



# KIKIT Research

## SUMMARY

### Needs Assessment of Drugs & Alcohol Report

A synopsis of the research carried out by Mohammed Ashfaq KIKIT Research into Drug and Alcohol and the education, prevention and service needs of the local BME communities of Birmingham.



# Summary

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## 1. Executive Summary

This document represents a synopsis of the research carried out by KIKIT Research into Drug and Alcohol and the education, prevention and service needs of the local BME communities of Birmingham.

## 2. Introduction

The latest Office of National Statistics estimates show that a third of Birmingham's population is non-white – that's a staggering 329,000 individuals belonging to an ethnic group other than "White". However, ethnic groups remain difficult to encourage into treatment and indeed, in some cases, difficult to access to discuss the issue in any depth.

The purpose of this Research was to identify the needs of the local BME groups with Birmingham and highlight barriers into treatment.

KIKIT Research is based within Sparkbrook in Central Birmingham and is an Asian focused substance misuse support service (although KIKIT will and do treat all ethnicities).

Funded by the BDAAT, KIKIT Research carried out this research over six months, via questionnaires to community groups, service users and local projects; assistance was also provided by West Midlands Police, Probation Service, and Primary Care Trust. Sure Start

## 3. KIKIT Research

Established in 2006, KIKIT Research was developed following a campaign in Sparkbrook against substance misuse and funded by Sparkbrook's Neighbourhood Renewal Fund.

In its first year, KIKIT Research was selected to take part on a drug research programme being run by University of Central Lancashire. As a result of their research, it was clear a dedicated BME service in central Birmingham was needed.

The KIKIT Research project is run by volunteers and keyworkers from a variety of different BME backgrounds. As such they understand the cultural differences, barriers and difficulties faced by the community.

Six years on, KIKIT Research has grown from a basic Tier 1/2 service providing basic advice and signposting to other services, to a Tier 3 service offering counseling services of their own. The service is well known in its community and with strong links with community leaders, local imam and community services/businesses; KIKIT Research is well placed to carry out this research project.

## 4. Birmingham

### *Population and Minority Groups*

Birmingham is the most populous British city outside London, with an estimated population of 1,036,878. There are slightly more females than males (51% v 49%) and approximately 38% more adults in the 20-29 age group than the National Average.

Birmingham is also one of the most ethnically diverse cities in England. Of the 34% non-white, Pakistani is the largest minority group, followed by Indian, Black Caribbean and, since 2008, Bangladeshi. The remaining minority groups collectively account for a further 12% of the Birmingham population.

A clear pattern is shown, with minority groups clustered close to the city centre, and a higher proportion of white groups towards the edges of the city.

### *Drug Use in BME Areas*

According to NDTMS, 29% of clients in treatment are non-white (BME).

The ethnic makeup of those in treatment differs from Ward to Ward. For example, in Sparkbrook the population is 65% Asian but in drug treatment, only 33% are Asian. In alcohol treatment, from the whole of the Asian population in Birmingham only 5% are engaged in treatment.

In addition, there is a shortfall in the figures where no ethnicity data has been collated – this differs from Ward to Ward, with Aston having 42% of clients in treatment without an ethnicity and Washwood Heath missing data for 12%.

This will have an impact on the percentage ratios. However, despite this, it is clear that where there is large concentration of non-white, the numbers in treatment are under-represented.

## 5. Methodology

The majority of research carried out was via questionnaire. Five questionnaires were devised, each focused on a different topic/audience:

1. Community and substance misuse service needs
2. Community knowledge of drug and alcohol and its use
3. Khat use (Somali / Yemeni community)
4. Legal high use
5. Parents and carers of substance misusers.

All questionnaires were anonymous and completed over three local events, one local religious centre visit, on-line



and on the street. A total of 203 questionnaires were completed.

In addition, a focus group of 20 users and ex-users was formed and a discussion held around 5 key questions around ethnicity, services and access.

## 6. Generic Questionnaire

This questionnaire consisted of 26 questions, focused on community opinion and awareness of services. They were completed over three events – Family Fun Day; Sure Start event; International Women's Day; and a visit to Anderton Mosque – a total of 73 questionnaires were completed.

As the following stats show, these findings clearly support the need to promote BME services in Birmingham, especially to women, and tackle the growing KHAT addiction.

### Findings: BME

- 82% believe there is a drug and alcohol problem within their community
- 85% believe young BME people being affected by drugs are increasing and there is not enough support for them.
- 90% link the increase in drug misuse to an increase in crime rates.

