



**Executive
12 March 2012**

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

Wards Affected:
ALL

Khat Task Group – final report

1.0 Summary

- 1.1 The Khat Task Group's final report has been considered and agreed by the Health Partnerships Overview and Scrutiny Committee. This report presents the task group's work to the Executive for approval.
- 1.2 The task group was established because members were concerned about khat use amongst members of Brent's Somali community. Some of this concern came directly from the community, whilst non-Somali residents have also been affected in some way by the increase of khat use in the borough and reported this to councillors.
- 1.3 The task group wanted to better understand the health and social impacts of khat because of the concerns raised by members of Brent's community. There were three main issues that the task group investigated:
- The perceived impact of khat use on the community in Brent, particularly the health and social consequences of khat use.
 - Anti-social behaviour associated with khat cafes or *mafrish*
 - The perceived lack of treatment services and diversionary activities in Brent aimed specifically at khat users.

2.0 Recommendations

- 2.1 To agree the recommendations set out in the report.
- 2.2 To thank the members of the task group for their work.

3.0 Details

3.1 Khat is a herbal product consisting of the leaves and shoots of the shrub *Catha edulis*. It is cultivated primarily in East Africa and the Arabian Peninsula, harvested and then chewed to obtain a stimulant effect. Khat is currently imported and used legally in the UK. There are mixed views on khat. Some believe that there are negative consequences associated with chewing khat, most of which were repeated to the task group during the course of their investigations. Khat is said to:

- Contribute to family breakdown and violent behaviour
- Effect employment prospects if users spend too much time taking khat
- Encourage men to spend household income on the drug, rather than on food and paying bills
- Prevent immigrant communities from integrating with wider society
- Contribute to the onset of psychosis
- Lead to sleeping problems, loss of appetite, tiredness and a depressed feeling the day after use.

3.2 However, there are also people who regard khat as an important part of the culture of user communities, particularly at social occasions such as weddings, funerals and parties. The task group was established to look in more detail at the health and social issues associated with khat use.

3.3 The task group worked to the following terms of reference -

The task group:

- (i). Considered the social implications of Khat use to determine whether there are significant problems within user communities, especially Brent's Somali community.
- (ii). Considered whether the health of Khat users in Brent has suffered as a result of their use of the drug.
- (iii). Considered the impact that Khat use has had on families in Brent, particularly for women and children.
- (iv). Determined whether the Khat cafes in Brent are the cause or contributor to antisocial behaviour and health problems and whether there are any steps that can be taken to address these issues.
- (v). Considered whether more effective treatment services can be put in place in Brent aimed specifically at Khat use.
- (vi). Identified good practice already happening in Brent (such as the Help Somalia Foundations khat outreach work) and see what can be done to assist community organisations working with khat users.
- (vii). Worked with the local community to develop possible recommendations and solutions that can be implemented and lead by the Somali community in Brent.

3.4 It is impossible to know how many Brent residents use khat. To begin with, we are unsure how many people of Somali origin live in the borough (assuming that the majority of khat users in Brent are of Somali origin). But, irrespective of the number of people in Brent who use khat, what has become a concern is the pattern of use amongst some people. In Somalia, khat is an important part

of the culture, but something that is normally taken in moderation, either at a celebration or after a meal. It is used, mainly by men, to stimulate conversation and as a way of relaxing. It does not normally interfere with working life, nor does it dominate lives as it can do in the UK. A number of the people who the task group spoke to during the review were concerned that the pattern of use had changed dramatically in the UK and that in the absence of anything else to do, men in particular, were spending their time with friends chewing khat.

3.5 Unemployment was cited throughout the task group's work as a reason why people chew khat to excess. Khat is seen as a barrier to employment by members of the Somali community, as people who overuse khat are unable, or unwilling to work. There is little doubt that employment improves an individual's self-esteem and health and wellbeing. It is also the case, that at this current time an increasing number of people are unemployed in Brent and that jobs are scarce. Benefit dependence was raised as an issue during the review. A logical conclusion to draw is that if someone is unemployed they will have more time to take khat during the day than if they were in work.

