack City but it's not as obvious now, I only know of one crackhouse all the others have been closed down.
Heroin is more of a problem now.

Young People
The young people don't talk about the class A drugs, they've seen what drugs do to people and steer away from them.
However of the 25 coming regularly to the youth club only 5 don't smoke skunk, you see the changes in their personalities when they're on it.

No Open dealing
They openly sell weed on the estate (sometimes the parents of my kids) but there's no blatant dealing of heroin or crack.

Prostitution
Last summer, there were complaints about some young girls selling themselves, but they moved on.

Tissington Court
A recent spate of break ins on Tissington Court was blamed on the crackheads.

Drug Paraphernalia
Find needles in the back garden all the time; have found a crack pipe and lots of Kit-Kat wrappers (for the foil to chase crack/heroin).

No Play Parks or Youth Club
They've taken away 70% of the open spaces on the estate and built on them. Now they're not going to build a new community centre and we can't see any playing parks on the new plans.

Honour Oak

Interview with Honor Oak Neighbourhood Management Co-ordinator, her daughter and the Honor Oak wardens.

6 Wardens on the team including the manager.

Behind Closed Doors
The area has changed over the past 2 to 3yrs was a big drug scene there but its quietened down now.

The number of crack users is still relatively high here given the size of the area, which has a population of 1,500.

Believe that crack use in this neighbourhood has escalated in the past 4 years but since the wardens have been here for the past 2 to 3 years, they've had problems proving it. They know certain individuals are up to something but can't pin it on them. It's hugely frustrating.

The drug problem around here is hidden, behind closed doors without any significant public backlash…

Young People
…compared to the young people's cannabis use, which is blatant and high on the community agenda, peaking recently when a group of young people mugged a pizza deliveryman.

There isn't an issue of youth gangs around here.
The drug of choice of the young people seems to depend on race; the young white people drink (especially the girls) and the young black kids smoke cannabis. The degree of blame for the resulting anti-social behaviour is disproportionately laid at the feet of the black children.

Crack: A status Symbol?
Taking crack has a status amongst a generation of "wannabe gangsters"-crack use is fashionable amongst 16 to 25 year olds because it's expensive. They talk about it even if they're not doing it. Some are doing it everyday, some at the weekends. They get themselves into debt and are beaten up by dealers.

At 13 to 16, they demonise crack users, call them dirty crackheads, then its use acquires a certain status.

18 year old seem to yield to peer pressure but it is also an issue for 30 to 50yr olds.
There's a problem with 50 somethings' experiencing a second youth, without jobs or direction they seem unable to look after the kids they've got, as they've never grown up themselves.

The local school (Crofton School) has a problem with drug dealing and using amongst its pupils, mainly cannabis

Prostitution
Prostitution has been a recurring issue for the area with women seen on St Norbert's Rd standing in bus stops, some as young as 15.

A phone box outside the warden's office is suspected of playing a role in drug dealing and prostitution. Locals report being approached by kerb crawlers. 2 years ago, it was reported that girls were making pornographic films for drugs.

A local pub recently had a shooting and is believed to play a part in the local prostitution scene.

Another popular site is by the bridge, where a shoeless woman was frequently spotted over the summer (2003)

Crackhouses and Hotspots
- In 2001, there was a crackhouse on Brockley Way and an associated prostitution ring.
- Crackhouses around here are smoking houses not manufacturing houses.
- The Golden Dragon (a pub) on St.Norbert's Rd was raided before Christmas '03.

Funding their habits
- Shoplifting
- Stolen chequebooks and cards
- Buying goods with stolen cards and …
- "Kiting"- get the receipts, return the goods for a cash refund.
- Those on the dole tend to pool their money.
- We know many users leave their DSS books with dealers.

The Community Response
Members of the community are not willing to come forward and talk about it. They moan about the problem, unaware their kids are involved in it and seem to have a "not in my backyard attitude", they tolerate it until it directly affects them, then they demand to know why nothing is being done.

Open using and Drug paraphernalia
Isn't really much of a problem, the odd needle here and there, this may be directly correlated to the low level of rough sleeping in this area, just a few squats, this takes it away from the public gaze.
Drug users sit on the bench outside the warden's office.
A lot of crackpipes were found in Billingsford Close a year or so ago

Local Services
There are no specific drug services in this area; the closest is the Dual Team in Catford.

Sydenham

Interview with GP's from Wells Park Surgery- Sydenham

Shared Care with CDP Quantum Project-Forest Hill
Situated on the Sydenham/Forest hill boundary we offer a shared care contract with CDP Forest Hill's heroin users on methadone scripts, which means a drug worker runs a satellite clinic here once a week.
The only disadvantage that we can see for this arrangement is that previously, heroin users had to visit a doctor to get their methadone script, this gave the doctor a chance to examine the individual; this does not happen anymore.

An advantage of this scheme, however is that partnership works means they have somewhere to refer on the patients that do report drug misuse.

Lack of Illicit Drug Awareness amongst GP's

The doctors pointed out that their "New Patient Assessment" did not include any questions about illicit drugs and were unable to comment on the levels of crack use amongst their patients.
All of the doctors agreed that their awareness of crack cocaine and its social and health implications were low so they could be missing symptoms.

They noted that many of their known drug users were **registered** at the same address which, may mask their true housing status

Domestic Violence and Crack

One of the G.P's made reference to a couple she treats, both of whom are using crack and domestic violence is a feature of their crack use (not just perpetrated by the male but by her as well).

The South of the Borough

Interview with Downham and Bellingham Police Community Support Officers (PCSO's)

8 PCSO's in the team

The area

Biggest problem is the young people roaming about, some of them are like "feral" children, having to fend for themselves, some known local drug users send their children out to thieve for them and threaten them with being sent into care.

Racism is a well-documented issue down here, the kids stir it up, the white kids make reference to the B.N.P and there's tension between other groups and gang fights, there are pockets of Somalis, Nigerians, Kosovans and Iraqis down here, it's a real melting pot.
Many pubs have shut down.

Doctors refusing to take drug users onto their books

Downham doctors have periods where they refuse to take drug users onto their books; this creates a vicious cycle where there is nowhere to refer drug users onto.

Hotspots for drugs

- There is evidence of a couple of crack cocaine hotspots; both are also hotspots for burglary.
- Grove Park station and Beckenham Hill station-open dealing.
- In addition, Brookhouse Rd and Southend Lane- houses on those always have kids congregating outside. Mallory School is near Downderry Rd where there is an alleged premises that deals to the school children.
- Someone was reported to be selling crack on Knapmill Way and Knapmill Rd

Crackhouses

- Recent raid and arrests on the Brangbourne estate Dwant House.
- Camlan Rd- known locally as "The White House" there has been some complaints from the neighbours about the comings and goings there.

Prostitution
Suggestions of it occurring in Rushey Green and outside Lewisham train station.

Drug Paraphernalia
Found in:

- Bellingham Green
- Southend Park
- Beckingham Place Park.

No crackpipes, just needles. However, some burnt coke cans and foil were found in a premises in Wildwood close in Lee

Interview with Vicar of Bellingham & Rural Dean of East Lewisham

Drug Issues in Bellingham
Alcohol is a big issue around here both for adults and young people, who in addition are involved heavily in cannabis and underage sex.
A Worker at Bellingham Sure Start was informed by 2 ex-crack addicts that crack is readily available in the area and was working with a 17yr old runner for a crack dealer.

Lack of Drug Services in the South
There are very few drug services in this area, only1 drop in afternoon per week by C.D.E.P (a satellite service).
There has been a lack of street work; outreach or youth work in this area for years.

Burglaries went up recently when a known drug user with convictions for robbery moved onto the street.

Mixed Community
There's a very mixed community down here, with quite a bit of right-wing activity, on this estate there are some very dangerous nazis who I see regularly going out in a white van with cricket bats, who I'm sure don't play cricket. I believe they may be selling drugs. Although with all community news that I am privy to I do appreciate the tendency to exaggerate gossip.

Young People
I'm aware there is a very high availability amongst pre-teens for cannabis and skunk.
There was a spate, a while back, of young men on scooters up and down Sedgehill Road and Southend lane.

Although I hear of a culture for young men to be "pimping" out their girlfriends amongst friends and acquaintances I'm not aware of any formal prostitution going on around here.

Interview C.D.E.P worker for Downham and Bellingham

No enquiries about Class A drugs at the Drop-in
I run a drop-in in Downham on the last Tuesday of the month, I tend to get enquiries from concerned parents worried about drugs in school. I've only been here a few months in that time I've never had any enquiries about class A drugs.

I also get lots of people concerned about their partner's drinking.

Interview with former C.D.E.P worker in Downham & Bellingham

Prescription Drugs and Alcoholism
In the 4 years, I worked there, the main problems I encountered were addiction to prescription drugs and alcoholism.

Overall, I'd say illicit drug use goes on but on a superficial level and nothing that you'd particularly notice.

I worked with 16 individuals on methadone scripts, which, given the size of the area indicates a low incidence of heroin use. However GP's around here are old fashioned and it has been suggested they aren't keen to take drug users onto their books

Never heard much about street dealing.

Community assumptions re: Crack
I think the problem is very hard to quantify as people have different perceptions of the problem, for example if elderly people hear a rumour about a crack dealer in the area, they assume ALL the young people are selling crack!

Crack Users
I did work with some local crack users while I was there and concerned family members of users. One young lady who was dabbling and scared of being drawn into the scene and one couple who were coming off it.

Young People and White Widow
In addition, the young people were smoking a very strong version of cannabis-'Super skunk'. I believe it's an urban myth that it's mixed with crack, the crystals that appear on the leaves occur naturally when the plant sweats. I heard descriptions of young people behaving very strangely and uncharacteristically aggressively under its influence.

Interview with Downham Neighbourhood Management Co-ordinator

Drugs not an issue
Anecdotally drugs are a problem in Downham but in a community consultation exercise 2yrs ago, it did not come up as an issue. Street crime and burglary were highlighted as the biggest community fear even though crime figures here are the lowest in the borough.

Alcohol
Alcohol is the biggest problem around here, although Downham has a very "behind closed doors" culture so it's hard to really know.

I've never had any reports of street prostitution

A known drug hotspot is around Mallory School.

Interview with Downham Youth Worker

Drink
Biggest problem on the Downham estate is drink; don't hear a lot about crack I hear a bit about heroin.

I've lived and worked around here for years, I did however, hear of a recent arrest on Valeswood Rd, where the police arrested someone with £20,000 of crack on them.

The kids mainly talk about cannabis. I've never heard anything about or noticed any prostitution or dealing or crackhouses going on around here.

Drug Agencies

Interview with Manager of CDP-Evolve- Specialist Crack/Cocaine Service

Relocation of Services

We've had problems with losing clients since we relocated to Coldharbour Lane (Lambeth) premises from Camberwell for refurbishment in June '03.
The location in the heart of Brixton's frontline has impacted on the service as many are put off from coming here as they may run into a dealer or have used around here and they fear it will trigger a relapse.

Despite a common belief that a service needs to be on someone's doorstep for them to attend, the following factors are more significant for users:

- Pride (issue of being seen going into a drug agency) by friends, family, acquaintances etc.
- Seen as 'selling out'
- Fear of authority, potential risk of details being passed to social services or the police heavily discourage them from engaging with services and the only antidote to that is assertive outreach.

