Research Report 44 Key implications

Perceptions of the social harms associated with khat use

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Independent Social Research

This report describes the findings from a study exploring the perceived social harms associated with the use of khat. The study comprised focus groups and interviews with: members of the Somali, Yemeni and Ethiopian communities; members of the wider community; and practitioners including those from health, education and enforcement fields. In addition, a short survey of Drug Action Teams (DATS) was conducted to gauge the availability of treatment service provision for khat users.

The study's key implications are as follows.

- **Khat use was widely found to be socially accepted** and its use was reported by practitioners and respondents from all three target communities to be widespread. However, frequent and heavy use was perceived to have negative consequences for the individual, his/her family and the community and was regarded as unacceptable.
- **There was widespread support for some level of Government intervention** from all groups of participants. Suggestions ranged from regulation of the import, distribution and sale of khat, to an outright ban. Some participants expressed an interest in seeing an increase in the availability of treatment services and support for heavy users of khat.
- **There were found to be few treatment or support services available for khat users**. Only a small handful of DATs had either dedicated services available for khat users or generic services that could be adapted to meet the needs of khat users.
- **There was some support for better quality information and data on khat**. A number of practitioners and community members felt that there was a need for good quality information on the extent of khat use and on the health and social effects of khat use.

Contents

Keywords

Drugs

Khat

Perceptions

Ethnic communities

Qualitative

Quantitative

© Crown copyright 2010 ISSN 1756-3666 ISBN 978 1 84987 360 4 October 2010

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This report was commissioned in April 2009

Research Report 44 Executive summary

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Research background

Khat is a vegetable stimulant grown and used (chewed) in the countries of East Africa and the Middle East and available through a variety of outlets in the UK. New data from the British Crime Survey[1] estimate that 0.2 per cent of the general adult population reported using khat in the last year although it is likely that use is higher in communities with a cultural history of khat use. Users report that it promotes alertness and relaxation. The Government's 2008-2018 Drug Strategy Action Plan seeks "improved understanding of the needs of khat users and their families" and culturally appropriate responses to users' needs. This research was commissioned to further inform policy in this area, refresh the evidence base on social harms associated with khat use, and address some key evidence gaps.

Objectives

This study examined: perceived social harms associated with khat; views on appropriate Government responses; services available to khat users; and the treatment service needs of khat users and their families.

Methods

The project combined qualitative and quantitative research methods including: focus groups with khat users and non-users in Somali, Yemeni and Ethiopian communities in England and Wales and with the general public in three sample areas; interviews with community workers and professionals; and a survey of Drug and Alcohol Action Teams in England. Fieldwork took place in London, Sheffield and Cardiff during May and June 2009.

Findings

Patterns of khat use

Khat chewing was reportedly widespread in all three communities and considered by users, non-users and many practitioners to be a normal, socially accepted practice, cutting across the social spectrum. Heavy khat use was perceived as problematic.

Respondents thought increasing numbers of people were using khat. Although users were mostly perceived to be men, khat chewing was also thought to be on the increase among women, young people and people born and brought up in the UK.

Perceived social harms

Perceived social harms of khat were mainly linked to heavy use, which some community and practitioner respondents also thought could be symptomatic of underlying social problems that were unrelated to khat use.

Perceptions of the harms associated with khat included harm to: physical and mental health; work and finances; and relationships, marriage and family life. Some respondents regarded khat as a barrier to community integration and progress in the wider UK society. Negative impacts were seen to arise from the manner, context and social settings in which khat tends to be distributed and consumed in addition to arising from the khat itself.

There were very few reports of associations between khat and crime or anti-social behaviour.

Appropriate forms of Government intervention

Some form of Government intervention in relation to khat was favoured by most community respondents and practitioners.

1 British Crime Survey 2009/10.

 ISSN 1756-3666 ISBN 978 1 84987 360 4 October 2010

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A range of suggestions for Government intervention were made including: regulation and control of import and sales; more education and awareness raising within statutory organisations; investment in the training of health professionals and community workers; funding research into the impacts of use and on effective treatments; funding local services to connect in appropriate ways with heavy users; and better national statistics on khat use. Some respondents favoured a total ban.

Services available to khat users

Few DATs reported services for khat users. Examples of local specialist services and activities were provided in a few areas and some other areas said they were able to provide support to khat users through general stimulant services but using staff with specialist knowledge of khat.

Some DATs said they had dropped khat specific services because of lack of funding or because too few people presented themselves to services to justify the investment. The vast majority of DATs who provided information had no specialist provision for khat users but said they would be able to cater for need through general stimulant services.

Demand for services for khat users

Expressed demand for treatment or support services was perceived to be low. Moderate users were unlikely to see khat as a problem and it was reportedly unusual for heavy khat users to come into contact with services except for health reasons possibly related to their use of khat.

Some community and practitioner respondents felt that existing treatment and service models were not culturally appropriate. Services with explicit links to other kinds of drug or alcohol treatment were seen as unlikely to appeal to khat users, particularly as it was thought that most khat users did not drink or take other drugs. Practitioners and community respondents also said that mainstream agencies were perceived to know little about khat and unlikely to have much to offer heavy users. Strong links with communities tended to be reported by DATs as crucial to effective service provision and developing and sharing 'best practice' models.

Most practitioners and some DATs felt that there was a continuing need: to raise awareness of the potential risks of harm; to provide information about harm minimisation; and to work with mafreshi (venues where khat is sold and consumed) to reduce public health risks and minimise any local nuisance.