3.6 There are those within the Somali community in the UK who would like khat to be banned but the task group was not unanimous on this point. As a result it has not made a recommendation in relation to this. It is for Government to decide whether khat should be banned and the issue has to be seen in a nation-wide context, not just the experience of our borough. However, the task group would advocate the regulation of khat in some form. Among the views it heard during the review with regards to this were:

- It should not be sold to those under 18.
- Limiting the hours of sale could make it harder for people to stay up all night chewing.
- Owners of mafrish should ensure that they complied with legislation relating to:
 - Health and safety / building regulations
 - Smoking
 - Hygiene
 - Ventilation
 - Noise nuisance
 - Protect the wellbeing of staff who work in the mafrish

3.7 In total the task group has made 11 recommendations that can broadly be split into five areas:

- Resolving immigration problems
- Training, employment and diversionary activities
- Treatment services
- Regulation
- Raising awareness of khat, its possible negative side effects, and promoting positive health messages

3.8 The Health Partnerships Overview and Scrutiny Committee has endorsed the report and recommendations which are presented to the Executive for

approval. Not all of them are for the council; some will be sent to NHS Brent for consideration whilst others are for partners such as Job Centre Plus. The members of the task group are of the view that these recommendations can make a positive contribution to those affected by khat, either because they are taking it or their friends or members of their family are taking it:

Recommendation 1 – The task group recommends that local Somali community groups, Brent Council and Job Centre Plus work with Brent's Somali community to signpost them when necessary, to refugee and immigrant support services in Brent so that they are able to resolve their immigration problems.

Recommendation 2 – The task group recommends that Job Centre Plus, BACES and the College of North West London works with local Somali organisations to advertise the ESOL courses and work-specific courses that are available in Brent to local Somali people in the most appropriate way.

Recommendation 3 – The task group recommends that the Government commissions further research into the pharmacological and medical impacts of khat. At present there is a lack of clarity about the drug's effects and given the concerns with khat that exist in communities in the UK it should be given a greater priority by the Government.

Recommendation 4 – The task group recommends that a full evaluation of the CRI khat outreach project is carried out by NHS Brent and CRI prior to the end of the six month contract in March 2012, to determine whether there is enough demand to continue the project.

Recommendation 5 – The task group recommends that the Council and Somali community groups work with the owners of mafrish (khat cafes) and shops in Brent selling khat, to develop a voluntary agreement to prevent the sale of khat to those under the age of 18, as originally recommended by the Advisory Council on the Misuse of Drugs.

Recommendation 6 – The task group recommends that the Council runs a targeted enforcement campaign to ensure that the mafrish (khat café) owners are complying with various pieces of legislation with regard to:

- Health and safety / building regulations
- Smoking
- Hygiene
- Ventilation
- Noise nuisance
- Refuse disposal – that the cafes have trade waste contracts in place
- Payment of business rates
- Improvement of shop fronts

This is to ensure the immediate environment in and around the cafes is improved and to protect the wellbeing of staff who work in the mafrish.

Recommendation 7 – The task group recommends that NHS Brent works on raising awareness of khat with health professionals, including GPs, and the police, especially the Safer Neighbourhood Teams, as advocated by the Advisory Council on the Misuse of Drugs, so that users can be offered any help and support they may need.

Recommendation 8 – The task group recommends that NHS Brent's Public Health Team and DAAT service works with the local authority and the local Somali community to organise a conference on khat in Brent for all stakeholders including people working in the drug treatment sector, health professionals, council staff, voluntary sector organisations and the local community. The purpose of the conference would be to raise awareness about khat and to give people from the community an opportunity to discuss ways of addressing some of the problems associated with the drug.

Recommendation 9– The task group recommends that NHS Brent and drug treatment agencies in the borough consider a campaign aimed at khat users to advise them on where to go if they wish to stop using khat, as well as drawing to their attention some of the issues associated with the drug, such as lack of sleep and lack of appetite. Efforts should be made to engage Somali community organisations in this work.

Recommendation 10 – The task group recommends that steps are taken to involve Somali young people in the One Council Review of Youth Services in Brent, so that their views can be taken into account.

Recommendation 11 – The task group recommends that Brent Council's Communications Team works with local Somali community groups to publicise positive achievements within the community more widely, using methods such as the Brent magazine. This would raise the profile of the community in Brent, and help to celebrate successes.

- 3.9 Service areas and partner organisations have been asked to respond to the recommendations. Their comments are included as an appendix to this report.
- 3.10 Above all other issues, tackling unemployment is the one thing that the task group believes would go a long way to reducing khat use. Employment is crucial for health and wellbeing and to improve peoples' self esteem. Brent's Somali community has been fully involved in the review and happy to give their time to help members investigate this issue. There are some excellent organisations and impressive individuals working within the community to help people improve their lives in the UK. But time and again members heard that unemployment was a major problem, from people who were unemployed as well as others within the community and this issue should be given top priority for those who are working with Brent's Somali community.

4.0 Financial Implications

- 4.1 There are no direct financial implications from agreeing the recommendations. There may be additional resources required to implement the recommendations, for example ensuring that Khat cafés comply with

legislation and organising a joint conference on Khat use in Brent with the local Somali community. However, these additional costs are not considered to be material and can be met from the Council's existing budget.

