



**TACKLING
DRUGS
CHANGING
LIVES**

**The City of Birmingham
Crack Cocaine Strategy
2005 – 2008**

FORWARD

It is deeply disturbing that in an increasingly affluent society like ours, where measurable material gains have been made in the post war years, that the spectre of serious drug misuse still hangs over us. But our reaction to this apparent contradiction should not hold service providers back from dealing with such issues sensitively and effectively.

Whatever one may think about the causes of drug taking, be they socially determined or personally driven the socio-economic circumstances might be that determine the use of such potentially disastrous hard drugs like crack and cocaine, primary health and social care agencies must apply the highest professional standards in providing appropriate services.

Ranjit Sondhi, Chair of Heart of Birmingham Teaching PCT

The development of crack services has not so far been a priority in Birmingham and although we have a specialist crack service, there is insufficient skill and knowledge held in generic drug services to provide the level of treatment service required. The main priority therefore is to learn from the specialist skill and knowledge that currently exists and to ensure this is fully mainstreamed into all drug treatment services. At the same time there are gaps in communication and community engagement that need addressing. As highlighted in the workforce assessment there are some key priorities to be met in terms of meeting the Race Relations Amendment Act in meeting the needs of BME drug users and the workforce required to do this competently.

There is little information available regarding the needs of women drug users in Birmingham, asylum seekers and refugees and therefore needs assessments are required in both cases. Services for street workers and rough sleepers are in place and but both need additional capacity. Both the lack of housing stock and any joined up policies present housing a significant gap in meeting the needs of drug users across Birmingham but especially those who are vulnerable and living chaotic lifestyles.

Helen Cochrane, Lead Commissioner Treatment

The Crack Strategy began on October 18th 2004; a huge task. I am of the belief that it will take a paradigm shift in thinking, determination and desire to begin the process of change towards mainstreaming treatment and commissioning of crack services that respond to the diverse needs of Birmingham City.

This strategy sets out Birmingham's milestone, a plan of action to which any individual, group or community may draw reference and inspiration from the work currently in progress. Ultimately it is hoped that strategy will assist problematic users of crack cocaine to seek help, treatment, thus foster safer informed communities equipped to tackle the problem together. For this reason the decision was made to afford this document a consultation period of twelve weeks to insure the voices and opinions of individuals, groups and organisations were heard.

With regard to the above, should the reader require any additional information about this strategy please feel free to use the contact information below.

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Grantley Haynes Crack Strategy Development Manager

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1 STRATEGIC SUMMARY

Why do we need a strategy?

The Drug Action Team part of the Birmingham Community Safety Partnership has developed the Crack Cocaine Strategy to improve the way we respond to crack cocaine problems in the city. This document first describes:

- The impact that crack cocaine has on crack users and on the wider community
- The National and Local Policy Drivers that are informing the strategy
- What is currently happening regarding crack in Birmingham
- What strategic priorities and objectives are
- The actions we intend to take to tackle crack

The strategy covers issues related to:

- The impact that crack cocaine has on crack users, their families and on the wider community
- The relationship between crack and criminality
- The key priorities to be addressed by the strategy
- The key objectives which are to be addressed by the strategy
- Community Safety Partnership action plan to take to tackle the problems caused by crack cocaine

This strategy describes the key priorities and objectives for the DAT/CSP over the next three years, the end of the current home office drug strategy (HODS) 2008.

Priorities

- Improve access to tier 3 specialist crack treatment and support services across Birmingham
- Improving access to treatment for underserved groups, specifically BME groups, mental health, rough sleepers, women and young people
- Ensure that crack using offenders receive swift and appropriate treatment at every point of the criminal justice system
- Increase the confidence of communities to deal with crack
- Reducing the supply of crack in communities
- Educating young people about the specific risks of crack

Objectives

- Improved accessibility and treatment uptake from underserved groups.
- Reducing offending related to the use and supply of crack cocaine
- Strengthening the ability of communities to resist the impact of crack
- To preventing Young People becoming Misusers of Crack

What happens next?

The Drug Action Team believes that a co-ordinated response to the harm caused by crack cocaine is essential as many of the challenges which the use and supply of crack cocaine poses for Birmingham will require joint action from the all of key partner agencies involved. This statement will be crucial to the success of this strategy as commitment from all of the partner agencies to deliver on the actions needed to tackle crack in this city will be vital in achieving the priorities and objectives that we wish to achieve over the next three years.

The strategy plan will inform the future commissioning of generic and criminal justice crack treatment services as well as initiatives to reduce the harm caused to communities, increase the community's ability to resist crack and prevent vulnerable young people using crack.

The delivery of the strategy will be overseen by the Crack Strategy Group (CSG), a sub group of the Drug Action Team.

The Crack Strategy group will work to ensure agencies effectively deliver this strategy. The CSG will hold partners accountable in both delivering the strategy and ensuring that it meets the outcomes identified in the strategic action plan.

To this end, we believe that a co-ordinated response to the harm caused by crack cocaine is vital and that many problems will require joint action on different fronts from many agencies.

Key organisations accountable for the delivery and performance management of the plan will be:

- Birmingham Community Safety Partnership Treatment and Offending Core Priority group / Crack Strategy Group
- The Drug Action Team
- The National Treatment Agency (NTA)
- West Midlands Government Office Drug Strategy Unit

The Crack Strategy Development Manager has the primary overall responsible for ensuring that a partnership agreement is achieved. Subsequently, they are also accountable for mainstreaming the strategy across the 5 theme areas.

Managers accountable for ensuring that the agreed Action Plan is implemented within the agreed timescales are:

David Reilly	Drug Strategic Manager, for Treatment Services
Helen Cochrane	Lead Commissioner (Treatment)
Grantley Haynes	Crack Strategy Development Manager
Chris Wall	(Chair) Drug Treatment and Offender Management Core Priority Theme Group
Elizabeth Lawson Bennett	Lead Commissioner (Community Engagement and Empowerment)
Robin Thompson	Lead Commissioner (Young People)

Managers and officers responsible for ensuring that the agreed Action Plan is implemented within the agreed timescales are:

Treatment

David Skidmore	National Treatment Agency
Jackie Chambers (Chair)	JCG1
Andy McWilliam	Commissioning Manager care Coordination
Alex Copello	Clinical Director BMHT SMS
TBA	DAT / CSP Data Analysts
Mary Latter	Performance & Improvement Manager
Nigel Modern	DAT Lead General Practitioner

Communities

Phillip Gayle	Drug Concern
Nicolette Williams	BVDSC
TBA	CSP Communication Officers
Richard Edgington	West Midlands Drugs Strategy Unit
Tony Ayers	Health Education Unit (Learning & Culture) Drugs Lead
TBA	Drug Treatment Services
Chairs	Local Delivery Groups
Mary Latter	Performance & Improvement Manager

Offending

Liz Smith	DIP Manager
Mike Quinn	DIP Manager
Andy Sullivan	WM Police
Richard Edgington	West Midlands Drugs Strategy Unit
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TBA	DAT / CSP Data Analysts
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Young People

Drug Action Team
Phillip Gayle
Tony Ayers
Margaret Conway
Dawn Roberts
Mary Latter

4 Care Coordination Review Officers
Drug Concern
Health Education Unit (Learning & Culture) Drugs Lead
Birmingham's Young People Treatment Service
(Chair) Youth Offending Team, Social Care & Health
Performance & Improvement Manager

Training

Angela Hylton
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Tony Ayers

Training and Workforce Development Manager
Drug Intervention Training Officer
Health Education Unit (Learning & Culture) Drugs Lead

2. INTRODUCTION

Crack Cocaine and the problems associated with its use is a major issue for Birmingham. This strategy will describe the increasing problems that crack cocaine is causing to crack users, their families and the many diverse communities of the city.

