



## **The health and social impacts of khat use in Brent**

**January 2012**

### **Task Group Membership:**

Councillor Ann Hunter (chair)  
Councillor Eddie Baker  
Councillor Helga Gladbaum  
Councillor Krupesh Hirani  
Councillor Roxanne Mashari  
Councillor Margaret McLennan

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## Chair's Foreword

Since the beginning of time, human beings have found or made mind-altering drugs for their recreational use. From rainforest tribes to the Romans, every society has had stimulants and narcotics to drink, smoke, eat or chew, and each society has had to decide what is socially and culturally acceptable and what to ban, or attempt to ban/regulate, because of its harmful effects on individuals and/or the community.



In countries in the Horn of Africa, Ethiopia, Yemen and Somalia, one of these mood-altering drugs which has become popular is khat, the chewing of which is the focus of this report. Brent is fortunate to have a vibrant Somali community, some of whom have brought to the UK the practice of chewing khat.

There has already been a government report into the practice in 2005, and a review of the literature relating to khat research in 2011. We have referred to both of these in some detail, as well as consulting several more local reports, such as the one in the borough of Hillingdon. There is also currently an on-going government review of khat. We will send a copy of this report to them.

Our primary concern was to look at the social and health implications of khat, both for those who chew, their families and neighbours, and the communities in which they live.

We have listened to a wide cross-section of views over the last seven months, and have come up with what we think are practical and useful recommendations. Views range from a desire for a total ban on the import and chewing of khat, to those who see it as a cultural and harmless practice.

It is not in our remit to classify the drug; that is for the government to decide. What we propose are a series of practical recommendations to regulate its use, and most importantly to raise awareness of the key issues surrounding its use.

Some of these we, the Council, can implement, but some can only be actioned by the Somali Community themselves, and many of the conclusions we have reached have been as a result of listening to their various concerns. We need to work together, Council and community, to address these issues.

We want to see our recommendations implemented, and the Council and the Somali community working together to deal with the khat issue in Brent. We believe it can be done through a range of measures, spelt out in detail in the recommendations: better employment opportunities, awareness raising among both the Somali community itself, health and educational professionals and local police, and by ensuring that the local mafrish (khat cafes) comply with existing legislation in terms of health and safety and other criteria, and a voluntary agreement in terms of not selling khat to those under the age of 18.

I trust that the implementation of these specific recommendations will have a real impact on the issues of khat use and abuse in Brent.

In conclusion, I would like to thank all the contributors and interviewees, particularly Harbi Farah and all at the Help Somalia Foundation and Hussein Hersi and his colleagues at the Red Sea Foundation, who have facilitated our meetings with so many members of the Somali community here in Brent. I have been impressed by the participants' openness and willingness to engage with us, and we thank them for that.

Thanks too to the enthusiasm and zeal of the other members of the task group, Councillors Eddie Baker, Helga Gladbaum, Krupesh Hirani, Roxanne Mashari and Margaret McLennan. On behalf of them all, I would also like to thank Andrew Davies from Brent Council's Policy and Regeneration Unit; his efficiency and stamina have been a great support to us and all the other participants.

Councillor Ann Hunter  
Chair of the Khat Task Group  
January 2012

## Executive Summary

Khat is used mainly by people from the Somali, Ethiopian, Kenyan and Yemeni communities in the UK<sup>1</sup>. Brent has a significant Somali population and it is use of khat amongst this group that has been of concern to councillors and to some members of the Somali community. Some believe that there are negative consequences associated with taking 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.

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 khat task group was set up as members wanted to better understand the health and social impacts of khat on Brent's communities and to determine which of the opposing views on khat was closest to the truth in Brent. There were three main issues members wanted to investigate:

- 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.

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). This is because the main source of information on ethnicity is the Census, which does not have a "Somali" category. 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.

The task group believes that the pattern of use is the key determinant of how big an impact khat had on a user's life. Khat is not physically addictive, but those who abuse khat do show signs of psychological addiction and it becomes a habit that some clearly find difficult to stop. The task group considered why the pattern of use may have changed in the UK and heard powerful opinions on this issue, many of which came back to one issue – the erosion of the traditional male role for Somali men in the UK. What was clear to people the task group spoke to, particularly women, was that the traditional societal roles are not as clearly defined in the UK as they are in Somalia. The task group was told that it is possible that men have questioned themselves as a result of this. The alienation they feel because of their

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<sup>1</sup> Khat: Social Harms and Legislation – A literature review. Home Office, July 2011.

displacement, coupled with the trauma of war and loss of status, may have led some to seek a form of escape by taking khat to excess.

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.

The task group heard of numerous reasons why people in the Somali community may be unemployed, in addition to the "khat factor". These included:

- Immigration status
- Language barriers
- Skills barriers
- Lack of confidence caused by long term unemployment

The task group was told by people in the Somali community that they are concerned that those who abuse khat are able to sustain their habit because they are claiming benefits, including JSA and housing benefit and that this is acting as a disincentive to work. The task group does not buy into the theory that all khat abusers are relying on benefits to sustain their habit, and that if benefit was withdrawn people would find work. This is too simplistic and there are many ways to sustain a habit without claiming benefits. Additionally, khat use is not restricted to the unemployed or those claiming benefit and it would be wrong to promote this view. Many use it after work as a legitimate way to relax and socialise. The task group believes that unemployment is not the only reason why people take khat to excess. Nor is khat the only reason why some people from Brent's Somali community are unable to find work.

The task group was not unanimous on whether khat should be banned as some within the Somali community believe that it should. 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

Working on the khat task group has been an enlightening experience for councillors. It is clear that, for some, khat is a problem. But for many people it is not and this report has tried to present a balanced view on the issue. This is why members haven't felt able to recommend banning khat – not all believe that the evidence is there to support this. It also isn't clear whether banning khat would lead to a reduction in its use, or whether it would

simply lead to the criminalisation of a section of our community that is already among our most disadvantaged in terms of deprivation, employment and educational attainment.

The task group has made nine recommendations which can be broadly split into five categories:

- 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

It is hoped that through the implementation of these recommendations real differences can be made amongst Brent's communities affected by khat. But, 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.

## Task Group Recommendations

The task group's recommendations are listed in the order in which they appear in the report, rather than because of the priority given to them by the task group members.

