CONSULTATION ON KHAT USE WITHIN GLASGOW'S SOMALI COMMUNITY

A multi-agency needs based approach to the recent classification of khat under the Misuse of Drugs Act 1971 and its effects on the Somali Community in Glasgow.

Somali Association in Glasgow

fast forward

NHS Greater Glasgow and Clyde

Equalities In Health

Contents

The three main organisations taking this project forward are:

Somali Association in Glasgow
Fast Forward
NHS Greater Glasgow and Clyde

Date	Changes made	Completion date
16/01/2015	Reviewed and finalised	16/01/15
19/01/2015	Converted into pdf document	

Introduction

The Somali Association in Glasgow (SAIG) was established to relive suffering, hardship, and distress and to advance the education of persons who have become refugees or asylum seekers from Somalia and whose country of refuge is Scotland, and to provide assistance to the families and dependents of such persons.
In furtherance thereof, but not otherwise, the association shall seek:

- to assist and co-ordinate the work of providing information to voluntary organisations and statutory authorities engaged in the relocation, and in the provision of education, health, housing, social and other services to refugees and asylum seekers; and
- to advance the education of the public and make representation on behalf of such refugees on issues affecting them.

Fast Forward is a national voluntary organisation established in 1987 to promote health and wellbeing through education by, with and for young people, focusing on the prevention of drug, alcohol and tobacco misuse using a harm reduction approach.

Fast Forward's Black and Minority Ethnic (BME) project officer was approached by the Somali Association in Glasgow with concerns about their communities' reaction to the recent classification of khat under the Misuse of Drugs Act 1971.

Background

Khat has been consumed and grown in East Africa for centuries and was exported to the UK where it was traditionally used by those in the Somali community.
Its leaves and roots contain active ingredients that include cathinone and cathine which produce a mild stimulant effect when chewed. They are sold in small bunches which cost around £4 each. Many users would require around 6 bunches to ensure an effect and daily use could therefore cost around £24.

Khat is a stimulant and chewing it can:

- Make people more alert and talkative
- Produce feelings of elation
- Suppress the appetite
- Produce a feeling of calm if it's chewed over a few hours, with some describing it as being 'blissed out'
- Lead to periods of insomnia.

The risks of using khat include:

- It can increase feelings of anxiety and aggression

- Some users find it makes them very irritable, in some cases extremely angry and even violent.
- Frequent users may develop insomnia, heart problems and sexual problems like impotence.
- Users may develop insomnia and short-lived states of confusion.
- Users can develop high blood pressure, heart palpitations and heart problems with heavy use.
- As khat can cause periods of increased libido, care may be needed to minimise the risk of unsafe sex and unwanted pregnancies.
- Khat can inflame the mouth and damage the teeth. It can also reduce appetite and cause constipation, and there is concern about a longer-term risk of development of mouth cancers.
- It can give users feelings of anxiety and aggression.
- It can make pre-existing mental health problems worse and can cause paranoid and psychotic reactions (which may be associated with irritability, anxiety and losing touch with reality).
- There is a small risk of significant liver disease, which has the potential to be life threatening.

Khat can make a user psychologically dependent (with craving and a desire to keep using in spite of potential harm). When some users stop using they can feel lethargic or mildly depressed and may have a withdrawal period with fine tremors and nightmares.
(Information from Know the Score – www.knowthescore.org.uk)

The strategic objectives for addiction treatment and rehabilitation service delivery are set out in the National Drugs Strategy 2015-2018 and should encourage and enable those dependent on drugs to receive treatment, with the aim of reducing dependency and improving overall health and social well-being. Ultimately this will lead to a drug-free lifestyle and minimising harm to those who continue to engage in drug-taking activities.
Khat addiction treatment and rehabilitation services should involve a wide range of organisations and agencies. These include the National Health Service, community-based GPs and pharmacies and a range of community and voluntary groups. The criminal justice system and the Police will also have a part to play.

In addition, many area-based drugs treatment services nationwide should be involved in planning and coordination of drug-related services in their respective areas.

Rationale

In Glasgow, the Somali community, (around 3 - 4,000), has been established for a number of years and continues to grow. Many have refugee status and a proportion have families and are in employment. Khat is chewed communally in many instances and the recent ban (June 2014) has led users to seek out other substances. Some users find it difficult to socialise without it and places that were used for this social activity no longer exist because it was the khat consumption that funded them.

Fear is growing that criminality is profiting from the now illicit trade in khat, whether in leaf form or as a dried product. Prices have soared and users with a dependence have found it difficult to get the help they need.

