



REACH

COMMUNITY HEALTH PROJECT

REACH Substance Misuse Project:
***A Community Based Information, Advice and Treatment
Service for Black and Minority Ethnic (BME)
Communities residing in Glasgow South***

Evaluation Report

February 2010- Jan 2012

Funded by



Partner Organisation:
South East Community Addiction Team

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Abstract

From the 2001 census for Black and Minority Ethnic (BME) Community, 4.5% (39,318) of the total population (867,150) were from Greater Glasgow NHS board area and this constitutes the largest proportion in Scotland ¹. Of this 4.5%, majority of the BME population resides in the South East part of Glasgow. Glasgow has been subdivided into three Community Health Partnerships (CHPs) areas i.e. South, North East and North West. Based on the 2001 census for BME Community, the distribution of BME population shows that more than 20% live in the South area of Glasgow, of which more than 30% of the BME population reside in the South East area of Glasgow. The distribution of BME population in the North East and North West areas of Glasgow is comparatively less and ranges from 1% to 15% ¹.

Majority of the BME people engaged for the face language issues as English is not their first language these include asylum seekers and refugees. The majority of BME people are unaware of Substance Misuse issues, its ill effects and the services available to treat these issues. The Substance Misuse Project aims at overcoming these shortcomings by providing the BME population with a bilingual Substance Misuse Officer who then provides awareness on substance misuse issues and offers help, advice, support and treatment through the project and the fellow partner South East Community Addictions Team. The staff are made up of people belonging to the BME community and hence culturally sensitive to the needs and lifestyle of the BME population.

The project has been delivered to 1229 participants through participative workshops, one-to-one meetings and stalls at key events. From among the 1229 participants, 98% of participants said they benefited by being able to increase their knowledge and understanding of substances misuse issues, its impact on their health and wellbeing; and indeed the subsequent impact on their family. The project has also been introduced to several other organisations through partnership meetings, who benefited by being able to link into disadvantaged BME communities, increase their understanding on substance misuse issues and challenges within BME communities

residing in Glasgow and indeed being able to provide their services to individuals with substance misuse issues and their families and friends. Leaflets (translated in Urdu and Slovakian) are being used to disseminate the information about the project across Glasgow. The project has been successful in educating participants through workshops/events which is evident in the post workshop evaluation outcomes.

Furthermore, 20 participants have been either self referred or referred by other organisations or people; in order to access the service provided by REACH via the Substance Misuse project. Of the 20 clients referred, 14 clients have been successful in accessing treatment for their existing substance misuse issue. The clients are also provided with a holistic treatment for other underlying issues as they may be the root cause for the substance misuse issue or have evolved through the constant abuse of certain substances. The holistic treatment is provided by referring clients to relevant organisations that provide treatment and help.

The project till date has been successful in achieving its goals of spreading awareness, building rapport with the BME population, gaining their confidence and registering clients with relevant service providers for treatment and support. However, certain obstacles are observed as the project progresses. Obstacles such as very limited time for the research work, language barrier, lack of willingness to admit the existing addiction issue, stigma and taboo still persists which hinders in the delivery of the project. However, for this project we have managed to overcome many of the challenges through our network of support and resources within REACH. Future research and development as well as new techniques need to be employed that can overcome the obstacles, hence further strengthen achieving the required outcomes of the project or similar projects. One of the issues we evidenced from working with adult BME communities for the past 3 years is the need to work with young BME population who have substance misuse issues and or who could get into substance misuse through their peers. It was a recurrent a theme during workshop with adults/parents, who expressed their concerns for substance misuse by their children & grand children.

1. Introduction

1.1 Background

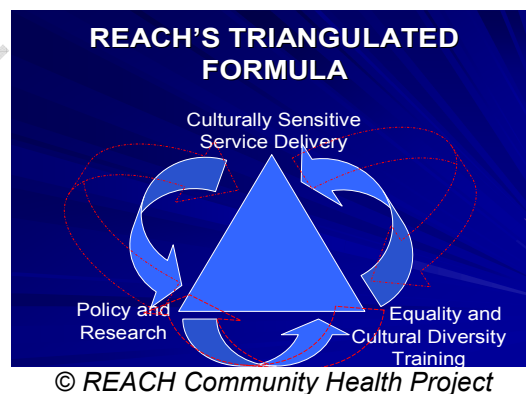
REACH Community Health Project

REACH Community Health Project is an innovative national voluntary organisation, whose aim is to improve the health of Black and Minority Ethnic (BME) communities living in Scotland. The project is also committed to facilitate change within mainstream health services to better address the health needs of this particular community. To achieve these aims REACH has developed a triangulated formula in the form of a Services Unit, Policy and Research Unit and an Equality and Cultural Diversity Training Health Unit.

Our **vision** is a multi-cultural society in which all people have equal access to appropriate health services and our **mission** is to empower BME communities by ensuring that their health needs are fully met.

REACH Community Health Project have three key objectives as working principles which, helps us to implement our policies into practice thereby achieving our aims. The objectives are as follows:

1. To provide a range of good quality, culturally-sensitive preventative **health services**
2. To influence mainstream **policy** and undertake innovative **research** so as to identify and remove barriers to health for BME communities
3. To provide **equality and cultural diversity training** for mainstream, voluntary and private sector organisations working for and with BME communities



1.1.1 Black and Minority Ethnic (BME) Community

The Black and Minority Ethnic Community comprise of people from the following census categories of ethnicity:

White Irish, white other (including white asylum seekers and refugees and Gypsies and travelers), mixed (white & black Caribbean, white & black African, white & Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), black or black British (Caribbean, African or any other black background), Chinese, and any other ethnic group².

1.1.2 REACH Community Health Project and its services

REACH Community Health Project is a national third sector organisation with a key strategic role in improving the health, wellbeing and health care provision of Black and Minority Ethnic Communities, particularly those living in Scotland. In doing so, REACH has established an array of projects to meet the needs of the BME Community, some of which are as follows:

- Holistic Health Exercise and Fitness Programme
- Improving Community Health through Effective Engagement
- Substance Misuse Project

Please visit www.reachhealth.org.uk for more information

1.1.3 South East Community Addiction Team (Partner Organisation)

South East Community Addiction Team (SE CAT) is part of the wider South East Community Health Care Partnership (SE CHCP) addiction services. The team is based in the Gorbals providing services to wider communities within the boundary of SE CHCP.

• **Treatment and Care Services by CAT**

These services aim to help people with their addiction issues. A care plan is put together that targets the needs of the individual and is assessed, monitored and reviewed. A range of services are available for people who are affected by drugs and alcohol, offering many community based and specialised services that aim to meet the needs of the individual.

Community Addiction teams offer a range of specialised interventions through a multi disciplinary team. They offer specialised support, advice and assist individuals to address and think about ways in which alcohol or drugs affect their life and those around them that they may have responsibility for; the service is designed to offer easy access to treatments for both alcohol/drugs and help individuals discover choices for recovery.

Secondary specialist addiction services are provided to aid a service user into recovery. These services include residential rehabilitation units and inpatient detox in hospital. This is where an individual is unable to address their addiction and in the community or require specialist medical intervention and enable them to receive appropriate social and medical treatment to support them in overcoming their addiction issues.

A range of community based rehabilitation services are available. This is where an individual can access a day programme to allow them to spend their time constructively and to focus on their recovery. This will develop further skills to allow them to progress in their life and enhance training and employment opportunities. CAT team are pleased to be part of REACH Substance Misuse Project and have been for the past two years. This partnership work with REACH has enormously benefited the substance misuse work with Black and Minority Ethnic (BME) Communities residing within Glasgow CHCP area and furthermore has helped and has been helping the Community Addictions Team to get introduced to the diverse BME Communities and introduce the services. As an two case studies have been incorporated in this report that substantiate the

partnership work with REACH's Substance Misuse Project (**3.3.3 Case Studies on Successful clients referred by REACH Substance Misuse Project to the Community Addictions Team; Page 25-26**).