Not Many Lewisham Clients

Intake from LSL (Lambeth, Southwark and Lewisham)
Lambeth and Southwark clients are most prominent, Lewisham drug users may be accessing the Forest Hill service.

Poly- Drug Users

50% of our users are polydrug users
If they can't get crack they tend to use alcohol or cannabis

Services offered:

Complementary therapies we offer include:

- Auricular Acupuncture
- Reiki
- Homeopathy
- Tai Chi

The following workshops are available on a rolling programme:

- Values
- Goal Setting
- Relapse Prevention
- Masks/Comfort Zones

We refer on for detoxification and rehab

Profile of our users:

Mostly male, over 18's, generally 35-40 (late starters).

Drug Route to Crack

We've seen a big increase in the 18-24yr olds coming in; their common route into crack appears to be:

Start using alcohol and cannabis at 14 → powder cocaine → crack, develop a habit.
We're dealing with generations with a complete lack of drug education.

Prostitution
Sex workers from Lewisham may be travelling out of the borough to work on Brixton Hill (local red-light area).

Professional Using Crack
10-15% of our clients come from professional backgrounds; we run an out of hours evening workshop.

Funding their habits:
Tend to make the distinction between:
- Social rule bending
- Benefits and Social rule breaking

Gaps in Services
- No service for Cannabis-the declassification will make it blurry and no longer serve as a deterrent for those previously scared.
- Anger management
- Domestic Violence
- Problem Solving/ Coping Skills

Interview with the Manager of the Dual Team, Catford DUAL (Drug Users and Alcohol Liaison Team)

Refer on Crack Users
We have no crack worker so we refer crack users onto CDP Forest Hill

Prostitution
Some girls come in for condoms.

Poly Drug Users Not Perceiving their Crack Use as Problematic
80% of our clients use crack but seek help for their opiate use. They might not even see crack as a problem, when they come here, we help them look at all of their addictions as a whole.

Interview with Crack worker at CDP Quantum Project-Forest Hill

Interviewee had only been in post for 4 weeks.

Spectrum of Drug Users
80% of the clients here are involved with the "shared care" with a local GP practice. Tends to see opiate users from a broad range of backgrounds (ethnicity, age and gender) but as far as crack users are concerned we are not seeing enough from BME communities.

Our main client group are adult males.

Services provided:
- Auricular acupuncture
- Reflexology
- Reiki
- Homeopathy
- Detox/ herbal and Lung tea available on request.

Groups
- Motivational Interviewing
- Triggers
- Relapse prevention

Help themselves put strategies into place; refer them onto CDP Evolve-Southwark for this.

Not much criminal activity, the users tend to binge on benefit day, but those crimes that do tend to be committed are split down the genders:

Male Crime
- Shoplifting
- Car crime
- Burglary

Female Crime
- Prostitution
- Clipping in the West End

No prostitution reported to be occurring in this area

Target
My aim is to get good partnership work up and running, local G.P's are bad at referring onto services, they tend to only know 1 drug service and constantly refer to that. They don't investigate which drugs the person is using and try and link them into the most appropriate service.

Hot Spots
Some crack dealing outside Forest Hill Station and big estates in Brockley Cross

Interview with the Manager of CDP Quantum Project Forest Hill

Low-level crack use as part of poly-drug use
Many of our clients using heroin are also use crack. They tell us they don't go out looking for it, simply have it if it's there or offered.
People talk about insatiable crack binges but the ones using this service I think are quite together, just buying a few rocks at a time, the chaotic lifestyle tends to come with rough sleeping and there's not many street homeless in this borough.

We certainly don't have any problems here with violence; for the most part our clients are calm and polite.

New Crack Worker in Post
Since the Crack worker started, she has built up to seeing 6-7 people a day and she has 25 regular and 25 irregular clients. There's only been a crack service here for 2yrs and in that time the post has been vacant for periods of time and not adequately promoted so it's going to take at least a year before her influence can truly be monitored.

Interview with Team leader at Orexis and Drug Users' representative

Drug hot spots
- Bermondsey
- Deptford-station and the arches-lots of Jamaicans
- Pepys estate

- Milton Towers estate
- Lovelynch estate
- Deptford market
- The Venue nightclub
- Lewisham and Catford, especially Rushey Green Social Services building, there are women hanging about drinking and dealers wait outside for you to cash your giro

Prostitution

- The Users' Rep estimated that, of his female acquaintances 40-50 would prostitute themselves for drugs.
- In Surrey Quays, you can see it on the street.
- In crackhouses it's for the price of a pipe, not even a whole rock, they do it from the age of 15+ and wouldn't define themselves as prostitutes, just hustlin'.

Effects

Crack makes you confident, able to work and keep going, perhaps that's why it's so popular amongst BME communities, as it gives you a confidence boost and brings you out of yourself.
The attraction for women is that it helps them to lose weight, they seem to be able to handle it better, they don't get as paranoid as men.

Dealers/Yardies

Don't really define themselves as dealers just hustlers, they buy some and sell it on to their mates, not so much about making profit as having money for your own use.
Always buy it in rock form, you couldn't find pure enough cocaine to be able to manufacture it.
They're coming in from the Caribbean, mainly Jamaica, people coming from proper poverty, making loads of money, ambitious grafters. A 4year stretch in prison is no deterrent, it's considered luxurious compared to jails in Jamaica, where prisons are harsh with 12 to a cell and the birch.
I reckon 1/10 people on a flight from Jamaica are likely to be carrying something.

Yardies

Loads of them here speak in Patois; refer to YTS scheme (Yardie Training School).
Kids want to be like them because they have a reputation as being fearless. When a drug dealer wants to remove himself from the street, they (bring in/ employ) Soldiers, to sell their drugs for them, the terminology applies because:

- They will fight and die for him/her
- They are dispensable
- A hierarchy exists amongst them like in the army

Racism

In places like Bermondsey the crack problem is underestimated as it is stereotyped to be a black problem, lots of crime goes undetected, as the police are too busy following black people around supermarkets they miss all the white users shoplifting!

Young people

Young kids are more likely to "spliff it".
Want to be like black men-fearless and tough, they imitate their Patois, mix it with English slang and dress like them.
Dealers employ them as "Runners" and "Watchers", as they're less likely to be stopped by the police and the kids know there's more money in it than going on the dole.

They dealers stand outside schools to recruit them, giving them introductory offers for rocks, like buy-one-get-one-free.

Gangs
Have been problems in the past between the blacks and the Somalis but that's cooled down now.

Crack Strategy Meeting
A few years ago, the manager at Orexis brought together a Crack Strategy Meeting and designed a questionnaire, but interest in it waned.

What Orexis want?
- Funding for acupuncture
- More counsellors (lost the funding for a women's worker)
- More money for treatment
- A programme to give crack and ex-crack users a structured programme with training, skills and employment opportunities.

Interview with Lewisham Substance Misuse Team

The crack problem has slowly emerged over the past 5 years; we were all geared up for a crack epidemic after the warnings from the US but it never broke here.

Typical clients
The majority of the clients we see are heroin users with crack as their secondary drug.
We've noticed in the last 3-4 years a growing pool of drinkers using crack.
There's a huge gap in the treatment field for poly alcohol and heroin users, knowing which one to treat first.

Gender and Age
There isn't one specific client we see the most of, although it's mainly white users. Although we do get a number of primary crack users, mainly young black males through the Criminal Justice System (CJS).

The Ladywell unit is rife with alcohol and crack people go in there experiencing crack psychosis.

The perception there is no treatment for crack users
The biggest problem we face is crack users' perception that there is no treatment for them, and the assumption usually made by poly-drug users that heroin is their problematic drug.

We're going to need a mind shift in peoples perceptions that while you can be physiologically addicted to and therefore detoxed from alcohol and heroin, talking and alternative therapies can be equally helpful in dealing with/alleviation of crack cravings.

When we first see them….
If they were using significant amounts of crack daily, we would assess them for a detox and spend time preparing them for structured programmes and rehabilitation.

Perceptions amongst BME Clients
As a rule, white heroin users tend to cope better with residential treatment, although we have had good feedback from the primary crack users that graduate from rehabs.

An issue raised by past clients is that detoxes and rehabs tend to be away from big towns, local people know why they are there and BME clients feel isolated, one reported being the only black person around and feeling like everybody knew why he was there.

Another obstacle we face is the perception that services are only there for white heroin users.

Areas

- CDP Brockley changed premises in July 2002 to Forest Hill and lost many clients in the swap; many drug users still don't know it's there.
- Brockley Cross has somewhat of a reputation within the borough of being the 'Front-line', clients have told us of various Caribbean takeaways and barbers where dealers can be found.
- Downham-known as Crack City, we see many crack users from there.

Detox & Rehab Services

Interview with Manager of Wickam Park House

Catchment Area

We currently hold contracts with 11 different areas. These include 7 London boroughs close to our borders, such as Lewisham, Lambeth and Southwark, as well as some of the Home Counties such as Essex and Hertfordshire.

Impact of crack on their service

I've worked here 10yrs and in that time, I've seen crack has made a huge impact on the service, we see:

- More challenging behaviour
- Acute Crack withdrawal bordering on Psychosis
- Craving behaviour (which they don't tend to elaborate on to us)

The heavy users (£200/day) talk of their shame at the levels they sank to for their habit, the scrabbling about on the floor for the last crumb and smoking carpet dust.

Poly-drug Use

To take a sample of the substances people come in here to detox from the Manager showed the Researcher 10 recent additions to the waiting list, 5 of them were addicted to crack and heroin.

Pregnant Drug Users

We offer a specialist service to pregnant drug users to come in for respite care.
Last year we saw 41 pregnant women, often in the late stages of the pregnancy.
The sole crack using pregnant women that come in tend to be black women or sex workers in the later stages of their pregnancy, which is not usually their first.

We tend to see a ratio of two-thirds men: one-third women.
Our core intake are young, white south London males, who the service was set up for 20 yrs ago and who still benefit most from the service.

Recently a crack using couple came in from Lewisham. They were both NFA and heavy crack and heroin users, she was 7 months pregnant, having lost 4 children to social services, and she desperately wanted to keep this child, as she had never had contact with the others.

Crack Babies are a media myth and rarely show ill effects from the mothers' crack use except low birth weight and slightly premature.

The programme at Wickham Park House

Pregnant women or those with physical or mental health problems seem to adapt better to stabilisation on methadone scripts as opposed to reduction with a view to complete abstinence. Child and families' teams are often not sympathetic to this and often demand we completely detox them.

For Crack users

It's a 4 week planned admission detoxification
Imipramine (a tricyclic antidepressant) is prescribed. It takes 3 weeks to build up and take effect. They claim it helps stabilise their mood in the early days of withdrawal.

A sedative and a very low dose of an anti-psychotic can be administered for extreme agitation.

What can be done with crack users?

Because there is no prescribing protocol for crack users there is the perception that nothing can be done with them, this seems to be reinforced by community teams (some in Lewisham) making inappropriate referrals to our service, as if they don't know what else to do with them.

For example, we've recently had had referrals for someone that only used crack once a week and someone only using £20 worth a week.

Many agencies are prescribing services and they seem to have lost the skills to engage and retain very chaotic users with skilled harm minimisation/ drug reduction practices.