- The Drug Action Team, part of the Birmingham Community Safety Partnership, has developed the Crack Cocaine Strategy to both address and improve the ways that we are currently tackling crack cocaine problems in the city.
- The Drug Action Team believes that a co-ordinated response to the harm caused by crack cocaine is essential as many of the challenges which the use and supply of crack cocaine poses for Birmingham will require joint action from all of the key agencies involved.
- The strategy will describe the key priorities and objectives for the Birmingham Community Safety Partnership over the next three years 2005 to 2008.
- The strategy will address the full range of social, cultural and economic issues related to the use of crack cocaine which are described in the next chapter.

CRACK COCAINE, THE DRUG

Crack cocaine is a form of cocaine powder which is usually smoked but can also be injected. Smoking crack cocaine is a highly efficient way of getting cocaine to the brain and provides a much more intense experience than snorting powder cocaine. Crack produces a rapid, intense high which lasts for about two minutes. This is followed by a less intense, but pleasurable feeling which lasts for about another 20 minutes. It is this speed of delivery that is thought to put crack cocaine smokers at greater risk of psychological dependency than users of cocaine powder.

The problems associated with the use of crack cocaine are well documented, they can be summarised as being;

- Social, psychological, physical and economic damage to the users of crack and their families
- Increased criminal behaviour either due to the use and or the supply of crack. This can often involve acquisitive, violent crime, domestic violence, prostitution and organised related violence
- Anti social behaviour causing an increased fear of crime in communities due to the use and supply of crack often in public places or via tenancy's popularly known as 'crack houses'
- Crack use and supply can impede social regeneration in deprived communities
- Increased social exclusion of young people who become involved in the use and or the supply of crack

3. NATIONAL AND LOCAL POLICY DRIVERS

National, Local Strategies and Policies informing this strategy?

The national and local policy drivers that are informing and driving this strategy in chronological order are:

Race Relations Amendment ACT (2000) ensures that strategies and policies of all government agencies and the voluntary sector reduce discrimination against BME groups.

Tackling Crack a National Plan (2002) describes why there should be a specific strategy and plan for crack cocaine rather than cocaine generally, because it is crack that causes particular problems at street level, specifically concerning its link to crime, including violent crime.

National Drugs Strategy, (Updated 2002) describes the governments' strategy concerning all illicit drugs and the plans for drugs prevention, reducing supply, reducing drug related crime and increasing treatment.

Models of Care for Drug Misuser's (2002) *Models of care* Part 1 and Part 2 provide a national framework for drug treatment services in England that should be used as a guide for all drug action teams as they proceed with their plans to expand and improve the drug treatment services in their area.

Anti Social Behaviour Act (2003) contains measures drawn up from across five Government Departments and builds on existing legislation to clarify, streamline and reinforce the powers that are available to practitioners, specifically in this context to provide powers to close down 'crack houses'.

Crack Cocaine Delivery Plan – Guidance for Government Office Drug Teams (2004) identifies a range of actions which High Crack Areas (HCA) DAT's are to achieve.

Confident Communities in a Secure Britain – The Home Office Strategic Plan (2004 to 2008) the Governments strategy for reducing crime, drug abuse and insecurity.

Guidance for Working with Cocaine and Crack Users in Primary Care (2004) Royal College of General Practitioners.

The Birmingham Community Safety Partnership Strategy (2005) has identified that specific actions need to be taken to address crack use so as to build safer and stronger communities.

Every Child Matters: Change for Children Young People and Drugs (31/03/2005) DfES have published a document which sets out how those responsible for delivering children and young people's services and the drugs strategy co-operate and plan holistic responses for young people who are using or otherwise affected by drug misuse.

Birmingham Drug Action Team Treatment Plan (2005/6) recommends improved community engagement, involvement and consultation – Treatment services have to be made more accessible to individuals at a community level. Specifically underserved groups such as stimulant users, BME groups and women need to be targeted by Tier 1 and 2 services so as to encourage greater treatment take up by these groups.

4. CRACK COCAINE USE IN BIRMINGHAM "THE LOCAL PICTURE"

Who uses crack cocaine in Birmingham?

HEADLINES

- Birmingham has been identified as a High Crack Area
- Crack is mainly used in conjunction with heroin
- Mainly white male users in treatment for crack and heroin
- Clear link between offending and crack use
- Clear link between sex work and crack use
- Lack of knowledge amongst BME groups of what services are available for drug users
- Some BME groups may be reticent to access treatment due to fear and stigma
- Mainly affects areas of high deprivation
- Lack of knowledge regarding the needs of asylum seekers re crack
- Lack of knowledge regarding the needs of women crack users
- Lack of good quality housing for drug users in Birmingham

Nationally the current evidence would indicate that crack as a primary drug of use is much less widely used than cocaine powder or heroin, especially by young people aged between 18 to 24 years old (British Crime Survey). Nationally and locally the evidence available demonstrates that most drug users use crack in conjunction with heroin.

Although there is not a clear picture in Birmingham of the extent and prevalence of crack use the evidence that we have from the **National Drug Treatment Monitoring Service (NDTMS)** and the **Trans4formations /'d' line reports** provides us with some indicators as to the nature and scale of the problem in Birmingham.

Birmingham CSP is currently in the process of developing an analysis of patterns and profiles of use which will map and report the following:

Crack Cocaine Use Hot Spots
Service Gaps
Prevalence
Drug Dealing

NDTMS Census Report (August 2004) shows that:

- 34% (1511) primary crack using individuals in treatment who had used for the 1st or 2nd time
- 72% of service users referred to treatment services in Birmingham were using both Heroin and Crack Cocaine affecting over (3158) individuals
- 3% of all people in treatment were from the Black Afro Caribbean community
- 7% of all people in treatment were from the Asian community
- 7% of all people in treatment are of mixed race
- 76% of those in treatment are male

Trans4formations and the 'D' line Reports state that:

- There is a lack of knowledge of services available and what they offer
- The services are perceived as catering mainly for white male opiate users
- A general distrust of treatment services by some BME groups
- Stigma attached to using drug services
- Pressure from peers not to seek help

There is little information available regarding the needs of women drug users in Birmingham asylum seekers and refugees, therefore a needs assessment maybe required in both cases. The Drug Treatment Plan 2005/6 has stated that both the lack of housing stock and any joined up policies present housing as a significant gap in meeting the needs of drug users across Birmingham but especially those who are vulnerable and living chaotic lifestyles.

WHAT IS CURRENTLY BEING DONE IN BIRMINGHAM

Birmingham DAT has prioritised key developments for the improvement of drug treatment per sa. With regard the strategy, these are as follows: reducing offending and strengthening communities to more effectively deal with crack use, to utilise tier 2 outreach techniques (see Appendix 1) making services more accessible and encouraging crack users to engage in treatment by building links with those communities affected by crack.

TREATMENT

At present the Wheeler St Crack Team based in Newtown are currently reviewing its provision of service. It can be confirmed that the crack team at Wheeler Street, is now know as the "Crack and Other Stimulant Intervention Service" which will focus its service delivery on the provision of Tier 3 city wide services for problem crack users in Birmingham. In addition Birmingham Drugline offers both Tier 2 and Tier 3, non specific services for crack users over the past 6 years.

The dissemination process role of the Birmingham Crack strategy will incorporate the inception of Turning Point and COCA's recently developed Crack Protocols. Turning Point has agreed to publicly launch the Crack Strategy and Protocols within the coming months throughout its national organisation.