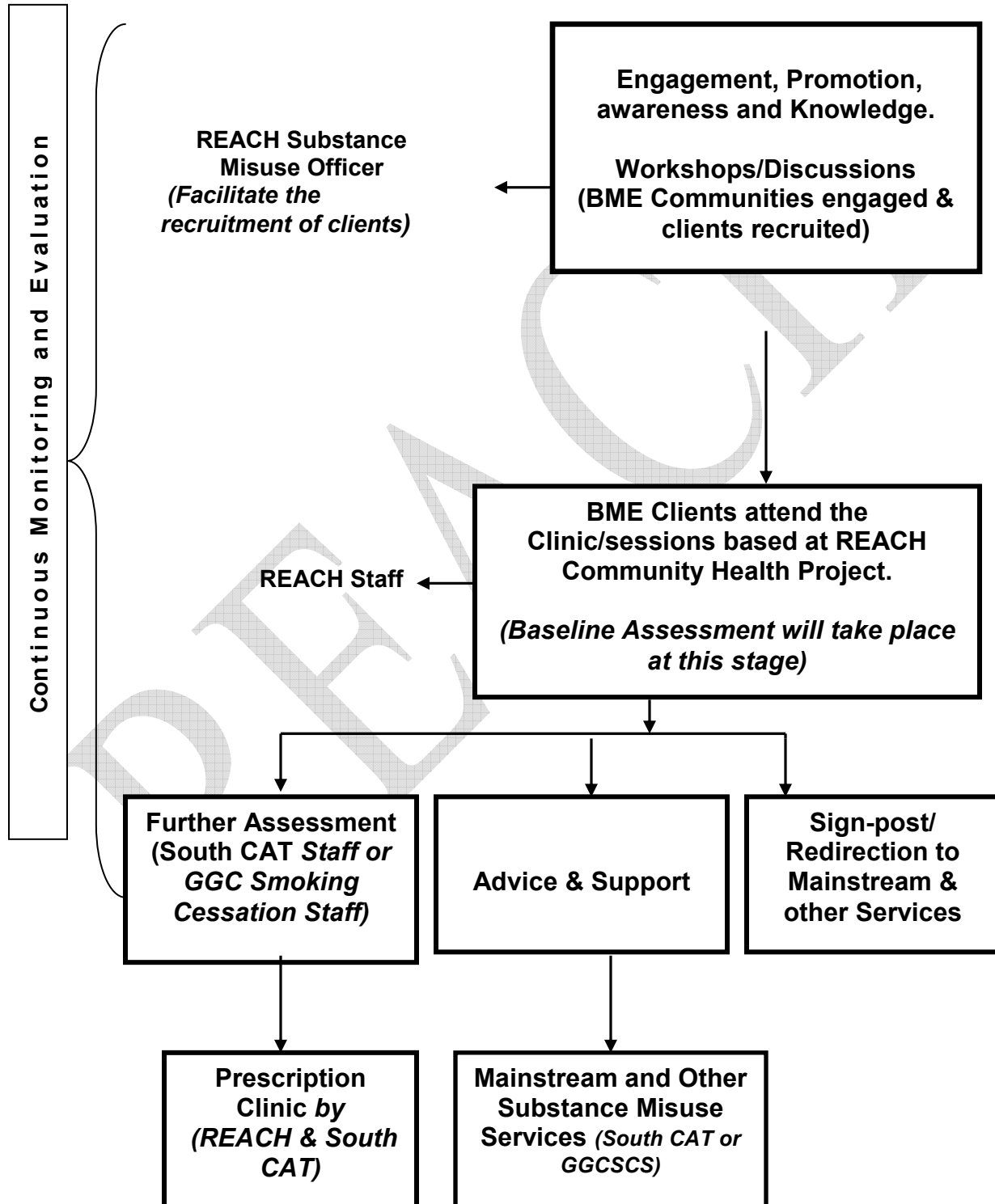
Community Addictions Team is looking forward to carry on this partnership work post January 2012. CAT intends to support the REACH's Substance Misuse Project by introducing to other Community Addiction Teams in wider Glasgow areas.

1.2 Substance Misuse Project (SMP)

REACH Substance Misuse Project is partly funded by Robertson Trust, and is carried out by REACH in partnership with South Community Addiction Team (South CAT). In order to meet the needs of diverse BME communities the services provided will be culturally sensitive and the clinics will give advice, support and treatment to BME communities with substance misuse issues and related problems.

The project will engage with BME communities in order to promote understanding and knowledge about issues in substance misuse and substance misuse services. The engagement process involves delivering participative community workshops / seminars and one-to-one meetings with an action learning process. This project intended to increase knowledge and awareness of BME communities on negative effects of smoking, drugs and alcohol abuse, understanding about the substance misuse services in their area of residence. It will also help REACH and South CAT about the usage or non-usage of substance misuse clinics/services by BME communities and their perceived barriers to accessing services. This clinic provides a comprehensive assessment and care management service for Black and Minority Ethnic (BME) individuals in recovery from *alcohol, tobacco* and *drug abuse*. Including treatment options, confidential advice and support with the difficulties caused by alcohol, drugs and tobacco in their families.

1.3 Project Layout and Service Design



1.4 Aims

The purpose of this project is to access BME communities and educate them as well as support, treatment and provide help in related areas.

This is a two year project and the expected outcomes are as follows:

- To help increase the awareness of BME communities on negative effects of smoking, alcohol and drug abuse.
- It will also give the BME community an understanding about the substance misuse services in their area of residence.
- Inculcate in BME communities a sense of change in lifestyle in order to maintain a healthier lifestyle.
- Furthermore, the project will also help REACH and CAT in South, North East and North West Glasgow about the usage of substance misuse clinics/services by BME communities and their perceived barriers to accessing services.

2. Methodology

In order to implement the project, three methods are employed which are as follows:

2.1 Mapping Exercise:

With the use of mapping exercise, the different voluntary and statutory organisations were grouped based on where they are located i.e. in the South, North East and North West of Glasgow. This database was then used to engage with organisations from each area and organise workshops or introductory sessions.

2.2 Engaging with Organisations:

The Substance Misuse Officer (SMO) contacts various organisations within the area of Glasgow. These organisations provide different services to the BME community within the area. Examples of some such organisations and their services are mentioned below:

Organisations	Services
The Hidden Gardens	Propagating integration through their interactive Parent Toddler group and Cookery Group.
Glasgow South Regeneration Service (GSRA)	Bridging Services, Employment counselling and after care.
Young Women's Christian Association (YWCA)	Life long learning, Volunteering, After school care and fund raising.

The task of engaging involves the use of the BME council directory, internet to look up contact details for organisations and REACH's existing data base of organisations. The organisations are contacted via the telephone and or email. Appointments are made thereafter to organise a meeting and discuss mutual projects and interests in the area of substance and other related services. The organisations are also emailed a copy of the project summary, standard letter from REACH and leaflets in Urdu, Slovakian and English. At the meeting, contact details are exchanged and through the discussion, the SMO deciphers whether the community accesses the organisation's services as a group or on an individual basis. The services provided by the organisation are also made known to the SMO that enables the officer to refer clients from the Substance Misuse project over to the relevant organisations, thus targeting the client's issues in a holistic manner.

For Example: Client 7 has a nicotine problem because he/she is an Asylum Seeker and hence unemployed. Then the client is treated for the nicotine problem through the Substance Misuse Project and is simultaneously referred on

to a case worker at Scottish Refugee Council to help with Emergency funds and convert to Refugee status. After acquiring indefinite leave to remain in the UK, the client is then referred to Glasgow South Regeneration Service to target their unemployment issue.

The purpose of engaging with these organisations is to target the existing groups in order to deliver workshops or an introductory session; as well as for making the individual staff members aware of the substance misuse project. This is then expected to yield self referrals or refer someone through the workshop and; staff can refer their clients for substance misuse treatment. Engagement with religious (Mosques and Gurdwaras) and social places aim to disseminate information to a large population via leaflets, posters and announcements made by respective priests after the prayer service.

Furthermore, the service is promoted and communities are engaged through REACH's website, events and other projects, including forums and groups facilitated by REACH.

2.3 Delivering Workshops or Introductory Sessions or Stalls

2.3.1 Workshops

- Workshops are delivered to existing groups from different age groups, ethnic backgrounds and sex. The organisation accessed by the existing group, its premises is used as the venue for delivering the workshop. The interactive workshop comprises of delivering a presentation on the different types of substances that can be misused and its ill effect on the individual (both physical and mental), family, community and the country. The audience's awareness in this topic is tested through an exercise which encompasses four different indicators i.e. **(1) what is substance misuse? (2) Symptoms of substance misuse (3) Risks from drug use.**
- **Throughout the workshops, translations services were provided in Slovakian, Urdu, Hindi, Arabic, Punjabi and Tamil; based on the needs of the participants.**

- At the end of the workshop a post evaluation form is given to the audience in order to acquire feedback on the workshop. This helps to better the workshops and take on board several suggestions.
- Leaflets (translated in Urdu and Slovakian) are disseminated amongst the audience and posters are put up at the organisation to provide people with REACH's contact details.