Crack Psychosis

The effects of crack psychosis are seen with our inpatients for up to 2 weeks, symptoms include:

- Hallucinations
- Tactile hallucinations, picking at their skin believing insects to be crawling under it
- Suspicion
- Paranoia
- Extreme agitation

Sometimes they sleep heavily for a few days and then spring awake extremely distressed and confused as to where they are.
We concentrate on relapse prevention and health education for the crack users.

We are aware of the trouble recovering addicts have sleeping so we encourage them to go to their rooms about midnight but the TV room is open until 2am and the kitchen is open all night

Problems

There's a dearth of treatment facilities, there needs to be more specialist crack services and greater knowledge amongst drug workers to minimise inappropriate referrals.
In here, we do have a problem engaging primary crack users; they tend to feel a bit left out when we're giving medication out. They'd cope better in a small in patient crack-unit, that could admit on a crisis basis and have high levels of staffing for high level observation to monitor and help ease their agitation and mood swings.

Interview with the Manager at City Roads

Type of detox

City Roads is a 21-bed detoxification unit in North London. 19 of the beds are crisis beds and 2 are planned admission beds. It's a 21-day detox.
We hold contracts with Lewisham, Lambeth and Southwark and of those 3; we see the lowest intake from Lewisham.

Poly Drug Users and Injectors

The majority of the clients we see come in with poly drug addiction.
80% are injectors, and we notice the injecting crack users have a tendency towards injecting site infections, as their technique is poor compared to heroin users and crack irritates the veins more.

Quarterly Statistics

Quarter from January 04-March 04 reveals of the 135 clients admitted, 116 were using crack (86%) of those 116, 28 (24%) were primary crack users and 88 (76%) were using crack as an additional drug.

Medication

We are aware the crack users may feel a bit left out at medication times but medication is a confidential part of someone's care plan, so everyone comes individually to the Medication room at the start of the day to get their meds.

Crack users often are put on antibiotics for injecting site infections and asthma pumps for asthmatic symptoms.

We do decide who is in need of the complementary therapy sessions on the basis of how they present first thing, so we make sure we don't just focus on the clients who we have to see every morning for their methadone.

We don't primarily concentrate on medication in here, 12 days into a 21-day stay we aim to have opiate users off methadone so there shouldn't be a great distinction between crack and heroin users.

Complementary therapy

- Shiatsu
- Reflexology
- Auricular acupuncture
- Alexander technique
- Indian Head massage

All our clients respond positively to these, they improve the quality of their sleep, aid relaxation and provide grounding.

The Programme

We run a general programme for all addictions, we don't believe in focussing on any one substance.
People come to us in crisis either because of their state of health or because they are at risk in the community.
We put together an individual care plan focussing on:

- Group work
- One-to-one support

- Emotional well-being
- Individual discharge plan

We also try to assist with issues arising, such as:

- Childcare
- Social services
- Relationships
- Criminal Justice System-we have to declare to the police those with warrants and we may assist with court appearances.
- Discharge-return to the community or further residential treatment?

The crack users tend to get into crisis quicker than the more entrenched heroin users, so they tend to be less isolated, for instance they may have accommodation or a job or only just have left/lost them, they may also have a support network around them, such as family or a partner.

Groups

The groups are divided by length of stay not drug of choice.

They are:

- Health education
- Crack education (for all residents)
- Relapse prevention and triggers
- Discharge planning
- Managing anxiety and working through withdrawal.

Resetting body clocks

Many clients may have lived chaotic existences before admission and we aim to reset their body clocks and metabolisms, there are set meal times and bedtimes. The latter causes us many problems as clients often have problems sleeping when they are withdrawing and come down and see the night staff. We do not provide sleeping tablets; we encourage hot baths, hot milk or camomile tea. We have the same amount of support staff on at night as we do during the day, and they are encouraged to go back to try to sleep again after 20 minutes.
If we had the TV room open at night (as has been suggested many times) it would be unmanageable, as they would continue their nocturnal 'body clocks' and the point of them being here is to attend the groups we run during the day.

Typical group

Varies but generally 35% women and about 40% from BME communities. In the groups we challenge all stereotypes that may arise from race to crack users calling heroin users dirty junkies.
Poly drug use is the norm, we are still not seeing a primary crack-using group, this could be because crack users add another substance- heroin or alcohol, - and that's what catalyses their deterioration before they arrive at our door.

Experiment with 2 Crack-Only beds

There is no need for specific crack services. We feel we have eradicated the image many other drug services suffer from of just treating opiate users, by experimenting with 2 specific crack beds and a crack help line. These were eventually integrated into the referral line and generic crisis beds.

Crack psychosis

We wouldn't be able to admit someone in full crack psychosis but those that come that have been using £400/day for the past 6months do display elements such as:

- Mood swings
- High anxiety levels
- Can't manage themselves in groups

Unclear definition

We tend to scrutinise mental health history for a possible dual diagnosis but true cases are rare and there isn't a clear definition of what constitutes it. The word psychosis represents an acute phase in someone's mental health but if that were alleviated when they stop taking crack, I would not define that as psychosis.

Our service incorporates elements crack users need:

- They can self refer
- It's fast
- It provides a place of safety they can go to in order to remove themselves from the immediate chaos in their lives.

The Criminal Justice System

Interview with CARAT (Counselling, Assessment, Referral and Throughcare) Manager at HMP Belmarsh

Belmarsh is a Category A prison and a local prison to the borough of Lewisham. This means drug users detained in Lewisham Police station are held on remand here when refused bail, which is common for drug addicts who are deemed unlikely to attend their court hearing.

The Course

The CARAT team runs a programme for prisoners with drug and alcohol problems.
We teach overdose awareness (in case they use as soon as they are released) and set up transfers to rehab at the end of their sentence.

We try to keep them interested and linked into outside agencies; they tend to be very motivated in here.

- The programme is relatively straightforward for crack and heroin addiction based on a cognitive behavioural model
- Not focussing too much on counselling but on relapse prevention, identifying problem areas, triggers for using and, exploring cravings.
- We ask them to visualise how they are going to feel when they've got their release money in their pocket.

The December '03- March '04 quarterly statistics show:

12/67 (17%) declaring they had a problem with drugs were from the borough of Lewisham.
29/67 (43%) primary heroin addicts
16/67 (23%) primary crack addicts

From which can be calculated that fewer than 3 primary crack users from Lewisham declared they had a problem on induction to HMP Belmarsh.

Lewisham Case Study
A recent Lewisham prisoner I assessed came from Sydenham; they had a £800/day habit and came in on a firearms charge. £800 is not an uncommon habit for us to see but that would be of a binge nature not a daily habit.

Route onto the Course
A doctor and nurse examine new inmates, if their substance misuse is one, which involves physical withdrawal symptoms, they are likely to disclose it here and be put on appropriate medication for alcoholism or opiate substitute. They are automatically referred to the course as is anyone else disclosing a drug addiction.

Crack in prison
There is more of a problem with heroin and cannabis coming in, it has escapist, calming effect. They don't want heightened awareness and paranoia that crack induces and they could never get enough to make a difference.

Short Staffed
We are currently under staffed by 2 workers, who we are in the process of recruiting. We prioritise cases from our waiting list, tending to take those on remand or serving short sentences (1-6months).

Some volunteer for weekly/fortnightly MDT (mandatory drug testing) as extra proof they can remain clean, for this they receive a certificate and additional support from the team. We cannot offer this currently, as we're running a skeleton service but with additional staff, we intend to resume this and set up:

- Auricular acupuncture
- Develop the group work
- Develop crack cocaine group workshops
- Develop relapse prevention work

For the time being, we concentrate on reaching performance indicator targets.

Short Sharp Shock
Prison does do some of them a favour, they get an instant detox or at least reduce their habit, as they simply cannot get that much in here, it's twice as expensive and needles are rare.

Sometimes they appear to want to be arrested, that's particularly true of the crack users, whose risk behaviour and offending escalates when they are on a binge. At least with heroin there's only a finite amount they can take in a day.

Lewisham
Appears to be extremely poorly equipped to serve its crack users considering the scale of the crack problem it has.
They rarely grant Community Care Grants for the inmates we refer for day programmes. It has no structured day programmes as compared to a borough of similar size such as Wandsworth, which has:

- 2 drug dependence units
- 1 day programme
- 3 rehabs

Trying to Engage BME Groups
We are trying to open up our services.

BME members especially Black clients engage with services in the community but not in here, this is due to the perception, of institutional racism within the police and prisons and there is a history of black prisoner's records/assessments going missing.
The ethnicity ratio of prisoners on the course is 80 white: 20 Black compared to the prison as a whole, which is 60:40

Criminal Justice Intervention Programme (CJIP)

We are not going to prioritise CJIP borough clients over the others until we get extra staff in to help, as they did in Wormwood Scrubs when Ealing became a CJIP borough

Interview with Equinox Drug worker seconded to Lewisham's Probation Service

Purpose of my Job

The focus of my role is to run drug awareness courses for offenders and I do some individual casework on top of that. I run accredited programmes with group work and one-to-ones. If they need a methadone script, I refer them on.

Increase in Crack using Offenders

Last August there was a big organisational shift in the teams, as a result, I didn't get many referrals; statistics for the quarter don't reflect the true picture of crack use amongst Lewisham's offenders.
This quarter's statistics do reveal the shift towards crack. There's always been a steady trickle coming through but there's been a huge increase in the past 6-9months.

- 60% of those I see use crack (10% of those are also using heroin)
- 40% use alcohol
- I see a lot of independent crack users.

Virtually everyone who comes through our doors has some drink or drug related issues, yet they may not be referred on due to high caseloads or may not be recognised as such by the Probation Officers' lack of drugs awareness.

Crimes committed

Their crimes tend to be opportunistic, mainly burglary, you would expect more violence to be involved but they're usually subdued individuals who are quite socially isolated using crack on their own.
I've never seen a firearms case.

Typical Client

I see habits ranging from £50-£1000 a day and it's shifting away from young black males to young white males from poor backgrounds.
Some feel completely out of control, as if their drug use puts them on autopilot and their crimes are a part of that, some use as a treat. None of them seems to take pleasure from their habits; they see it as a dirty hindrance.

I've only seen 4-5 women in the 18months I've been here, they tend to be in a heightened emotional state, I've only every had one sex worker referred to me.

How the system works

Upon release from prison, you are automatically appointed a probation worker. Your behaviour in prison, on previous probation and your crime decides if you will be seen weekly, monthly or fortnightly.

We really want to help them address their addictions, but most of them are too chaotic and we are just setting them up to fail. Heroin users are the worst for not attending their appointments.

A missed appointment puts them automatically 'in breach' and may result in their:

- Probation period being extended
- The conditions of it amended
- Recall back to prison

I think this borough has a crack problem, more so than alcohol and I think that there are limited services for crack users.

Interview with the Head of the Drug's Squad

- Since April '03 to Oct '03 there have been 53 arrests for supplying class A drugs
- A rock of crack costs £20
- The Crack market is semi-closed.
- There's an open market for ecstasy due to students at Goldsmiths

Under-staffed
Should be 5 on the team there's only 3

Targets to reach
110 arrests for class A supply, we hit it last year but we're never sure on the exact composition of the seizures, as lab analysis is very expensive so we're not encouraged to send off every one.