A recent review, conducted by Birmingham and Solihull Mental Health NHS Trust, Substance Misuse Services and the DAT recommended that the team will reorganise its tier 3 provision and integrate it delivery of service into the four community drug teams initially. Following this pilot period of analysis, will be had with BSMHT SMS as to the delivery of appropriate effective satellite service provision to agencies such as the SAFE Project, HIAH and Birmingham Prison. This is to both improve access for crack users and to enhance the ability of generic drug workers to respond to crack users. This is in line with the wider DAT Treatment plan for all Tier 2/3 drug services to employ strategies to ensure that services are accessible as possible. The Crack team has piloted the use of an evidenced based structured tier 3 treatment intervention, the Community Reinforcement Approach prior to implementing the model across the city. In doing this the treatment team will assist services pan Birmingham in the process of improving the following:

- Accessibility
- Community Based Treatment
- Implement effective Care Coordination
- Implement evidence base treatment
- Increase the range of Psychosocial Treatment Interventions available
- Implement a range of specific harm reduction interventions, including possible use of crack pipes and short term butterfly needles

OFFENDING

The Drug Interventions Programme (DIP), this initiative targets drug misusing offenders who access the criminal justice system at many points, the aim is to divert them into treatment. DIP through care and after care teams (TC/AC) of workers are now in current operation across Birmingham north, south, east and west points. This particular provision is

inextricably linked to Birmingham's arrest referral workers in place in all custody suites, Courts, Prison and Probation services. In addition to current routes to treatment, it is anticipated that this programme will identify new cohorts of crack users who are not known to services and will proactively engage them via community engagement and the specific assertive outreach workers found in each one of the DIP (TC/AC) teams.

The Drug Action Team has been working closely with other Community Safety Partners such as the West Midlands Police and Birmingham City Council utilising multi-agency protocols to expedite the closing of crack houses, arrest dealers and get vulnerable crack cocaine users into safe accommodation and drug treatment. Drug dealers are being targeted by the partnership through the use of Part 1 of the Anti-Social Behaviour Act 2003, section 1. The Police have prioritised the closure of class A houses and the tackling of open drug markets, recognising that these forms of drug dealing have the most impact on local communities, (see Appendix 2 Class A Closures).

DIP OUTREACH AND COMMUNITY ENGAGEMENT TEAM

As part of the DIP implementation plan, the community outreach service recently tendered will employ four workers to target 'hot spots' in Birmingham to both encourage drug users to seek help and to increase community capacity to deal with drug related issues, following 10 weeks of partnership development activity in any one particular identified area in Birmingham. It is envisaged that this will begin work by November 2005.

COMMUNITIES

Birmingham DAT is currently undertaking work with the University of Central Lancashire in supporting community engagement research projects to develop the evidence base in working with BME communities. By offering workshops on drug treatment processes and research methods, local service providers can gain the knowledge and skills required to develop the services that will reach marginalised groups in ways that support treatment engagement and referral; hopefully to becoming the mainstream services of tomorrow.

Bro Sis, part of Freshwinds, is one of these. It focuses on working with young people from Black Afro Caribbean community backgrounds between the ages of 18 to 35 who are using a variety of substances. This project researched effective ways to engage with BME communities affected by drug misuse and where criminal acts took place and unorthodox engagement methods were required.

free@last is another small grass roots project established to provide a variety of services that users requested or where there are identified gaps in current local service provision. Part of their aim is to influence the decisions that are made about local people's lives and communities to support people to reach their full life's potential. The main focus is currently in the Birmingham inner-city area of Nechells, which is an Urban Priority Area with a high number of residents from ethnic minorities, including asylum seekers and refugees. Following secure funding from the University of Central Lancashire Centre (UCLAN) for Ethnicity and Health Community Engagement Substance Misuse Needs Assessment Programme. This project researched effective ways to engage individuals with serious problems ranging from substance abuse, poverty, disadvantage, relational breakdown, high unemployment, teenage pregnancies and criminal activity.

These reports have now been completed and the Birmingham Drug Action Team is supporting their services to integrate their findings into the crack strategy and the wider DAT treatment plan. **(See appendix 1 Outreach)**

The Birmingham DAT has funded the post of Senior Lecturer at Birmingham University to evaluate, develop and implement training modules and professional qualification for evidence based drug treatment interventions and specialist courses.

TRAINING

The main emphasis so far on providing training on crack use has been to enhance the skills and knowledge of both drug workers for adults and young people providing interventions for drug users in Birmingham. The training is also intended to challenge myths and stereotypes held about crack use. Appendix 3 describes the multi agency training on crack cocaine and poly drug use (part of a wider DAT Training Strategy) which has been provided for drug workers in Birmingham over the last 2 years.

A series of case management seminars for Tier 2 and Tier 3 Drug Services is due to be delivered to increase engagement, referral and assessment/care planning processes for crack users entering treatment. **(See appendix 3 Training)**. The aim here will be to mainstream key expertise in working with crack users by **ALL** drug workers, to which DANOS competency credits can be gained.

5. KEY PRIORITIES AND WHY?

1. IMPROVING ACCESS TO TREATMENT FOR UNDERSERVED GROUPS, SPECIFICALLY BME GROUPS, WOMEN AND YOUNG PEOPLE

- **Objective: Increase treatment uptake and retention with crack users from under served groups “BME groups, mental health, rough sleepers, women and young people”**

Why have we prioritised this?

Treatment capacity and coverage is a major factor in reducing demand, this is evidenced by both national and local evidence such as the **National Treatment Outcome Research Study** (NTORS), **On the Rocks**, **Trans4formations** and the ‘d’ **line** reports. Evidence from Models of Care, NTORS and COCA shows that treatment can both improve the health and well being of drug users as well as reducing offending.

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

2. ENSURE THAT CRACK USING OFFENDERS RECEIVE SWIFT AND APPROPRIATE TREATMENT AT EVERY POINT OF THE CRIMINAL JUSTICE SYSTEM

Objective: Reducing offending related to the use and supply of crack cocaine

Why have we prioritised this?

Home Office figures and British Crime Survey (BCS) confirm that offenders who use crack, cocaine and/or heroin commit significantly more crimes than those individuals who do not use this Class A drug. The most common crimes committed are property acquisitive crimes such as shoplifting, handling stolen goods, fraud and deception, burglary and other theft – in order to raise money to buy drugs.

The Government, due to the links between drugs and crime aims to tackle drug-related crime by getting as many drug using offenders as possible into treatment. In order to achieve this, it launched the Drug Interventions Programme (DIP) which recognises that drug using offenders need to be targeted at every point in the criminal process, from arrest to release from custody. As offenders pass through the criminal justice system, the following areas covered:

- Police custody
- The courts and probation
- Prison
- Treatment
- Through care and aftercare

The Home Office DIP testing results by drug type and offence shows that the most common method of supporting a crack drug habit is through theft, with nearly 40% of people charged with theft related offences testing positive for cocaine.

Other notable offences related to crack Cocaine includes prostitution, with nearly 80% of prostitutes testing positive for Cocaine.

High numbers of crack cocaine users recorded at every point of Birmingham's criminal justice system include:

- In 2004, 44% of those who tested positively for Class A drugs, in Birmingham had used cocaine
- In 2003 – 2004, 1324 people, 31% of clients in Birmingham supervised on Drug Testing and Treatment Order had used crack cocaine.
- In the two years to March 2004, a significant amount of prisoners seen by Birmingham's HMP Winson Green CARAT drug workers had used crack cocaine or thought about using, 30 days before release.

In 2004 the Government launched a Prolific and Other Priority Offenders (PPO) strategy. This aims to target the 5,000 offenders nationally who are currently responsible, for one in ten offences related to substance misuse. The Crime and Disorder Reduction Partnership (CDRP) in Birmingham is accountable for reducing the crime committed by prolific offenders. A key part of the (PPO) strategy is to work with identified prolific offenders to stop their offending by offering a range of supportive interventions. Offenders are offered the opportunity for rehabilitation or face a very swift return to the courts. It is likely that a significant proportion of Birmingham's prolific offenders will be drug users and (PPO) interventions are expected to build on the work of Drug Intervention Programmes locally, DTTO, and Drug Referral Requirements are by nature included here given the increase in target and class A user criteria with the extension of these community orders.

3. INCREASE THE COMMUNITIES ABILITY TO DEAL WITH CRACK

Objective: To Strengthen the abilities of communities to resist the impact of crack

Why have we prioritised this?

Lupton, Ruth et al. (2002), found that in areas where drug markets flourished, the related crime and social nuisance compounded other neighbourhood difficulties. Although drug markets were not the sole cause of neighbourhood decline, they frequently impeded regeneration efforts, damaged community confidence and contributed to the poor reputation of an area. The study found that involvement in selling crack cocaine offered significant economic opportunities for young people where formal labour market prospects were weak, diverting them away from legitimate opportunities.