2.3.2 Introductory Sessions

- These sessions involve the SMO to introduce her and the project to the group of people that are currently accessing services provided by other organisations. The purpose of doing this is to target groups that are impossible to deliver a workshop to, such as, parent toddler groups. Also an introductory session makes it possible to understand whether the service users are happy for a workshop to be delivered to them or no.
- More so, these introduction sessions help increase knowledge and understanding of substance misuse, its impact on them and their families and indeed of the services available in their area of residence.
- Leaflets (translated in Urdu and Slovakian) are disseminated amongst the audience and posters are put up at the organisation to provide people with REACH's contact details.

2.3.3 Stalls

- At designated events REACH set up stalls to display information about the Substance Misuse Project and provide information about substance misuse to attend in brief.
- This comprises of posters and leaflets (translated in Urdu and Slovakian) that is used to disseminate information.
- A contact sheet is used to log individual's contact details, which is used to make appointments in context to any substance misuse issues.

2.4 Post Substance Misuse Events

- Post substance misuse awareness workshops, stalls or introductory sessions any participants that come forward either as self referrals or refer a friend or family member are then contacted at a later date to make an appointment to meet at REACH for a pre-screening session.
- In the pre-screening session, the clients get registered with the substance misuse project and they are further evaluated to determine the substance a client is misusing as well as factors that have led them into over indulgence of the substance.
- The clients are then referred to the South East Community Addiction Team (SE CAT) for advice, support and treatment for drugs and or alcohol addiction. If the client resides in the North East or North West area of Glasgow, then the client is referred to the CAT team in those areas, where interpretation services are provided along side. Depending on clients preference support and advice is provided at REACH premises by CAT staff. However, for treatments they need to visit CAT premises.
- If it is a smoking issue then the clients are referred to Greater Glasgow & Clyde Smoking Cessation Service (GGCSCS) for advice, support and treatment for tobacco addiction.
- Alongside the treatment, clients are also referred to other organisations to get help with additional issues, hence giving them a holistic treatment.
- The SMO also follows up with individual clients to make sure that they are being well treated at the service areas and their treatment is progressing well.

3. Results

3.1 Substance Misuse Awareness:

Table3.1.1 Substance Misuse Workshops/Events for advice information and creating awareness

Id No.	NUMBER OF WORKSHOPS/EVENTS	NUMBER OF PARTICIPANTS	DEMOGRAPHY OF PARTICIPANTS			OUTCOMES
			SEX	AGE	ETHNICITY	
1	Health Day - Al- Meezan School	6	Female	30 – 60 years	Asian	No referrals.
2	Workshop - Dixon Community Hall	20	Female	40 years and above.	Asian	No referrals.
3	Student open Day – Nautical College	31	21 Male and 10 Female	18 years and above	21 Asian and 10 African	1 self referral for smoking.
4	Glasgow South Side Festival – Queen’s Park	70	25 Male and 45 Female	20 years and above	55 Asian and 15 African	1 referral for drugs
5	Workshop - Pollokshields Development Association	4	Female	30 years and above.	Asian	No referrals.
6	Workshop -Dixon Community Hall	15	Male	45 years and above.	Asian	No referrals.
7	Introduction to Cookery Group– REACH	20	Female	25 years and above.	Asian	2 referrals = 1 smoking and 1 alcohol.
8	Introduction to Cookery Group – Hidden Gardens	10	Female	25 years and above.	5 Asian, 2 Oriental, 2 African and 1 Scottish	No referrals
9	Introduction to Parent Toddler Group – Hidden Gardens	15	Female	25 years and	8 Asian and 7 Scottish	No referrals

				above.		
10	Muslim Day Care Centre- Central Mosque.	14	12 Male and 2 Female	25 years and above.	13 Asian and 1 Scottish	No referrals
11	REACH Health Fair (South East)	80	30 Male and 50 Female	20 years and above.	76 Asian and 4 Slovakian	No referrals
12	Workshop-Glasgow South East Carers Centre	15	Female	45 years and above	Asian	1 referral for drugs
13	Muslim Day Care Centre- Central Mosque.	14	Female	45 years and above	Asian	No referrals
14	Introduction - Bridging the Gap	23	7 Male and 16 Female	25 years and above	7 Asian, 3 Oriental, 6 African, 3 Slovakian and 4 Scottish	No referrals
15	REACH 'Healthy Living' Fair-SMP	30	5 Male and 25 Female	20 years and above	26 Asian and 4 Scottish	1 referral for smoking
16	Strathclyde Police Awareness Day	95	50 Male and 45 Female	20 years and above	35 Asian, 25 African and 25 Polish and 10 Oriental	No referrals
17	REACH Health Fair (South West)	50	15 Male and 35 Female	25 years and above	41 Asian, 5 Lithuanian, 1 Arab and 3 Scottish	No referrals
18	REACH Health Fair (East)	50	15 Male and 35 Female	25 years and above	25 Asian, 10 African, 5 Slovakian and 10 Scottish	No referrals
19	Nepali Community Event	60	35 Male and 25 Female	20 years and above	60 Asian	No referrals
20	MWRC staff	10	10 Females	25 years and above	10 Asian	No referrals
21	REACH Health Fair	70	25 Male and 45	20 years	55 Asian, 10 African and	No referrals

	(West)		Female	and above	5 Scottish	
22	Open Day –Young Women’s Christian Association (YWCA)	22	2 Male and 20 Female	20 years and above	10 Asian, 4 African, 3 Arab and 5 Scottish.	No referrals.
23	Y Women’s social group - Young Women’s Christian Association (YWCA)	9	Female	25 years and above.	3 African, 1 Arab, 3 Asian and 2 Scottish	No referrals.
24	CHEX Conference - CHEX	90	40 Male and 50 Female	25 years and above	88 Scottish and 2 Asian.	No referrals.
25	Introductory session – Crossroads	9	Female	25 years and above	5 Asian and 4 Scottish	No referrals
26	International Women’s Day - Crossroads	80	30 Male and 50 Female	18 years and above.	10 African, 35 Asian, 20 Scottish, 5 Oriental, 5 Arab and 5 Roma	No referrals.
27	International Women’s Day – Dixon Community Hall	30	Female	30 years and above.	Asian	No referrals.
28	Introductory session – Crossroads	20	10 Male and 10 Female	25 years and above.	6 Asian, 1 African, 2 Arab, 1 Turkish, 5 Polish, 2 Slovakian and 3 Scottish	No referrals except one lady showed interest and concern for a friend about their cannabis habit, but haven’t contacted REACH.
29	South Side Festival-Queen’s Park	45	20 Male and 25 Female	18 years and above.	5 African, 15 Asian, 20 Scottish and 5 Arab	No referrals
30	Mosque Health Fair - The Prince & Princess of Wales Hospice	46	20 Male and 26 Female	18 years and above.	30 Asian, 5 African, 10 Scottish and 1 Iraqi	No referrals
31	Workshop - The North -	14	9 Male	25	9 Asian, 4	No

	East Community Development team		and 5 Female	years and above.	Arab and 1 Scottish	referrals
32	REACH 'Alcohol Initiative' Workshop	41	20 Male and 21 Female	18 years and above.	41 Roma Community	No referrals
33	REACH 'Alcohol Initiative' Workshop	17	6 Male and 11 Female	20 years and above	Asian	No referrals
34	Stall – GRAND Event	30	13 Male and 17 Female	20 years and above	Scottish	No referrals
35	'Breaking Through' Workshop – Maryhill Integration Network	44	Female	20 years and above	5 Arab, 25 Asian, 2 Polish, 2 Turkish and 10 Scottish	1 possible referral for smoking and 1 possible referral for self medication (Codeine and Co-Codamol)
36	REACH 'Alcohol Awareness Event' – Stall and workshop	30	5 Male and 25 Female	20 years and above	Asian	No referrals

Table 3.1.1 above denotes the total number of Substance Misuse workshop/events that is 36, held from the 1st of February 2010 until the 30th of September 2011. The total number of participants is 1229. The 1229 people were introduced to the substance misuse project via workshops, stalls or introductory sessions. Primarily the 1229 people belonged are from BME with a few from the Indigenous Community. The participants aged ranged from 18 years and above. From the BME the participants represented a diverse ethnic group; they include Asian, African, Scottish, Slovakian, Oriental, Arab, Turkish, Roma, Iraqi, Lithuanian and Polish. The table also explains in brief the demography of the participants and outcomes from the workshops/ events. The sessions, helped 1229 individuals to increase their awareness, knowledge and understating of substance misuse issues and its impact on their families. Furthermore, referrals for clinics came from these sessions, i.e. 3 referrals for smoking, 1 for alcohol,

2 for drugs and 1 possible referral for smoking, 1 inquiry for cannabis treatment and 1 possible referral for self medication (Codeine and Co-codamol). This clearly states that the project is open to all, irrespective of age, sex, ethnicity and location; and will help and support the local disadvantaged people who have underlying issues and are unaware of how to access services that can provide help, advice and treatment for the existing substance misuse issues. The table also denotes the expected participants wanting to be referred based on the participants approaching the SMO and expressing their need to be referred or refer someone who has this existing substance misuse issue. The results show that the 'Substance Misuse Project' has surpassed the milestone of spreading awareness on the topic of 'Substance Misuse' to 1229 BME people till date; whilst the expected target was 810 people.