4.2 There are no financial risks or consequences of non compliance.

5.0 Legal Implications

5.1 The Khat plant is not classified as a controlled drug under the Misuse of Drugs Act 1971. The main psychoactive component chemicals of the Khat plant, namely cathinone and cathine, are classified as Class C drugs under Schedule 2 of the Misuse of Drugs Act 1971. Although it is a criminal offence to extract cathinone or cathine from the Khat plant, there have been no successful prosecutions to date. Khat is licensed as a medicinal product under the Medicines Act 1968. The Khat plant can be imported legally to the United Kingdom when it is declared as a vegetable. The Advisory Council on the Misuse of Drugs has recommended to the Home Office that the Khat plant should not be classified as a controlled drug under the Misuse of Drugs Act 1971.

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

Contact Officers

Andrew Davies
Policy and Performance Officer
Tel – 020 8937 1609
Email – andrew.davies@brent.gov.uk

Phil Newby
Director of Policy and Regeneration
Tel – 020 8937 1032
Email – phil.newby@brent.gov.uk

Appendix 1

Khat Task Group Recommendations

Comments from Service Areas

Recommendation	Comments	Officer / Team Responsible
Recommendation 1 – The task group recommends that local Somali community groups, Brent Council and Job Centre Plus work with Brent's Somali community to signpost them when necessary, to refugee and immigrant support services in Brent so that they are able to resolve their immigration problems.	<p>From Brent Council Customer Services - Enquiries about immigration do not feature in the range of face to face / phone enquiries dealt with by customer services however members of the Somalian community do make contact about benefit, Council tax and other council services. I would suggest that the signposting is not limited to CS – but is extended to include Housing enquiries currently dealt with at MG House, localities teams within C&Fs and also across social care professionals in ASC.</p> <p>There will need to be clear information provided to staff responsible for signposting – it would be helpful to clarify who will provide this and deliver briefing / training sessions to enable signposting to be carried out confidently and effectively.</p> <p>Jobcentre Plus supports this recommendation.</p> <p>T. Dackombe 15.02.12</p>	Customer Contact Service
Recommendation 2 – The task group recommends that	Jobcentre Plus will fully support this recommendation. We	Job Centre Plus

Job Centre Plus, BACES and the College of North West London works with local Somali organisations to advertise the ESOL courses and work-specific courses that are available in Brent to local Somali people in the most appropriate way.	would be pleased to receive advice from the Somali organisations and residents in terms of the best way to reach as many of our customers as possible. T. Dackombe 15.02.12	
Recommendation 3 – The task group recommends that the Government commissions further research into the pharmacological and medical impacts of khat. At present there is a lack of clarity about the drug's effects and given the concerns with khat that exist in communities in the UK it should be given a greater priority by the Government.	The task group's report will be sent to the ACMD and Home Office if approved by the Executive.	ACMD / Home Office
Recommendation 4 – The task group recommends that a full evaluation of the CRI khat outreach project is carried out by NHS Brent and CRI prior to the end of the six month contract in March 2012, to determine whether there is enough demand to continue the project.	<p>From NHS Brent Drug and Alcohol Service - The CRI Khat Outreach project has worked at ensuring that people from the Somali community who presented to the project as result of the outreach programme have been linked into local treatment services with a pathway developed that has ensured that those presenting are engaged in effective treatment.</p> <p>Brent CRI have also recruited a number of volunteers from the local Somali community who will work with project staff to continue to facilitate a peer mentoring group and to train more volunteers from the Somali community.</p> <p>All those presenting with concern regarding their khat use have had more serious treatment needs in relation to problematic alcohol and Class A (Opiate/Crack cocaine) drug use.</p> <p>Brent Drug and Alcohol Action Team (DAAT) has received a</p>	NHS Brent Drug and Alcohol Service

	significant increase (15%) based on performance for increasing the numbers in effective treatment and successful completions. Extra funding will made available to CRI Brent Outreach and Engagement Team (BOET) for an extra project worker and nursing post to be able to address future treatment interventions for khat and other hard to reach groups to reduce harm cause by khat and problematic substance misuse.	
Recommendation 5 – The task group recommends that the Council and Somali community groups work with the owners of mafrish (khat cafes) and shops in Brent selling khat, to develop a voluntary agreement to prevent the sale of khat to those under the age of 18, as originally recommended by the Advisory Council on the Misuse of Drugs.		Brent Council Environmental Health Services / Help Somalia Foundation
Recommendation 6 – The task group recommends that the Council runs a targeted enforcement campaign to ensure that the mafrish (khat café) owners are complying with various pieces of legislation with regard to: <ul style="list-style-type: none"> • Health and safety / building regulations • Smoking • Hygiene • Ventilation • Noise nuisance • Refuse disposal – that the cafes have trade waste contracts in place • Payment of business rates • Improvement of shop fronts 	From NHS Brent Public Health - The rate of TB is particularly high in the Somali community and there are concerns around individuals from this community spending long periods in confined smoke-filled environments. This is of particular concern where shisha pipes are shared and the role this may play in increasing transmission of TB and other communicable disease.	Brent Council Environmental Health Services

