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Professor Les Iversen
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Dear Professor Iversen

November 2013

GOVERNMENT RESPONSE TO ACMD ADVICE ON KHAT

I wrote to you on 3 July to respond to the ACMD's advice on the potential harms of khat in relation to control under the Misuse of Drugs Act 1971. In the letter, I set out the reasons for the decision to control khat as a Class C drug. The Government has now laid the draft legislation before Parliament for the control of khat to come into force across the UK in early 2014.

I also committed to consult more widely across Government on the ACMD's other recommendations and to provide a full response. The Devolved Administrations have also received the ACMD's report on khat to consider these other recommendations which relate to their delegated responsibilities. I set out below the Government's response to the ACMD's advice on the potential harms associated with khat use, as well as the wider community concerns in England.

The ACMD made recommendations for locally-led policies and community-based interventions to address the potential harms of khat. I am pleased to have received supportive responses from across Government and local organisations to these recommendations. In my view, they confirm that, despite the challenges posed by the paucity of evidence on harm, the ACMD's report has also helped us to better understand the issues affecting local communities where the prevalence of khat is causing concern.

Overall context

The Government has carefully considered the ACMD's findings and all available evidence to inform our policy approach in local communities, within the context of the pending control of khat. We have been mindful to ensure that our response is aligned to the Government's 2010 Drug Strategy and Equality Strategy. The Government moved away from a focus on social identification and background to recognising people as individuals, breaking down the barriers to social mobility and giving them equal opportunities to succeed. We are also giving local authorities the freedom and responsibility to meet the needs of the diverse communities that they serve. Government departments will therefore support local authorities to explore and commission services that are tailored to the needs of khat users, their families and communities.

Health risks and prevalence

Public Health England (PHE) will lead on identifying opportunities to raise awareness of the potential harms of khat and associated community needs at a local level. PHE has developed the Joint Strategic Needs Assessment (JSNA) guidance and data for local public health commissioners which includes information about khat. Additional PHE advice to local areas where khat may be misused will cover a range of issues highlighted by the ACMD, including the need to:

- Ensure that treatment providers are competent to support people who are problematic khat users;
- Alert clinicians in Mental Health services to the scope for khat to complicate treatment of existing mental health problems; and
- Alert midwives and health visitors to the risk of potential harm to the child from khat use in pregnant women or breast-feeding mothers.

PHE will further support local areas in England where we see significant khat use and related concerns, so that local commissioners and providers take appropriate action. In particular, we will ensure that local public health officials in these areas receive updates on the timeline for the control of khat so that they can prepare for a potential influx of users seeking help once they find that khat is no longer available. For example, we will use *NHS News* to alert them including primary care staff to signpost khat users and their families to the support services available to them.

Further to the ACMD's recommendation, khat use among those seeking treatment is already included in the regular monitoring provided by treatment agencies for national statistics, service providers and commissioners. In its support for local areas, PHE will draw to commissioners' attention the ACMD's advice about regular monitoring and publication. PHE will also produce bespoke reports for individual areas including detailed data about their in-treatment clients to help inform the annual commissioning process.

Commissioners are expected to understand local treatment needs and plan services accordingly. Any numbers of khat users currently in treatment can indicate the local areas where khat use has been the most prevalent, as well as any emerging demand for treatment in the lead up to and following the control of khat. Even a small increase in such demand will need to be considered amongst new and emerging drug trends and, as necessary, influence local commissioning plans.

The ACMD further recommended that local law enforcement agencies monitor the prevalence of khat use, as part of regular monitoring, to inform future research and respond to local concerns. The Home Office will continue to monitor the situation in relation to khat. Relevant data will be gathered through licensing and compliance activities as well as law enforcement seizures and treatment data – as we do with other drugs. My Chief Scientific Adviser will also write to Research Councils to draw their attention to the ACMD's comment on the need to better understand the harms of khat.

As part of its considerations on local public health approaches, the ACMD also provided advice on education and prevention initiatives specific to khat. Accordingly, earlier this year, the Department of Health updated the references made to the risks and potential harms associated with khat on the FRANK website.

The Department for Education is also funding Mentor UK's Alcohol and Drug Education and Prevention Information Service (ADEPIS), which is run in partnership with DrugScope and Adfam. As well as promoting the Education and Prevention Template which the ACMD reproduced at Annex D of its report, ADEPIS will continue to provide its toolkit for schools. Appendix B of the toolkit contains a checklist for reviewing drug education which contains the following prompt: "Has the local context been taken into account, e.g. local data, local priorities for drug education?" PHE's support for local areas will further highlight the need to tailor (as appropriate) drug prevention initiatives where khat is a local issue.