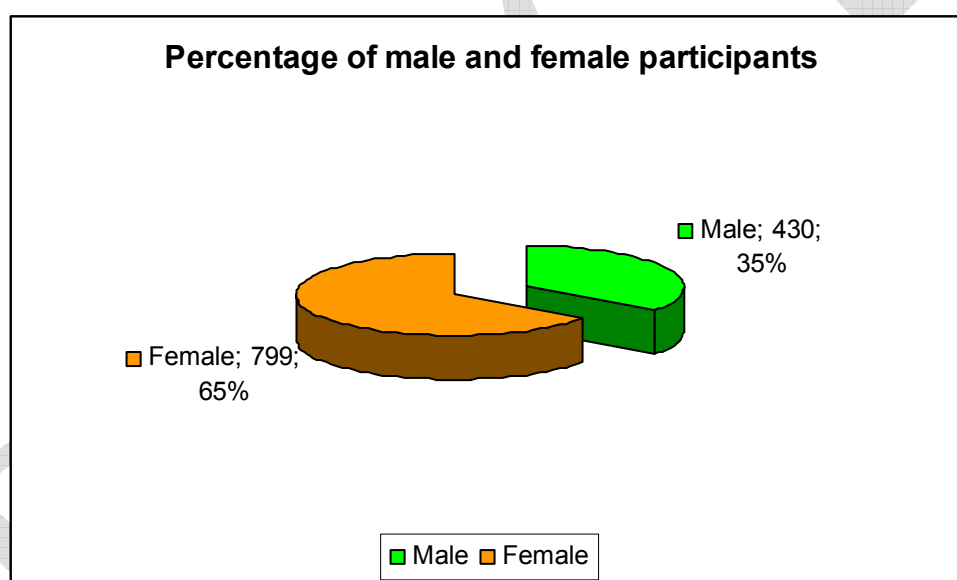


Figure 3.1.2 Percentage of male and female participants

Fig 3.1.2 above represents the percentage of females (65%) against the percentage of males (35%) that have attended the substance workshop/events. The number of female participants (799, 65%) is higher than the male participants (430, 35%). This shows that the attendance of females is comparatively higher than that of males. The main reason for this is the organisations that were approached in order to organise outreach substance misuse projects, mainly had female members as their service users. It is also the general need for females as mothers, sisters or wives to educate

them with the existence of substance misuse, as they can relate to the male members of their family who have a substance misuse issue, as well as being vigilant with the younger generations in the house and take precautionary measures where necessary.

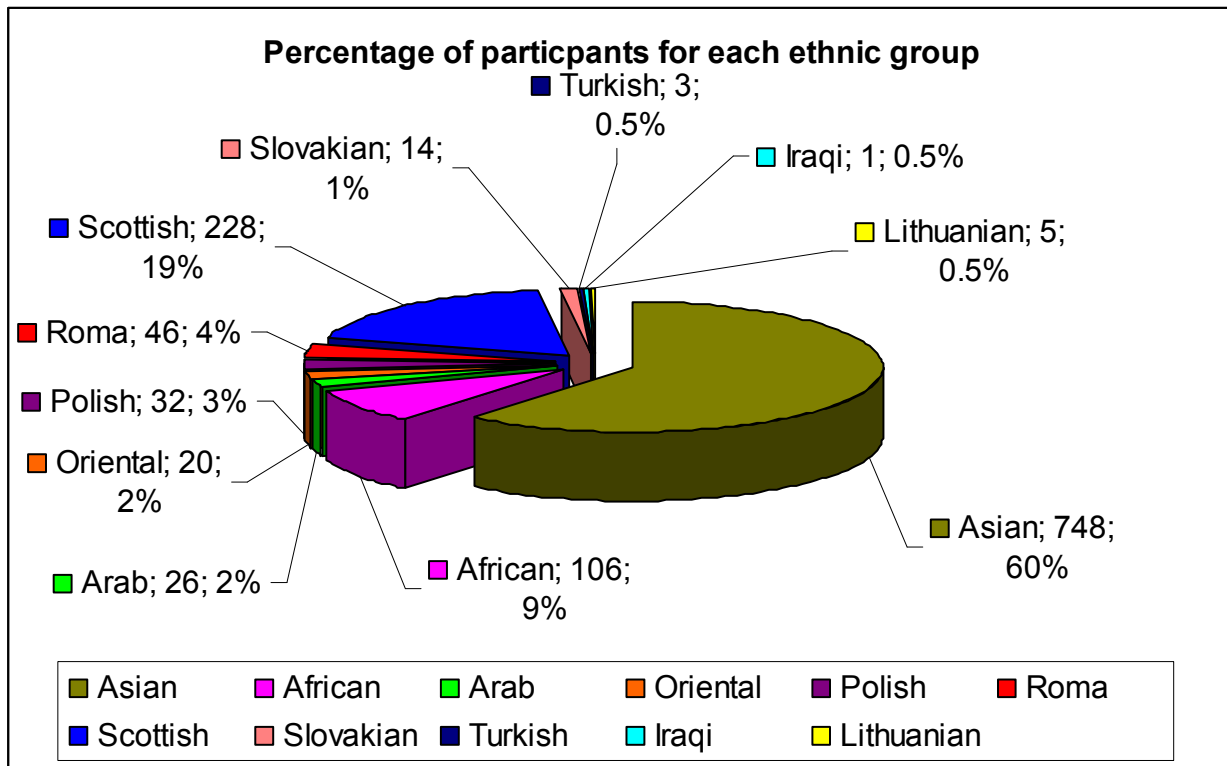


Figure 3.1.3 Percentage of participants for each ethnic group

Fig 3.1.3 above represents the ethnicity of the participants in percentage. The percentage of Asian people attending was 60% followed by Scottish people (19%), African people (9%), Roma people (4%), Polish people (3%), Arab people (2%), Oriental people (2%), Slovakian people (1%), Lithuanian people (0.5%), Turkish people (0.5%) and Iraqi people (0.5%). This shows that the attendance of Asian people is comparatively higher than the other seven ethnic groups. The participation from the Asian community (748, 60%) was the highest followed by the Scottish community (228; 19%), African community (106; 9%), Roma community (46; 4%), Polish people (32;3%), Arab community (26; 2%), Oriental people (20; 2%), Slovakian people (14; 1%), Lithuanian people (5; 0.5%), Turkish people (3; 0.5%) and Iraqi people (1; 0.5%). The percentage of participants of different ethnic groups is purely a reflection of ethnic composition of the areas where we delivered the service. Majority of the work is being

carried out in the South area of Glasgow, and this area has a high percentage of Asian population, Pakistani in particular. Also the other areas of Glasgow do not harbor as many BME communities like in the south side so very little engagement work has been achieved in areas outside the south of Glasgow. Other reasons for low attendance from the remaining ethnic groups is due to language barriers with the Roma, Slovakian, Polish, Turkish and Arab community as well as the general tendency that people belonging to the same community will very rarely integrate with other communities unless attempts are made to get all the communities together.

3.2 Evaluation

The substance misuse workshops were a method used to spread awareness and educate the BME Community about 'Substance Misuse'. The outcomes from the key indicators used during the workshops clearly showed that most of the participants had basic knowledge about substance misuse; however their understanding of substance misuse and the services available to treat these issues increased extensively after the workshop. This result is reflected in the post evaluation forms and is represented in fig. 3.2.1 below.