**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.

## **1. Introduction – What is khat?**

- 1.1 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. There are many different varieties of *Catha edulis* depending upon the area in which it is cultivated.
- 1.2 Khat is currently imported and used legally in the UK. Until 1997, khat was traded into the UK as a “vegetable” and so was exempt from VAT. From the 1<sup>st</sup> February 1998, Her Majesty’s Revenue & Customs (HMRC) reclassified khat and it has become standard-rated for VAT at 20%<sup>2</sup>. In 2010 HMRC established that nearly 58 tonnes of khat are being imported into the UK each week, primarily from Kenya. This compares to around seven tonnes per week in the late 1990s, reflecting the rise in the number of immigrants to the UK from khat-consuming countries. Fifty eight tonnes equates to over 9,000 boxes of khat. The total amount of VAT collected on khat was £2.9m<sup>3</sup>.
- 1.3 Khat arrives at Heathrow and is taken to a warehouse in Southall. From here it is distributed across the UK for consumption. Retailers pay £35 to £40 for a box of khat, but can sell it on to consumers at £3 to £6 a bundle. The retail value of a box of khat is around £120<sup>4</sup>.
- 1.4 In February 2005 the Minister responsible for drugs asked the Advisory Council on the Misuse of Drugs (ACMD) to advise the Government as to the current situation in the UK and the risks associated with khat use. At that time the ACMD decided that it would be inappropriate to classify khat under the Misuse of Drugs Act 1971. They reported that the prevalence of khat in the UK is relatively low and isolated to the Somali and Yemeni communities. They found there was no evidence of khat use in the general population. Furthermore, the evidence of harm resulting from khat use was not sufficient to recommend its control. In 2010 the ACMD was asked again to review the available evidence on Khat by the coalition Government. However, this review did not start until 2011 and is currently ongoing.
- 1.5 Although khat is not controlled under the Misuse of Drugs Act 1971, its two main psychoactive component chemicals, cathinone and cathine, are classified as Class C drugs under the Act. An offence is committed if cathinone or cathine are extracted from the plant<sup>5</sup>. There have been no successful prosecutions for this offence to date.
- 1.6 Drugs that have a fast onset of action have a high addictive potential. Although chewing Khat is an efficient way to extract the active ingredients, it takes a long time to reach maximal plasma levels (around 2 to 2 ½ hours) and hence khat has less reinforcing properties than other stimulants such as amphetamine and cocaine. That said, some heavy users do display the symptoms of addiction.

## **2. Why set up a task group?**

- 2.1 Khat is used mainly by people from the Somali, Ethiopian, Kenyan and Yemeni communities in the UK<sup>6</sup>, although use in these communities varies considerably. Brent has a significant Somali population and it is use of khat amongst this group that has been of concern to councillors and to some members of the Somali community.

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<sup>2</sup> Khat: Social Harms and Legislation – A literature review. Home Office, July 2011.

<sup>3</sup> Khat: Social Harms and Legislation – A literature review. Home Office, July 2011

<sup>4</sup> Khat: Social Harms and Legislation – A literature review. Home Office, July 2011

<sup>5</sup> Khat (Qat): Assessment of Risk to the Individual and Communities in the UK. ACMD, 2005

<sup>6</sup> Khat: Social Harms and Legislation – A literature review. Home Office, July 2011.

2.2 Councillors wanted to better understand the health and social impacts of khat because of concerns raised by members of Brent’s community about the drug. There were three main reasons for peoples’ concerns:

- 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.

### 3. Terms of reference

3.1 The task group agreed to work to the following terms of reference.

*The task group will:*

*(i). Consider the social implications of Khat use to determine whether there are significant problems within user communities, especially Brent’s Somali community.*

*(ii). Consider whether the health of Khat users in Brent has suffered as a result of their use of the drug.*

*(iii). Consider the impact that Khat use has had on families in Brent, particularly for women and children.*

*(iv). Determine 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). Consider whether more effective treatment services can be put in place in Brent aimed specifically at Khat use.*

*(vi). Identify 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). Work with the local community to develop possible recommendations and solutions that can be implemented and lead by the Somali community in Brent.*

### 4. Methodology

4.1 To begin the review the task group organised a meeting with representatives from Brent’s Somali community, working for groups providing advice and support to people within the community. As well as getting to know the “community leaders”, the task group also wanted to better understand the community’s views on khat, what they consider the problems to be and how they would tackle the issue. The task group was also looking for guidance on how to conduct the review, as it was clear that it would require the help and cooperation of members of the Somali community. The people present at this meeting were:

- Harbi Farah and Ilham Gasser – Help Somalia Foundation
- Hussein Hersi – Red Sea Foundation
- Abukar Awale – Khat campaigner
- Ahmed Farah and Ahmed Gure – Hornstars

- Ali Awes – Khat campaigner
  - Abdi Rahman
- 4.2 Other evidence was gathered by interviewing people working with khat users, local residents and other stakeholders. Interviews were held with:
- Simon Green, Shamsul Islam and Bill Bilon – Brent and Harrow Trading Standards
  - Andy Brown, Head of Substance Misuse – NHS Brent
  - Louisa Pavli and Abdul Gureye – CRI Brent
  - Abdi Mahamud – Universal TV
  - PCSO Martin Wells plus four members of the Welsh Harp SNT Panel
  - Dr Liban Ali, North West London NHS Hospitals Trust
  - Terry Dackombe, Partnership Manager – Brent Job Centre Plus
- 4.3 The task group held two focus groups with members of the Somali community. One was held at the Unity Community Centre with a mixed group of men and women, some of whom were khat users, some of whom weren't. Nine people attended this focus group. A second, women only, focus group was held at the Help Somalia Foundation. 16 people attended the second focus group.
- 4.4 The task group made two visits to Church Road during their research. The first visit was during the day time, where local people and traders were asked for their views on khat and in particular the khat cafes, or mafrish, in the area. The second visit was in the evening specifically to visit one of the mafrish and speak to khat users so that they had an opportunity to contribute to the review.
- 4.5 Finally, a literature review was carried out to look at work that has already been done in this area by the Home Office, the Advisory Council on the Misuse of Drugs, other scrutiny reviews (such as Hillingdon), khat research projects and best practice examples.
- 5. How many people use khat in the UK?**
- 5.1 Research suggests that khat use is limited to the diaspora communities from East Africa and the Red Sea and that very few people in the wider population use the drug. In the UK, research has primarily looked at consumption amongst the Somali community. A 2005 research project interviewed 602 Somali people and found that 204 were khat chewers. They had a mean age of 39, which was an older mean age than those people who had not chewed khat, suggesting it was more popular amongst older Somalis. There was also a marked gender difference – 51% of males had chewed khat in the recent past, but only 14% of females. The majority of those that chewed considered themselves “moderate chewers”<sup>7</sup>
- 5.2 The British Crime Survey started to ask questions about khat use in October 2009, so a picture is emerging with regard to khat use amongst the general population. Preliminary results from the October 2009 survey suggest that 0.2% of the population reported using khat in the previous year.<sup>8</sup>

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<sup>7</sup> Khat: Social harms and legislation – A literature review. Home Office, July 2011

<sup>8</sup> Khat: Social harms and legislation – A literature review. Home Office, July 2011

## **6. Common perceptions of khat use**

- 6.1 There are many negative consequences associated with taking khat, most of which were repeated to the task group during the course of their investigations (see main findings below). 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.
- 6.2 However, there are also people who do not consider khat use to be a problem and regard it as an important part of the culture of user communities, particularly at social occasions such as weddings, funerals and parties. The task group wanted to find out which of these opposing views was closest to the truth in Brent.

