



**Health Partnerships Overview and
Scrutiny Committee
16th February 2011**

**Report from the Director of Strategy,
Partnerships and Improvement**

For Action

Wards Affected:
ALL

Khat in Brent

1. Summary and recommendation

- 1.1 Members of the Health Partnerships Overview and Scrutiny Committee have asked for a report from NHS Brent on Khat use in the borough. Members have concerns about the prevalence of Khat use in parts of Brent and were keen to know more about the problems associated with this drug. The NHS Brent paper is attached at appendix 1 to this cover note.
- 1.2 Since the request was made for the report, officers in the Strategy, Partnerships and Improvement Unit have been approached by members suggesting that a task group is established to investigate in more detail the use of Khat in Brent and the consequences it has on users and their families. There is capacity within the unit to support this work if the Health Partnerships Overview and Scrutiny Committee want to establish a task group.
- 1.3 Officers from NHS Brent will be at the meeting to answer members questions on this issue. It is recommended that the Health Partnerships Overview and Scrutiny Committee question them on the work that is taking place to help Khat users in the borough and consider whether they want to establish a task group to look at this issue in greater detail.

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Khat in Brent

The Overview and Scrutiny Committee asked for a report on Khat use in Brent, as there are concerns that this is causing significant problems in the East African communities in Brent.

1. Introduction

Khat use is not an illegal substance and is not specifically recorded on the National Drug Treatment Monitoring System (NDTMS). Khat will be recorded under 'other' as the priority has been to focus on problem drug use and illegal drugs. Khat is openly available in shops in the Church End area which is where the majority of people of Somalian origin reside.

2. Information available on use in Brent

There will be local statistics recorded through our third sector agencies who work with these communities, in particular EACH who have Somali speaking members of staff. However, this will only give information on those accessing services rather than a full scale indication of the problem which is also linked to mental health, access to primary care as well as mainstream treatment provision. EACH reported that for 2010/11 there were 17 referrals to their agency, with 15 on the current agency case load and some of these cases are linked to child protection and other substance misuse interventions such as alcohol related misuse.

3. Brent DAAT Plans

The 2010 National Drug Strategy now places an emphasis on the new localism agenda and for partnerships to set local priorities in relation to substance misuse. These will reinforce the activity already being undertaken by local agencies and reference will be included into the 2010/11 Adult Treatment Plan

- The DAAT will improve access to services for those affected by Khat through the development of the Cobbold Road Treatment and Recovery Service which will offer a range of treatment interventions including assessment and triage services, structured day programmes, one to one working, counselling services and onward referral to clinical and residential services.
- A Khat support group is already offered through Addaction via Cobbold Road with outreach and engagement services to be undertaken by CRI Brent Outreach and Engagement Team (BOET).
- Counselling Services for BAME communities are already provided through EACH. In 2011-12, these will be provided through two sites (Wembley Centre for Health and Care and the Cobbold Road Treatment and Recovery Service) will further provide support and counselling for Khat users and their families.
- Funding will be sought in partnership with Brent Council Community Safety Unit to develop a work programme with the Help Somalia Foundation for a Peer Mentoring Project with Somalian youth in the

Church End area to raise awareness of Khat misuse and to work with outreach and engagement services to improve awareness of local treatment provision and access to GP practices.

4. Background Information on Khat

What is Khat?

Khat (*Catha edulis*) is a flowering shrub native to northeast Africa and the Arabian Peninsula. Individuals chew Khat leaves because of the stimulant effects, which are similar to but less intense than those caused by abusing cocaine or methamphetamine.

What does Khat look like?

When fresh, Khat leaves are glossy and crimson-brown in colour, resembling withered basil. Khat leaves typically begin to deteriorate 48 hours after being cut from the shrub on which they grow. Deteriorating Khat leaves are leathery and turn yellow-green in colour.

How is Khat used?

Khat typically is ingested by chewing the leaves — as is done with loose tobacco. Dried Khat leaves can be brewed in tea or cooked and added to food. After ingesting Khat, the user experiences an immediate increase in blood pressure and heart rate. The effects of the drug generally begin to subside between 90 minutes and 3 hours after ingestion; however, they can last up to 24 hours.

Who uses Khat?

The use of Khat is accepted within the Somali, Ethiopian, and Yemeni cultures, and in the United States Khat use is most prevalent among immigrants from those countries. Abuse levels are highest in cities with sizable populations of immigrants from Somalia, Ethiopia, and Yemen, including Boston, Columbus, Dallas, Detroit, Kansas City, Los Angeles, Minneapolis, Nashville, New York, and Washington, D.C. In addition, there is evidence to suggest that some non-immigrants in these areas have begun abusing the drug.

What are the risks?

Individuals who abuse Khat typically experience a state of mild depression following periods of prolonged use. Taken in excess Khat causes extreme thirst, hyperactivity, insomnia, and loss of appetite (which can lead to anorexia). Frequent Khat use often leads to decreased productivity because the drug tends to reduce the user's motivation. Repeated use can cause manic behaviour with grandiose delusions, paranoia, and hallucinations. (There have been reports of Khat-induced psychosis.) The drug also can cause damage to the nervous, respiratory, circulatory, and digestive systems.

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