



## **Health Partnerships Overview and Scrutiny Committee**

19 March 2013

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

Wards Affected:  
ALL

## **Khat Task Group Update**

### **1. Introduction**

- 1.1 The Health Partnerships Overview and Scrutiny Committee has asked for an update on the recommendations made by the Khat Task Group. The task group reported its findings in early 2012 and it is good practice to follow up recommendations within 12 months of them being endorsed by the Executive. The Advisory Council on the Misuse of Drugs (ACMD) has also recently reported its findings following a review into khat, commissioned by the Home Office. Therefore, it is a good time for the committee to re-examine the issues connected to khat use in Brent.

### **2. Background**

- 2.2 Khat is a herbal product that is chewed to create a mild stimulant effect. It is used mainly by people from the Somali, Ethiopian, Kenyan and Yemeni communities in the UK. Brent has a significant Somali population and it was the use of khat amongst this group that was of concern to councillors and to some members of the Somali community, which prompted the establishment of the task group. Some people 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.

- 2.3 However, as the task group found out during the course of its investigation 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.
- 2.4 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.

### **3. Main Findings**

- 3.1 The task group discovered that even estimating the number of people taking khat in Brent is difficult. At the time of the review the council was unsure how many people of Somali origin lived 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 was a concern was the pattern of use amongst some people. In Somalia, khat is an important part of the culture, but something that is normally taken in moderation, either at a celebration or after a meal. It is used, mainly by men, to stimulate conversation and as a way of relaxing. It does not normally interfere with working life, nor does it dominate lives as it can do in the UK. A number of the people who the task group spoke to during the review were concerned that the pattern of use had changed dramatically in the UK and that in the absence of anything else to do, men in particular, were spending their time with friends chewing khat.
- 3.2 The task group found 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. 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 that 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 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.
- 3.3 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. Benefit dependence was raised as an issue during the review. A logical conclusion to draw is that if someone is unemployed they will have more time to take khat during the day than if they were in work.

- 3.4 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
- 3.5 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 and that this is acting as a disincentive to work. The task group did 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 was 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.
- 3.6 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 did not make 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 did advocate for the regulation of khat in some form. Among the views it heard during the review with regards to this were:
- It should not be sold to those under 18.
  - Limiting the hours of sale could make it harder for people to stay up all night chewing.
  - Owners of mafrish should ensure that they complied with legislation relating to:
    - Health and safety / building regulations
    - Smoking
    - Hygiene
    - Ventilation
    - Noise nuisance
    - Protect the wellbeing of staff who work in the mafrish

- 3.7 Working on the khat task group was an enlightening experience for councillors. It was clear that, for some, khat is a problem. But for many people it is not and the report tried to present a balanced view on the issue.
- 3.8 The task group 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
- 3.9 Progress against the recommendations is set out in the table at the end of this report.

#### **4. Advisory Council on the Misuse of Drugs Findings**

- 4.1 The ACMD review into khat, commissioned by the Home Office, reported in January 2013. Members of the ACMD review team visited Brent during the course of their work and their final report references the work done by the Khat Task Group on numerous occasions. Many of the findings from the ACMDs review and the task group's review overlap. The ACMD made the following observations:
- Khat has no direct causal link to adverse medical effects, other than a small number of reports of an association between khat use and significant liver toxicity.
  - Anecdotal evidence reported from communities in several UK cities link khat consumption with a wide range of social harms. Research into these concerns has been undertaken but no robust evidence has been found which demonstrates a causal link between khat consumption and any of the harms indicated.
  - Somali groups that made representations to the ACMD claimed khat use was a significant social problem within their local areas and in domestic settings. In contrast it was asserted that the Yemeni community had no problem with khat use, as it takes place within the family setting and is integrated into other social domestic events.
  - BME groups are not homogenous communities, but range from well settled fourth generation families to asylum seekers fleeing civil war. The complex multi-factorial issues facing khat using asylum seekers/refugees may include: unemployment; legal uncertainties and irregular status; trauma; no social or family networks; social dislocation; discrimination; poor English literacy; gender politics; lack of inspirational realisation; devalued refugee identity; lack of validation of previous qualifications; lack of or limited access to accommodation and health care service provision.
- 4.2 The ACMD felt that without the necessary data and robust evidence to support proportionate intervention, khat should not be controlled under the Misuse of Drugs Act 1971. They made the following recommendations.