## **7. Local Context**

- 7.1 Brent's Somali population has grown significantly over the last 20 years following the arrival of migrants fleeing the civil war. As immigrant communities have grown, consumption of khat in the UK has also increased. In Brent 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 – there may also be other areas where there are cafes. There are a number of convenience shops that sell khat for consumption off the premises. The increase in outlets selling khat reflects the growing demand for the drug in Brent.
- 7.2 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 – there aren't significant numbers of people from Yemen or Ethiopia in the borough). This is because the main source of information on ethnicity is the Census, which does not have a "Somali" category. We do know that the number of pupils in Brent schools that record Somali as their first language is increasing year on year, suggesting that the overall number of Somali people is increasing. Somali is now the 3<sup>rd</sup> most common first language spoken by Brent school children, after English and Gujarati. It also increased in greater numbers than any other language between 2009 and 2011.
- 7.3 Irrespective of the number of people in Brent who use khat, what has become a concern is the pattern of use. 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.
- 7.4 In Brent there are a number of organisations that work with Somali people, some of whom try to help khat users wanting to stop. Some community members believe passionately that khat should be banned in the UK. It should be noted that the council has no power over this decision. It is a matter that has to be decided by the

Government, usually following advice from the Advisory Council on the Misuse of Drugs.

## **8. Task Group Findings**

8.1 The task group's findings have been split into sections, reflecting the key issues raised by people that contributed to the review. There were a number of recurring themes, but opinions on them weren't uniform and the task group has tried to reflect that in presenting its findings.

### **8.2 Family breakdown**

8.3 The task group heard on numerous occasions that khat use (normally by men) leads to family breakdown, or at the very least, problems between husbands/fathers and their wives and children. On a site visit to Church Road the task group spoke directly to three women about their experiences of being married to men who used khat. They reported that:

- Two of the women said that their husbands were chewing khat every day and not working. They had no time for their kids as a result of using khat. One reported that her husband was working, but that he was also abusing khat.
- The men have health problems. They have little time for their families. Arguments are frequent and relationships are breaking down.
- The men sleep during the day and often don't come home during the night. When they are chewing khat they switch off their phones so they can't be contacted by their wives.
- The men are agitated as a result of their khat use and lack of sleep.
- The impact on the children is significant. The men don't have much of a relationship with their children. They are unable to help with homework, and as the women spoke little English, their children were struggling at school. They can't afford extra tuition for their children. The women feel like single parents.
- Whilst the women said that their husbands used khat when they were living in Somalia, they also worked, which meant they used less.
- The women felt that khat should be banned to restrict its use in the UK.

8.4 These were powerful testimonies and it was clear to the task group that there is genuine concern amongst some people that khat is the cause of family breakdown or relationship difficulties. Those who attended the women only focus group spoke in similar terms about families they knew that had broken up because of the man's khat use (none said they were in this position personally).

8.5 Experiences like this were reported to the task group and it is a concern that khat abuse may be causing detrimental impact on family life. However, the task group also heard differently from khat users and other non users who felt that when it's used in moderation khat use doesn't impact on family or working life. It is the abuse of khat that can contribute to problems. What isn't clear is whether khat abuse is causing family breakdowns, or whether it is a convenient scapegoat and that there are other influential factors.

### **8.6 Patterns of use**

8.7 It became clear to the task group that the pattern of use was the key determinant of how big an impact khat had on a user's life. Khat is not physically addictive, but those who abuse khat do show signs of psychological addiction and it becomes a habit that some clearly find difficult to stop. Khat use was discussed in two focus groups, one with khat users and a women's focus group (all of whom were non users). Many

female non users that spoke to the task group felt that khat wasn't an issue when taken in moderation at appropriate times of the day. However, perhaps not surprisingly, all felt that taking khat on a daily basis for hours at a time, late into the night or all night was wrong and would have an impact on a person's ability to work and maintain stable relationships.

- 8.8 The task group was informed that traditionally khat was used at weddings and other social occasions by Somali people. When Somalis get together with friends to discuss politics or events back home they use khat – it's an ingrained part of the culture. What became clear to members is that the pattern of use amongst some people appears to have changed since Somali people have come to live in the UK. In Somalia men took khat in social situations, but women would often be present – cooking a meal for instance, as part of a larger gathering. Khat would be taken for a couple of hours, at which point people would go home, or back to work but it wasn't normally used for hours on end. The normal circumstances of taking khat in the UK are different – men will go to *mafrish* (khat cafes), to chew khat and socialise. These, as far as the task group is aware, are only open to males. Its use in male only environments could have led to some of the family and relationship issues that the task group was informed about.
- 8.9 Members heard that as a rule older Somali people will only use khat and although some may smoke cigarettes they are unlikely to use other drugs or alcohol. Younger people do take khat but they are more likely to mix it with other substances such as alcohol and cannabis. People who participated in the review felt it was the result of a meeting of cultures and that as younger Somalis were more integrated into the UK, their behaviour reflected this. Participants in the khat user focus group felt that khat wouldn't necessarily become less of a problem in the UK as the Somali community became more settled and second and third generations became more integrated. Young Somalis are aware of khat and they'll use it because it helps them to socialise and it's cheap.
- 8.10 An important point was made to the task group by a female focus group participant - that in order to become a habitual user of khat, an individual will normally start by taking it socially – the habit develops. That said it is also worth considering the problem with khat in context. As the task group was told by the same female participant, there are people who are khat abusers, but compared to problem drinkers, or the number of deaths caused by alcohol abuse, it is a much smaller issue. Any response to khat has to be seen in this context and be proportionate to the scale of the problem.

### **8.11 *The changing role of Somali men in the UK***

- 8.12 It is important to consider why the pattern of use may have changed in the UK. The task group heard powerful opinions on this issue, many of which came back to one issue – the erosion of the traditional male role for Somali men in the UK.
- 8.13 In Somalia men were the breadwinners, they went out to work in order to support their families. Women were responsible for the home, for looking after children, cooking, cleaning and other domestic chores. In the UK, where Somali men haven't always been able to work (because of immigration status) or have been unable to find a job, or a job that they want to do (loss of status is an issue) their role as the "breadwinner" is no longer a given. At the same time, Somali women in the UK have become more independent, sometimes through necessity (for instance, they may have arrived here before their husbands) but also because they've been able to work and earn a living for themselves. Several women felt it was too easy for families to be provided with benefits and accommodation without the man having to work. This

results in the erosion of the male role, which may be alien to western cultures, but which the task group was told is an issue. What was clear to people the task group spoke to, particularly women, was that the traditional societal roles are not as clearly defined in the UK as they are in Somalia.