The use and sale of crack cocaine has had an increasingly damaging effect on Birmingham's communities. Crack cocaine is sold in a number of ways, including from drug dealing houses. So-called crack houses have proliferated in some deprived Birmingham areas and those living nearby have experienced a range of anti-social behaviour including disruption and intimidation, the discarding of drug paraphernalia, urination, defecation, and on occasions sexual acts in public places.

The G.O. Action Plan for HCA DAT's directed that they all should have and be implementing a community engagement strategy. It has also stated that DAT's should consult with opinion formers and the public to formulate an accurate and balanced view of the harm caused by crack and the action being taken to reduce them.

4. REDUCING THE SUPPLY OF CRACK IN COMMUNITIES

Objective: Reducing the impact that crack has on communities

Why have we prioritised this?

The power to close premises often referred to as 'crack houses' was granted in the Anti-social Behaviour (ASB) Act 2003. However, the powers apply to premises where class A drugs are involved so the use of the term 'Crack House' Closure can be misleading.

The effect of a closure order can be radical in disrupting the use of a premise for drug dealing, production or use. This power applies to all premises (irrelevant of tenure) and as such can also be used to close businesses, telephone kiosks and car washes.

A protocol to assist officers applying for a closure order is currently being produced by West Midlands Police in conjunction with Birmingham City Council. Following a pilot in Ladywood/North Edgbaston a procedure for joint working between the police and housing teams has been produced. If the Police raid the property the local housing officers are on hand to witness any findings and to ensure the property is secured following the raid. Once secured the property and keys are only released to the tenant and only following a discussion about the findings of the raid and of the impact this may have on the ongoing tenancy. As a result, in three years around 100 properties have been brought back into local authority management. In many cases the existing tenant was no longer occupying the property and in these cases the property is repossessed. Where the tenant is in situ there is a clear discussion about the implication of drugs being in the property and possession proceedings are often commenced.

5. EDUCATING YOUNG PEOPLE ABOUT THE SPECIFIC RISKS OF CRACK

Objective: Preventing Young People becoming Crack Misuser's

Why have we prioritised this?

The most recent British Crime Survey (BCS) estimates of the use of class A drugs by 16-24 year olds has remained stable at 8%. The 2002/3 BCS estimates that 0.5% of 16-24 year olds had used crack in the last year and 0.2% in the last month.

The general approach to substance misuse among young people includes preventative action, intending to tackle substance misuse at the earliest opportunity.

The **National Crack Plan** aims to ensure that all schools in High Crack Areas (HCA) deliver good substance misuse education (as determined by Department for Education and Skills (DfES) guidance and inspected by the Office for Standards in Education (Ofsted)) and identify vulnerable young people who may need assessing or referring as appropriate. The conference, **Your Community Your Problem** held in Birmingham in 2002 stressed that we need to be finding ways of reaching young people as crack cocaine tends to be an attractive option. Through this strategy we can alert them to the dangers of crack and cocaine and develop diversionary activities to reduce the likelihood of them using either substance.

The Research Briefing (Autumn 2002) stated that there was considerably higher use of crack cocaine among children in care than in the general population.

Drug Action Teams in each area have a key role in ensuring a co-ordinated and integrated child and youth-centred strategy that delivers on substance misuse for all children and young people.

6. THE PLAN, WHAT ARE WE GOING TO DO?

No.	Area of work	Action + Time scales	Resources required	Responsible lead (s)
	TREATMENT			
1.	To develop a coordinated approach to delivering evidence based treatment interventions by the Tier2/3 and 4 treatment services in Birmingham.	Integrate Crack Team into Tier 2/3/4 drug services. When by: May 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner Performance & Improvement Manager BSMHT SMS -Clinical Director BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr DSB - Operations Manager HIAH – Head of Operations Phoenix House – Service Manager CARATS – Area Manager, (Inclusion) HMP Birmingham CARATS Cluster Manager
2.	Develop integrated through and after care pathways for crack user's and treatment providers	Pathways developed, agreed and implemented. When By: May 2006	CCRO Team	Crack Strategy Manager CC Commissioner BSMHT SMS – DIP Service Manager BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr
3.	Provide specialist consultation and advice to Tier1/2/3 and 4 Treatment / DIP services on how to engage and retain crack users in drug treatment	Integrate Crack Team into Tier 2/3/4 drug services. When by: April 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner BSMHT SMS - Service Manager - Drugline & Zephyr Phoenix House – Service Manager BSMHT SMS - Senior Clinical Lecture Addiction
4.	To develop and implement interventions that posses evidence base for stimulant treatment. Develop the pathway for anecdotal models of engagement and treatment as recommended through the UCLAN community engagement reaserch.	Utilise existing evidence base and community engagement research findings to guide future pilots / developments. When by: October 2006	DAT Treatment Plan	Crack Strategy Manager BSMHT SMS - Clinical Director BSMHT SMS - Senior Clinical Lecture Addiction

5.	To develop 48hr access to evidence based brief interventions, talk therapies and crack cocaine education for crack users.	Increase Capacity of Tier 2 / 3 Treatment Services to deal with Crack Users. When by: May 2007 Integrate Crack Team into Tier 2/3 drug services. When by: May 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner BSMHT SMS -Clinical Director BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr DSB - Operations Manager HIAH – Head of Operations Phoenix House – Service Manager
6.	Identify gaps in data collection and encourage the dissemination of information relating to effective treatment responses to crack cocaine use.	Data and performance management systems developed and operationalised. When by: December 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner Performance & Improvement Manager NTA DIP Police BASBU NDTMS DAT / CSP Data Analysts
7.	Implement the recommendations of the Guidance for Working With Cocaine and Crack Users in Primary Care throughout all areas, Pan Birmingham.	Monitor and ensure the recommendations of the Guidance for Working With Cocaine and Crack Users across all treatment Tiers 1,2,3 & 4 and that it is consistent. When by: April 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner DAT/CSP Data Analysts DSB - Operations Manager Birmingham Shared Care Scheme GPs Crack Strategy Steering Group and Partners
8.	Implement the recommendations of the Race Relations Amendment Act (2000) throughout all areas the partnership	Monitor and ensure the recommendations of the Race Relations Amendment Act (2000) across the treatment Tiers 1,2,3 & 4 and that it is consistent. When by: December 2005	DAT Treatment Plan	All DAT Team All Partnership Organisations Agencies, and Individuals
9.	Explore possibilities for the implementation of a range of specific harm reduction interventions, including possible use of crack pipes, exchange and short term butterfly needles	Explore feasibility for development, with Lenneke Keijzer (Paris) members of the community safety partnership and COCA. When by: June 2005	See DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr DSB - Operations Manager HIAH – Head of Operations Phoenix House – Service Manager