Drug Hotspots
Deptford Arches has recently been troublesome and surveillance cameras are in place, arrests create hotspots, they don't create themselves.

Intelligence comes in about drug dealing and is then prioritised for its credibility, i.e. is it from an anonymous source, is it corroborated. A lot of it comes in from Crime Stoppers.

Interview with Police Officer Deptford Police Station

No major dealers on the patch or hotspots
They tend to be clever and never have that many rocks on them, 80 at most.

Chaotic Crack market
Anecdotally, the word on the street is that Nigerians are involved in money laundering (from the money exchange and Phone card street kiosks) and buy crack and supply it to the Jamaicans to sell on.

It's a transient market, almost as chaotic as the effects of the drug itself.

2 local prolific burglars are both addicted to crack.

Cannabis Market
In comparison, the Cannabis market is as regulated and strict as the crack market is chaotic. There were recent arrests amongst the local Vietnamese community when three properties were raided and hydroponics all with the exact number of cannabis plants in them were seized. They were laundering the money out through the nail-bars.

Deptford Arches are problematic now; they too though have a transient population.

Some prostitution going on in crackhouses.

Telephone Discussion with a Superintendent in Lewisham's Police Force

Robbery/ Burglary Performance indicator
The new 2004-2005 targets for reducing robbery and burglary are to be reached through targeting areas around known crackhouses with high visibility policing (uniformed officers) and surveillance by plain clothed officers.

The Link between Crackhouses and Crime
Analysts within the Met's intelligence bureau consistently produce reports indicating that closing crackhouses dramatically reduces the local burglary and robbery rate.

Terminology
The police now make the distinction between crackhouses (manufacturing crack cocaine) and smoke houses (where it is consumed).

Partnership operation
The Police are working in partnership for this initiative with the community, prisoners, and Anti-Social Behaviour Action Team (ASBAT).

A crackhouse masquerading as a cab office in Clifton Rise provides a perfect example, a mapping exercise of the local vicinity would show a proliferation of street robberies for £10-20 carried out by crack addicts looking for money for their next fix. Within a week of its closure, these were virtually eradicated.

Process of closing Crackhouses
1. Raid the property
2. Search it
3. Arrest drug users and dealers in the premises
4. Obtain a closure notice from the local authority

The police are well aware they must cause disruption and avoid merely displacing the problem.
The exact number and geographical clustering of crackhouses in the borough is unknown but it is certainly in double figures.

BME Groups in the Borough

Interview with Community Health Worker for Sure Start-Somali Link Worker in Evelyn/Grinling Gibbons ward

The Worker explained to the Researcher the issues facing the Somali population in Lewisham, whose number (approx.4, 000) make them a significant population within the borough.

Community Concerns
She explained one of the biggest concerns for the Somali community is their children wanting freedom and breaking free of parental control. Parents fear they will lose control over their children or the state will intervene.

Somali Culture and Customs

In Somalia both men and women live at home until they are married, when it is the custom to leave and set up home with their new wife, for custom forbids them to bring a bride home. Children are controlled through isolation, they are not allowed to mix outside of their own community and must go straight home after school.

Concerns

The Westernisation of Somali teenagers is impacting greatly upon a community which is already dealing with the fallout of a 20 year civil war in their homeland and escalating problematic use of the drug Khat

Khat can be purchased in Lewisham Market and certain greengrocers in the North of the borough. Dealers are thought to predominate here selling it at £4/bunch.

KHAT (Quat, Qat, Ghat)

Khat is a green leafed plant that has been used for its stimulant properties for centuries across parts of Africa and Arabia. The plant remains potent for only a few days after it has been picked. It is regularly imported fresh into the UK from Ethiopia and Kenya.

What is Khat?

Khat contains stimulant drugs. Older members of Somali- and to a lesser extent Ethiopian, Kenyan and Yemeni- communities are associated with using Khat in the UK.

How is Khat used?

The fresh leaves and stems are chewed to a pulp and then spat out.
A khat chewing session usually fulfils an important social function similar to the use of caffeine and alcohol in Europe. A Khat session may last 3-5 hrs.

What are the effects of Khat?

The stimulant effects are often described as being somewhere between caffeine and amphetamine.
It makes the users feel alert and relaxed and makes them more talkative.

What are the problems associated with Khat?

The majority of people who use khat do not tend to experience serious problems.
Psychological dependence can occur. A minority of people who use it regularly-most days of the week-may feel anxious and irritable, tired and depressed after using the drug, and they may experience psychological problems.

Khat and the Law

The Khat plant is currently not illegal to use, possess or sell in the UK.

Khathouses

There are various premises throughout the borough where Khat may be consumed. There are male and female Khathouses and 4-5 bunches can be chewed (or boiled like tea) in a night. Alcohol may also be consumed in these establishments.

Families

Many of the Somali women are in receipt of benefits as single parents, as a result of bereavement from the Civil war or simply because their partner is so intoxicated on Khat, he often leaves for days on end, frequenting local Khat houses or if he is present he chews Khat all night and sleeps all day.

Young People
There are fears the girls are involved in shoplifting and underage sex and the boys perform badly in schools and are part of large gangs.
Many young people run away, they do not wish to uphold Somali traditions and can barely communicate with their Somali speaking parents.

Somali gang culture
Somali people are tribal by nature; this has spilled into gang culture affecting both Woolwich and Deptford in South London. Gang members fight Somalians from different tribes and non-Somali gangs. They are also believed to be involved in shoplifting. Fatherless families and boys growing up without a male role model further fuel the gang culture.

In Somalia, one small town can house two different tribes; Lewisham mirrors this situation with two differing communities living on Evelyn St.

Prostitution
Prostitution is suspected to be going on amongst Somali women on an estate on Lewisham Road.

Somali men in Lewisham
In Britain Somali men have no power, their qualifications are not recognised. Soldiers and Lawyers face going back to studying and their status as provider and sole breadwinner is usurped by the state, which provides a house, benefits, and women willing to train to become professionals.

Men are especially traumatised by the conflict in their homeland, which began 30yrs ago, encompassing war against Ethiopia to civil war between northern and southern tribes. Starvation and poverty face families living in the South and it is expected of families living in London to send money home.

Proud culture
Somalis are extremely conservative and unwilling to admit their problems to strangers; such a disclosure is believed to bring shame upon the family.

Interview with Somali Drug Worker at Orexis

The Somali team at Orexis comprises:
- 2 Somali drug workers
- 1 Woman's substance misuse specialist who works with Somali women using Khat

The Researcher spoke with one of the drug workers

Culture
Somalis are Muslim and rely on the teachings of their parents. The older generation is haunted by the civil war and the younger generation clashes with the elders through its increasing Westernisation and involvement in gangs

The Spread of Somali Communities across London
Families claiming asylum at Heathrow Airport move to Wembley and Southall, both areas have established drug problems. Families moving to get away from the drugs merely move the problem with them to Southeast London-Streatham, Deptford, Woolwich and Peckham.

Further drug dispersal comes from Amsterdam, which has both a sizeable drug problem, and Somali population.

Gangs

There are several all male Somali gangs across London, predominantly in the South:

- Lewisham Boys
- Peckham Boys
- Wembley Boys (North London)
- Woolwich Boys

Often at Somali gatherings for choir singing, parties or weddings there will be violence and guests may have gold stolen from them. These incidents often go unreported.

Drug Use

Those fleeing the civil war are placed in refugee camps in Kenya and Ethiopia. Both of these countries have problems with Crack Cocaine and Heroin.
Survivors may have lost everything they owned, been beaten, sexually violated and seen family members raped, tortured and murdered.

Drug money is believed to fund the civil war and without Government or legislation, drugs move freely.

These conditions are breeding grounds for problematic drug use.

Typical clients

Are mostly using Khat but as many as half are also using crack and/or heroin. These tend to have progressed on from Khat use and smoke crack rather than inject it.

Shame

Disclosure of drug use is hindered by cultural shame, secrecy and denial.
Families would be supportive but would want it kept quiet. Concerned families often call the Drug Worker out at the weekend; individuals may visit Orexis under the guise of coming to "show him some papers". A language barrier (further) compounds the problem.

Interview with Co-ordinator of "Older Refugees from Vietnam in Lewisham" and "Vietnamese Carers support Project"

First Vietnamese to Come to Britain

The first Vietnamese to come to Britain were children, from orphanages in the South, flown in following a help campaign organised by the Daily Mail, just before Saigon, capital of the South, fell into Communists' hands in April 1975. They were taken to Oaken adventure playground in Camberley in Surrey and many are still living in the area.

A few years later came Vietnamese people fleeing the communist regime, in small wooden boats, they were internationally known as "boat people" and they drifted all over the world.

In 1979, Britain accepted a quota of 10,000 Vietnamese refugees for resettlement, mainly from Hong Kong refugee camps; a second wave came in 1980. The Government's initial policy was to disperse the refugees around the country, although there were some concentrations in a number of London boroughs such as Tower Hamlets, Hackney, Southwark, Greenwich and Lewisham.

By 1983 a second migration had begun to take place, families which had been settled outside of London began to move in, rejecting the isolation and lack of support they were experiencing in scattered parts of the country.

Lewisham's Current Vietnamese Population

In Britain today there are an estimated 30,000 people from Vietnam, 3,500-4,000 of whom are living in the borough of Lewisham. Most of them are concentrated in the Deptford and New Cross areas.

This is a rough estimation and a point of contention as neither the 1991 nor 2001 Census have recognised the Vietnamese population and categorised them under "Other"

Problems they face

Orphaned children grew up in refugee camps, with no schooling, training or preparation for life outside, provided with three meals a day they had nothing to do and like animals in a cage, violence became a norm as did drink, drugs and gambling habits.

Many Vietnamese refugees primarily come from fishing and farming backgrounds some others were soldiers. Language barriers and a lack of appropriate skills have prevented them from finding employment, even in the Chinese catering industry in Chinatown.

By the time they arrived in Britain, they might be in their 20's without a job or abilities/skills to get one, they had no way to rehabilitate themselves into normal society. Many old scores and debts from Hong Kong were carried over to Lewisham and resulted in violence and deaths.

Drugs

Some time ago 11 Vietnamese households were raided on the Pepys estate and considerable quantities of hydroponics and cannabis plants seized.

Last year a Vietnamese man was involved in a shooting in Deptford market that was believed to be drug related.

Interview with Vietnamese Substance Misuse Worker at Orexis

I have been in the post since mid September 2003, my remit includes:

- Counselling
- Methadone script management
- Outreach work

Crack Use amongst the Vietnamese Community

I'm currently working with 26 clients and I would say they all 'dabble' with crack, some every day, some less, very few would say it is a problem and heroin is certainly their primary drug of choice.
I've been doing a lot of PR work in the community and word is now starting to get around that I'm here.

Typical Clients

Primarily I work with men in their early 20's to 30's, the role specifies I concentrate on young people.

Outreach

This is done subtly, its quite easy because there are so few venues where a lot of Vietnamese congregate. There are various community halls and clubs throughout the borough and London, specifically:

- A club in Dagenham
- A wine bar in Old Kent Road
- A Vietnamese Church in Bow which has regular mass

The Vietnamese is quite different from the Somali community, the latter may be quite new to the country whereas we have been here a while and comprise an established community already with some Western influences.