<p>This is to ensure the immediate environment in and around the cafes is improved and to protect the wellbeing of staff who work in the mafrish.</p>		
<p>Recommendation 7 – The task group recommends that NHS Brent works on raising awareness of khat with health professionals, including GPs, and the police, especially the Safer Neighbourhood Teams, as advocated by the Advisory Council on the Misuse of Drugs, so that users can be offered any help and support they may need.</p>	<p>From NHS Brent Public Health - NHS Brent will allocate a public health consultant to lead on working with the Somali community to address a number of health inequalities including khat but relating to a wider agenda of access to primary care services, forensic mental services and to ensure that community members know how to access services and are able to participate in local health campaigns. This work will include developing more effective signposting to specialist treatment interventions.</p> <p>A public health fair is being organised (March 2012) to allow the Somali community to raise concerns and issues over a broader public health agenda including access to primary care, immunisations, screening and NHS Health Checks.</p> <p>Work is also planned within Public Health to address issues in uptake of childhood immunisation, particularly MMR, amongst the Somali community and to increase awareness and early diagnosis of both TB and meningitis. This work will include the employment of a Somali project worker, advisory sessions with Somali parents and TB awareness training for community representatives. The Brent TB Community Group includes representation from the Somali community and effort is being made to ensure involvement of the community in Brent's World TB Day event on 22nd March at Brent Town Hall.</p>	<p>NHS Brent Public Health</p>

<p>Recommendation 8 – The task group recommends that NHS Brent’s Public Health Team and DAAT service works with the local authority and the local Somali community to organise a conference on khat in Brent for all stakeholders including people working in the drug treatment sector, health professionals, council staff, voluntary sector organisations and the local community. The purpose of the conference would be to raise awareness about khat and to give people from the community an opportunity to discuss ways of addressing some of the problems associated with the drug.</p>	<p>From NHS Brent Public Health - NHS Brent and the DAAT have identified funding for 2012/13 for a number of community engagement events and a wider event to address khat will be a key priority for the prevention element of the DAAT Integrated Substance Misuse Plan 2012/13.</p>	<p>NHS Brent Public Health</p>
<p>Recommendation 9 – The task group recommends that NHS Brent and drug treatment agencies in the borough consider a campaign aimed at khat users to advise them on where to go if they wish to stop using khat, as well as drawing to their attention some of the issues associated with the drug, such as lack of sleep and lack of appetite. Efforts should be made to engage Somali community organisations in this work.</p>	<p>From NHS Brent Public Health - NHS Brent and the DAAT have identified funding for 2012/13 for a social marketing campaign which will include khat.</p> <p>Representatives from the local Somali community will be invited to work with the DAAT Training and Workforce Development Manager and treatment sector managers to develop a targeted awareness around health and social effects of KHAT and signposting to local treatment services.</p>	<p>NHS Brent Public Health</p>
<p>Recommendation 10 – The task group recommends that steps are taken to involve Somali young people in the One Council Review of Youth Services in Brent, so that their views can be taken into account.</p>	<p>This project is currently at the exploratory stage, and a detailed project plan has not yet been agreed. However, a robust Equalities Impact Assessment and appropriate consultation will be key stages.</p> <p>The project is envisaged as assessing whether or not sufficiently targeted provision is available to meet the needs of the borough’s very diverse youth population, including groups with high levels of need, such as Somali young people. A key piece of work which is already underway is</p>	<p>One Council Programme Team</p>

	the mapping of that need (which notes the growing young Somali population over the last ten years), and of the provision currently available.	
Recommendation 11 – The task group recommends that Brent Council's Communications Team works with local Somali community groups to publicise positive achievements within the community more widely, using methods such as the Brent magazine. This would raise the profile of the community in Brent, and help to celebrate successes.	<p>The council's Communications Team works to promote the council to the residents of the borough. It engages in specific community issues via council led initiatives but direct contact with community groups to promote their work is rare, other than if they contact us with information for the Council Magazine.</p> <p>However, the Communications Team would, for example, promote a health campaign or enforcement campaign on Khat to the wider community in Brent (including Brent's Somali community). It would also promote council led work with the Somali community that was having positive outcomes, for example we would highlight achievements of young Somali's in our schools, library initiatives on Somali literature or ward working delivering a specific project for the Somali community. Engagement would be project specific and there would need to be council involvement in that project.</p>	Brent Council Communications Team