- 8.14 The task group was told that it is possible that men have questioned themselves as a result of this. The alienation they feel because of their displacement, coupled with the trauma of war and loss of status, may have led some to seek a form of escape by taking khat to excess. As well as taking khat, solace is sought through talking about Somalia and the desire to go home – not many people felt that they would still be in the UK after 20 years and many still hope to return to Somalia on a permanent basis. People aren't able to articulate their feelings or problems and so turn to khat and discussions with friends about Somalia and Somalian issues.
- 8.15 Whether this is the case or not is hard to demonstrate, but it was a strongly held view at the focus group with Somali women that some men are struggling more than others to adapt to life in the UK. They also referred to the civil war, which continues. Many Somali people in the UK still have relatives and friends in their homeland and this must be difficult and stressful and could explain why some choose to abuse khat.

### **8.16 Unemployment**

- 8.17 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. Although there are 10,000 people in Brent claiming Job Seekers Allowance, the number of people of Somali origin who are claiming JSA is unknown as Job Centre Plus doesn't collect this information, i.e. the relevant ethnic category, as with the census is Black African, not specifically Somali.
- 8.18 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 this work. 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.
- 8.19 The task group heard of numerous reasons why people in the Somali community may be unemployed, in addition to the "khat factor". These included:
- Immigration status
  - Language barriers
  - Skills barriers
  - Lack of confidence caused by long term unemployment
- 8.20 Job Centre Plus in Brent work with the Somali community to help them into employment. For example, in partnership with the Help Somalia Foundation, Job Centre Plus organised a jobs fair at Brent Town Hall in 2010 aimed at the community. This was attended by around 400 people and was considered a success. Courses are run from the College of North West London and BACES in subjects related to industries where there are vacancies in Brent's "travel to work area". ESOL courses are provided, which are accessible to people from the Somali community (or any other individual wanting to take English lessons). The task group was informed that Somali women often seek jobs in the care industry. Free courses in this sector are currently running at CNWL, with guaranteed interviews at the end of the course.

- 8.21 Job Centre Plus in Brent acknowledged that language can be a barrier for some job seekers (not just Somali job seekers) as English is required for virtually all jobs as are basic IT skills. ESOL classes are provided for free to people on benefit through BACES and the College of North West London to complement the job specific courses on offer. ESOL courses are offered at pre entry level (which is rare), level 1, 2 and 3. 500-600 places are available at BACES for 10 week courses. Funding is provided through successful completion of courses by the student, so BACES are able to offer more courses if scheduled classes are full. All courses have to have an outcome, and they're run on subjects for which there are vacancies in Brent's travel to work area – usually in areas such as administration, retail, hospitality etc. Courses are 10 weeks long and include complementary activities such as updating CVs and interview practice. Employment advisers also provide one to one support to help people find work when they are approaching the end of their course.
- 8.22 The group is keen that these courses are advertised within the Somali community. Job Centre Plus used word of mouth and the support of community groups to advertise the 2010 jobs fair. This approach seems to work with the Somali community rather than through leaflets or posters. The community groups working with Somalis in Brent should be sent up to date course details to ensure their availability is known within the community. The task group would also encourage other efforts to better market the courses available.
- 8.23 The task group was told by people in the Somali community that they are concerned that those who abuse khat are able to sustain their habit because they are claiming benefits, including JSA and housing benefit and that this is acting as a disincentive to work. Whilst the task group didn't meet anyone who was in this situation (or would admit to being in this situation) it is possible that some are able to sustain themselves in this way. The task group met with representatives of Job Centre Plus who felt that such supposed abuse of the system was unlikely – clients are regularly challenged to show that they are looking for work and there are penalties for those who persistently do not.
- 8.24 The task group does not buy into the theory that all khat abusers are relying on benefits to sustain their habit, and that if benefit was withdrawn people would find work. This is too simplistic. There are many ways to sustain a habit without claiming benefits. The task group was told that there is a culture of lending money to people for khat, and that there are often arguments about money as a result. People may be working informally, earning cash in hand and using this money to pay for khat. The task group also met 12 people in a mafrish, most of whom said they were in work. Khat use is not restricted to the unemployed or those claiming benefit and it would be wrong to promote this view. Many use it after work as a legitimate way to relax and socialise.
- 8.25 The task group also does not believe that khat is necessarily the cause of peoples' unemployment. Proving cause and effect in relation to khat and unemployment would be difficult. Are people abusing khat because they're unemployed? Are they unemployed because they're abusing khat? This isn't a straightforward issue but once someone has got into the habit of taking khat all day, every day, it can be difficult to break that cycle. But whether this is the cause of unemployment or a symptom of it is unclear.
- 8.26 The task group was informed by Job Centre Plus that in their experience it becomes much harder for an individual to find work if they are unemployed for longer than 13 to 26 weeks. Confidence gradually drops, lifestyles change and people become accustomed to benefits. There are people in Brent's Somali community who are long term unemployed – the task group met one man who informed the group he'd been

unemployed for nine years. Some in the community may also be unable to work because their immigration status has not been resolved. This may result in people seeking an outlet for their frustrations by taking khat, but unemployment is not the only reason why people take khat. Nor is khat the only reason why some people from Brent's Somali community are unable to find work.

**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.

### **8.27 Mafrish - Antisocial behaviour**

8.28 One of the main reasons for members setting up the task group was concern about the impact that mafrish are having on local communities. The task group was keen to visit a mafrish to see for themselves what happens there, the environment within the café, and to get a sense as to whether some of the problems attributed to the cafes – ASB, crime, litter and noise was accurate.

8.29 Accessing a mafrish took some negotiating, as members were keen to do this without having to use formal routes, such as through Environmental Health or Trading Standards, in order to engage customers on their experiences of using khat. In October 2011 members of the task group visited a mafrish on Church Road. The visit took place in the evening, after 6pm, and there were around 12 people using the café at that time. The mafrish was fairly small, with a number of benches around the outside of the room forming a circle within which there were desks for people to put their khat, water and soft drinks. There was a TV showing a Somali channel although most of the men there were waiting for the Champions League football to come on later that evening. The atmosphere was jovial, the communal nature of chewing khat was obvious – unlike in a pub, where people tend to talk to their friends, everyone in the room was sitting in a circle talking.