Denial
If I met someone on the street, they would deny they had a drug problem, even though you can physically see that is not the case, but when they finally step through the doors of the agency, they are quite open.

Culture
It is very difficult for a Vietnamese person to enter an establishment and talk to another Vietnamese person; this is made worse by the fact that I am young and female. It is part of our culture to look up to our elders and an older male would feel shame coming here and telling his problems to me.

Parents-children culture clash
Vietnamese Children living here have a problem with the way their parents raise them. It is the culture for the parents to work hard and earn money to provide stability and for a good education, they work long hours and leave the older siblings to raise the younger ones, play with them and help them with their homework. The children growing up here resent this absence and a language barrier often heightens their feelings of isolation from their parents.

Vietnamese elders spend hours at their place of work, until recently, they were mainly involved with restaurants but in the past decade increasingly swapping to running American style nail bars.

Drugs
Cannabis is steadily becoming more of a problem within the community; alcohol is generally only consumed socially.

Heroin is the biggest problem, injecting is a huge taboo and not one of my clients injects.
I see new clients once a week, I monitor them for a while and if they seem to be coping with their script, I see them fortnightly.
I am very strict with them and they respond well to that, as they are largely a disciplined culture anyway. None of them is ever late for their appointments.

If they are not coping with their scripts and are still chaotic in their use, I refer them for detox.

Generally, they present using approx. £60-£80 of heroin a day; some are more chaotic than others are.

Prostitution
Prostitution occurs but it is not tied up with the drug trade and certainly wouldn't occur on the street.

Mental Health Services

Interview with Dual Diagnosis Consultant Nurse

From the point of view of dual diagnosis, there are two different types of crack users:

- Diagnosis of a serious mental health problem and using crack as well on a relatively low level, couple of rocks on benefit day, tend to hand their books over to dealers. They don't see their crack use as problematic or they don't address it due to the severity of their

mental health problems- there are no services geared towards this type of user. They go on a bigger binge when they get their Disability Living Allowance (DLA) money.

- On Acute Admissions ward, they present in crisis, which may be crack related, exhibiting:
    - Desperation
    - Depression
    - Psychosis

However, if you can't hold them and there's nowhere to refer them on to there's no point in making further appointments.

Gaps in Services

We need a service in the middle of the borough, if we send them to CDP's specialist crack service, it's in Camberwell and they will not go and Orexis will not take people with a mental health diagnosis.

Mental Health Professionals

Mental health professionals are not generally trained to recognise substance misuse.

There's an attitude within mental health- stop doing it; it's having a detrimental effect on your mental health.

This doesn't tend to encourage people to open up and disclose their drug use.

Violence

There's been an increase in violence on the wards, which I believe is directly correlated to the increase in substance misuse, especially crack.

- The staff are not skilled at recognising the symptoms of someone under the influence of drugs and don't check new patients coming in for drugs.
- There are a lot of drugs coming into the wards

Which drugs?

Our patients tend to use alcohol, crack and cannabis. Heroin use is low.

Self-medicating

Crack is an ideal substance for those suffering from low mood or negative symptoms such as lethargy, as it picks them up and makes them alert.

I have one woman on the ward who is actually self medicating with crack, she has negative symptoms of Schizophrenia-low energy, low motivation and crack seems to perk her up without actually negatively impacting on her mental health.

Triage

Half of the substance- misusing clients that come into Triage are known to mental health services, the other half come in with some form of psychotic episode, are admitted for a short assessment and then discharged.

Interview with Charge nurse on the Triage Ward of the Ladywell unit

Every admission comes through the triage ward. They are initially assessed and then may be admitted for prolonged assessment over 1-7 days.

Whilst we do not see that many heavy users, a fair percentage (5-10%) of crack users come in presenting with the following:

- Psychotic symptoms
- Depression following a binge
- Consequences of their chaotic lifestyle

We are not a long-stay unit but we do have reasonable links with community drug agencies such as ARP (Alcohol Recovery Project) and the Dual team in Catford in case we need to refer people on.

Drug awareness amongst mental health professionals

Substance misuse is now covered in the initial assessment, this however is only a recent development and previously the situation was dire.
Drug awareness is on the increase, but the 'old school' of the mental health professionals tend to be of the opinion the individual has a drug/alcohol problem not a mental health one and they 'brought it on themselves' and are consequently frowned upon.

Dealers on the gates?

This is an open 16-bed ward, with buzzer entry, the patients are free to come and go as they please, at the discretion of the staff. Whilst we get a few dodgy characters hanging around outside we have more of a problem with relatives and partners bringing drugs onto the ward than patients going out to buy it.

Heroin users tend to be more open about disclosing their drug use than crack users.

Telephone Discussion with ICIS worker

ICIS is a voluntary sector organisation in Lewisham working with Black African Caribbeans experiencing mental health problems,

They are based over 2 sites:

- The assertive outreach team is based at Deptford and work with hard to reach members of the community experiencing mental health problems.
- A Drop-in at a daycentre in Catford, running groups such as the men-only group.

It is believed 70-80% of their members are using cannabis and /or alcohol and /crack.

One of their workers spoke to the Researcher about the crack scene in Lewisham:

Crack users have now begun to use heroin as well

Mental Illness

Crack use is a growing problem amongst the mentally ill, the dealers wait outside Catford Post Office and they hand their books to them to be cashed.
They are diagnosed as suffering from mental illness but they may also be heavily using crack and alcohol.

Dealers

They are mobile, there's no need for crackhouses and dealers know they are more likely to be arrested in crackhouses. However, users, especially the ones using our service are vulnerable to having their places taken over.

Hot spots
Our members won't even tell us if they're using crack. There's a notorious house in Brockley where I'd say 40% of the people are known to mental health services or coming here.

Crack scene has gone underground
I have lived on Milton Court estate, which to some extent has lost its reputation as Crack City as its gone underground.
It's all related to economics and families, if you have 3 generations signing on the dole that's a breeding ground for drug abuse. Some use to escape poverty, some to escape pain.

Other Interviewees:

Interview with Member of the Community Safety Team at Lewisham Council

There's a fear that crack users may be using methadone to come down, which has a massive potential for overdose. We need to find out from users-what they do when they can't score crack-how do they substitute it?

High Crack Area
The local police do not accept this, it's not big but it's big enough, we, as a community need to address it now before it escalates out of control, all the drug squad do is move it around

Hot spots
- Pub on the corner of Carswell Rd in Catford
- Golden Dragon in Honor Oak

Mapping
Maybe plot drug arrests?

Quality of Crack
Is it consistent?
We now face a community with a third generation of drug users, we don't need to be scare mongering with health stories, can't we be more radical than that?

Interview with Joint Commissioning Manager for Drug Services in Lewisham

Impact of Crack on Drug Users in Lewisham
I have worked in the borough for the past 9 years; I started out in the community prescribing service with the Dual team. It was quite noticeable, a sudden deterioration in the health of users and an increase in risk taking behaviour, which included sharing injecting equipment.

Health deterioration was rapid, as was weight loss.

Changes in funding their habits
The nature of funding habits altered, we noticed women progressing from shoplifting to prostitution, from victimless crimes to robbery and burglary.

Recovery
When people come off crack, relatively quickly they feel well again, their sleep pattern is restored and they gain weight. However, the psycho-emotional toll can last 6months-1yr with terrible depression, mood swings and rages. Their crack use has interfered with the pleasure centres in their brain controlled by adrenalin and dopamine.

Changes in Rehab Criteria

In 1997, we rewrote the criteria for rehab to make it harder for people to get in, as previously everybody got in.

From this we noticed a group of young men, predominantly young black males, not meeting the physical health criteria and reapplying year in year out trapped in cycles of binges and crime, going back to prison, time after time until eventually their health deteriorated to the point they met the criteria.

At that time, there were no appropriate community services for such a low needs group using neither alcohol nor opiates.

Conclusion

Specific areas

Very few generalisations can be made with regard to geographically locating the epicentre of Lewisham's crack problem or whether crack's impact, compared to other substances represents a real and perceived threat to the borough.
In the North of the borough, Deptford and New Cross in particular some problematic hot spots and estates were highlighted, yet the opinion pervaded that crack, or drugs and associated crime for that matter, were not new issues to the area, some of which witnessed Britain's first wave of crack use back in the early 1980's.
Some raised the point that heroin posed a greater problem.
The consensus from the South of Lewisham was that alcoholism was cause for concern for its residents. This was somewhat at odds with sporadic pieces of information, which stated crack was especially prevalent in some parts of Downham.
A culture of dealing with problems themselves, a reluctance to involve outside agencies and issues remaining 'behind closed doors' pervaded throughout the borough.

Drug Agencies

Most of the services seem geared towards heroin users, where specialist crack workers exist they report low level, non-chaotic use with little associated crime supporting their habit.
A cause for concern was the lack of engagement from BME groups and crack users not perceiving their habits (especially if they comprised poly-drug habits) as problematic.
A problem with self-definition amongst drug suppliers and women swapping sex for drugs compounds this lack of perception.

Criminal Justice System

Some heavy crack users appearing in HMP Belmarsh and on Lewisham's Probation Service's Drug Awareness course.
Lewisham's Police force commented that the local crack market, consisting of many low-level dealers is highly disorganised compared to the tightly controlled cannabis trade.
New Police performance indicators for Robbery and Burglary to be reached by targeting crackhouses, the extent of which in existence in the borough is largely unknown but estimated to be in double figures.

Black and Minority Ethnic Communities

Crack combined with Khat use is presenting a problem for the boroughs' sizeable Somali population, many of whom may have habits acquired in Ethiopian and Kenyan refugee camps.
Heroin is the biggest cause for concern amongst the Vietnamese community, some may dabble additionally with crack but injecting is taboo.

Mental Health

Heavy alcohol and or crack and or cannabis use pervades amongst mental health patients. Some self-medicate with crack.
Mental health professionals may not be sufficiently trained to identify substance misuse problems. Users with mental health problems are especially vulnerable to having their properties taken over and used as crack houses.

Detoxification Units accessed by Lewisham clients

Both Wickham Park House and City Roads are not seeing primary crack users, with poly drug users predominating.

12. Lewisham Professionals' Survey

Main Points

- Representatives from drug agencies, the CJS, housing providers, mental health and youth services were sent a questionnaire in order to garner their views on Lewisham's drug markets and drug users. They made a variety of suggestions for new services, initiatives and required training to tackle the borough's crack problem. 10 organisations took part.
- 9/10 had frequent contact with crack users. The Youth worker's contact was sporadic.
- Respondents found it hard to quantify the extent of the problem as users are not coming forward for services and dealing is not as obvious as in some boroughs. Some felt crack usage was on the rise, whilst some felt there were problematic pockets and estates.
- In the past 5 years the professionals had seen an increase in the numbers of primary crack users and poly-drug users (using crack with other substances). The Police commented that dealers had become shrewder and harder to prosecute. Some cited inadequate service provision for crack users in Lewisham.
- Whilst they regarded its use as problematic none of the professionals felt crack was the borough's *most* problematic drug which they felt was heroin. Alcohol and cannabis use was highlighted amongst young people and those experiencing mental health problems.
- Only the drug agency with a specialist stimulant worker felt adequately resourced to deal with crack users.
- Practical solutions offered included: Increased partnership work between the community, the Police and drug agencies; crack-specific training for workers; crack specific services which should be geared towards groups traditionally underrepresented in drug agencies (women and BME communities) and better co-ordination between the Police/Probation/Prisons and the community.

