10.4 Crack: making and sustaining the break

Findings The first follow-up study of service use by crack users in Britain has documented a recovery route for compulsive users with extensive problems including high-rate criminality.

In London 100 crack users were interviewed at a short-stay drug crisis centre. In the past month 72 had used crack daily and 42 heroin. Especially among those not using heroin, heavy drinking was common. Typically each spent £800 a week on drugs, mostly on crack and financed partly by crime. On average they spent two weeks at the centre. After leaving, from 94% at one month to 78% at 18 months were re-interviewed. Sustained abstinence was rare but at 18 months between 53% and 41% were no longer using cocaine (there were similar reductions in heroin use) and those who were using did so less often and spent far less on drugs, typically £80 a week. Crime was the norm when cocaine and heroin were still being used but rare when they were not, and overall crime fell substantially.

LINKS Nuggets **8.9 8.6 6.5 4.3** *The grand design: lessons from DATOS*, issue 7

Improvements were closely linked to post-discharge treatment, particularly completing (not just starting) residential rehabilitation and then attending self-help groups. However, about half had found drug services inadequate. Aftercare was lacking and staff were poorly informed about crack use. Prescribing and counselling services focused on heroin even if the client saw crack as their main problem. Interviewees wanted community-based services to offer rapid access over extended hours and a holistic response embracing housing, education, training and employment.

In context The study confirms that services are generally not geared to attracting and responding to crack users and that often those who do attend go unrecognised. It also confirms that even severely problematic users respond well to current services and documents a route to recovery appropriate for such clients: a period insulated from crack followed by long-term residential rehabilitation and aftercare.The (for such a sample) high follow-up rate lends confidence to the findings.

However, given the crisis they were in, many may have had to stop using even without intervention. People who use crack heavily often reach a point where continued use is unsustainable because they cannot raise enough money or because the psychological downside has become unacceptable. Over a third of the sample were in debt to dealers, a third said money had made them realise they had a problem, all were out of work (a condition of entry to the centre), half in unstable accommodation, and criminal justice involvement and severe psychiatric symptoms were common. But without the treatment engineered by the centre, lasting remission would probably have been harder to sustain. Some may have been aided in this by the five follow-up research interviews.

Practice implications For draft national guidelines ◤ *Additional reading* ❶. Partly because heavy crack users are often highly motivated to regain control, no 'magic bullet' is required. Familiar responses including counselling, cognitive-behavioural therapy, day programmes, and residential rehabilitation all have a good record. Benefits will be greater and available to greater numbers if access is made rapid and uncomplicated, if staff are sympathetic and knowledgeable, and if services credibly present themselves as 'for' this client group. To conserve resources and minimise disruption for the client, intensity of response should match the severity of their problems ◤ *Additional reading* ❷ and ❸. Where use is entrenched, removal from familiar crack using areas and/or circles seems important in making the break. Sustaining this will often mean addressing housing, education, employment and other issues, to construct a fulfilling life which maintains the 'distance' that helped make the initial break. Discharge which leaves the user no option but to share space and time with former crack using associates is unlikely to lead to lasting recovery. Continuing support from a drug service and/or from mutual aid groups is an important relapse prevention aid.

Featured studies Harocopos A. *et al. On the rocks. A follow-up study of crack users in London*. South Bank University, 2003. Download from www.kcl.ac.uk/icpr.

Additional reading ❶ Gray A. *Treating crack and cocaine misuse*. National Treatment Agency for Substance Misuse (NTA), 2003 ❷ *Treating cocaine/crack dependence*. NTA, 2002 ❸ *Commissioning cocaine/crack treatment*. NTA, 2002. Download all from www.nta.nhs.uk.

Contacts Michael Hough, Institute for Criminal Policy Research, King's College London, 0207 848 1742, mike.hough@kcl.ac.uk.

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