

## **This is a briefing paper for the Brent Health Select Committee on The use of Khat/Pan**

### **1. Definition**

**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.

### **2. Some terms for khat:**

Mirra Qat Catha Bushman's tea  
Jaad Herari Tschat Flower of paradise  
Kaad Chat Tohai Abyssinian tea  
Qaat Gat African salad Tea of the Arabs

### **3. Legal Status**

Khat is currently imported and used legally in the UK.

### **4. Prevalence in UK**

One of the main epidemiological tools for monitoring drug use in England and Wales, the British Crime Survey, does not report on khat use. There is no evidence of khat use in the general population, all the epidemiological data available have reported on communities in which khat use is prevalent, ie the Somali, Ethiopian, Kenyan and Yemeni communities.

### **5. Prevalence in London**

The Home Office commissioned a report by the National Association for the Care and Resettlement of Offenders (NACRO) to characterise khat use in Somali communities around the UK. Researchers conducted 602 interviews using privileged access interviewers in four cities in England. Of the total sample, 39% had used khat at some time, 34% had used khat in the month prior to interview and less than 4% admitted to using on a daily basis.

Of the 235 people who identified themselves as having ever used khat, 81% were male. A similar study interviewed 207 Somalis living in London. In this study

78% of the overall sample had ever used khat, 67% had used in the week prior to interview and 6% were using khat on a daily basis. The difference in the studies is most likely due to the sex ratio, with 73% of the latter sample being male compared to 54% in the former study. Both studies report more use of khat by males.

## **6. Prevalence in Brent**

There are no statistics currently available on the prevalence of Khat in Brent. Anecdotal evidence however provides reports on the impact on the family in terms of domestic violence, family instability and financial pressures.

## **7. The Use of Khat**

Information about the use of khat in the UK comes from reports into the communities from countries that traditionally use khat. The largest epidemiological survey of drug misuse in England and Wales, the British Crime Survey, does not include khat as one of its reference drugs. Most of the prevalence data comes from the Somali community. Figures range from 34% to 67% of the Somali community who identify themselves as current users of khat. There are no published reports in the other individual ethnic communities.

There are no reports of khat use in the UK outside of the communities that traditionally use khat.

## **8. Import, export, distribution and use of khat in the UK**

Approximately 6 tons of khat arrives in the UK per week, mostly by air from Kenya. The bulk of this is in transit for supply to the United States of America. The UK is a base for khat distribution to many countries, including the US, where the plant is illegal.

There is an efficient distribution network to the khat using communities across the UK. Most users buy khat at the mafresh, a meeting place where khat is bought and chewed. Mafreshi proprietors often sell soft drinks and cigarettes alongside khat. The trade in khat is a legitimate business and is quite distinct from the trade in illegal drugs.

Mafreshi are subject to health and safety requirements as they are public places where a product is sold and consumed, however many are unknown to the local authorities. They are of varying standards of cleanliness and safety. Alternatively khat is bought at local shops, in markets or via 'mobile traders'.

Men are more likely to use at the mafresh and women are more likely to use at home, often alone. There is under-reporting of women's use of khat probably as a result of the extra stigma they face.

## **9. RISKS TO PHYSICAL HEALTH**

There is evidence that chewing Khat is a risk factor for the development of oral cancers. Chewing khat leads to an increase in blood pressure and may precipitate myocardial infarction. It is difficult to tease out the specific risk factor of khat for heart disease as most users also smoke tobacco during a khat session.

There is some evidence that khat affects the reproductive health of both sexes. In women it may be associated with delivery of low birth weight babies (as with smoking cigarettes), although the evidence for this is not strong. Cathine is excreted in breast milk although the impact of this is unknown.

In men there is some evidence that using khat is associated with lower sperm motility and sperm count. Some studies report an increase in libido when using khat and others have found decreased libido with chronic use of khat.

Residual pesticide, dimethoate, has been found on khat leaves produced in Yemen. There is no published data on khat produced in other countries. Chronic dimethoate poisoning can lead to weakness, fatigue, slurred speech and lack of co-ordination.

## **10. RISK OF ADDICTION AND TO PSYCHIATRIC HEALTH**

There is evidence that some individuals use khat in a dependent way. However, for the majority of users this does not appear to be the case.

## **11. SOCIAL ISSUES**

The partners of khat users often complain that their partners' khat use is responsible for lack of input into family life, for family arguments, and leads to excessive expenditure of the family budget. It is cited as a reason for family breakdown by spouses, and there is a fear that men using excessively (as heads of the family unit) lead to isolation for their spouses and children.

## **12. LOCAL ISSUES-BRENT**

Experiences of **health visitors**- a few cases have arisen where health visitors have supported families where Khat is used. The social impact is that women bear the burden of caring for the family when men go away for long periods to consume khat. The economic cost is that men use family income to purchase Khat including child benefit. Domestic violence is common and also causes friction in the home.

A **school nurses** experience of a family where use of Khat has been ongoing since they arrived in the UK in the late 80's. Mum has had schizophrenia,

dad also abuses alcohol and four children have been affected and today placed on the cp register as a result of neglect. Two of the children now have bipolar disorder and are at this time in residential child psychiatric care and there is also a grandchild who is now looked after. Two of the children now use cannabis.

### **13. Asian Women's Resources Centre**

They had one case, in 2004, of a Somalia woman who was experiencing domestic violence. Her husband frequently used khat. The effect was abuse, violent and aggressive behaviour towards her.

### **14. Youth and Community Service**

Not currently aware of the use by young people using their services, but aware of the availability within the community.

### **ACTION**

1. Conduct local studies to establish the prevalence of khat use in Brent.
2. Involve Somalia community leaders to raise awareness on the impact of khat use on the individual and family.
3. Public information is required on the health impact of khat use.
4. more resources into preventative work
5. Continued support for the work of DAAT.

### **Reference**

**Khat (Qat): Assessment of Risk to the Individual and Communities in the UK. Advisory Council on the Misuse of Drugs (ACMD) 2005.**