


**CRI Project – the view from
Brent DAAT**

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About Brent

- 278,500 resident population, 351,000 registered population.
- 55% of residents are from black and minority ethnic communities.
- Most heterogeneous borough in England.
- Over 130 different languages are now spoken in our schools.
- The population is relatively young with 43% of residents under 30 years of age.
- Over 30,000 are over the age of 65.
- Brent is 53rd most deprived borough in England.

Somali Community in Brent



- **Brent's Somali population has grown significantly over the last 20 years.**
- **Impossible to determine how many Brent residents are of Somali origin and how many use Khat.**
- **Somali is now the 3rd most common first language spoken by Brent school children.**
- **Increased numbers of premises where Khat is readily available**
- **This includes a number of convenience shops that sell Khat for consumption off premises.**
- **Mapping indicates that there are Khat cafes, or mafrish, in the Church Road area, Kilburn High Road, Wembley Central, Harrow Road near Stonebridge Park Station, Neasden Lane and in Harlesden.**

Project Vision



"To further develop existing service provision and tailor it to the specific needs of the Khat using population by allocating a dedicated Somali speaking worker to work in partnership with local community organisations".

Project aims



- To offer triage assessment to any individual using Khat.
- To refer problematic Khat (Alcohol and Cannabis) into treatment services.
- To ensure all Khat users are registered with a GP and other appropriate health care services.
- To deliver a "Khat Group" and community based response.
- To improve links to mental health services and facilitate engagement where appropriate.
- To train "Help Somalia Foundation" to identify substance misuse problems and refer into treatment services.
- To refer clients and facilitate engagement to EACH counselling services.
- To increase knowledge of Khat use in health professionals.

Brent Treatment and Recovery Services (TARS)



An integrated approach to substance misuse;

- Clinical and prescribing services
- Treatment and recovery services
- Abstinence based structure day programmes
- Outreach and engagement
- Criminal justice interventions

Treatment priorities



- Need to target the increasing emergence of alcohol and other illegal drugs.
- Maintain the commitment to ensure that more drug users from ethnic minority communities have every opportunity to respond to their treatment needs by taking up services.
- Emphasis on the delivery of Treatment Outcome Profiles, which supports the specific needs of different clients.
- Increase the numbers of those entering the treatment system.
- Maximise the numbers of clients in effective treatment.
- Work to address the recovery agenda and drive forward the increase in Successful Completions for the borough.

Project Methodology



- Identification of key partners to support the initiative and to help develop joint working and referral pathways.
- Local community organisations welcomed the service as they felt the health and care needs of their were not being met by existing services.
- CRi and EACH agreed to co-facilitate a CBT based structured group which continues to run every Thursday, attracting 8 service users a week who engage with treatment and recovery programmes
- CRI Brent delivered an accredited 6 session peer mentor training programme to train the volunteers of the Help Somali Foundation and equip them with the tools and skills to engage with the community and begin the mentoring process.
- CRI Brent worked to support 8 individuals from the community who wanted to undertake peer mentoring training.
- Three of the peer mentor graduates have been formally recruited as CRI volunteers and are utilised in engaging Khat users into treatment.

Project Findings:



Numbers accessed	23	Level of engagement	17 structured treatment	6 open access
Ethnicity	20 Somali	1 Ethiopian	1 Eritrean	1 French
Gender	Male 21	Female 2		
Marital status	Single 20	Married 1	Divorced 1	Not disclosed
Dual diagnosis	1	Referral Source	Probation 1	Outreach 22
KHAT Secondary	Heroin 1	Crack 3	Cannabis 6	Alcohol 16
KHAT Primary	7			
Completions	5 completed drug free	2 completed but occasional user	2 dropped out	14 ongoing support

Initial findings



- Majority (91%) of those assessed were single Somali males
- Khat use appears to be predominantly a male problem but there is anecdotal evidence that more females are taking up Khat use,
- The honesty of service users applies to the findings – there is shame and stigma attached to Khat use and there is a possibility they may not disclose their families
- Those assessed may have already experienced family breakdown or cast out by their families
- CRI is a service that traditionally works with those with the most problematic use and those that were assessed and worked with were using at problematic levels where as those maintaining families may have lower level use
- Outreach was delivered during the day and may have missed the cohort who use in the evening.
- Local research indicates that the links between Khat use and mental health are tenuous

Wider findings



- 30% were primary Khat users/
- 69% also reported problematic alcohol misuse
- 26% using cannabis in addition to Khat
- 17% (3) were (OCU's) Opiate Crack users
- Indication of a lack of knowledge of what services are available and how to access them.
- Communication is a barrier as in some cases English is a real issue
- Access to employment, education and training is problematic due to the lack of knowledge of options and poor English language.
- CRI are working to establish pathways into ETE providers that offer skills language courses.
- It was also evident that many do not prioritise health , few are registered with GPs and rarely attend.
- All engaging have now been registered with a GP.

Summary: Next steps



- **It is apparent that there are issues relating to problematic substance use, Khat in isolation appears to be less of a problem.**
- **The use of cannabis, alcohol and potentially class A substances is evident and it is the combination of these with Khat that appear to be causing the most public health harms to this community.**
- **CRi Brent will continue to deliver a structured Khat group and offer brief assessment, advices, information and onward referral.**
- **Services will need to continue to offer access to specialist treatment for those with poly drug us.**
- **There is certainly a need for culturally sensitive interventions to engage and to address substance misuse issues and work alongside local agencies to provide appropriate healthcare, employment, education and training.**