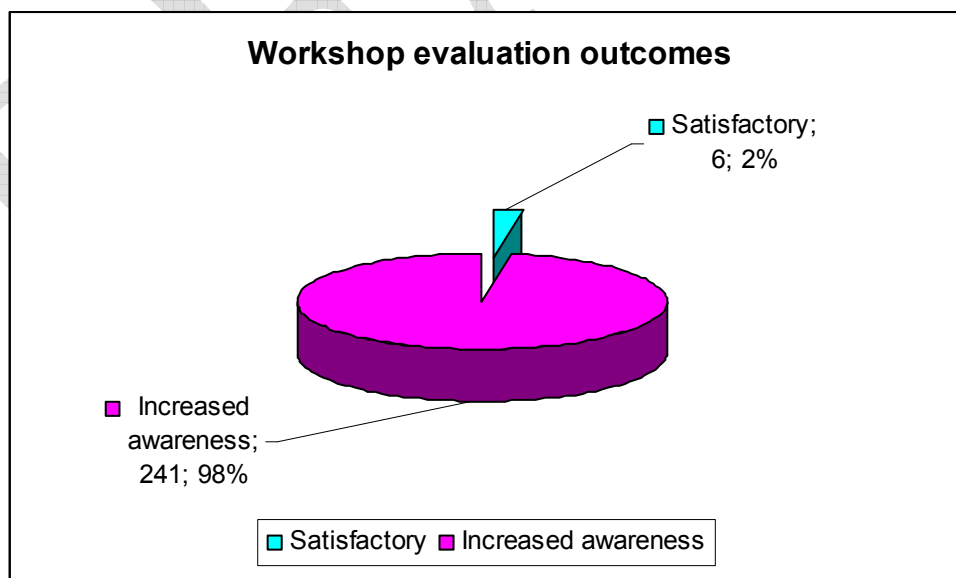


Fig.3.2.1 Workshop evaluation outcomes

Fig 3.2.1 above represents the percentage of participants who showed either satisfactory or increased awareness in Substance Misuse and treatment services post workshops. 13 workshops were conducted in which 247 participants were present and all were satisfied. However, among the total participants, 241 (98%) participants were satisfied and also showed increased awareness whereas only 6 (2%) participant felt the workshop was satisfactory but didn't help increase their awareness. This shows that the workshops were successful in achieving its goal and hence is a beneficiary method to increase awareness of substance misuse amongst the BME Community. At all the seven workshops, participants were given a post evaluation sheet which was used to denote the number of participants that were unsatisfied or satisfied with the workshops and the increased awareness of substance misuse. Based on the three key parameters, it was observed that 241 (98%) participants were satisfied and showed increased awareness of substance misuse whilst 6 (2%) participants thought the workshop was satisfactory with no increased awareness on substance misuse. None of the participants reported the workshops as unsatisfactory and instead stated that the workshops were beneficial and educated them in areas that they lacked knowledge. This proves that the workshops are definitely a successful method of educating the BME community and a means of engaging with the community, building rapport and gaining their confidence.

3.3 Client Referrals

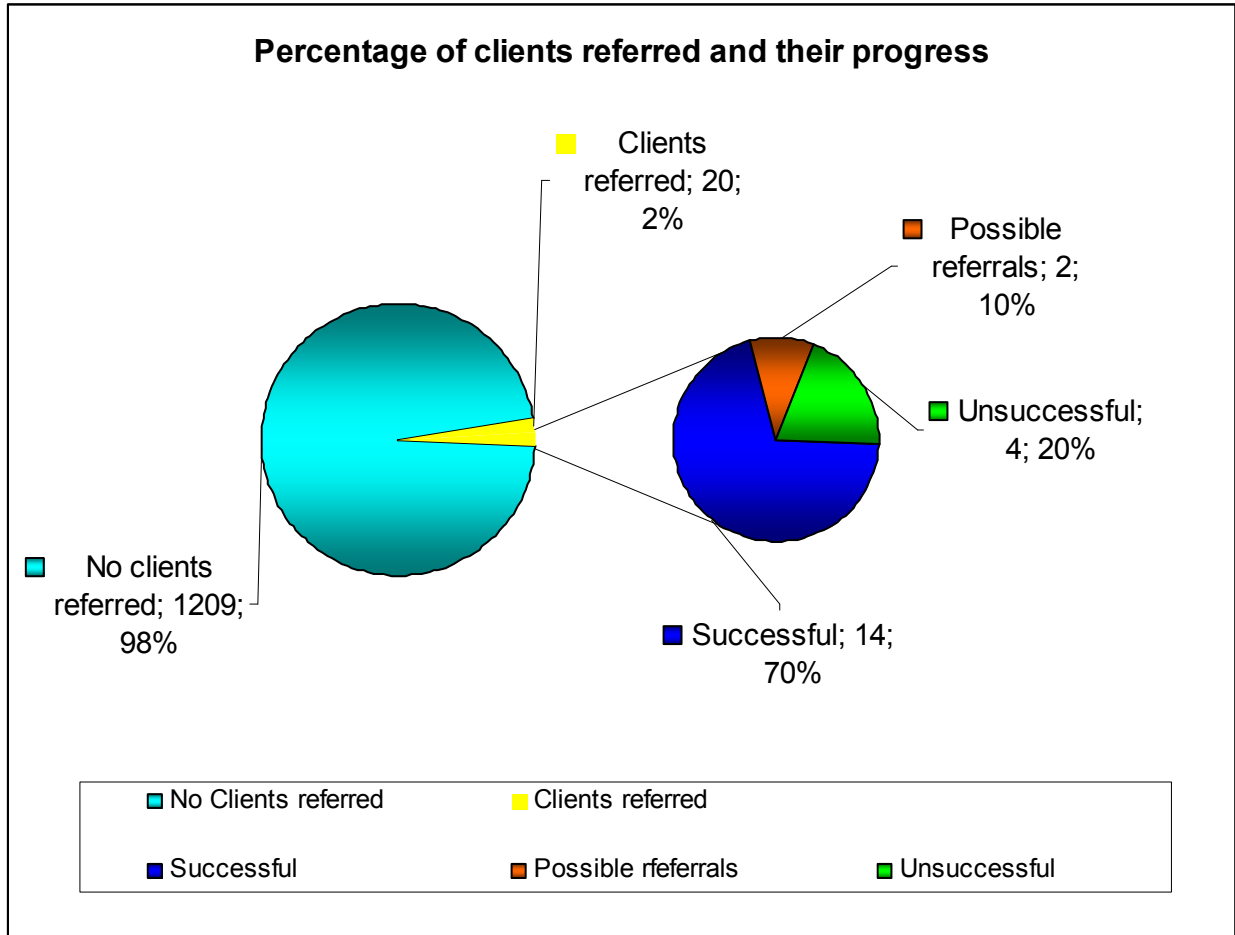


Fig.3.3.1 Percentage of clients referred and their progress

Fig.3.3.1 above represents the total number of participants introduced to the Substance Misuse Project via workshops, events or other organisations and the total is 1229. Of the total of 1229 participants, 1209 participants (98%) either had no clients to refer or were not willing to self refer. The remainder of 20 clients (2%) were either self referrals or referred by others. From the 20 clients referred, 14 clients (70% of the clients referred) were successful in pursuing treatment for substance misuse, whereas 4 clients (20% of the clients referred) were unsuccessful in pursuing treatment due to the unwillingness of the addict to admit they have a substance misuse issue. Also, 2 clients (10% of the clients referred) are possible referrals for substance misuse treatment as

they have expressed their need for the service and are in the process of being referred to the relevant service provider. The other 1209(98%) clients that had no one to refer stated that they acquired good information about substance misuse and if in future they are aware of anyone who has a substance misuse problem, they would refer the client to REACH. Therefore, the outcomes of the project were positive in educating people and in acquiring clients to get treatment for their issues.

Table 3.3.2 Classification of Client Referrals

The data for the 20 referred clients is represented the table 2 below

	SELF REFERRAL	REFERRALS FROM OTHERS
DRUGS	3 (2S + 1PR)	5 (1U + 4S)
ALCOHOL	0	1(U)
CIGARETTE	2 (S)	9(2U+ 6S + 1PR)

Table 3.3.2 S = Successful, U = Unsuccessful and PR = Possible Referral. The table above represents the number of clients that have either self referred or been referred by others to get treatment for drugs, alcohol or cigarette consumption. From the total of 20 clients referred, 4 have been unsuccessful in pursuing treatment due to a lack of willingness to engage with the project support, despite family attempts or having to permanently travel back to their own country of residence. Therefore, 14 clients referred have been successful in procuring treatment with the help of the Substance Misuse Project. The result shows that there have been six successful clients for drugs (two self referred and four referred by others), one possible client for drugs that is self referred and one unsuccessful client for drugs that was referred by family. There was one unsuccessful client for alcohol, who was referred by family. For smoking, seven

clients were successful clients for smoking (two self referred and six referred by others), one possible client for smoking referred by family and two unsuccessful clients for smoking that were referred by family or friends. This shows that the participants are taking the information for substance misuse on board and are showing willingness to either refer clients or get their selves referred for treatment. Out of the four clients that have been referred by others, three have been unsuccessful in procuring treatment due to a lack of willingness to admit they have a substance misuse issue and hence refuse to take up support and treatment provided by the substance misuse project; whereas the fourth unsuccessful client did not procure treatment as had to permanently leave the country.