### Findings: Khat

- 52% admitted there was a Khat problem in their community
- 51% cited language and culture as a barrier into seeking help for Khat addiction

### Findings: Substance Misuse Support Services

- 48% feel there is not adequate provision for BME service users
- 70% feel the needs of BME communities are not being met in Birmingham
- 58% stated women from BME communities affected by drugs, do not know where to access help and 59% felt culture was a barrier for them.

### Findings: General Health

- 80% were not aware of needle exchange or vaccination services
- 82% admitted to having no knowledge of blood borne viruses

## 7. Detailed questionnaire

Consisting of 97 questions, this questionnaire asked more details questions into service needs and support. In order to reach a wider audience, the questionnaire was launched on-line. In addition, volunteers took

questionnaires onto the street and completed it with members of the public.

Overall 50 questionnaires were completed and 86% of those were from a BME community group. 31% were between the ages of 31 and 35 and 76% of all participants were men.

### Drugs and Alcohol within BME Communities

- 90% think there is a drug and alcohol problem within their community and 61% have been directly or indirectly affected by substance misuse.
- 86% feel the number of young BME people affected by Drugs and Alcohol is increasing.
- Of BME women groups, 74% felt drugs/alcohol use was increasing within this group and 59% felt culture was a barrier to them accessing

The top six drugs currently being used within BME are – Heroin, Cocaine, Cannabis, Crack, Khat and Steroids.

### Drug Use

The difference in definitions of Drug Abuse and Drug Addiction or Dependence can cause confusion.

Based on the DSM IV classification, Drug Dependence indicates the existence of a brain disease, and is distinct from Drug Abuse, which may only indicate bad judgment.

This second questionnaire explored the communities understanding of addiction (14% got the answer wrong), the scale of the drug problem (61% said had tried drugs, and of those, 35% were still using)

From those that have tried drugs before 23% said they had tried cannabis, 16% Heroin, 12% Crack, 8% Cocaine and 5% each for Amphetamine and Legal Highs.

Of the 35% still using drugs, 14% is attributed to Cannabis. A staggering 41% said they used drugs daily and the age of first use appears to peak at 15-20 years old, again at 41%.

The main reason for first drug use was attributed to "peer influence" (31%) and "curiosity" (10%). Unemployment, lack of drug awareness at school and family problems were also cited.

Of the 35% of people who came into contact with Police in relation to drugs, 100% was crime related.

Other problems pertaining to drug use were recorded as committing crime (18%), stress on family/family breakdowns (combined 28%), poor mental/physical health (5%), debt (4%) and home exclusion (4%).

When asked about their drug use, 16% said they could stop if they wanted to, and similarly 16% also said they were worried about their drug use.

### Alcohol Use

As well as drugs, alcohol abuse is also an issue within the BME community, with 37% drinking alcohol.



Of those questioned, 19% thought they drank within the recommended guidelines, 18% admitting they drink above.

Only 4% admitted they may have a drink problem and 9% stated they were worried about their alcohol use.

Although these numbers are relatively low compared to drug abuse recorded, there is a deeper shame identified with alcohol use. Alcohol is restricted by the Muslim religion and many do not drink, and of those that do, may not admit it.

### *Khat*

Khat is particular to the BME groups and is rarely found within the White community. As it is particular to this group's traditions and culture, it is, in many ways, accepted as part of their heritage. When dealing with Khat addiction, you are not just dealing with the drug misuse, but also with the cultural identity it carries.

When asked if the use of Khat is a problem within the BME community, a considerable 86% said yes. And 45% were not aware of the harms associated with Khat use.

### *Steroids*

The rise of the Bollywood film culture has added pressure on young people to obtain the "Bollywood Body", increasing the use of steroids to bulk muscle quickly.

The questionnaire highlighted 30% knew someone who has or is using steroids. Worryingly, 18% thought sharing needles was common and 92% felt steroid users were not aware of the harm reduction measures.

### *Substance Misuse Services*

Awareness has scored poorly across the board:

- information (53% not enough information available)
- support services (27% do not know where to go for help)
- impacts on health (29% not aware of the health impact and 41% not aware of the harm of addiction)
- harm reduction practices (69% not aware of needle exchange services)

Encouragingly, 59% of those questioned would be interested in attending Drug and Alcohol awareness training/session.

When seeking help, 40% said they would go to their GP, although in reality only 2% of those questioned has actually taken that route.

43% were aware of a BME service (and mentioned KIKIT Research specifically) – this is note-worthy, as 66% stated they would prefer to go to a BME service because of their cultural beliefs, language barriers and religious beliefs.