	OFFENDING			
1	To develop 24hr access to treatment referral systems for crack related offenders To develop DIP single point of contact treatment referral systems for crack related offenders	Support the implementation of the 24hour access and a DIP single point of contact. When by: November 2005	DIP funded	Crack Strategy Manager BSMHT SMS -Clinical Director BSMHT SMS - Crack Team Leader DSB - Operations Manager DIP Managers
2.	Increase uptake of crack prolific and other priority offender schemes in treatment. Increase uptake of crack using offender's schemes in treatment.	Target crack using prolific and other priority offenders. When by: On Going Target crack using offenders and prolific and other priority offenders. When by: On Going	DIP Funded	Crack Strategy Manager BSMHT SMS -Clinical Director DSB - Operations Manager All DIP Funded - Providers Probation Police
3.	Ensure that the interventions available under Drug Intervention Programmes (DIP) are accessible to all members of Birmingham's communities.	Provide a diverse range of DIP services which meet the needs of crack users. When by: January 2006	DIP & DAT Funded	Crack Strategy Manager BSMHT SMS -Clinical Director DSB - Operations Manager All DIP Funded - Providers Police
4.	Make accessible a sufficient diversity of treatment for offenders under the terms of a court order or licence in order to meet the needs of crack using offenders.	Provide a diverse range of Treatment services for crack users who are subject to a court order, i.e. DRR or are on licence from prison. When by: July 2005	DIP Funded	Crack Strategy Manager BSMHT SMS -Clinical Director Probation DRR – Team DSB - Operations Manager All DIP Funded - Providers Police
5.	Develop information and monitoring systems to ensure the effective evaluation, monitoring and impact on reducing offending.	Data and performance management systems developed and operationalised. When by: January 2006	See DAT Treatment Plan	Crack Strategy Manager DAT / CSP Data Analysts Police Probation Crack Strategy Group and Partner agencies DIP Manager Dip Information Officer
6.	Implement the recommendations of the Race Relations Amendment Act (2000) throughout all areas the partnership	Monitor and ensure the recommendations of the Race Relations Amendment Act (2000) across all delivery areas consistent with the Act. When by: January 2006	DAT Treatment Plan	All Partnership Organisations Agencies, and Individuals

	BIRMINGHAM PRISONS			
1.	To develop a seamless, on going, 2 way transitional treatment continuation process where multi disciplinary Community Drug Teams establish planned treatment on a named worker bases with Prison CARAT staff.	Provide a diverse range of treatment pathways for crack users who are subject to CARAT care plans and establish named DIP Assertive Outreach worker/Care coordination Officer /community drug team worker at least one month prior to release. When by: January 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner Training & Workforce Manager BSMHT SMS – DIP Service Manager BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr DSB - Operations Manager HIAH – Head of Operations Phoenix House – Service Manager CARATS – Area Manager, (Inclusion) HMP Birmingham CARATS Cluster Manager Prison - Drug Strategy Manager, DIP Manager
2.	To include all prison drug workers in multi disciplinary crack case management seminars.	Secure adequate places for prison drug workers on Crack Case management seminars which cover harm reduction, engagement, referral, and assessment. By When: January 2006 & On Going.	DAT Treatment Plan	Crack Strategy Manager Training & Workforce Manager CARATS – Area Manager, (Inclusion) HMP Birmingham CARATS Cluster Manager Prison - Drug Strategy Manager DIP Training Officer Care Coordination Officer
3.	To pilot a 19 session prison program of treatment for Crack users at HMP Birmingham, following Home Office Funded 3 Day Crack Training delivered by COCA.	Provide a diverse range of crack treatment for a specific cohort of users who are subject to CARAT care plans and evaluate its outcomes. By When: August 2005	Home Office COCA DAT Treatment Plan HMP Birmingham	Treatment Commissioner CARATS – Area Manager, (Inclusion) HMP Birmingham CARATS Cluster Manager Prison - Drug Strategy Manager BSMHT SMS – DIP Service Manager Crack Strategy Manager CC Commissioner
4.	Implement the recommendations of the Race Relations Amendment Act (2000) throughout all areas the partnership	Monitor and ensure the recommendations of the Race Relations Amendment Act (2000) across the young person's information and engagement processes and that it is consistent. When by: December 2005	DAT Treatment Plan	All DAT team All Partnership Organisations Agencies, and Individuals

	COMMUNITY/ OUTREACH			
1.	Developing a pan Birmingham outreach approach in engaging with crack users and communities.	To implement the recommendations and findings of the Home Office sponsored UCLAN DIP African Caribbean Community Engagement Research When By: June 2006	CAD & DAT Treatment Plan Funded	DAT/CSP Crack Strategy Manager DIP Manager DIP Information Officer CSP BVDSC Lead Commissioner CEE
2.	To commission effective community models which encourage the uptake of treatment services by crack users.	By identifying the needs of the community via consultation and research. Tender and Implement DIP Community Outreach Team When By: November 2005	DIP & DAT Treatment Plan Funding	DAT/CSP Crack Strategy Manager Treatment Commissioner CC Commissioner Performance & Improvement Manager DIP Manager DIP Information Officer Performance & Improvement Manager CSP Lead Commissioner CEE Commissioner YP BVDSC Drug Concern HIAH
3.	To reduce the effects of crack related harm, by providing information, education and support to communities affected by crack cocaine.	By conducting a campaign to inform local opinion formers When By: April 2006 By conducting a campaign to inform users and families When by: April 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CSP Communication Officers DAT / CSP Lead Commissioner CEE Commissioner YP Health Ed Unit Lead G.O. LDG's Drug Treatment Services Drug Concern BVDSC
4.	To establish a rolling agenda item within the crack strategy steering group (CSSG) providing a multi partnership discussion and implementation approach.	Agenda item agreed. Continued discussion on outreach at CSG. When by: October 2005	None required	Crack Strategy Manager Treatment Commissioner CC Commissioner CSSG Members BCOE Members
5.	To increase the existing membership of the Crack Strategy Steering Group..	Membership increased to include new members. When By: November 2005	None required	Crack Strategy Manager Treatment Commissioner CC Commissioner CSSG Members BCOE Members

6.	To develop a review of all face 2 face outreach workers across the Birmingham area.	Review developed. Directory of Outreach By When: April 2006 Services produced. By When: Sept 2006	DAT & CAD Funded	Crack Strategy Manager CC Commissioner Lead Commissioner BVDSC CSSG Members BCOE Members
7.	To develop a pan Birmingham Outreach Forum. This forum, aim to establish local focussed groups to respond more specifically to localised problems and concerns, whilst remaining part of the overall crack strategy. The forum will also address issues related to alcohol & high grade skunk Cannabis/weed and polydrug use.	To develop a forum that brings these workers together for the purposes of sharing information, networking and informing drug intervention programme tier 2 outreach workers, (Dip) assertive outreach workers and the crack strategy steering group. When By: November 2005 & On Going	Admin support	Crack Strategy Manager DIP Service Manager North DIP Manager LDG's BVSC Lead Drug Concern Commissioner YP HIAH Lead Commissioner CEE CSSG Members BCOE Members HMP Birmingham CARATS Cluster Manager
8.	To respond to the Transorm4mations Report so as to identify future commissioning implications.	Commissioning implications identified and agreed. When By: December 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner Lead Commissioner CEE G.O. Health Education Unit (Learning & Culture) Drugs Lead
9.	Provide a direct link between services and current or ex users and carers. Develop specific focus groups or feedback mechanisms that will be organised to look at specific issues and objectives within the treatment planning framework	Establishment of specific service users focus groups. When By: Oct 2006 Identification of commissioning implications for Birmingham DAT Treatment Plan When By: December 2006	DAT Treatment Plan	Crack Strategy Manager CC Commissioner DAT User Involvement Officer Drug Concern Health Education Unit (Learning & Culture) Drugs Lead
10.	Influence the development of Local Delivery Plans to ensure that crack cocaine issues are appropriately rolled out in regeneration pathways and integrated within Birmingham-wide housing, anti-social behaviour and other strategies.	Birmingham Community Safety Partnership will support initiatives which support local communities' involvement and leadership in tackling crack related issues. When by: July 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner Drugs Strategic Manager Lead Commissioner CEE DIP Service Manager North BASBU, G.O. Drug Concern HIAH Health Education Unit (Learning & Culture) Drugs Lead