Questionnaire for Professionals'
Summary

- The agencies and professionals in the borough most likely to be in contact with crack users were sent a brief questionnaire (see Appendices 4).
- Whilst some of them had spoken to the Researcher over the course of the study, the purpose of this survey was to put respondents' views into an easily comparable, comprehensive format.
- Representatives from drug agencies, the Criminal Justice System, housing providers, mental health and youth services were given the chance to offer their opinions and make practical suggestions for crack strategies, that could be put into place in Lewisham to effectively deliver solutions and support to those most in need of it.

Please state the nature of your interaction with crack users

- With the exception of the youth worker, all of the respondents came into regular contact with crack users.

What do you think is the nature of the crack cocaine problem in Lewisham?

- Crack use was reported to be problematic in some areas of the borough.
- Crack use is on the increase.
- The full scale of the problem is hard to ascertain (both on the suppliers' side-as reported by the Drugs Squad and the users' perspective). The latter are not accessing services either due to lack of awareness of the services available, not perceiving their habit to be problematic or BME communities not accessing services

What changes have you noticed over the last 5 yrs?

- No changes to the provision of services for crack users despite an increase in demand.
- Availability is up but the market is becoming increasingly hidden through the use of mobile phones, postal importation and shrewder dealers.
- An increase in crack users, specifically primary crack users that brings with it changes in administration route and an increase in prostitution and STD's.

Do you think crack is Lewisham's most problematic drug? (Please explain your answer)

- Whilst it has its associated problems-No
- It's in more Poly-drug users presentation but often not perceived as problematic or their primary drug of choice.
- Hard to say as low disclosure by crack users and BME groups disproportionately represented.

If not, which drugs do <u>you</u> think are.

- The youth worker felt skunk, cannabis and alcohol were the main drug used by young people
- The mental health professional stated cannabis and alcohol were the main drugs of choice amongst the mentally ill
- Heroin and/or alcohol was the opinion of the majority of the remaining professionals surveyed

Are the majority of crack cocaine users you meet: (Please underline)

Primary Crack users
Primary heroin users, also using crack
Crack and heroin users
Drinkers using crack

- This received a mixed response from the borough's professionals, some see all of the options but generally, they see Crack and Heroin users.

Do you feel you are adequately resourced to work effectively with crack cocaine users?

- 6/10 groups surveyed did not feel adequately resourced to work with crack users.
- 1 didn't comment

What practical steps could be made to tackle the borough's crack problem?

- In borough, specific crack services (with women-only groups)
- Assertive outreach workers/BME outreach workers/satellite crack workers to take a service to hard to reach dual diagnosis clients
- Models of treatment tailored to meet the needs of BME communities
- Working partnership between treatment agencies and representatives from community groups to best identify the needs of BME groups.
- Increased co-ordination between the police, probation and prisons.

- Enhanced sharing of skills and information across agencies and boroughs.
- Train up workers engaging with crack users, with training packages from COCA, the Blenheim project etc.
- A crack awareness day with the local community.

Methodology

The agencies and professionals in the borough most likely to be in contact with crack users were sent a brief questionnaire (see Appendices 4).

Whilst some of them had spoken to the Researcher over the course of the study, the purpose of this survey was to put respondents views' into an easily comparable, comprehensive format.

Representatives from drug agencies, the Criminal Justice System, housing providers, mental health and youth services were given the chance to offer their opinions and make practical suggestions for crack strategies, that could be put into place in Lewisham to effectively deliver solutions and support to those most in need of it.

Questionnaires were sent to the following:

- Turning Point ACAPS
- Child & Adolescent Mental Health Service (CAMHS)
- Head of the Drugs Squad
- Arrest Referral Worker
- Dual Team
- CDP Quantum Project
- Orexis
- ARP Substance Misuse Worker
- Dual Diagnosis Consultant Nurse
- Thamesreach Bondway Supported Housing
- Ennersdale House Hostel

Managers of services were encouraged to circulate the questionnaire to their front-line workers to ascertain a strategic and operational response.
3 agencies failed to return the questionnaire; the 10 responses from the 8 organisations, which did, were as follows:

Please state the nature of your interaction with crack users

"Our agency has not had a great deal of interaction with clients who predominately use crack cocaine, but what we have had is clients who have experimented with the drug for a short period of time or have used it as part of their poly drug use. Within the last year we have seen 5 clients who have been involved in the use of crack"
(ACAPS Turning Point)

"My experience of crack users as a tenancy support worker is that the users are not difficult to work with"
(ARP Substance Misuse Worker)

" Via arrest referral"
(Arrest Referral Worker)

"Stimulant outreach worker offering one-to-one keywork sessions, relapse prevention, acupuncture, advocacy, harm reduction advice, onward referral and aftercare support"
(CDP Quantum Project Crack Worker)

"Front-line worker with many years experience in the drug field, currently working at CDP Quantum Project-Lewisham"
(CDP Quantum Project Generic Drug Worker)

"Some direct client work, some provision of advice/information/supervision of other practitioners who are working with crack users"
(Dual Diagnosis Consultant Nurse)

"Planning of operations into the arrest of dealers / users.
Arrest- search enquiries
Combating repeat offenders, particularly burglars stealing to fund their habit.
Firearms and robbery cases involving dealers"
(Head of the Drugs Squad)

"Through a self-referral clinic clients who are currently on opiate prescribing substitute also carrying on using crack as secondary drug of choice"
(Manager of the Dual Team-Catford)

"One to one sessions at the Dual team and through needle exchange and at the General Hospital"
(Drug Worker at the Dual Team-Catford)

"Manage Supportive Housing Projects across the borough with clients with substance misuse issues"
(Thamesreach Bondway Worker)

What do you think is the nature of the crack cocaine problem in Lewisham?

"I do believe that there is a problem within the borough but with regards to the severity of that problem it's hard to ascertain. I feel within particular estates like Evelyn, Pepy's and Honor Oak there are problems but it is kept very undercover, meaning a lot of the dealing is carried out behind closed doors or the dealers recruit young people and females to deliver and/ or distribute their works. I don't personally believe Lewisham is a high crack area compared to somewhere like Brixton for instance where the dealing is very open. Lastly, I don't think we will ever get a true picture of the level of crack use within Lewisham because within say the BME communities individuals are not accessing the treatment (Tier 4) services, and to a certain extent they feel alienated from these types of services because they feel their needs are not being met"
(ACAPS Turning Point)

"The users don't have any education or training to make them aware of the dangers and effects of it"
(ARP Substance Misuse Worker)

"Heavy use in some areas, little knowledge by users of services and harm reduction"
(Arrest Referral Worker)

"Boredom, low self-esteem, unemployment, poor housing and self worth"
(CDP Quantum Project Crack Worker)

"Having previously worked in Lewisham 15yrs ago, the use of crack cocaine has certainly increased enormously. I am seeing many more poly-substance users including crack cocaine"
(CDP Quantum Project Generic Drug Worker)

"Don't think I can answer this.
There is, however, a significant problem with crack use in people with severe mental health problems, particularly mentally disordered offenders. For some people without severe mental illness, crack use is causing/triggering some mental health problems. Several

people have been admitted to psychiatric wards (in the Ladywell Unit) apparently as a consequence of their crack use. For some people they have experienced psychotic episodes, for others they have become low in mood, desperate and suicidal"
(Dual Diagnosis Consultant Nurse)

"Availability is high.
Semi- closed markets.
The Police see /are aware of only a small percentage of the problem most of what we come across is at the low / bottom end of the chain. Level 1 at best" (less than a 1Kg)
(Head of the Drugs Squad)

"From presentation at the Self-referral clinic, it appears to be on the increase"
(Manager of the Dual Team-Catford)

"I think the problem is large and needs a clear strategy to tackle it"
(Drug Worker at the Dual Team-Catford)

"Crack users disengage with services as they aim to feed their habit and because there is no medication (other than alternative treatment). Users tend not to engage with Community Drug projects, as unlike heroin users they are unable to get a substitute like Subutex or methadone"
(Thamesreach Bondway Worker)

What changes have you noticed over the last 5 yrs?

"For the 2 years that our agency has been in the borough, more funding appears to have been allocated with regards to working with young people around their drug and alcohol use, but what happens when the funding has run out? And is the allocated money going to the most appropriate agencies, and what about the treatment provision for the under 18's or even the over 18's. It has been noted that putting young people into adult services is more often than not inappropriate for most young people because they feel intimidated or even threatened in those types of environments. The IRT System has been implemented to help agencies track a client when they have been referred on to other agencies like ours, but more often that is not the reality, it doesn't really happen, and the multi agency working could be a lot more cohesive. Within the borough overall commissioners need to be slightly more realistic about what they want and what can be realistically achieved"
(ACAPS Turning Point)

"A lot of younger ones taking crack as a way of life"
(ARP Substance Misuse Worker)

"Only been in the post for 4months"
(Arrest Referral Worker)

"I haven't worked in Lewisham long enough, but there have been little or no changes regarding services for crack users. More and more people are becoming poly drug users; also, routes of administration are changing"
(CDP Quantum Project Crack Worker)

"More users of crack cocaine across London being referred to services, many of them poly-substance users, some primary crack cocaine users"
(CDP Quantum Project Generic Drug Worker)

"Probably an increase in use, probably also a drop in price"
(Dual Diagnosis Consultant Nurse)

"Less obvious availability, dealers are more shrewd, this follows under cover buying. Dealers will carry small amounts so that whilst they may be arrested at best for Possession-with- intent- to- supply they can normally plead at Court to Possession.
Mobile phones make dealing so easy.
Some dealers are happy to exchange drugs for stolen property particularly mobiles, computers, and games consoles.
Less importation through 'mules' but postal packaging is booming"
(Head of the Drugs Squad)

"More clients presenting with crack as drug use"
(Manager of the Dual Team-Catford)

"Increased use of crack cocaine and an increase in primary crack users accessing the service"
(Drug Worker at the Dual Team-Catford)

"Large increase in crack use, selling of sex and increase of STD's"
(Thamesreach Bondway Worker)

Do you think crack is Lewisham's most problematic drug? (Please explain your answer)

"No, there are far more problematic drugs being used by young people within this borough, and it's too generic just to say Lewisham because they are many different wards and within these wards come different choices of drug use.
(ACAPS Turning Point)

"No, there are many other substance misusers, like cocaine and LSD"
(ARP Substance Misuse Worker)

"In my experience, opiate users disclose more than crack users, so the problem is hidden, as they are not used to coming into contact with the few crack services that are available"
(Arrest Referral Worker)

"In my opinion, crack is a problematic drug within the black community and it is these communities not accessing services. All drugs are problematic"
(CDP Quantum Project Crack Worker)

"Problematic more in the sense of availability, from treatment point of view heroin users are finding it far more difficult to come off. Crack cocaine users may be more difficult to deal with but easier to reach"
(CDP Quantum Project Generic Drug Worker)

"No"
(Dual Diagnosis Consultant Nurse)