3.3.3 Case Studies on Successful clients referred by REACH Substance Misuse Project to the Community Addictions Team

- **Case study 1**

Referral received from Reach Community Health Substance Misuse Officer Sharon D'souza, who had previously met with the service user and provided a summary of the service user's issues.

The writer met the service user at the Reach office. A single shared assessment was completed with the service user. The writer shared an involved interaction with the service user. The key addiction issue here being cannabis. Information on cannabis and its effects on mental and physical health were provided. Further motivational support was provided to the service user. Cultural and relationship issues affecting the service user were raised and the writer afforded advice to tackle these.

The outcome was that the service user was able to end his cannabis use. Furthermore, was in a better place emotionally and was motivated to change his lifestyle and also find

employment. Crucially, the service user was then able to secure access to see his children and also successfully complete a probation order.

After discussions with Sharon D'souza and then the service user, it was agreed to close the case as the service user did not require any further support from Glasgow Community Addiction Services.

• Case study 2

A referral was received from Reach Community Health Substance Misuse Officer Sharon D'souza. Sharon sent a written summary of the service user's issues to Uzma Alam, South CAT Addiction Worker family support. The service user was a mother who was struggling to cope with the drug use and general behaviour of her adult son who lived with her. Low mood and self esteem issues were affecting the service user as well as cultural issues regarding being separated from her husband.

Uzma Alam supported the service user to improve her self esteem, and to take on tasks that she found very difficult previously. These included housing issues and finding employment. Furthermore the service user was able to challenge her sons anti social behaviour. Fundamentally the service user had developed the confidence to speak to her son and raise her concerns about his drug use. The service user is currently being care managed by Uzma Alam South Cat Addiction Worker.

3.4 Client Progression Path

The flowcharts below represent the progress for the 14 successful clients and two possible referrals, individually, after being registered with the substance misuse project at REACH.

Fig.3.4.1 Progression Path for Clients that are Self referrals through Workshops/events

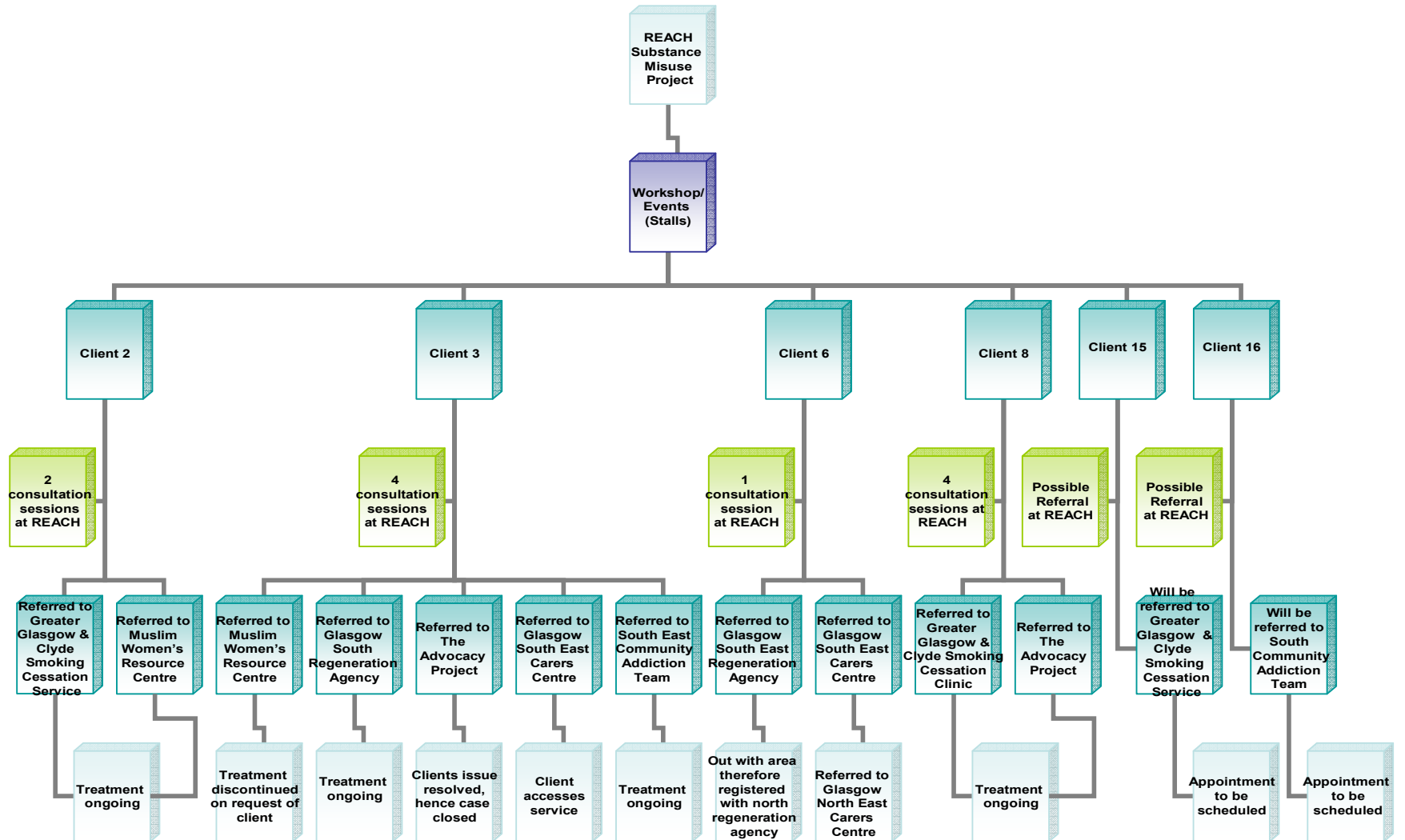


Fig. 3.4.1 above represents the registration of clients through workshops/events (stalls), with the substance misuse project at REACH and the progression in their treatment based on their underlying issues. These clients have been made aware of the substance misuse project via workshops/stalls or introductory sessions. The path shows the progress for each client which states that these clients have accessed the Substance Misuse service and expressed their need to be referred for further treatment, advice and support. . Also if the client has any other issues that have been the root cause for substance misuse or that have evolved from substance misuse, these issues have been targeted by referring the client to relevant organisations that provide help and advice in those areas. Based on the type of substance they are misusing they will be referred to the relevant service provider. The clients are at a stage where they will be contacted to make an appointment which will be used to assess their underlying issues. Similarly, the path also shows the status for each referral that is either treatment is ongoing with that service provider or treatment discontinued as client dissatisfied with the service or case closed as the client's treatment has been completed and the issue has now been resolved.