Protecting communities

The ACMD recommended that Police and Crime Commissioners (PCCs) address local community concerns about social harm which is associated with khat. Some premises where khat is advertised for sale (and sometimes consumed) and some khat users have been associated with wider community problems. These problems include anti-social behaviour (ASB), public nuisance, local dealing and litter. We know that these anecdotal incidents, whilst they can appear minor, can lead to increased disorder, low-level crime and fear of crime.

PCCs were elected to be accountable to local communities for cutting crime and ASB in their force area, as well as working with Health and Wellbeing Boards to support victims. PCCs therefore need to give due regard to the plans and priorities of the local organisations in their force areas, which may include khat if it is a local issue.

The Government will also share and promote examples of effective approaches and partnership working between local organisations to respond to community concerns where there have been areas of khat use and associated ASB. This will be done through our communications networks with local authorities. Examples of local partnership working include Multi-Agency Safeguarding Hubs which co-locate police and other public protection agencies to facilitate information-sharing and co-ordinate actions to address a local issue between them.

Supporting people

As the ACMD considered in its report, khat use is entwined in a complex web of issues affecting vulnerable members and some of our communities, including users and their families. The Government has taken the view that khat should no longer be regarded as a minority-specific issue; it is a matter of public health and welfare for these communities. We also recognise that ethnic groups can be among the most disadvantaged communities. For some, particularly recent migrants including refugees, the problem can be further exacerbated by cultural and linguistic barriers. The Government's approach to integration is to give them the opportunities to come together and play an active role in society, emphasising the things that we have in common. This is based around the five key themes of building common ground; developing personal and social responsibility; improving social mobility; increasing participation; and tackling intolerance and extremism.

Our work on integration sits alongside the Equality Strategy as well as the Social Mobility Strategy, which sets out to address socio-economic disadvantage in England to benefit all communities including ethnic minorities. We have moved away from a top-down approach so that communities and local agencies can make decisions at a local level. We have also moved away from promoting programmes aimed at specific communities because individuals face different problems and share different views.

Programmes to deliver the strategies include driving forward improvements in health support to ethnic groups across five major conditions (diabetes, mental health, pre-natal mortality, coronary heart disease and stroke), which is led by the NHS, and Department for Work and Pensions work to address the barriers faced by particular ethnic groups in some Jobcentre Plus Districts. We are also supporting over 30 local, practical projects which demonstrate positive or pioneering ideas and create the conditions for integration, like a £6 million competition to discover new ways of delivering community-based language learning to those most isolated through their lack of English.

The Government also has a strategy for increasing ethnic minority employment and participation in the labour market. We are mainstreaming access to employment opportunities through the Government's Work Programme and Jobcentre Plus by tailoring support to individual jobseekers' needs. Local autonomy and flexibility in the help and services provided in this area have replaced the one-size-fits-all approach of previous employment schemes.

Proportionate policing

In my letter of 3 July, I committed to ensuring that we have a robust and proportionate policing response to khat-related offences under the Misuse of Drugs Act 1971. Of Due to the bulky nature of khat and its reliance on transnational freight, law enforcement activity will primarily focus on UK borders.

However, we want to ensure that police forces are able to address local community concerns about khat and its misuse in an effective and sensitive manner. The Government has developed an escalation framework for policing the possession of khat for personal use in England and Wales. This work was informed by the characteristics of khat which, like cannabis, can be identified by frontline officers who

will have the required knowledge and experience of their local community. We have also taken account of the representations made by community leaders.

The escalation policy will allow for a suitable choice of disposals which provide opportunities to signpost vulnerable offenders to local support and tackle repeat offending. It will be supported by national policing guidance issued to frontline officers. The escalation policy for khat will be similar to the one in place for cannabis: police officers will be able to issue 'khat warnings' for a first simple possession offence and a Penalty Notice for Disorder (albeit £60) for a second possession offence. I am grateful for the support for its introduction from the National Policing Lead for Drugs, Chief Constable Andy Bliss.

The Home Office has further developed a cross-government programme of communications activity to inform the general public about khat and target key messages to users and businesses involved in the khat trade and local communities. I am grateful to the Secretary of State for Communities and Local Government, the Secretary of State for Work and Pensions, the Minister for Integration and the Minister for Public Health for their departments' consideration of the ACMD's report and contributions to the Government's response.

I am copying this letter to my colleagues; the Minister for Crime Prevention, the aforementioned Ministers, the Devolved Administrations and Chief Constable Andy Bliss for their information.

Yours sincerely

The Rt Hon Theresa May MP