"Difficult! No. It fuels crime; it causes, in some cases, extreme violence and total disregard for accepted standards. Families are ripped apart; life is not regarded as important. It is very difficult to wean people off crack"
(Head of the Drugs Squad)

"This remains part of most clients presentation. Some client do not see it as a problem. However, this needs to remain on one-to-one discussion with the client as this might change"
(Manager of the Dual Team-Catford)

"I think it has its challenges in treatment however alcohol and heroin remain a large issue in the borough"
(Drug Worker at the Dual Team-Catford)

"Drug use as a whole has increased and crack has become a drug of choice for many. Poly-use with heroin to bring clients down from crack has doubled the problems and some feel trapped. Also the crime related to crack has increased"
(Thamesreach Bondway Worker)

If not, which drugs to you think are

"From my experience within this borough cannabis, skunk and alcohol is the main choice of drug for the majority of the young people who have engaged with our service"
(ACAPS Turning Point)

"Heroin, Alcohol, LSD and Ecstasy"
(ARP Substance Misuse Worker)

"Heroin and alcohol (based on my contact with them and their willingness to disclose)"
(Arrest Referral Worker)

Didn't comment
(CDP Quantum Project Crack Worker)

"As said in previous answer, it is heroin"
(CDP Quantum Project Generic Drug Worker)

"Alcohol and cannabis – for people with mental health problems there are real concerns about the impact of both these substances on their mental health, as well as other aspects of their lives"
(Dual Diagnosis Consultant Nurse)

"Cannabis. It is or has become very acceptable, it is still not cheap and persons of very low age are now smoking it. This will lead onto more problems around crime than we have been seeing"
(Head of the Drug's Squad)

Didn't comment
(Manager of the Dual Team-Catford)

See above (alcohol and heroin)
(Drug Worker at the Dual Team-Catford)

"Possible Heroin, but when it comes to amount of money spent and crime, I feel crack has overtaken heroin in London"
(Thamesreach Bondway Worker)

Are the majority of crack cocaine users you meet: (Please underline)

Primary crack users
Primary heroin users also using crack
Crack and heroin users
Drinkers using crack

Crack and heroin users
Drinkers using crack
Use Crack as a Secondary Drug of choice
(ACAPS Turning Point)

Crack and heroin users
Drinkers using crack
(ARP Substance Misuse Worker)

I see all of the above
(Arrest Referral Worker)

Primary crack users
(CDP Quantum Project Crack Worker)

Crack and heroin users
(CDP Quantum Project Generic Drug Worker)

A mixed picture, I meet many opiate users, many of the people I see are using crack and cannabis, and some are polydrug users, using multiple substances.
(Dual Diagnosis Consultant Nurse)

Primary crack users
Primary heroin users also using crack
Crack and heroin users
Drinkers using crack
(Head of the Drugs Squad)

Primary Heroin users also using crack
Crack and Heroin Users
Drinkers Using Crack
Primary Crack users
(Manager at the Dual Team-Catford)

"I see all of the above"
(Drug Worker at the Dual Team-Catford)

Primary crack users
Primary heroin users also using crack
Crack and heroin users
Drinkers using crack
(Thamesreach Bondway Worker)

Do you feel you are adequately resourced to work effectively with crack cocaine users?

"Not in the slightest, the most basic things such as booklets are just so hard to come by or you are limited to the amount you can order/receive at any given time.
Lack of information about working with different cultures/communities and how that can influence their choice of drug.
More training needs to be made available so that agencies can keep abreast of any changes in government legislation that may affect their agency or how they work with their clients"
(ACAPS Turning Point)

"No"
(ARP Substance Misuse Worker)

"I am able to offer short term, broad harm reduction advice. Onward referral is a problem"
(Arrest Referral Worker)

"No, need more crack services such as:

Drug Free Day programme
More Hostels
More flexibility from Substance Misuse Team with chaotic clients
Kitchen facilities/hot food
Life skills workshops
Tai-chi
Computer and Internet access"
(CDP Quantum Project Crack Worker)

"As a team, we work very well and can deal with cases of crack cocaine users. We also have a specialist worker"
(CDP Quantum Project Generic Drug Worker)

"No"
(Dual Diagnosis Consultant Nurse)

"No"
(Head of the Drugs Squad)

Didn't comment
(Manager of the Dual Team Catford)

"No"
(Drug Worker at the Dual Team Catford)

"Working with this client group is difficult in our setting, as clients must engage as part of their support linked to their housing"
(Thamesreach Bondway Worker)

What practical steps could be made to tackle the borough's crack problem?

"Having a better awareness of how crack affects the wider communities
Being more proactive when working with crack users, understanding why/how crack has become a problem in their lives, being realistic about the support/treatment on offer.
Making crack services more user friendly.
Looking at the types of models being used within treatment and whether they can be tailored to meet the needs of the BME communities.
Also to best identify the needs of BME groups it would be an idea to establish a working partnership between treatment services and representative community groups
Lastly, what needs to be noted is that treatment services more often than not are based around the provision of injecting equipment and opiate substitute prescription and since neither of these interventions is appropriate for crack users, there is less incentive for them to engage in services"
(ACAPS Turning Point)

"To get a place where the crack users can get support as quickly as possible
The community need to work with the police in order to get it down"
(ARP Substance Misuse Worker)

"A crack specific service in the town centre-open access and day programme
BME Outreach workers"
(Arrest Referral Worker)

"Users and Carers forum/ Consultation for partners and parents
Women only crack specific service
Education/Training and Employment Worker based on the premises
Diverse workforce (multi-lingual) to reflect the community
Partnership working with key agencies, communities and police
More street outreach/ Harm reduction information"
(CDP Quantum Project-Crack Worker)

"Mapping of the crack cocaine phenomenon across the boroughs.
Visits to other agencies.
Looking at crack cocaine treatment abroad, in particular Holland, Germany, Belgium and Switzerland"
(CDP Quantum Project Generic Drugs Worker)

"In borough services in easily accessible locations. Although I think the CDP crack project is probably very good, I think I have only known one person who has made it there (and I think he attended only once).
It would also be helpful to take the service to the users, rather than expecting them to attend services. For mental health service users, I think it would be possible to do this.
Training for staff to better equip them to work with this group would be useful. I suspect there are people with expertise that could be shared to train up staff working across all service tiers.
Services also need to be very flexible with strong emphasis on engagement, at least in the first instance".
(Dual Diagnosis Consultant Nurse)

"Much more interlinked strategy following the identified users that use crime to fuel their habit.
Overt police strategy on specific individuals that will not take up counselling or treatment.
More resources for probation / police intervention.
More co-ordination between prisons / probation / police
Specific police drug squad.
More media / political pressure on those that control funding to tackle the problems caused by drugs…especially class A"
(Head of the Drugs Squad)

"Need to offer regular ongoing training and awareness day for the local community"
(Manager of the Dual Team, Catford)

"Specific services for crack users that have been benchmarked against a good practice model that has already demonstrated efficiency and effectiveness.
Training by COCA or Blenheim Project for drug workers in the borough to ensure we have the skills to work with people already on our caseload".
(Drug Worker at the Dual Team Catford)

"Having proactive street outreach workers.
A Supportive Housing Project of those with crack issues being released from prison".
(Thamesreach Bondway Worker)

Conclusion

Agencies and professional within the borough, felt to be in regular contact with crack users were surveyed.

Crack use on the rise

They felt crack use was on the increase, problematic occasionally and in some areas and often incorporated as part of poly drug use. There had been little change in the commissioning of drug services despite this perceived shift.

Scale of the problem unknown

The scale of the problem is hard to ascertain due to poor disclosure by crack users, BME groups not accessing services and the market being pushed 'underground' by the use of mobile phones and postal importations.

Whilst crack has its associated problems, heroin and alcohol were seen as more prevalent.

Over half the services felt inadequately equipped to work effectively with crack users.

Training, outreach & a specific crack service

Practical solutions suggested to tackle the boroughs crack problem were: the provision of a centrally located crack specific service, identifying the needs of BME groups through partnership working and assertive outreach. Crack awareness training from recognised experts in the field, for example COCA and workers from the West London crack service the Blenheim service, was raised as an additional requirement.

Glossary of Key Terms and Definitions

Arrest referral: An intervention offering drug users at the point of arrest an opportunity to engage with drug treatment and related services

BCU: High Crime Basic Command Unit (BCU's)

BME communities: Black and Minority Ethnic communities

CARAT: Counselling, Assessment, Referral, Advice and Throughcare

CJIP: Criminal Justice Intervention Programme

'Crack house': A premises used in connection with the production, supply or use of class A drugs and associated with the occurrence of disorder or serious nuisance

DAT/ DST/ DAAT: Drug Action Team/ Drug Strategy Team/ Drug Action and Alcohol Team

DTTO: Drug Treatment and Testing Order. Court Order obliging offender to undergo drug treatment and testing

High Crack Areas (HCA): The National Crack Plan identified 37 priority areas in England and Wales where crack cocaine was considered as problematic

HIV +: Human Immunodeficiency Virus

Hotspot: An area with a high concentration of the subject matter in question- usually crime, deprivation, drug dealing or crack houses

NFA: No Fixed Abode

NTA: National Treatment Agency

NDTMS: National Drug Treatment Monitoring System

Primary drug: Drug users may be involved in different types of substance abuse, their primary drug is that which they use most frequently and is identified as most problematic

Poly drug use: When an individual is using 2 types of drug or more

RDMD: Regional Drug Misuse Database

Runner: Someone who delivers drugs to users on behalf of sellers

Spliff, joint, reefer, zoot: a cannabis/skunk/hashish, marijuana &/or tobacco mixture placed in a cigarette paper to be smoked

Tier 1: Non-substance misuse specific service requiring interface with drug and alcohol treatment

Tier 2: Open access drug and alcohol treatment services

Tier 3: Structured community-based treatment services

Tier 4: Residential services for drug and alcohol misusers

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Appendix

Appendices 1- Drug User Questionnaire

Pre-questionnaire brief

Thank you for agreeing to take part in this survey. It is completely anonymous and you are free to change your mind at any time. However, you must be clear, if you DO NOT COMPLETE the questionnaire I cannot pay you the £10 voucher.

Thank you for spending the time to talk to me. Your efforts may well make a real difference to crack services in the borough.

Informed consent

How can we improve services for crack users in Lewisham?

The purpose of this 6month research project is:

- To determine the numbers and needs of crack users in Lewisham
- To identify and geographically map "crack hotspots"
- To seek the opinions of users, enforcement agents, agencies, affected communities and young people in the borough.

The aim is to produce a clear, user-friendly report that can inform the commissioning of crack services by Lewisham Council by listening directly to those involved.