11.	Implement the recommendations of the Race Relations Amendment Act (2000) throughout all areas the partnership	Monitor and ensure the recommendations of the Race Relations Amendment Act (2000) consistent throughout the community information engagement process. When by: December 2005	DAT Treatment Plan	All DAT Team All Partnership Organisations Agencies, and Individuals
	YOUNG PEOPLE			
1.	To develop a action for teachers and other school staff to receive Tier one crack cocaine training/guidance and harm reduction info	Ensure inclusion of relevant crack & cocaine training to focus on what is crack! how it works, how to engage users, how to refer uses, and harm reduction	Funded by HEU, DAT YP	Crack Strategy Manager Treatment Commissioner CC Commissioner Training & Workforce Manager Health Education Unit (Learning & Culture) Drugs Lead HIAH – Head of Operations BVDSC Lead
2.	To develop an 18 – 19yr pathway for direct access to appropriate treatment transition for young crack users, currently not in treatment.	Care Pathway developed, agreed and implemented When By: Oct 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner YP Commissioner Training & Workforce Manager Dip Manager Social Care Commissioning Manager HIAH CCRO Team
3.	Review and explore the need for peer led approaches in disseminating information on crack cocaine for young people.	Set up working group to assess the need for a YP peer led approach. When By: Nov 05 Implement findings of group. When By: April 06 Develop peer education models that inform young people about the disadvantages of using crack cocaine. When By: July 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner YP Commissioner Training & Workforce Manager Social Care Commissioning Manager Health Education Unit (Learning & Culture) Drugs Lead Drug Concern HIAH
4.	Identify Vulnerable young people at risk of using crack cocaine	100% of vulnerable young people identified, assessed and referred as appropriate When by: April 2006	DAT Treatment Plan	Crack Strategy Manager Treatment Commissioner CC Commissioner YP Commissioner JCG3 Social Care / Health Drug Concern HIAH

5.	Implement the recommendations of the Race Relations Amendment Act (2000) throughout all areas the partnership	Monitor and ensure the recommendations of the Race Relations Amendment Act (2000) across the young person's information and engagement processes and that it is consistent. When by: December 2005	DAT Treatment Plan	All DAT Team All Partnership Organisations Agencies, and Individuals
	TRAINING			
1.	Improve the capacity of Partnership workers across Tier 1 services to deliver case management seminars that include, how to engage users, how to refer users, and harm reduction Improve the capacity of Partnership workers across Tier 2/3 services	Commission crack training the trainer's course for specialist drug workers from tiers 2/3 who have 3 years experience, completed specific crack training and pose a desire to work with crack users. Commission 1 day Crack Training what is crack!, how it works and harm reduction. When By: September 2006	DAT Treatment Plan HEU	Crack Strategy Manager Treatment Commissioner CC Commissioner YP Commissioner Training & Workforce Manager Health Education Unit (Learning & Culture) Drugs Lead BSMHT SMS - Crack Team Leader Service Manager - Drugline & Zephyr DSB - Operations Manager HIAH – Head of Operations COCA
2.	Improve the capacity and skills of workers in Tier2/3/4 drug treatment services to work with crack users in general and crack using offenders.	Continue to commission crack training course for generic drug workers Prison/criminal justice drug workers On Going:	DAT Treatment Plan (Home Office/Prison Funded)	Crack Strategy Manager YP Commissioner Training & Workforce Manager DIP Training Officer All Service Providers CARATS – Area Manager, (Inclusion) HMP Birmingham CARATS Cluster Manager Prison - Drug Strategy Manager BASBU BVSC Lead
3.	Disseminate best practice training on engaging and how to identify blockages in services for crack users. Training across 1/2/3/4 following (UCLAN) community engagement research.	Best Practice on 'What Works' for Crack/ Poly Drug Users via Crack Cocaine Conference When By: October 2006 Continuous rolling crack training programmes delivered to tiers 1/2/3/4 When By: On Going	UCLAN, Home Office & DAT Funded	Crack Strategy Manager YP Commissioner Training & Workforce Manager UCLAN BRO –SIS Free@Last & Kick It Home Office DIP Manager BASBU BVSC Lead All Service Providers

4.	Implement the recommendations of the Race Relations amendment Act (2000) all areas throughout the partnership	Monitor and ensure the recommendations of the Race Relations amendment Act (2000) across the young person's information and engagement processes and that it is consistent. When by: December 2005	DAT Treatment Plan	All DAT Team All Partnership Organisations Agencies, and Individuals
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7. APPENDICES – SUPPORTING INFORMATION

APPENDIX (1) OUTREACH

This is in relation to what we have described as the 'outreach' element of the crack strategy development plan. It will be beneficial to develop links with the using communities that we are trying to attract. Outreach and peripatetic teams can aid this process and increase awareness amongst users, carers and other partners.

Ultimately the best way to attract users into a service is by 'word of mouth' and this is dependent upon the service that you provide. If the service is good and delivers then this will be reflected in your reputation. Make sure that you deliver what you say you are going to deliver. This will be achieved by developing regular meaningful user consultation by listening to what is being said. Research will be needed to evidence the effectiveness of user involvement in getting information across to underserved groups.

The following definitions are included to describe the various approaches which can be used when delivering services with hard to reach groups.

DEFINITIONS

The term outreach is used in more than one place in the crack strategy plan. The investment to which the strategy refers is not directly concerned with the way in which mainstream treatment services work, although it is hoped that mainstream service delivery will be informed and changed as a consequence of this strand of investment.

Community Drug Teams for example may decide that they should operate by going out from their current operating base in order to provide treatment at sites more local to the users. We anticipate services will plan to do this in any event, but this is not isolated in terms of 'outreach' with regard to this strategy.

'**Outreach**' in the terms of this strategy is concerned therefore, not with how we handle those who are already engaged in a treatment programme, but with how we get into negotiation with those who are **not** involved in treatment. Involvement of these individuals in treatment is a key outcome target for this area of our work.

'**Assertive outreach**' is also referred to in the strategy. This is concerned with more effective service to those who are engaged in treatment, but whose continued involvement needs more active treatment strategies than traditional 'clinic' based appointments.

'**Outreach satellites and collaborations**' all provide additional support in conjunction with traditional treatment methods. These practices assist services to engage with often, hard to reach groups. The work of the team is extended into the community and members of the public are educated and informed about the effects of crack and where they can access help. This will provide more flexible integrated services. Collaborations however, are an obligation of good practice, not a choice (*in conjunction with NTA guidelines*).

Outreach and satellites are means of approaching hard to reach parts of the community; certain groups or areas which may be suspicious of these services, can be accessed at alternative venues familiar to members of the community whilst at the same time offering opportunities for partnership and networks. This method can be used to promote services, but it also helps to dispel any suspicions that these communities may have in the service provided. Furthermore, educating the public helps to break down the stereotypical myths, exclusions and stigma that can exist.

We can be confident that a significant number of Crack users are in the target groups for this kind of outreach work, accessing underserved groups within BME communities and sex workers. However, this strand of work goes beyond crack users and needs to reach into a wide range of communities. Location and design of premises should prioritise, cultural sensitivity and needs of crack and cocaine users. The emphasis should be on creating a relaxed non-threatening environment. This will include careful planning of opening times to maximise client need and contact, some provision outside normal 'office' hours will be necessary.

PLANNING REQUIREMENTS

Although the investment within this strand of the plan is not within existing treatment services, its work needs to be owned by and able to impact upon treatment service. Also since the task is about connecting users with the skills and evidence based interventions available within treatment, the commissioning of the work needs to recognise the clinical standards and models of care structure that govern drug treatment provisions.

WHAT KINDS OF SERVICES ARE REQUIRED?

Both generic drug misuse services and those targeting crack misusers should work together on issues to improve access and reduce the risks of current opiate clients destabilising due to crack misuse. This will impact upon the standard of service provided and the reputation of the project amongst users.

It is important that all services know about new projects so that working relationships can be improved, partnerships can be established and agencies can advertise each others' services.

In attracting users to services it is imperative that services actually talk to and consultant users and carers themselves. They help to build a service that is attractive and effective and also spread the word about the service to other users.