1. The ACMD recommends that the status of khat is not changed and is not controlled under the Misuse of Drugs Act 1971.

2. It is recommended that Commissioners and Directors of Public Health from Local Health Boards, NHS Boards, Health and Wellbeing Boards, and Health and Social Care Boards should:

- Include khat in local needs assessments, particularly where there are population groups of relevant BME groups;
- Where khat use is found to be present in local communities, this substance should be included in local generic substance misuse education and prevention initiatives;
- Where khat use is found, the commissioning of culturally specific and tailored treatment and recovery services incorporating mutual aid' models of support should be considered;
- Consider dialogue and partnership working with appropriate NGO, third sector, voluntary organisations and BME communities, so holistic needs of health and social issues are met.

3. It is recommended that where concerns are expressed about social harms associated with the use of khat, Local Authorities and new Police and Crime Commissioners should address them through engagement and dialogue with the local community and good inter-agency working, supported as necessary by the use of existing measures coordinated through the relevant Community Safety Partnerships and the use of community remedy.

4. It is recommended that Commissioners of Public Health services, as well as Criminal Justice System bodies and the new Police and Crime Commissioners should include the use of khat in regular monitoring returns required from treatment and enforcement agencies and publish annual figures. This data should form the basis of future research on khat to address the concerns raised in this report.

- 4.3 The recommendations from the ACMD review are to some extent, already being addressed in Brent through various agencies including public health and providers of substance misuse services in the borough. Organisations such as CRI and EACH are working with people from Brent's Somali community on substance misuse issues, including khat. The committee may want to consider whether it should recommend any further action regarding khat as a result of the ACMD's conclusions. How the Government responds to the ACMD report remains to be seen and it could, if it chooses, ban khat regardless of the ACMD's view. The ACMD is an advisory body, but decisions over drug classification are taken by the Government. If any announcements are made by the Government relating to khat before the committee's meeting, members will be updated verbally.

## **5. Conclusions**

- 5.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee notes this update report and questions officers on the progress in implementing the recommendations from the review. Members should also decide whether they want to take any further action following the ACMD's report and recommendations on khat use.

### **Background Papers:**

- (i). The health and social impacts of khat use in Brent
- (ii). Khat: A review of its potential harms to the individual and communities in the UK (2013) – report by the Advisory Council on the Misuse of Drugs

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## Appendix 1 – Task Group Recommendations

| Recommendation   | Comments – January 2012   | Update – March 2013      |
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| <p><b>Recommendation 1</b> – The task group recommends that local Somali community groups, Brent Council and Job Centre Plus work with Brent's Somali community to signpost them when necessary, to refugee and immigrant support services in Brent so that they are able to resolve their immigration problems.</p> | <p><b>From Brent Council Customer Services</b> - Enquiries about immigration do not feature in the range of face to face / phone enquiries dealt with by customer services however members of the Somali community do make contact about benefit, Council tax and other council services. I would suggest that the signposting is not limited to CS – but is extended to include Housing enquiries currently dealt with at MG House, localities teams within C&amp;Fs and also across social care professionals in ASC.</p> <p>There will need to be clear information provided to staff responsible for signposting – it would be helpful to clarify who will provide this and deliver briefing / training sessions to enable signposting to be carried out confidently and effectively.</p> <p>Jobcentre Plus supports this recommendation.</p> <p>T. Dackombe 15.02.12</p> | <p>Update to follow.</p> |
| <p><b>Recommendation 2</b> – 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.</p>            | <p>Jobcentre Plus will fully support this recommendation. We would be pleased to receive advice from the Somali organisations and residents in terms of the best way to reach as many of our customers as possible.</p> <p>T. Dackombe 15.02.12</p>   | <p>Update to follow.</p> |