I have understood all of the information given to me about this study and I am willing to participate:

Signature_____

Date_____

Drugs in Lewisham

Personal details

1. Are You
- ❑ Male
- ❑ Female

2. How old are you?_____

3. To which of the following ethnic groups do you consider you belong?

Asian:	Indian	Pakistani
	Bangladeshi	Asian Other
Black:	Black British	Caribbean
	African	Black Other
Irish:	White Other	

Mixed: White/Black Caribbean White/Black African
White/Asian Mixed Other

Other: Chinese Other

White: White British

4. Do you live in the borough Yes No

5. What is the first part of your postcode? _____

6. Will you describe your current housing situation?

Your own home Temporary: Hostel/B&B
Private Rented Home Residential Treatment
Homeless/No Fixed Address Other
Staying with friends/relatives/partner
Squat/Crack House
Council Accommodation

7. Are you currently?
In full-time employment Part-time employment
Student Incapacity Benefit
Unemployed Other (Please state)

8. Do you have any specific health problems?

Physical health_____
_____
_____
_____

Mental health (depression/paranoia /sections)_____
_____
_____
_____

9. Do you have any children if so are they in your care?_____
_____
_____
_____

Does anyone else in your family have a problem with drugs/alcohol?_____
_____
_____

Your drug use

10. How much do you pay on average for a rock of crack?
£_____

11. What's the most you've ever spent on crack in one period? £_____

12. If you can't get hold of any crack, what do you use instead?_____

13. Can you tell me which drugs you have used over the past month? (If everyday write 30)

(Routes of ingestion: Smoking=1, Snorting=2, Injecting=3, Oral=4, Piping = 5 Other=6) Speedballing?

Name of Drug	**No. of days used**	**Spend per week/£**	**Route of ingestion**	**Duration**

14. Are you taking any prescribed drugs? _____

15. How did you start taking crack? _____

16. Where were you?_____

17. Who were you with? _____

Are you supporting anyone else's habit?_____

Buying & Selling Crack

18. How do you normally obtain your crack (mark 1-5)?
1-being the most common
5-the least common way

On the street from a stranger
On the street from someone I know
Pick up from a pre-arranged place on the street
Go to a dealer's house
Go to a known dealing house (crack house)

19. How many crack dealers do you know in this area?_____

20. How do you contact your crack dealer?
Mobile phone Telephone On the street

Go to the house Pager

21. Do you buy crack in the same area that you live? Yes No

22. Do you buy anywhere else (area) Yes No

23. Where? Up to a mile away Up to 5 miles
Over 5 miles

24. Is this from (mark 1-5)?
1-being the most common 5-the least common way
On the street from a stranger
On the street from someone I know
Pick up from a pre-arranged placed on the street
Go to the dealer's house
Go to a known dealer's house (crack house)

25. What drugs does your dealer sell?
Weed Skunk Amphetamines Cocaine
Crack Heroin Ecstasy Benzo's
Other_____

26. How many dealers have you bought crack from in the last 30 days? _____

27. Do you receive credit from your crack dealer?
No Yes In which form_____
_____

28. Which of these describes your crack buying patterns?
I buy daily for myself
I buy daily for myself and one other (friend or partner)
I buy daily for a group of friends

I buy 2/3 times a week for myself
I buy 2/3 times for myself and one other (friend or partner)
I buy 2/3 times for a group of friends

I buy once a week for myself
I buy once a week for myself and one other (friend or partner)
I buy once a week for a group of friends

Someone else buys drugs for me
Sometimes someone else buys drugs for me

29. How would you describe the relationship between crack sellers?
No idea
A free for all
Only a few sellers, no one else is allowed in
A lot of small dealers and a few big ones
One main seller supplying lots of other smaller sellers

30. Looking at the map of the areas in Lewisham, which ones do you think it would be easiest to score crack in.

Drug availability in your area

31. Please rate the availability of each drug in the table

1 Means that it would take less than 30 minutes to purchase the drug
2 Means it would take less than 3 hours to purchase the drug
3 Means it would take up to 3-4 days to purchase the drug
4 Means you would have to leave the area to purchase the drug
5 Means you don't know

Please also complete the second column about the stability of the supply:

In the last 6 months, has supply?
1 Increased
2 Remained stable
3 Decreased
4 Fluctuated

Drug	Ease of availability	Stability of supply
Amphetamine		
Benzodiazepines		
Weed		
Skunk		
Cocaine		
Crack		
Ecstasy		
Heroin		
Methadone		
Other		

32. In your opinion, which of the following applies to how drugs are sold in your area?
Most users buy drugs from street based sellers
There are only a few street based sellers
Most users arrange to buy drugs from sellers using mobile phones
Most users buy drugs from seller's private addresses
(homes)
Most exchanges of drugs and money are made between users and runners
Most exchanges take place on the street, but are arranged on mobile phones
Most deals are done directly between the seller and
the user
Most drugs are sold through crack houses
(Are these open to anyone? Is crack usually made there?)

Drug Treatment

33. Have you ever received treatment or help in connection with your drug use?
Yes No

SEE OVER PAGE

34. What services would you like that you do not have access to at present?_____
_____
_____
_____
_____

35.What would encourage you to attend a service?_____

36. What would discourage you from attending a service?_____

37. What obstacles might prevent you from attending a service?_____

38. What is your opinion on crack treatment?_____

39. Does police activity affect the way you buy crack?
Yes No

If yes, how

40. Have you been arrested and charged with an offence in the last year?
Yes No

41. What offence(s) was this?
1._____ 3._____
2. _____ 4._____

42. Please state the three main ways of funding your crack use?

Funding opportunity	**Yes/No**
Shoplifting	
Fraud/forgery/deception	
Burglary	
Robbery	
Handling	
Drug Supply	
Smuggling drugs	
Sex working	
Benefit	
Borrowing	
Working	
Other	

43. Do you think your ethnicity/age/gender/health/sexual orientation has ever prevented you from getting the help you need?
If yes what form did it take?_____
_____
_____
_____

Thank you for taking the time to participate in this interview. Your views are very important and will be taken into consideration when planning future drug services in Lewisham.

I have received my £10 voucher by way of payment for my participation in this survey

Signature_____

Date_____

TREATMENT

Which of the following local services have you had contact with, which ones are you currently in contact with, how helpful would you rate this service as being?

What aspects of community-based drug services do you consider important?

Fast access to treatment
Later opening hours
Housing advice
Local services
One-to-one support
Advice on hepatitis or HIV
Ex-crack using staff
Referral on
ETE (ed, training, employment) advice
Mental health support
Users' groups
Drop-in service
Separate stimulant service
Welfare rights advice
Complementary therapy
Worker of same gender/ethnicity

- Ever had contact?
- Current Contact?

Dual Team
Community Care-Substance Misuse Team
Orexis
CDP-Quantum Project-Forest Hill
CDP-Evolve Project- Camberwell
CDP- Day Programme-Kennington
ACAPS
CAMHS

CDEP
Connexions
Positive Futures
Wickham Park House (Detox)
Brook Drive (Detox)
City Roads (Detox)
Other Detox
Acute Admissions Unit (AAU- Detox)
Phoenix House (Rehab)
Mainliners
Arrest Referral Team
Needle Exchange
Self-help Group
Probation
Social worker
DTTO
Prison Drugs Worker
GP
A&E
ARP Substance worker

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

NAME:

Helpful?

Unhelpful?

Obstacles to getting the service?

Appendices 2- Points for Discussion with Youth Groups

Anything you say during this session is confidential; you won't be in any way linked with your comments outside of this room. The information you give me is really valuable for helping Lewisham Council plan drug education sessions about crack and making sure help is in the right places for those that need it.

Thank you very much

Afterwards I'm going to ask you to fill in short form and when you bring it back, you can collect your vouchers.

GENERAL

1. What are the local street names for crack cocaine?
2. What does it look like?
3. How do you take it?
4. How much does a rock cost?
5. What have you heard about crack in the media (radio, newspapers, TV) etc?
6. How do you think they make it look?
7. Do you think it's a harmful drug?
8. (The Misuse of Drugs Act divides drugs into three classes A, B &C; this decides how you will be treated by the police if you're found with it). Do you know what class of drug crack is?

USING CRACK

9. Why do you think people might start taking crack?
10. What health problems do you think crack users might have?
11. Do you think there's a difference between people who are addicted to crack and those addicted to heroin?
12. What words would you use to describe someone who has a problem with crack?
13. How do you think people who take crack pay for it?
14. If someone smokes a spliff with crack in it, are they more likely to go on and try it on its own?
15. Are there street name for this?

DEALING

16. What lifestyle do you think crack dealers live? (Please list as many positive and negative aspects as you can)
17. How easy do you think it would be for young people to get crack around here?

1 = Very easy
4= Very hard

18. How do you think crack affects neighbourhoods?
19. Do you think there's a crack problem in this area?

TREATMENT

20. What help is around for people that have a problem with crack?

21. If you were worried about your or somebody's crack use whom you knew, who would you ask for help?

MONITORING FORM

Please could you fill in this form?

1) Age_____

2) Gender: Male Female

3) Please tick the box that best describes your ethnic origin:

Asian:	Indian	Pakistani
Bangladeshi		Asian Other
Black:	Black British	Caribbean
	African	Black Other
Irish:	White Other	

Mixed:	White/Black Caribbean	White/Black African
	White/Asian	Mixed Other
Other:	Chinese	Other

Vietnamese:

White: White British

4) What advice would you give to a friend if you were at a party and they were going to try crack?_____
_____
_____

Thanks very much, when you've filled in this form, hand it back to Hannah and she'll give you your vouchers.

Appendices 3- Residents' Consultation Questionnaire

CONSULTATION WITH LOCAL RESIDENTS

1. Do you think drugs are a problem in the area? Do you have any idea, which drugs?

2. How easy do you think it is for drug users to obtain drugs around here?

3. Are you aware of there being any crack/drug houses around here?

4. Drug use and crackhouses are often associated with the following elements, are any of these a feature in this neighbourhood:

    - Excessive noise
    - Drug dealing
    - Open drug taking
    - Drug Paraphernalia (Syringes, needles, burnt tin foil, crackpipes)

- Human waste
- Begging
- Break-in's (Houses and cars)
- Muggings
- Prostitution

5. If you see anything like this, would you call?
    - The Police
    - The Street Wardens (if applicable)
    - The Council
    - Other_____

6. What do you think could be done to improve things in the area?

7. Do you feel safe:
    - Where you live?
    - In this area?

Additional comments

Appendices 4- Questionnaire for Professional's

As most of you will be aware, I am carrying out a research project investigating the nature and scale of the crack cocaine problem in light of Lewisham's classification as a High Crack Area by the Home Office in February 2003.

This is your chance as professionals, who regularly meet crack users, to give practical suggestions for strategies that could be put into place in Lewisham to most effectively deliver solutions?

1. Please state the nature of your interaction with crack users

_____
_____
_____
_____

2. What do you think is the nature of the crack cocaine problem in Lewisham?

_____
_____
_____
_____

3. What changes have you noticed over the last 5 yrs?

_____
_____
_____
_____

4. Do you think crack is Lewisham's most problematic drug? (Please explain your answer)

_____
_____
_____
_____

5. If not, which drugs to you think are.

_____
_____
_____
_____

6. Are the majority of crack cocaine users you come into contact with: (Please underline)

Primary crack users
Primary heroin users also using crack
Crack & heroin users
Drinkers using crack

7. Do you feel you are adequately resourced to work effectively with crack cocaine users?

_____
_____
_____
_____

8. What practical steps could be made to tackle the borough's crack problem?

_____
_____
_____
_____
_____

Thank you for your contribution, your comments and suggestions will be documented and will help inform me of the issues you are presented with on a daily basis.
I would really appreciate it if you could return your completed questionnaire's ASAP to…