Fig. 3.4.2 Progression Path for Clients Referred by their Friend

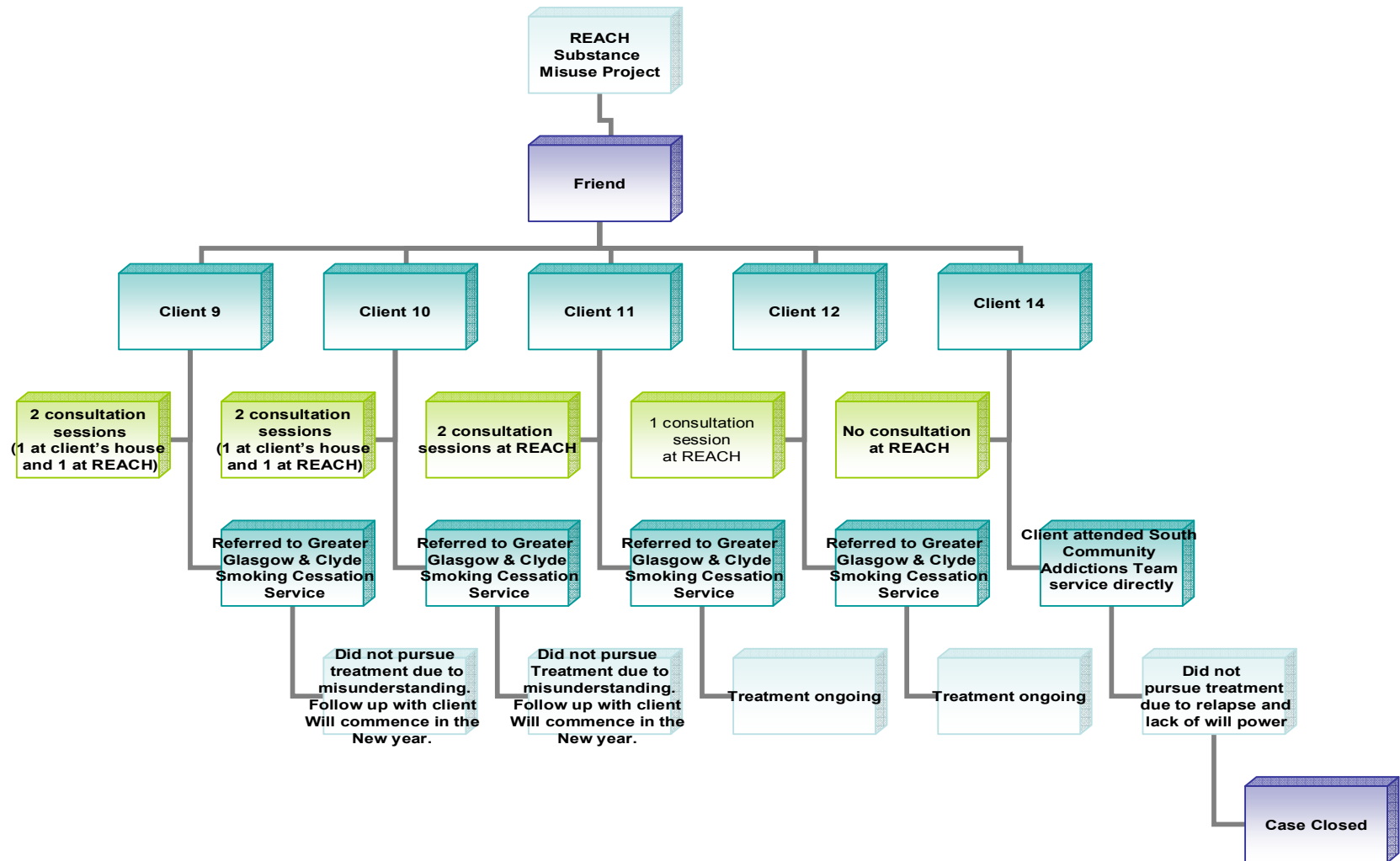


Fig 3.4.2 above represents the progression path in the treatment of the client with specific issues and has been registered with the substance misuse project at REACH. The clients have been referred to the project by a friend of the client. These clients are then treated in the same way as the clients that come through to the substance misuse project via workshops/ stalls/ introductory sessions.

For example, the friend has had one consultation with SMO at REACH and after discussing the clients drug use, the friend was advised that the client can be given an appointment to meet with the Social Care worker from South CAT at REACH and provide the relevant services. The friend was given the direct contact details for both the SMO and for the Social Care Worker. The client chose to contact the Social Care Worker directly and was registered for the service. However, the client did not pursue his treatment due to relapse and lack of will power. The client's case was closed by the Social Care Worker, however, was informed that can always access the service in future if they had the need for it.

Fig. 3.4.3 Progression Path for Clients Referred by Other Organisations

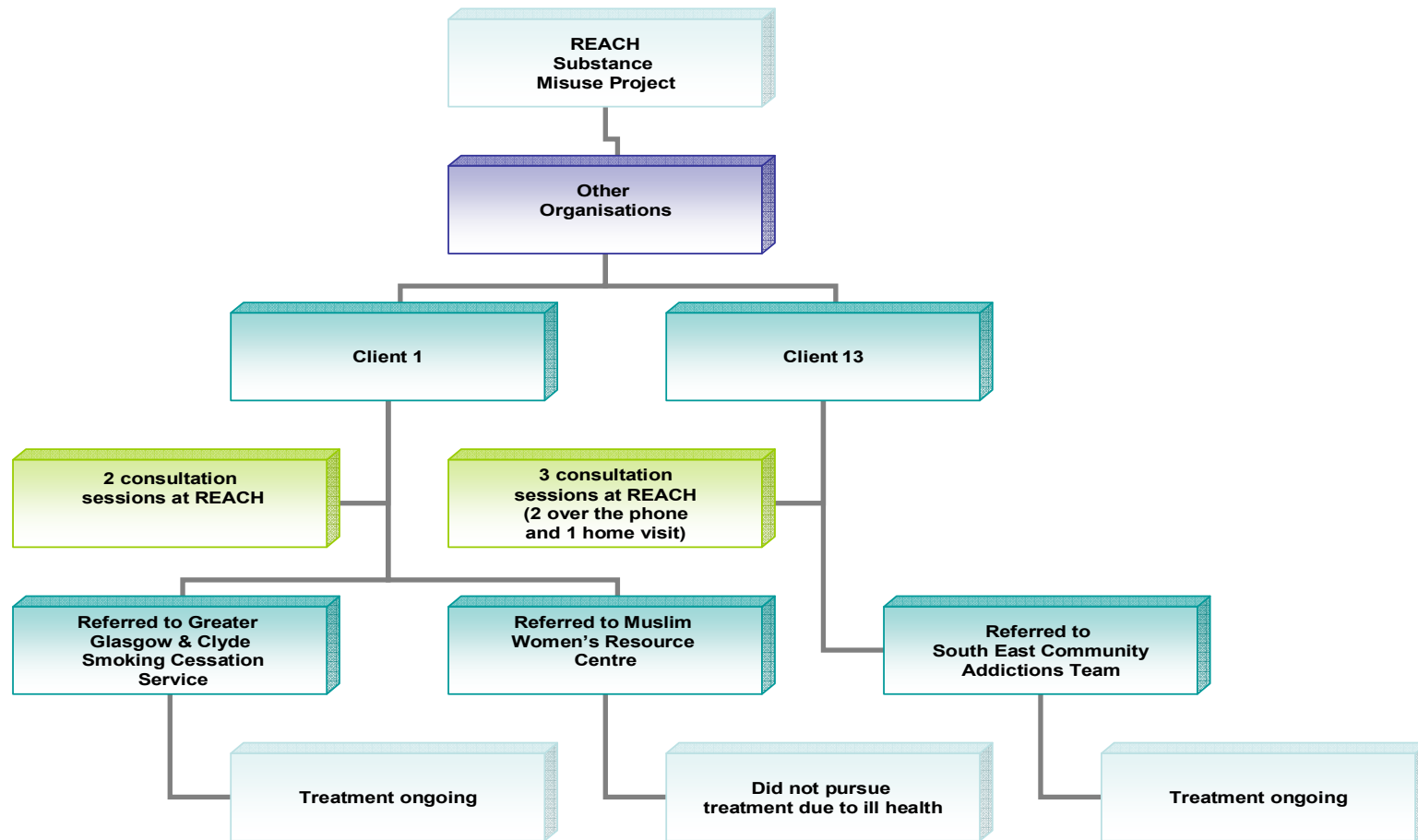


Fig.3.4.3 above represents the registration of clients, sent through other organisations, with the substance misuse project at REACH and the progression in their treatment based on their underlying issues. The clients that have been referred by other organisations that are aware of the substance misuse project carried out by REACH Community Health Project. These clients are then treated in the same way as the clients that have come through to the substance misuse project via workshops/stalls/introductory sessions.

REACH

Fig. 3.4.4 Progression Path for Clients Referred by Existing Substance Misuse Clients