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| <p><b>Recommendation 3</b> – 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.</p> | <p>The task group's report will be sent to the ACMD and Home Office if approved by the Executive.</p>  | <p>The task group's report was sent to the ACMD after its approval by the Council's Executive. The chair of the Task Group, Cllr Ann Hunter, Andy Brown, Head of Substance Misuse at NHS Brent and Andrew Davies, Policy and Performance Officer met with representatives from the ACMD during their review into khat.</p>  |
| <p><b>Recommendation 4</b> – The task group recommends that a full evaluation of the CRI khat outreach project is carried out by NHS Brent and CRI prior to the end of the six month contract in March 2012, to determine whether there is enough demand to continue the project.</p>  | <p><b>From NHS Brent Drug and Alcohol Service</b> - The CRI Khat Outreach project has worked at ensuring that people from the Somali community who presented to the project as result of the outreach programme have been linked into local treatment services with a pathway developed that has ensured that those presenting are engaged in effective treatment.</p> <p>Brent CRI have also recruited a number of volunteers from the local Somali community who will work with project staff to continue to facilitate a peer mentoring group and to train more volunteers from the Somali community.</p> <p>All those presenting with concern regarding their khat use have had more serious treatment needs in relation to problematic alcohol and Class A (Opiate/Crack cocaine) drug use.</p> <p>Brent Drug and Alcohol Action Team (DAAT) has received a significant increase (15%) based on performance for increasing the numbers in effective treatment and successful completions. Extra funding will made available to CRI Brent Outreach and Engagement Team (BOET) for an extra project worker and nursing post to be able to address future treatment interventions for khat and other hard to</p> | <p><b>Advisory Council ON the Misuse of Drugs (ACMD):</b> Representatives from Brent Council and NHS Brent were invited by the ACMD to present evidence at ACMD Khat Evidence - Gathering Meeting held in Central London on the 12.09.12 to present the findings of the project undertaken by CRI with the Somali community over the summer of last year in which the project aim was to further develop existing service provision and tailor it to the specific needs of the Khat using population by allocating a dedicated Somali speaking worker to work in partnership with local community organisations.</p> <p>Included as an appendix to this report is a presentation which includes full details on the evaluation of the CRI project and outreach with khat users.</p> |



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|   | reach groups to reduce harm cause by khat and problematic substance misuse.   |                   |
| <p><b>Recommendation 5</b> – 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.</p>  |   | Update to follow. |
| <p><b>Recommendation 6</b> – 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:</p> <ul style="list-style-type: none"> <li>• Health and safety / building regulations</li> <li>• Smoking</li> <li>• Hygiene</li> <li>• Ventilation</li> <li>• Noise nuisance</li> <li>• Refuse disposal – that the cafes have trade waste contracts in place</li> <li>• Payment of business rates</li> <li>• Improvement of shop fronts</li> </ul> <p>This is to ensure the immediate environment in and around the cafes</p> | <p><b>From NHS Brent Public Health</b> - The rate of TB is particularly high in the Somali community and there are concerns around individuals from this community spending long periods in confined smoke-filled environments. This is of particular concern where shisha pipes are shared and the role this may play in increasing transmission of TB and other communicable disease.</p> | Update to follow. |

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| is improved and to protect the wellbeing of staff who work in the mafrish.   |  |  |
| <p><b>Recommendation 7</b> – The task group recommends that NHS Brent works on raising awareness of khat with health professionals, including GPs, and the police, especially the Safer Neighbourhood Teams, as advocated by the Advisory Council on the Misuse of Drugs, so that users can be offered any help and support they may need.</p> | <p><b>From NHS Brent Public Health</b> - NHS Brent will allocate a public health consultant to lead on working with the Somali community to address a number of health inequalities including khat but relating to a wider agenda of access to primary care services, forensic mental services and to ensure that community members know how to access services and are able to participate in local health campaigns. This work will include developing more effective signposting to specialist treatment interventions.</p> <p>A public health fair is being organised (March 2012) to allow the Somali community to raise concerns and issues over a broader public health agenda including access to primary care, immunisations, screening and NHS Health Checks.</p> <p>Work is also planned within Public Health to address issues in uptake of childhood immunisation, particularly MMR, amongst the Somali community and to increase awareness and early diagnosis of both TB and meningitis. This work will include the employment of a Somali project worker, advisory sessions with Somali parents and TB awareness training for community representatives. The Brent TB Community Group includes representation from the Somali community and effort is being made to ensure involvement of the community in Brent's World TB Day event on 22<sup>nd</sup> March at Brent Town Hall.</p> | <p>A number of key projects and initiatives are still continuing outlined in the original report still continue and are now fully mainstreamed with substance misuse interventions commissioned through Brent Drug and Alcohol Team DAAT and public health partnership work plans these include the following;</p> <p><b>Training and workforce development:</b> Two one day training courses have been facilitated which focus specifically on KHAT, SHISA and PAAN. Key elements of this course are incorporated into all basic drug awareness courses facilitated through public health.</p> <p><b>EACH Counselling</b> presented a well received KHAT and Treatment Awareness session at the Multi Faith Forum on 28<sup>th</sup> January and a KHAT awareness stall for a week at Wembley Centre for Health and Care which was accessed by women who were attending primary care and clinical services. Five primary KHAT users are currently engaged with EACH's counselling and group work services working in partnership with Capital Home Care services.</p> |
| <p><b>Recommendation 8</b> – The task group recommends that NHS Brent's Public Health Team and DAAT service works with the local authority and the local</p>   | <p><b>From NHS Brent Public Health</b> - NHS Brent and the DAAT have identified funding for 2012/13 for a number of community engagement events and a wider event to address khat will be a key priority for</p>   | <p>The planned workshop for North West London Borough has not taken place due to the priorities of the Public Health contract transfer and the change of key personnel due to the current re-structure of the NHS.</p>   |