8.30 The main issues to arise from the visit to the mafrish were:

- Most of the men using the mafrish were working and tended to drop in after work in the evenings. Some of the customers were cab drivers, one was a gas engineer. Most spoke good English – some spoke perfect English, although they tended to speak to each other in a mixture of Somali and English.
- The men using the mafrish were a mixture of ages. Although no one was asked how old they were, three or four of the customers were probably under 25, whilst nobody appeared to be over 55-60.
- The customers explained that people who come to the mafrish are able to discuss their problems. This included family difficulties, but also some of the practical issues that come with living in the UK. The gas engineer explained he was the “go-to” man if his friends had problems with their plumbing or heating, and they would come to speak to him in the mafrish.
- It wasn't clear how long the men would be staying in the mafrish. The shop keeper suggested it would be 2 to 3 hours, but the men who were chewing avoided the question.

- One person felt that the Somali community in Brent needed a forum to come together to discuss the main issues affecting them, and to talk about solutions to these problems. This didn't just concern khat, but other social issues such as unemployment, gangs and education. At the moment there isn't anywhere for the community to do this and so people look to resolve their problems in the mafrish.
  - By the end of the meeting any initial suspicions from the mafrish users about the task group had gone and one person remarked it was good that people from the council had taken the time to come and see them.
- 8.31 The experience that the task group had at the mafrish was a positive one. The people using khat were very welcoming, happy to talk to members and let them experience the mafrish. There weren't any problems linked to ASB when the councillors were present and there were people coming and going at regular intervals without incident. But it has to be acknowledged that this experience is not shared by others in Brent who live side by side with khat cafes.
- 8.32 Members have received complaints from constituents that the areas around the cafes are often unkempt, that rubbish is dumped on the streets and shop fronts are badly maintained. They're reported to be open all hours, meaning that they can be the source of night time disturbances. Reports of violence emanating from the cafes have been received by councillors.
- 8.33 The task group spent much of its time focussing on the Church Road area where there is a large concentration of mafrish, but it is also an area where there have been problems with antisocial behaviour and criminal activity. It is difficult to pinpoint the single cause of antisocial behaviour in an area like Church Road, which has a number of issues which cumulatively have contributed to its problems. As a result, members met with representatives of the Welsh Harp Safer Neighbourhoods Panel to discuss the situation at Blackbird Hill, where there is a concentration of cafes.
- 8.34 The main issues raised by the Welsh Harp SNT Panel members were:
- There are as many as five khat cafes in the area around Neasden Lane / Braemar Avenue. The shopping area is quite run down, there is often litter and detritus on the streets from the local businesses (including the cafes – discarded leaves and khat paraphernalia), broken glass is a common problem. Tensions in the area have been exacerbated by gang problems, and the cafes are being targeted because they are owned and used by Brent's Somali community. This is contributing to the concerns of local residents, who feel that the cafes are the cause of the problems in the area.
  - Anti-social behaviour is an issue. At different times of the day the area can be affected by:
    - Double parking
    - Parking in front of driveways
    - Noise nuisance from café customers
    - Men have been seen staggering away from the cafes, high, and there have also been fights amongst customers.
    - People have been seen urinating in public.
    - At times, local people have been intimidated by customers and left feeling uneasy by what they have seen.
    - The local residents believe other drugs are being dealt and used in the area.
  - Deliveries of khat have a direct impact on Braemar Avenue. Deliveries happen at any time of the day, usually in private cars which stop on Braemar Avenue. Rubbish is often discarded after the deliveries have finished. The deliveries can also attract large numbers of people to the street.

8.35 These problems are acknowledged by the Safer Neighbourhoods Team in Welsh Harp and the task group hopes that they can be resolved. The task group believes that negotiation with the café owners would help, so that they can be made aware of the problems and the way the neighbours feel about the cafes.

8.36 The task group also visited Church Road in July 2011 to speak to shop keepers and local people about their perceptions of their local area, and in particular whether they felt that khat was contributing to anti social behaviour. Among the comments the group heard were:

**Shopkeeper** – The shop keeper was keen for khat to be banned. He had known youngsters in the area before they had taken khat and after and the effect had been clear. Young men who were normal, well behaved people are now “mad” and in his view this is the result of their khat use.

**Local man** – A local man said that many of the fights on Church Road are connected to money. Because many of the people abusing khat are receiving benefits, they often do not have enough money to buy their supply and so can get into debt. This is the cause of some of the tension on Church Road.

**Shop keeper** – One shop keeper said that the problems on Church Road, including khat, affected his business. ASB was an issue; groups of men hanging around put off shoppers, people don't feel safe in the area. Everyday there are issues, but Tuesdays and Fridays, when khat is delivered, it is particularly bad. There are arguments over khat and fights. This isn't helped by the larger number of people in the area on a Friday for prayers as those attending the mosque and those using khat come into conflict. He felt that something needed to be done to change the atmosphere in the road.

**Barber shop customer** - He didn't feel that khat use was a problem in Church Road. In his view, people currently using khat would probably be in a pub, if khat wasn't available.

**Café owner** – A Church Road café owner didn't feel that khat use was causing a problem to his business. He said that people do sometimes fight in Church Road, but that it was the same everywhere and not necessarily attributable to khat use.

8.37 From the small sample of people that the task group spoke to, there was a mixture of views. All felt that Church Road had its problems including ASB. Some believed that khat was contributing to this, others didn't.

### **8.38 Mafrish – licensing and business rates**

8.39 The issue of mafrish licensing and business rates was raised during the review. At present there is no licensing regime for khat cafes. It is not even known how many khat cafes there are in the borough. They are often concealed, in premises that deliberately appear closed, or boarded up. There is rarely a sign to indicate that they're open for business. Sometimes people operate cafes from domestic premises, away from high streets where they are harder to find.

8.40 Khat is considered a food product so in theory café operators have to comply with food standards legislation. However, the task group was told that Trading Standards have other priorities rather than the small number of khat cafes and they will normally only investigate if there is a complaint. This is a sensible and proportionate approach. There are hundreds of legitimate food premises in the borough that need inspecting to protect the public's health. There are also difficulties in securing a successful prosecution on a khat café because:

- Demonstrating that a café is a trading premises is difficult – people can claim they bought their own khat to a “meeting place” rather than purchased it on site
  - Knowing where the cafes are – Trading Standards rely on intelligence; they do not have the resource to pro-actively go and find them.
- 8.41 The task group was told that the most effective way to close a suspected café in domestic premises is through planning legislation. For example, if a business is trading from domestic premises there is legislation to deal with it. Similarly, if a building has been erected without permission and is being used as a cafe (as was the case in an example from Harrow), planning enforcement can be used to close it.
- 8.42 For cafes that are operating in business premises, ensuring they pay business rates is also an option that can be used to close the cafes. The task group was told of one former café site – 197 Church Road. This had been closed but business rates hadn't been paid for a year. The management company had been tracked down, but there were still business rates outstanding. The task group was informed by a number of people during the review that it was unlikely that business rates were being paid by café operators.
- 8.43 To test this, Revenues and Benefits were asked to check on a further two suspected cafes on Church Road. Both of these premises were, as of November 2011, paying business rates – one occupied rates, the other unoccupied rates. The amount of money the council receives is the same for both occupied and unoccupied premises. This was an interesting development and perhaps wasn't what the task group was expecting. It was felt that the mafrish owners were unlikely to be paying business rates because their businesses are deliberately low profile. The task group heard from numerous witnesses who felt similarly.