- Services which encourage positive and mutual dialogues between service users and providers
- Service open days
- Cross generational strategies and social group/family strategies
- Social enterprise strategies
- Services building on socially engaged faith groups
- Services to tackle risk and fear
- Multi media services
- Services that promote local leadership
- Education and information services
- Community recognition for successful individuals in treatment

It is hoped that through these processes the following outcomes will be achieved, numbers of:

- Newly engaged in treatment
- Retained treatment and planned discharges
- Improved service user feedback
- Improve the perception of treatment and systems within localities across Birmingham

Beyond the consultation process the *'Trans4mations'* report states, "recommendations made in the form of community centred pilot initiatives. These pilots will take the knowledge and information gained from these pieces of work and translate the experiences into working frameworks designed to enable effective Crack intervention/prevention within communities to have greater scope to grow and prosper. It is also important that on completion the pilots will be evaluated providing another layer of intelligence from which to inform the wider Birmingham drugs agenda. The choice of pilots have been chosen based on examining the evidence during the research and consultation phase and prioritising based on where the needs are most pressing, as well as what the community itself can deliver effectively with the right guidance and support".

IMPROVING UNDERSTANDING AND AWARENESS OF CRACK COCAINE ISSUES IN BIRMINGHAM SHOULD INCLUDE:

- **Procurement initiatives:**
- **Arts and Cultural Industries:**

The arts, music and cultural industries contribute a major amount of money to the region's social economy through the regions, film and TV, theatre and restaurant culture. The regions staging houses also play host to major International conferences and seminars.

The level of activity within the community centring on Arts, Music and Cultural industries is vast. The strategies initiative process (University of Central Lancashire) currently roll out a tool kit for those involved in community arts and cultural industries that would marry the needs to the drugs sector with those other sectors. Community Initiatives and Arts in drugs work provide employment opportunities as well as the scope for generating funding for organisations that can in the future supply the demand of a growing drug treatment workforce market.

- **Marketing/Public relations:**
 - Media organisations
 - Financial support agencies
 - How to inform and deliver guidance
 - Drug support agency Protocols
 - Guide to funding proposals – Local Authority, ESF, etc.
- **Educational based projects run by ex-drugs users**

As previously mentioned developing a link with ex drug users would act as a mentoring scheme, where young people in particular would learn about Crack from first hand experience (strategists and drug workers currently in the field). The outcome would also enable schools to feed into their local community, providing a small but important service for an area of need, identified by those young people. The pilot would fund the mentors who would provide the support and guidance to the young people, whilst the schools would act in partnership with the mentors. The outcome would be able to articulate an educational/social responsibility approach to drugs intervention/prevention work.

- **Corporate Social Responsibility**

A pilot such as this would enable mainstream businesses to support partner organisations to develop a stronger awareness of the wider issues centring on Crack within the community. This pilot would enable those business support agencies to improve its understanding and

how it can best serve the social business needs of the community in respect to community drugs programmes with an enterprise focus.

Business Link and other associated private business forums and development agencies should play a greater role in not only promoting drug affected communities as a viable business option, but should seek to support those aspirations through advisory, training, and mentoring support. This potential collaboration should be seen as an opportunity for commercial business agencies to enhance their status within social/community business circles, as well as providing an alternative source of activity advice for businesses that are turned down for not being commercial enough.

- **A re-framing of Crack mythology**

The mythologies which have been built up around crack by the media need to be challenged by the provision of factual and objective information about the use of crack in Birmingham so that we can reduce the stigma which crack can bring to communities. Crack needs to be seen as a wide ranging problem which needs a holistic approach in providing interventions to address the harm that it can cause.

- **Establishment of Crack Education and Information Pathways**

Information relating to contacts, networks and support agencies to assist in community understanding of Crack Cocaine is neither easily accessible nor cohesive. More integration and access to education and training will provide an ideal resource for all sectors. Over the next 3 years, services through tiers 1, 2, 3 & 4 will possess the knowledge and information necessary to engage and referrer clients into treatment.

APPENDIX (2) CLASS (A) CLOSURE STRATEGY

This element will contribute towards the overall Crack strategy. There are two main ways premises used for production, supply or use of drugs can be disrupted.

CRACK HOUSE CLOSURE ORDERS

The power to close premises often referred to as 'crack houses' was granted in the Anti-social Behaviour (ASB) Act 2003. However, the powers apply to premises where class A drugs are involved so the use of the term 'Crack House' Closure is a little misleading.

THE BASIC POWER IS AS FOLLOWS:

Where an officer not below the rank of superintendent has reasonable grounds for believing that:

- (a) That at any time during the relevant period the premises have been used in connection with the unlawful use, production or supply of a Class A controlled drug.**
- (b) That the use of the premises is associated with the occurrence of disorder or serious nuisance to members of the public.**

He or she can issue a closure notice on the premises following consultation with the local authority. Within 48 hours a hearing must be heard at the Magistrates Court and if they approve a closure order can be made closing the premises for up to three months (this can be extended by application but for no more than six months).

The effect of a closure order can be radical in disrupting the use of a premise for drug dealing, production or use. This power applies to all premises (irrelevant of tenure) and as such can also be used to close businesses, telephone kiosks and car washes!

A protocol to assist officers applying for a closure order is currently being produced by West Midlands Police in conjunction with Birmingham City Council.

JOINT WORK – POLICE AND HOUSING DEPARTMENT EXECUTION OF WARRANTS:

Following a pilot in Ladywood/North Edgbaston a procedure for joint working between the police and housing teams has been produced. This involves close co-operation between the two partners where drugs use/supply is suspected. If the police raid the property the local housing officers are on hand to witness any findings and to ensure the property is secured following the raid. Once secured the property (and keys) are only released to the tenant and only following a discussion about the findings of the raid and of the impact this may have on the ongoing tenancy. As a result, in three years around 100 properties have been brought back into local authority management. In many cases the existing tenant was no longer occupying the property and in these cases the property is repossessed. Where the tenant is in situ there is a clear discussion about the implication of drugs being in the property and possession proceedings are often commenced.

This second approach is not specific to class A usage but is currently only used in council properties.

POST CLOSURE APPROACH:

With each process it is recognised that there needs to be additional resources applied to dealing with users of drugs. In many cases whilst those supplying the drugs will be arrested (and the arrest referral process starts) the users can be on the peripheries with no services targeted to assist. As a result regular users tend to circulate around premises and have been found on more than one occasion in police raids.

The aim of this part of the strategy is to increase the use (where necessary) of closure orders and joint police/housing action but also to ensure that services for users are available to professionals from both the police and housing to refer users onto.

It is also proposed to develop a strategy that encompasses the use of Acceptable Behaviour Contracts (ABCs) and ASBOs within it to try to encourage then force users to engage in treatment where their behaviour cause harassment, alarm or distress to others in the community.

APPENDIX (3) CRACK SPECIFIC TRAINING DELIVERED

Between A Rock and a Hard Place 8th September 2003

A Rocky Road to Travel 29th, 30th January 4th, 5th February 2004

Course Content & Learning objectives:

Crack cocaine is widely viewed as a drug, which creates unmanageable cravings. Compulsive patterns of crack cocaine use can lead to drug and sexual risk taking and its use is associated with criminal activity, including acts of violence.

These courses provided participants with practical methods related facilitating harm reduction and self control strategies when engaging individuals who use crack cocaine. Topics covered encompassed crack cocaine and a critical exploration of the drugs uses and reputation. The key learning outcomes focussed on:

- Increasing knowledge about the effects and risks associated with crack cocaine.
- Identifying ways of reducing the health and social risks associated with crack cocaine.
- Exploring the theoretical models and practical strategies for supporting self control among crack cocaine users
- Reviewing models of intervention with crack cocaine.

TRAINING RECIVED, WHO?

- DAT
- Focus Housing
- Orkids House
- Crack Team (BSMHT)
- Azaadi CDT
- Phoenix Day Services
- Drug Concern
- Crowley House
- Arrest Referral Workers
- Holly Road
- Drug Solutions Birmingham
- Drugline
- Social Care and Health After Care Team
- Slade Road CDT
- DTTO Team
- Church Road (in-patients)
- BARTT
- University of Birmingham
- Matthew Boulton College
- Rough Sleepers Outreach (Focus)
- Barker Street CDT
- Mary Street CDT
- Probation
- West Midlands Ambulance Service
- The Safe Project

To do:

- BASBU, Birmingham City Housing Dept, Voluntary Sector

General Practitioner Regional Crack Awareness Training (150 GPs Pan Birmingham)

9th October 2003, 15th January, 11th March 2004

Course Content & Learning objectives:

- The Physical and Psychological effects of Crack Cocaine.
- Treating Crack Cocaine Users.