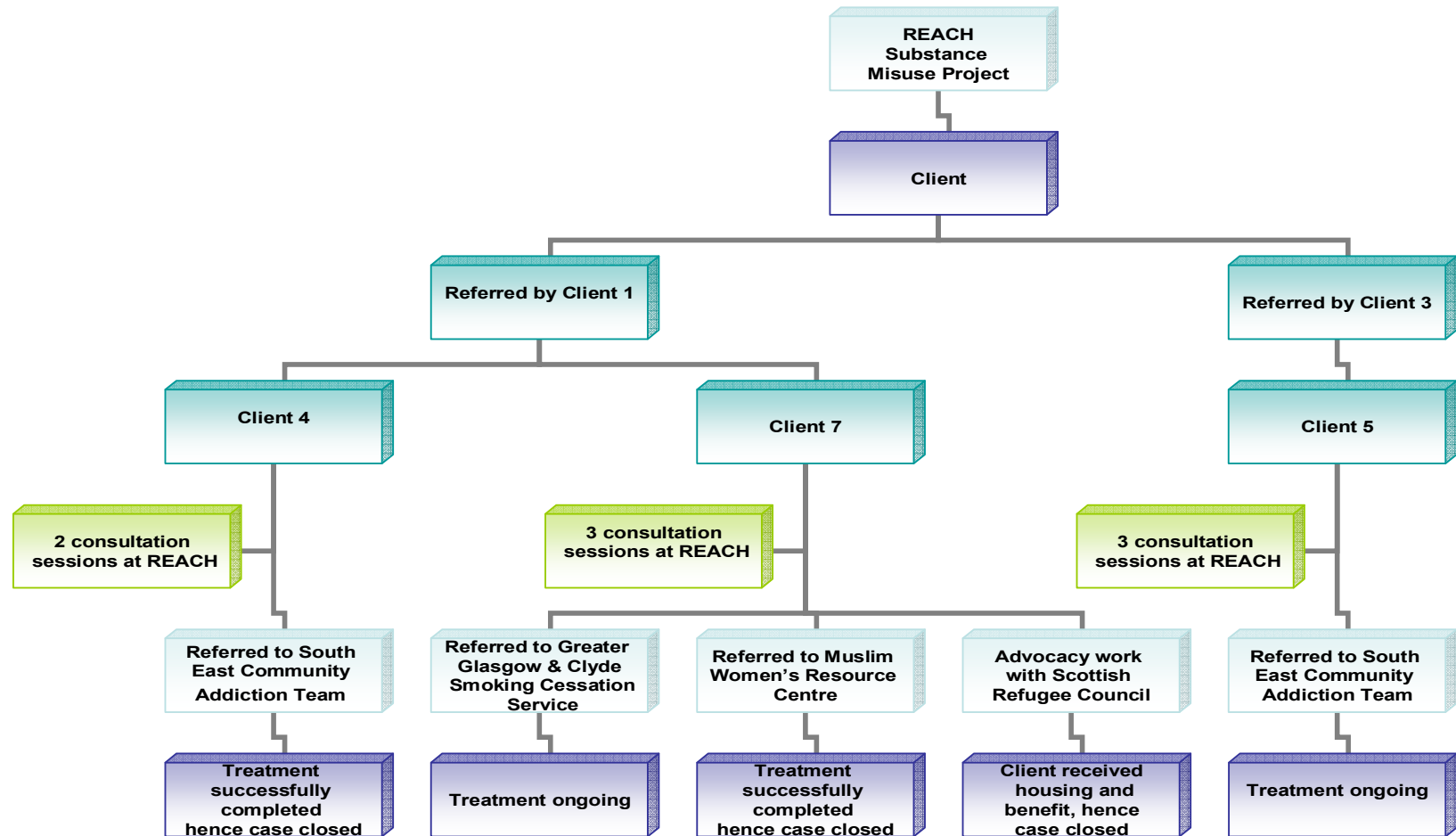


Fig 3.4.4 above represents the registration of clients through existing clients, with the substance misuse project at REACH and the progression in their treatment based on their underlying issues. The clients have been referred by existing clients

that is already accessing the service provided by the substance misuse project at REACH Community Health Project. These clients are then treated in the same way as the clients that come through to the substance misuse project via workshops/ stalls/ introductory sessions.

REACH

4. Discussions

In the first year REACH's Substance Misuse project was very successful and a similar trend follows in the second year, however it is not without challenges. Indeed, engaging with communities in general is considered a huge challenge, and engaging with disadvantaged communities like, BME was a much bigger challenge. This was further compounded by the subject, "Substance Misuse", which is a taboo for many communities, and stigma attached with substance misuse is much higher within BME groups.

In order to overcome the challenge of engaging with diverse BME communities REACH's innovative methods of promoting the project via participative workshops and network with existing groups proved very useful. The project has also been expanded the services to the whole of Glasgow in order to engage with BME communities residing in areas outside of the south east of Glasgow. There is no doubt that in recent years due to migration from new European Union accession countries there is a large influx of Slovakian Roma communities residing in South East (SE) of Glasgow. Moreover, the numbers participating into the project is not in proportion to the population of new immigrants living in Glasgow. As compared to last year, engagement with other communities besides the South Asian community has increased significantly and is evident in Fig. 3.1.3. This result has been obtained due to translation provisions made by the project and has helped overcome language barrier to a certain extent. By emphasizing 'Confidentiality' as a key element of the Substance Misuse service, the project has managed to make the communities realize that this project does not aim to classify people as Drug addicts, Alcoholics or Smokers but instead extend our help, support, treatment and advice to the ones in need by respecting their beliefs and way of living.

The Substance Misuse service provides an 'informed decision' to the BME community so they can access the service, in future, of their own choice.

5. Conclusion

- The findings of the project clearly suggest that the substance misuse project has managed to achieve its goals till date and will continue in the months to follow; by increasing the awareness amongst the BME Community on the ill effects of substance misuse on an individual, their family, their community and the country as a whole.
- The participants have shown a sense of responsibility towards their own health and the health of their families and have shown willingness to help the addicts in their families or friends circle and even help themselves. As a whole they have found the awareness through the project very enlightening and have stated to be vigilant with their families and take precautionary steps to avoid family members or friends from indulging into substance misuse.
- The project has proven successful to gain the confidence of the BME community people; however there are certain challenges and barriers that still persist. One of the barrier's being language, where the person finds it difficult to communicate and is unable to convey their issues to the substance misuse officer. Examples of language barriers are people belonging to the Slovakian and Roma Gypsy community. Also the other barrier that persists is that people are embarrassed to come forward and admit they or their family have a problem as they are aware it is a sensitive issue and can bring shame to their family or a taboo to their religion. The main barrier is the lack of willingness of the addict to admit they have a problem and pursue treatment in spite the family willing to help the addict and get them support and treatment,.
- However, the substance misuse project has managed to overcome these barriers to a large extent by trying to communicate in a language that is best understood by the client, for example Urdu. REACH with its limited resources has tried to overcome this language barrier by making arrangements for a Slovakian translator at Workshops for the Roma Community. Nevertheless, lack of resource available to provide translation facility for one-to-one sessions with Gypsy Roma communities meant we had to leave individuals clients for this particular BME group and instead refer to relevant agencies. Communicating with people on a one to one basis has

helped gain their confidence, therefore giving them the courage to come forward and claiming they or a family member has a substance misuse issue. An example of overcoming the barrier of lack of confidence is evident with **Client 14. His friend had heard of REACH'S Substance Misuse service through our leaflets and contacted the organisation from a public phone booth in order to keep himself anonymous. He was asked to visit REACH and discuss his concerns in confidence with the SMO. At the appointment the friend divulged that the client has a heroin problem and is isolated from his family. The friend wants the client to get help and change his lifestyle as he is concerned about his health. Gave the friend the option to bring the client for an assessment of his underlying problems and then refer him to the CAT team or alternatively contact the Social Care worker straight away. The friend opted to keep his and his friends information anonymous and chose to attend the services provided by the CAT team directly.** This shows that how sensitive the BME people are about disclosing their substance misuse issue, however, they have still managed to overcome that barrier and access the service.

- The project has also helped people become aware of the services that are available locally that can provide help, advice and treatment for their underlying issues.

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6. Recommendations

- Need for better resources in terms with dealing with new immigrants like the Gypsy Roma Community. The population for the ethnic group has increased in the last 3-4 years and are predominantly found residing in the South-East area of Glasgow. Most of the Roma Gypsy people are in the need of translation services due to their very little or no knowledge of the English language.
- A more holistic approach is needed to deal with possible substance misuse individuals in the family. And this would involve targeting other underlying issues such as unemployment, mental health, etc.
- Finding a way around to break the barrier to work with families in order that substance addicts can come forward and ask for help, support, treatment and advice. As at this point in time, the limitation with the main stream addiction services

is that they cannot pursue an addict for treatment until and unless the addict willingly admits they have a problem and comes forward to seek help. The solution to this predicament would be to work closely with the family members of such addicts and in return this will help gain the confidence of the addict. Hence, encouraging the addict to come forward and access the addiction services for treatment and support.

- There is a need to work with young people and this has been evident from workshops where families have expressed concern about possible addiction to substances by their children or grand children which may have resulted from peer pressure. Recommendation is to have a family based addiction service which will help support young people as well.
- Emphasis on more joint work between main stream and third sector service providers with appropriate resource allocation to the third sector service provider.

7. References

- Ethnic Group Profile from the 2001 Census NHS Greater Glasgow Area at http://library.nhsqq.org.uk/mediaAssets/library/nhsqq_bme_census_profile_2005-09.pdf (05/11/10; 16:04)
- A compact for East Sussex – Code of practice on Black and Minority ethnic voluntary and community groups at <http://www.eastsussex.gov.uk/NR/rdonlyres/B0FE99AF-F4C1-4B5A-8EAA-C9C1919A8C91/0/BMECode.pdf> (11/11/10; 11:07)