## 8. Khat Questionnaire

KIKIT Research has seen an increase over the last couple of years in queries raised around Khat use. As such it was felt that a questionnaire specifically around Khat would be beneficial.

A total of 26 people completed the questionnaire – 65% Somali; 15% Yemeni; 8% black Africans; remaining 12% made up of white and black Caribbean, Sudanese and Asian Pakistani.

Of the 26, 81% were male and 31% were unemployed.

### *Khat Use*

When asked if they have ever used Khat, an alarming 78% said they do, although only 19% admitted to using Khat daily. 58% confirmed their parents also used Khat. First age of use, seems to peak with the 15-20 years at 42%, similar to other drug use.

As well as being part of their cultural, the main reason for given for using Khat was to socialize (47%). A further 12% said they used Khat to relax or counter stress, 9% for fun and 6% to be happy. 9% believe that Khat is part of their culture and using it maintains their cultural identity.

### *The Effects of Khat*

From this small group, it is apparent the use of Khat is embedded into the BME culture, with 26% citing it is part of the socializing activity, and at least one individual said it helped towards building links with businesses.

However, when discussing the problems that Khat use can cause only 24% said it had caused them debt, 4% relationship breakdown and 10% led to unemployment.

A high 46% stated they would not quit Khat and it does not cause them any problems. Although conversely, 12% admitted they experienced a loss of appetite and a further 12% lethargy.

### *Attitudes towards Khat*

When it comes to who should use Khat, opinions on what is deemed acceptable within this tight community is varied.

Again, cultural identity rated high, with 50% agreeing Khat was linked.

Interestingly though, it was the older generation who felt they would prefer their children to smoke (cigarettes/tobacco) than chew Khat (23%) and 35% believed it was not ok for younger people to be chewing Khat.

To tackle the KHAT issue, a support service must first tackle the cultural identity association with its use.





## 9. Legal Highs Questionnaire

Birmingham has several universities and colleges, attracting large numbers of young adults to the City. This has helped Birmingham's nighttime economy bloom.

However, an increase in dance drugs and legal highs has followed.

Of those questioned, 75% were from BME communities and 55% were within the 19-25 age group.

### Legal Highs Use

There are many legal highs on the market at the moment, with more and more being added every day. As such it is difficult to plot the use of any one drug, as the popularity of each peak and fall with the introduction of the next.

Of those questioned, 50% said they had tried legal highs with MKAT, at the time, being the most popular at around 14%.

Whilst using legal highs can be dangerous on their own, many are used on the party scene, where other drugs and alcohol are also available. Mixing legal highs with alcohol or other drugs has been the major contributing factor to the recent alleged "legal high deaths" reported in the press.

11% admitted they would mix legal highs with alcohol and 7% would mix with cannabis.

### Reason for using Legal Highs

With its close links to the party scene, it is not surprising that 20% take legal highs to be sociable, 22% have taken them at home to explore altered states of consciousness and 18% to have fun. Users also admit to using to enhance sex and increase dancing enjoyment (both 7%).

The perception that legal highs are safer or low risk has made the drug more attractive, with 55% of people asked knowing someone who takes the drug, 45% stated friends have offered them legal highs and 25% admitted being offered the drugs by strangers.

Legal highs have featured heavily in the Press recently, following several deaths, and the later ban of Mexxy. The questionnaire looked at whether this has affected the use of it – only 15% said they had quit using legal highs because of the ban and press.

However, a large proportion stated they have not quit because the ban had not influenced them (30%); they thought it was harmless (17%); it's just for fun (17%); and do not want to stop (4%). A further 8% said they had slowed down their use, whilst 4% stated it helped with their spiritual growth.

### Legal highs and other drugs

The research has already established that drug awareness and its harmful impact is low. This is supported by the Legal Highs Questionnaire.

When asked which of the following drugs were harmful, the test group stated that:

- 15% Crack fatal
- 45% Ketamine high risk
- 45% MKAT moderate risk
- 45% NRG-1 moderate risk
- 45% Mushrooms moderate risk
- 45% Amphetamine moderate risk
- 30% Ivory Wave low risk
- 30% Cannabis no risk

There is some obvious confusion around the risk of all of these drugs and the impact of mixing with other substances.

In addition, 40% admitted they would try Legal Highs and 35% would be willing to try Class B. However, conversely, 80% and 70% were extremely unwilling to try Class A and Class C respectively.

## 10. Substance misuse service for parents/carers questionnaire

This questionnaire focused on substance misuse and the family; of the 26 people surveyed 65% were male, and a wide range of ethnically diverse groups were reached.