Comprehensive Crack Training in the Community Reinforcement Approach

March 2004

This training was based on a cognitive behavioural intensive treatment intervention for crack users which has a large evidence base in the USA. The model has been developed by John Gardin and Bob Meyers who are clinical psychologists specialising in the substance misuse field.

The standard training required by the Life Link Training Institute for full CRA competence is as follows:

- Initial 5 day training course
- Initial supervision of practice by phone or audio tape
- Ongoing Monthly supervision of practice by phone or audio tape
- Onsite training session at 6 months
- Onsite training session at 12 months

To train and accredit a small number of staff as Community Reinforcement Approach (CRA) trainers and to deliver this specialised treatment intervention to drug workers in the Birmingham treatment teams. It is also the intention to develop the package as a module as part of the 'Centre of Excellence' accredited through Birmingham University.

An Introduction To Working Positively With Young People In Relation to Crack Cocaine Misuse A 3 Day Course. (HIAH)

17th, 18th 24th 25th and 30th 31st March 2004

The course features introduction to understanding crack cocaine, those who use it and others so affected. The training focussed on workers who deliver treatment to young crack cocaine misusers.

The training was delivered to DANOS standards.

60 staff members trained, are currently working with young people access tier 1-3 services Pan Birmingham including staff from:

- HIAH
- YOS
- Drug Solutions Birmingham
- The Youth Service
- Barnardo's

Working with Dual Heroin and Crack Users

May 2004

40 Staff were trained from Treatment Providers Pan - Birmingham

The course focussed on addressing the issues of users of both heroin and crack (including speedballing). The key learning outcomes focussed on:

- Assess a client's crack (crack and heroin) use
- Describe how a client's perception of their usage may affect treatment offered
- Assess risk of blood borne viruses
- Offer appropriate harm reduction interventions at a time and in a way acceptable to the client
- Support a client to develop a care plan
- Describe a range of interventions often used with clients
- Monitor how a client's pattern of usage varies whilst in treatment
- Facilitate learning and remain engaged with a client through lapse and relapse
- Make an appropriate referral in line with organisational policy, the law and good practice guidelines

Working with Dual Heroin and Crack Users

27th & 29th July 2nd & 4th November 2004. 8th 10th February 2005

The course focussed on addressing the issues of users of both heroin and crack (including speedballing). The key learning outcomes focussed on:

Training to aid service providers build competencies that will help to develop crack and heroin services or orientate generic services to becoming more successful in working with this client group.

This course is designed for workers who have had some experience in working with primary crack and cocaine users.

This course is designed for senior practitioners and managers who are developing crack specific / re-orientating services. The knowledge base is same as for workers as this helps develop an understanding of the issues needing to be addressed within a service planning context.

It is planned that 57 members of staff from the following agencies will be trained:

- Drug Solutions Birmingham
- Safe Project
- Drug Intervention Programme
- Birmingham Drugline
- Drug Action Team
- BSMHT
- Focus Tenancy Support Service
- Bail Support
- HMP Birmingham
- Probation Service
- Anawin
- Birmingham in Recovery Forum
- Freshwinds
- HIAH
- Mary Street CDT

APPENDIX (4) USER INVOLVEMENT

Within the strategy, several sections outline the need for community engagement and the potential impact involving current service users, ex service users, carers or underserved groups will have in the design and evaluation of treatment approaches within Birmingham.

User involvement mechanisms will allow for opinions to be voiced, listened to and acted upon. Consulting users, ex-users, carers and underserved communities for their views on issues and services that may affect or may not affect them is an important element of the crack cocaine strategy. The strategy aims to be inclusive, with a desire to re-enforce relationships and improve communication between treatment services and the communities they serve. User involvement also offers a logical approach to ensure that drug services are effective and useful to the people who use or may use them.

Over the past 2 years the University of Central Lancashire Centre (UCLAN) funded 3 projects in Birmingham were successful in achieving funding and support for community engagement research. Over the next 12 months these projects will be encouraged to respond to their research findings by feeding this into the drug action team's treatment and community plans. Here they will receive advice and capacity guidance, an ability to mainstream identified community needs. Listed below are 3 projects that successfully completed UCLAN programmes.

(UCLAN) for Ethnicity and Health Community Engagement Substance Misuse Needs Assessment Programme

Freshwinds/BRO-SIS, Inception (April) 2004 – This service focussed on the Birmingham area of Handsworth's African Caribbean community aged 18-35s, illegal drugs and HIV/AIDS clients using drugs. They recruited 5 researchers, 1 female coordinator/lead researcher, 4 male and all from the African Caribbean community. All researchers attended drugs training workshops, drafted questionnaire designs, piloted and started data collection with the African Caribbean community. The group achieved success by developing a project plan, steering group meetings and found ways of accessing target groups in an unorthodox way. Partnerships with the DAT lead to achieving steering group support and incorporation into the questionnaire.

KIKIT/Ashiana Inception (April) 2004 – This has recently been formed by the Ashiana Community Project. They provided advice and information about drugs to local residents and delivered support and treatment (in partnership with existing services) to drug users and concerned others. The Project focussed on drugs per se, and Khat use in Sparkbrook's Muslim Community with people aged 18-40 of Somali, Bangladeshi and Pakistani origin. They recruited 7 researchers including 1 coordinator/lead researcher 3 male and 4 female, 2 from Somali community, 3 Pakistani and 2 Bangladeshi. All attended drug training workshops, with some members attending research workshops and some who displayed an interest to undertake assessment for University qualifications. Partnerships with the DAT lead to achieving steering group support, and in addition where the DAT has provided project funding to the tune of £4,000 for researchers.

free@last Inception (April) 2004 – was established to provide a variety of services that users request or where there are identified gaps in current local service provision to influence the decisions that are made about local peoples lives and communities and to support people to reach their full potential in life. Our main focus is currently in the Birmingham inner-city area of Nechells, which is an Urban Priority Area with a high number of residents from ethnic minorities, including asylum seekers and refugees, many serious problems of poverty, disadvantage, relational breakdown, high unemployment, teenage pregnancies and criminal activity. free@last have spent many years with young people and adults who use/abuse drugs and alcohol and following a progressive process we were able, through the University

of Central Lancashire to conduct a research project into the drug and alcohol issues in our community. We were able to employ 4 local people as researchers and attract the involvement of 6 young people. For 9 months we worked tirelessly to uncover the truth about drugs and alcohol in our community and how to positively address the issues. With help from the Birmingham Drug Action Team we will be able to implement a strategy to challenge and support local residents through a change of community life without dependency on drugs and alcohol.

8. GLOSSARY OF TERMS

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

Counselling, Assessment, Referral, Advice and Throughcare services (CARAT) – National network of prison-based drug teams

Crime and Disorder Reduction Partnerships (CDRP) – local multi-agency partnerships in charge of community safety, close co-operation or merger with DATs are encouraged by Government.

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

Drug Interventions Programme - A Government initiative aimed at integrating drug treatment interventions within the criminal justice system, aimed at maximising the number of drug using offenders in treatment.

Drug Strategy Directorate (DSD) – unit of the Home Office which oversees the delivery of the National Drugs Strategy's aims.

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

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

Integrated care pathways (ICP) – concept from Models of Care – every area should have clear routes to different services which mean that drug users get the services they require no matter at what point they enter the treatment system.

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

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

National Treatment Agency (NTA) – special health authority whose remit is to increase the availability, capacity and effectiveness of treatment for drug misuse in England. There is a west midlands regional manager whose job it is to performance manage DATs in respect of their work on drug treatment.

National Drug Strategy (NDS) - The Government's 10 year strategy for tackling drug misuse launched in 1998.

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

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

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

Tackling drugs to build a better Britain – the national drug strategy.

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

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

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