#### **8.44 Health problems**

- 8.45 Previous research into khat by organisations such as the Advisory Council on the Misuse of Drugs have commented on the health risks of taking the drug. Among the consequences attributed to taking khat are:
- Depression
  - Insomnia
  - Eating disorders, such as anorexia
  - Infectious disease, such as TB or pneumonia, contracted as a result of taking khat in confined, poorly ventilated spaces in mafrish.
- 8.46 Although khat isn't physically addictive, heavy users can develop psychological dependency. Mental health issues can be exacerbated by khat chewing sessions that can last up to three days, where users get little or no sleep. But, what isn't clear to the task group and what hasn't been demonstrated in other studies is whether the mental health problems some khat users suffer have been caused by khat, or whether users were already suffering some mental health problems when they started taking khat, or whether it is coincidence that some khat users have developed mental health problems. Proving cause and effect has not been possible to date.
- 8.47 The task group spoke to a Somali doctor who has worked with people who have taken khat and developed health problems. What wasn't clear to the doctor is whether people suffered from mental health problems, before they started taking khat. People from Somalia in the UK have a number of issues that they are facing and their mental health problems could be attributed to other factors, not necessarily khat. The language barrier, the trauma of war, isolation, sense of displacement and

blurring of traditional roles are all factors the task group was told could contribute to poor mental health.

- 8.48 The Advisory Council on the Misuse of Drugs cites two different research projects on the link between khat and psychiatric morbidity. The results from both were inconclusive. One study looked at people in the Somali city of Hargeisa, which found a link between khat and psychiatric symptoms, but it also found an association between the experience of traumatic events, amount of khat use and psychosis. The study concluded it was not possible to determine cause and effect. The second study in Yemen found that there could be an inverse association between khat and psychiatric symptoms – that people using khat were less likely than others to develop psychiatric symptoms.<sup>9</sup>
- 8.49 Another issue, raised by one of the female participants at a focus group, was the effect that pesticides present on the khat have on the health of those who chew it. Khat grown in Kenya or other parts of East Africa is treated with pesticides that are banned in the UK, and yet it is ingested without washing in many cases. The female participant felt that this was the most dangerous issue connected to khat and that the Food Standards Agency should do more to monitor this. It should be noted that the Somali doctor the task group spoke to had not come across anyone suffering from the adverse impact of ingesting pesticides, although anecdotally it is said to contribute to liver problems amongst the Somali community.
- 8.50 A research exercise has been carried out looking at 15 khat-related deaths in the UK between 2004 and 2009. However, as the report acknowledges, the contribution of khat was varied. In more than 50% of cases the individual died in traumatic circumstances with external causes of death (such as car crash or suicide). The common feature among all of the deaths was that the individuals had either been known khat users, or traces were found in their blood stream during their post-mortem (along with other drugs and in many cases alcohol). Some of the individuals also had mental health problems. Khat toxicity was possible in two of the cases, but it isn't clear that khat was the sole cause of any of these deaths, but its use was a common factor amongst the victims.<sup>10</sup>
- 8.51 There is, unfortunately, a lack of comprehensive research into the pharmacological and medical impacts of khat has. Its impact is associated with numerous conditions and behaviours, but research carried out into the drug hasn't been conclusive and the results of different research projects have contradicted each other. If informed decisions about khat are to be taken by the Government then they should be made on the back of conclusive research.

**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.

### **8.51 Views of khat users**

- 8.52 It was important to the task group that the views of khat users were included in this project. The anti-khat lobby in Brent is loud and more than capable of ensuring their message is heard. What must not be forgotten is that khat is a legal product and

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<sup>9</sup> Khat: Assessment of Risk to the Individual and Communities in the UK - Advisory Council on the Misuse of Drugs, 2005

<sup>10</sup> Assessing Khat Related Death with special reference to the UK situation – John Corkery, St George's University of London. 2011

those who take it have as much right to make sure their views are known and heard by decision makers as those who are calling for it to be banned.

8.53 The task group's findings from its visit to the mafrish are set out above. In addition to that visit, a focus group was held which khat users attended. Among the benefits of khat explained to the group were:

- The mafrish are places where the community can go to resolve problems and catch up on news. They're a good way for people to keep in touch with events in the community and also in Somalia.
- There are economic benefits to khat. Shopkeepers run mafrish as a way of supplementing their income during difficult times economically. People work in the khat industry and this brings jobs and income to Brent.
- Abusing khat (i.e. chewing more than three bundles a day) was problematic. Using it in moderation didn't normally cause the user or their families any issues.

8.54 The experiences of people who had used khat attending the focus group are set out below:

One man told the group he was a daily khat user and had been for 20 years, since he had been in Europe. He said that he did not use khat to excess and that his level of use did not cause him any harm. He works, lives a normal family life helping his children with their school work, is able to sleep, eats normally and did not think that khat had a negative impact on him or his family. He chewed up to one bundle each day, but he believed using more than two or three bundles a day was problematic and could be classed as misuse. He compared use in Somalia and in the UK – in the UK people are more likely to be habitual and chronic khat users than they are in Somalia. Taking khat all night is not a good thing.

A second man, who was much younger than most of the group, had only taken khat once, with his friends. He took it because his friends were taking it and he wanted to see what it was like. In his words, it was like "chewing grass" and it did nothing for him. He's aware of the problems it can cause and the pesticides that can be present on the plants and he does not plan to use it again.

A third man uses khat occasionally, but he says that it has little effect on him. However, he has friends who are regular users, who spend their time taking khat when he is at work. Some of his friends are problem users, others take it at the weekends without any issues. Those who take it daily are bored – they have nothing else to do.

The fourth man used to chew khat twice a week – on the days it was delivered, so it was fresh. He used it when socialising with friends, although he has not chewed for 10 years

8.55 Time and again, the message that the task group heard about khat use, from users and many non-users was that moderation is crucial. Used to excess, khat can cause problems. Used in moderation, some believe that khat is a harmless stimulant people use when they socialise and relax.

#### **8.56 *Services in Brent***

8.57 One of the concerns that members had when beginning the review was the lack of specialist khat treatment services in Brent. Somali community members had told the task group that khat users would be highly unlikely to use mainstream drug treatment

services if they wanted to give up khat because of the stigma this could cause within their community. They felt that users would not even regard khat as a drug, let alone something they would need treatment for.