When asked if anyone in their family had a drug / alcohol problem, 50% said yes. The impacts on the family are wide ranging, from additional stress on the family (15%), crime (13%), family relationship breaking down (13%), stigmatization (8%) and unemployment (5%).

Looking at what the community would like from a treatment service, 90% stated that all the following should be included: Advice, signing and symptoms; emotional support; self support groups; consultation; and overdose training.

100% believe drug and alcohol education should be delivered in schools; 40% stating it should be taught in primary schools. A large proportion of those questioned said they would like to be involved in their child's drug and alcohol education program at school (65%), showing a willingness to engage with the issue.

## 11. Focus Group

KIKIT Research invited a group of 20 BME service users, between the ages of 18-46 years old. Of the group, 75% were from ethnic minority backgrounds, with the remaining 25% being white.

### Barriers

The focus groups consisted of 60% currently not in treatment and 40% in treatment. Those currently not in treatment admitted they felt they misunderstood when seeking treatment (25%); 15% felt the service was not local; and 15% felt they were unable to continue/go into treatment as they could not help for all of their problems.

users

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Reduce crime rates within BME communities



## Crime

As supported by the Office of National Statistics, crime was a major factor, with 77% of the group admitting they had committed crime to fund their habits. Of the 77%, 65% have now stopped committing crime.

## 12. Recommendations

This research has highlighted a serious lack of awareness around drug use and harm reduction. Additionally, culture and language feature heavily as barriers into seeking or accessing treatment where they feel they have a problem. Both these areas need to be tackled and addressed immediately to ensure the large BME population of Birmingham is able to seek the help they need to tackle their addiction and reduce the risk of harm to themselves and others.

The results of the five surveys and focus group have resulted in the following recommendations. For a full description behind these recommendations please refer to the Full Research Report.

- 1 *A culturally sensitive misuse service tailored in the needs of BME communities*
- 2 *A substance misuse service for parents and carers specialising in BME communities*
- 3 *Removing the barriers within BE communities*
- 4 *Improving services and awareness for women from BME communities*
- 5 *Drug and Alcohol awareness within the areas of Birmingham that are highly populated with Black and Minority Ethnic communities*
- 6 *Drug and Alcohol awareness at schools within the areas of Birmingham that are highly populated with ethnic minority groups.*
- 7 *Minimise the use of Drugs and Alcohol by overcoming peer influence and unemployment*
- 8 *Reduce Khat use within BME communities*
- 9 *Breaking barriers in the use of Khat to maintain cultural identity*
- 10 *Minimise the use of Legal Highs within the young BME communities*
- 11 *Raise awareness and support services for steroids*

## 13. Conclusion

With its well-respected Universities and Colleges, its history in industrious trade, and its close commute links to other key cities, Birmingham will always be an attractive prospect for those seeking of opportunity.

Central Birmingham in particular has a high ethnically diverse population and as such, services need to tailor themselves to meet the unique problems this diversity raises. With the obvious language and culture barriers aside, awareness of drug and alcohol abuse is poor and needs be addressed immediately. The promotion of needle exchange clinics, harm reduction training, and steps to reduced drug related crime, must all be tackled across all the community groups regardless of ethnicity.

In order to provide treatment services that can help the different cultures and traditions, and being able to access local community groups (both religious and social), requires a service that understands the differences between different cultures and would be readily accepted by those groups. It is therefore apparent a specialised BME treatment service is required to promote awareness, build links with local communities and facilitate users in engaging in treatment.

This is supported by the Research. The local community questioned in this exercise, 87% of which belong to the BME hard to reach groups, have indicated they need the following services:

- Open access drop in centre
- Drug and Alcohol testing
- One to one support / counseling
- Confidential service with peer support
- Information and advice in BME languages

KIKIT Research already provides this service, with a high degree of success. The project has grown over the last 5 years and is well known within the community, demonstrated by 65% of the people questioned knowing about KIKIT and the wide range of service sits offer. However, the project is only open part-time due to funding constraints, and in order to serve the community as outlined in this Research, the project needs to expand.

It is the conclusion of this report that KIKIT Research is well placed to continue providing its specialized service to the community. However, the amount of work involved will require the assistance of all treatment services in Birmingham working together, seeking the support and advice from KIKIT when dealing with any cultural challenges.

In addition, this Research has provided a detailed snapshot of Central Birmingham. However, compared to the overall population of Birmingham, the number of people questioned is relatively small. A Birmingham-wide research project led by KIKIT Research and utilising all the Birmingham treatment services, should be launched to identify further barriers and any further hotspots, whilst also raising awareness of the services already available.

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