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| <p>Somali community to organise a conference on khat in Brent for all stakeholders including people working in the drug treatment sector, health professionals, council staff, voluntary sector organisations and the local community. The purpose of the conference would be to raise awareness about khat and to give people from the community an opportunity to discuss ways of addressing some of the problems associated with the drug.</p> | <p>the prevention element of the DAAT Integrated Substance Misuse Plan 2012/13.</p>  | <p>However the transfer of the public health functions to Brent Council will present an ideal opportunity for a more strategic consultation to identify the public health needs alongside ensuring that existing services are able to address the substance misuse treatment needs of the Somali community in Brent.</p>  |
| <p><b>Recommendation 9</b> – The task group recommends that NHS Brent and drug treatment agencies in the borough consider a campaign aimed at khat users to advise them on where to go if they wish to stop using khat, as well as drawing to their attention some of the issues associated with the drug, such as lack of sleep and lack of appetite. Efforts should be made to engage Somali community organisations in this work.</p>          | <p><b>From NHS Brent Public Health</b> - NHS Brent and the DAAT have identified funding for 2012/13 for a social marketing campaign which will include khat.</p> <p>Representatives from the local Somali community will be invited to work with the DAAT Training and Workforce Development Manager and treatment sector managers to develop a targeted awareness around health and social effects of KHAT and signposting to local treatment services.</p> | <p><b>Cobbold Road Treatment and Recovery Services:</b> continues to remain the single point of contact for borough residents who need access to substance misuse services not just for class drugs and alcohol but also the range of legal highs and counselling interventions for all sections of the community.</p> <p>The project will be developing a closer working relationship with Help Somalia Foundation to develop a range of targeted services specifically for the local Somali community.</p> <p><b>KHAT Group:</b> The weekly khat Support Group at CRI Brent Outreach and Engagement Team (BOET) continues to be well attended with a core group of 5 KHAT users meeting on a regular basis for support and to access onward referral.</p> |
| <p><b>Recommendation 10</b> – The task group recommends that steps are taken to involve Somali young people in the One Council Review of Youth Services in Brent, so that their views can be taken into account.</p>  | <p>This project is currently at the exploratory stage, and a detailed project plan has not yet been agreed. However, a robust Equalities Impact Assessment and appropriate consultation will be key stages.</p> <p>The project is envisaged as assessing whether or not</p>  | <p>Update to follow.</p>  |

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|   | <p>sufficiently targeted provision is available to meet the needs of the borough's very diverse youth population, including groups with high levels of need, such as Somali young people. A key piece of work which is already underway is the mapping of that need (which notes the growing young Somali population over the last ten years), and of the provision currently available.</p>  |  |
| <p><b>Recommendation 11</b> – The task group recommends that Brent Council's Communications Team works with local Somali community groups to publicise positive achievements within the community more widely, using methods such as the Brent magazine. This would raise the profile of the community in Brent, and help to celebrate successes.</p> | <p>The council's Communications Team works to promote the council to the residents of the borough. It engages in specific community issues via council led initiatives but direct contact with community groups to promote their work is rare, other than if they contact us with information for the Council Magazine.</p> <p>However, the Communications Team would, for example, promote a health campaign or enforcement campaign on Khat to the wider community in Brent (including Brent's Somali community). It would also promote council led work with the Somali community that was having positive outcomes, for example we would highlight achievements of young Somali's in our schools, library initiatives on Somali literature or ward working delivering a specific project for the Somali community. Engagement would be project specific and there would need to be council involvement in that project.</p> | <p>The Council's Communications Team has worked to promote the impact of the welfare reforms and the impact that they could have on families. They have used a Somali family case study in the Feb/March 2013 edition of the Brent Magazine to illustrate the impact the cuts could have. They are used on posters and leaflets and will continue to be used during the lifetime of the campaign.</p> <p><a href="http://issuu.com/brentcouncil/docs/tbm130/36?mode=a_p">http://issuu.com/brentcouncil/docs/tbm130/36?mode=a_p</a></p> <p>The council has also facilitated a benefit cuts advice day for the Somali community around November/December 2012 – we use a toolkit and it was translated into Somali for the advice day and for council advisors to use going forward.</p> |