- 8.58 However, in 2010/11 and 2011/12 (the period for which figures are available) khat users have been receiving treatment services from CRI, Brent's drug outreach service provider. It should be noted that the majority of service users are also using other substances as well as khat and may have sought treatment as a result of their abuse problems linked to these substances, rather than khat. See table 1 below:

**Table 1 – CRI Drug Outreach – Khat users**

Year	Number of clients	Nationality	Drug Use	Discharge reasons
2010/11	14	13 Somali 1 Ugandan	8 – khat, crack, alcohol and cannabis  3 – khat and alcohol  3 – khat, alcohol and cannabis	7 – completed treatment and occasionally use drugs (but not heroin or crack)  2 – completed treatment and are drug free  1 – completed treatment and is alcohol free  1 – in prison  1 – dropped out  2 – remain on caseload
2011/12 – Q1 only	2	2 Somali	1 – khat and alcohol  1 – heroin and alcohol (female client)	Both are still on caseload

- 8.59 Since the task group started its work, Brent's substance misuse service has funded CRI to provide a khat outreach service to specifically target khat users in a pilot project that will last until March 2012. If demand for services materialises, it could be extended beyond that date. The task group welcomes this development and is encouraged that NHS Brent has made an initial investment into khat-specific services. CRI has provided information on the number of khat users receiving treatment in the first six weeks of the khat outreach services, which started in September 2011. Six out of nine service users for whom the information is known are using substances other than khat. Two clients are female and one has mental health problems.

**Table 2 – CRI khat outreach service – Client information for first six weeks of operation**

Age	Gender	Nationality	Marital Status	Mental Health Issues	Parental Status	Substance Use
63	Male	Somali	Divorced	No	None of the children live with the client	Alcohol and khat
51	Male	Somali	Single	No	Not a parent	Crack, khat, alcohol and cannabis

21	Male	Somali	Single	No	Not a parent	Khat
38	Male	Somali	Married	No	All of the children live with the client	Heroin, cannabis and khat
43	Male	Somali	Single	No	Not a parent	Alcohol and khat
57	Male	Somali	Single	No	Not a parent	Khat
26	Male	Somali	Single	No	Not a parent	Khat, cannabis and alcohol
63	Female	Somali	Single	No	Not a parent	Khat
52	Male	Somali	Single	No	Not a parent	Alcohol and khat
39	Male	Somali	Single	No	Not a parent	Unknown
37	Male	Somali	Single	No	Unknown	Unknown
59	Female	Somali	Single	Yes	Unknown	Unknown

8.60 It is too early to judge the success of this service, or whether Somali khat users are reluctant to use it because it is provided by a mainstream drug treatment provider. The task group was very impressed with the commitment that CRI are making to this project, using one of their existing drug workers who is Somali, to lead this work. One point that is worth noting is that those people opposed to khat use often argue that its abuse can lead to family breakdown. However, of the clients using CRIs services, only one was divorced and the majority were not parents, which contradicts this view.

**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.

## 9 Solutions

9.1 The task group held a meeting at the start of the review with representatives from organisations in the borough that work with the Somali community. The clear message from that meeting was that ultimately it should be the community that resolves the problems connected to khat abuse – moralising or lecturing from officials, be it from health or the local authority was likely to fall on deaf ears or result in outright suspicion and hostility. Solutions have to come from the community if they are to succeed.

9.2 The task group has been mindful of this throughout, and has based its recommendations on the views of the community. It is crucial that it is the community agrees with the recommendations and supports their implementation. This will rely on the support of the organisations that work so hard to improve the lives of people in Brent.

### 9.3 **Regulating khat**

9.4 The task group was not unanimous on whether khat should be banned or not and as a result 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 group heard from a number of people who felt khat should be banned, or at the very least, regulated in some way. The task group does support the regulation of khat.

9.5 Those in favour of banning khat believe that the health and social problems attributed to its use warrant stricter controls. Because khat is mainly used by immigrant communities and knowledge of it amongst the wider population was limited, its impacts are down played. A common comparison was made with the reaction to deaths attributed to legal highs, which had widespread media attention. The Government has moved quickly to ban some legal highs. Khat receives nothing like the publicity – is this because its popularity doesn't extend beyond the Somali, Ethiopian and Yemeni communities in the UK? It certainly hasn't been adopted as a "cause celebre" by the tabloid press, in the way that legal highs were.

9.6 Others arguments in favour of a ban were

- It's the only way to bring its use under control
- A ban would make people think twice about chewing and reinforce the point that it is a drug that can have negative side effects. Because it's legal some people view it as harmless and don't appreciate the consequences of using it to excess.
- Women may also be reluctant to allow their husbands to chew at home if it was banned, to avoid criminal activity taking place in their home.

9.7 It is clear that some members of Brent's Somali community are passionate campaigners for the banning of khat. On the 28<sup>th</sup> October 2011 the Wembley Observer ran a front page story on this very issue featuring Abukar Awale, a prominent campaigner from Brent who advocates the banning of khat in the UK. He participated in the task group and was among the more vociferous advocates for banning khat.

9.8 The main arguments against banning khat that the task group heard were:

- Banning khat will drive up the price, causing further economic difficulties to those who use it
- It would be a waste of public resources to prosecute people for khat possession or selling. Resources should be used to tackle more serious crimes
- Khat users, who otherwise would never / have never committed a crime, shouldn't be criminalised because of their khat use.
- If khat was banned then users would look to other substances, such as alcohol, to replace it
- Banning khat would make little difference – men would continue chewing, even if it was more expensive and harder to obtain.

9.9 The Home Office publication "Khat: social harms and legislation – a literature review", refers to the situation in Norway and Sweden, both of which prohibited khat in 1989 without any research into its harms. The report says that "demand remains high in Norway and it is estimated that out of 9,000 Somalis in Oslo, 1,000 are consumers".<sup>11</sup>

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<sup>11</sup> Khat: Social harms and legislation: A literature review

The report also says that “khat is still chewed by 30% of Somali men in Sweden”<sup>12</sup> (20 years after the ban was introduced). The suggestion from the report was that banning khat does not necessarily lead to a reduction in its use.

- 9.10 When the Advisory Council on the Misuse of Drugs carried out its khat review in 2005, it decided against banning khat. But it did make a number of recommendations that it suggested should be voluntarily implemented. Those relating to regulation were:

**“ACMD Recommendation 4**

The (Advisory) Council recommends that the Government/local relevant authorities explore the possibility of a voluntary agreement among retailers of khat on excluding sale of khat to those under 18 years old.

**ACMD Recommendation 5**

Furthermore, the (Advisory) Council recommends an awareness raising campaign of the health and safety implications of chewing Khat in Mafreshi (e.g. – health implications from poorly ventilated, smoky environments), and a voluntary undertaking from community leaders and Mafreshi owners adhere, wherever possible to current health and safety regulations on ventilation, lighting, fire escapes etc.”<sup>13</sup>

- 9.11 The task group advocates 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

- 9.12 Of course, implementing a system of regulation and licensing would not be cheap or easy to do on a borough only basis. It would require enforcement and would be unpopular amongst those who work in the khat trade and khat users. But it is something that the task group would ask the Advisory Council on the Misuse of Drugs to consider recommending to Government, to see if a national scheme can be put in place. A voluntary code is unlikely to succeed and would be hard to implement.

- 9.13 It should be noted that scrutiny reviews have been carried out in other boroughs looking at the health and social impacts of khat, specifically Hillingdon. Councillors there have also recommended a system of regulation for khat should be introduced in the UK, and opted against specifically recommending that khat should be banned.<sup>14</sup>

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<sup>12</sup> Khat: Social harms and legislation: A literature review

<sup>13</sup> Khat: Assessment to the risk of the individual and communities in the UK – Advisory Council on the Misuse of Drugs, 2005

<sup>14</sup> What problems are posed to Hillingdon, and beyond, by khat and what can we do to tackle them? – Hillingdon Overview and Scrutiny Review report , 2010/11

**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.

### **9.13 *Educating people on the dangers of khat***

- 9.14 Making sure people know the impact that khat can have on users was a common call from people contributing to the review. Although the cause and effect of many of the perceived side effects haven't necessarily been proven beyond doubt, those people who contributed to the review (including khat users) were clear that using khat repeatedly to excess had consequences for health and wellbeing. There are calls for these messages to be communicated to people so that they are aware of the risks of khat abuse, possibly on khat packaging in a similar way to cigarette packaging. The task group acknowledges the impracticalities of this. Khat is sold out of boxes, normally wrapped in blue carrier bags. Stamping a warning message on the bags would be hard to organise. It is also not clear what the message should be. Unlike with cigarettes for example, the links between khat and ill health are not as clear.
- 9.15 Raising awareness is considered particularly important amongst younger people who may be getting into khat. Somali TV would be a useful way of doing this, but programmes have to be targeted at different age groups – logically young people watch different programmes from older people. Outreach in mafresh would also be helpful, as would outreach in mosques and the use of role models to talk to people about the dangers of khat.
- 9.16 The Advisory Council on the Misuse of Drugs in 2005 felt that there “was a need to educate primary health care professionals and others directly involved with members of (khat using) communities about the health and social problems associated with khat use.
- 9.17 The need for education was in the following areas:
- The health risks associated with Khat use
  - The dangers of Khat use
  - Risk reduction and safer Khat use
  - Treatment options for Khat use

- Prevention of Khat use<sup>15</sup>

9.18 The Advisory Council acknowledged the need to focus education, at least partly through local communities, by introducing peer education models. The task group would endorse this approach. The Help Somalia Foundation already does peer mentoring work with khat users and it is hoped that this can be continued. Primary care services will also have a role in educating users. It is clear to the task group that despite the good work of CRI, education should not be the exclusive role of drug treatment service providers if it is to be effective. Ideally it should be community led.

**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.

#### **9.19 *A place for people to meet without khat***

9.20 There were two main strands to this – firstly, the mafrish act as a useful meeting place for men, to catch up with friends and to discuss community issues. Whilst it is possible that non khat chewers go to the mafrish, they are male only environments and clearly khat is present and is a significant pull factor for those going to the mafrish. The task group heard that having a meeting place where khat wasn’t chewed would be beneficial to the community.

9.21 Secondly, the point was made to the task group that Somali men and women do not have a place where they are able, as a community, to meet and socialise and discuss issues affecting them. Mafrish are male only, whilst Mosques are also separated along gender lines. Having a space where families can spend time would be a positive development, where there are activities for men, women and children that they are able to do together.

9.22 The task group is especially conscious of the view that solutions have to come from within the community. Regarding this point, the task group would not support the opening of a Somali “community centre”, or a similar council run building. This would almost certainly fail for the reasons identified above, possible suspicion and hostility towards organisations like the local authority. If it is a genuine community ambition to have such a space, the council and partners should assist where it can to help make it a reality. But the solution has to be community driven and community owned if it is

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<sup>15</sup> Khat: Assessment of Risk to the Individual and Communities in the UK - Advisory Council on the Misuse of Drugs, 2005

to be a success. In some respects resources are already available. Somali groups use the Chalkhill Community Centre, the Unity Community Centre and Hornstars use community facilities in Stonebridge. Ensuring that the wider community is aware of this may help to resolve some of the issues that the task group was told about.

### **9.23 *Diversionsary Activities***

- 9.24 This is related to the above point, but it was noticeable that some of the mafrish customers made a point of telling the task group that if there were other things they could do, they wouldn't be in the mafrish chewing khat. They informed the task group:
- If there was more for them to do, they would not be chewing khat. The younger customers would prefer to play football, but there wasn't anywhere for them to go to do this. They didn't feel safe going up to Hornstars in Stonebridge because of problems between groups from different parts of Brent and gang territory. However, if football sessions could be set up in the Church Road area then they may be able to play against teams from Hornstars. This could be a way of breaking down the barriers that currently exist. They were encouraged to hear about the plans for the new Roundwood Centre and thought this may be a good place for younger Somali people to try different activities.
- 9.25 There were a number of points raised by this statement, not least gang concerns, which are outside the remit of the task group. But, are people taking khat because of the absence of other things to do, especially younger people? Of course, the most affective diversionsary activity would be employment.

**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.

## **10. Conclusions**

- 10.1 Working on the khat task group has been an enlightening experience for councillors. It is clear that, for some, khat is a problem. But for many people it is not and as a result this report has tried to present a balanced view on the issue. This is why members haven't felt able to recommend banning khat – not all believe that the evidence is there to support this. It also isn't clear whether banning khat would lead to a reduction in its use, or whether it would simply lead to the criminalisation of a section of our community that is already among our most disadvantaged in terms of deprivation, employment and educational attainment.
- 10.2 Above all other issues, tackling unemployment is the one issue 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.
- 10.3 At this time, when unemployment generally is rising, and unemployment in Brent is above the London and national averages, helping people to find work is challenging. But coupled with the disadvantages facing Brent's Somali community, such as language barriers, lack of qualifications and skills recognised in the UK etc, getting people back into meaningful work is no easy task. But it is the area that the task

group believes deserves the biggest focus and would make an enormous contribution to reducing the numbers of people who abuse khat.

- 10.4 There is much good work going on in Brent's Somali community where people are striving to establish themselves in the UK and in many cases succeeding in doing this. For example, Capital City Academy pupil Suleyman Abdi securing a place at Oxford University to study engineering, the first pupil from the school to gain a place at Oxford. But more needs to be done to promote this and emphasise the positive contribution the Somali community makes to life in Brent. The task group's final recommendation will hopefully help to address this.

**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.

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