The use of the drug khat is often associated with significant difficulties in the personal lives of the users and/or of their families. These may include breakdown in family life and personal relationships, money problems, poor educational achievement and loss of employment or housing. Where these difficulties arise, other forms of social support and reintegration interventions may be required, if the support and treatment of khat drug addiction is to be effective in the long-term.
Many of those who have problem khat use are early school leavers, with low educational attainment and a history of unemployment. The Somali Association in Glasgow (SAIG) plans to provide community social support based activities that will be available for drug users in rehabilitation such as a community social club that provides pool and snooker facilities. Programmes in areas of basic education and training should be engaged to ensure that those with the appropriate skills and competences have an opportunity to progress to other forms of training and education.

This pilot project hopes to address some of those issues using a multi-agency partnership approach, beginning with a consultation of community members to assess their needs and how the issues might be tackled.

In essence the project will aim:

- To consult community members (khat users and non khat users) to find out what interventions are needed through health, education and social care to ensure those goals are achievable and sustainable in order to deal with the legislation change and its impact on the Somali community and others in the local area.
- To take the results of the consultation and develop strategies to enable the community to cope better independently and ensure the sustainability of alternative diversionary tactics and also to educate and share information with partners.
- To ensure the Somali community has the tools it needs to divert members away from using khat or becoming involved in any criminality through khat and to ensure that the community becomes healthier and thrives. The project seeks to do this in a culturally sensitive way with the support of the local community and partners.
- To ensure funding to make the project sustainable in the short and long term.

- Identify a meeting point for the older community. Previously they would have met in a café and chewed khat, but the project intends to change habits and create somewhere to meet that can provide space for card playing, games, crafts and refreshments - alternatives to substance use.
- A treatment plan for those going through withdrawal and/or trying to quit. Education for local health service providers and GP's where relevant.
- Employability among young males is low. This project should ensure they do not go down a substance misuse path by encouraging access to qualifications and skills.
- Ensure women in the community have access to help, taking cognisance of culture and faith issues.

Community Consultation

In order to assess the needs of the community from the community themselves, SAIG and partners conducted a consultation. The consultation took place during the afternoon of the 31st October 2014. Members of the Somali Association in Glasgow and the Somali Community attended the event, which was facilitated by representatives from Fast Forward, a nurse from the Glasgow South Addiction Services team, NHS Corporate Inequalities team within NHS Greater Glasgow and Clyde, a mental health improvement lead NHS Greater Glasgow and Clyde and 3 interpreters provided by the NHS who were all Somalian.
Forty community members were invited and 22 attended the event. There were a mixture of people who had used khat and people who had not and also a wide age range. However, all the attendees were men except one of the interpreters. Female community members find it difficult to discuss khat use because it is seen as a particularly shameful activity for a woman.

Information from the female community is being sought, but will be done on a one to one basis where possible.

Aims

To establish the needs of the community in relation to the recent Home Office ban and classification of khat to a class C drug under the Misuse of Drugs Act 1971 and to establish what issues need to be addressed in terms of:

- Access to health services,
- Education,
- Employability
- Alternative activities/options to prevent younger members of the community from becoming involved in criminality and the black market which has emerged following the ban.
- Provision of information around some of these issues to local health providers.

Methodology

The group was invited to make comments about their khat use and how they are or have been affected. This was done on post it notes and also during group work sessions where facilitators took notes. There was also the option to complete a more specific questionnaire (appendix a). Only one was completed at the event, but more were collated by the SAIG during the weeks following the consultation.
All comments were treated as anonymous and confidential.

Food and refreshment were provided.

Facilitators were from partners in NHS Greater Glasgow and Clyde and the Scottish Refugee Council.

Results

Group work sessions:

Question 1

Sometimes people chew khat because it allows people from the Somali community to get together socially and spend time with friends. What opportunities would you like more access to for yourself or other members of your community?

- After the ban they feel they have lost something as they had a social group
- Need facilities as an alternative to gangs
- Replacement for social gatherings
- Place to chat in own language – to feel secure and safe, but dealing with problems in a group setting.
- Education – health sessions for the youth
- Peer education

Question 2

If you use/used khat and wanted to find out more about it and its effects, where would you go?

The question of the effects before and after the ban were also asked and the following responses were recorded:

- Many of the community are registered with a GP, but do not go out of fear of what the GP might say is wrong with them (particularly males).
- Getting NHS appointments is difficult in terms of language and many rely on English speaking friends.
- In terms of interpreters – health centres say “just bring your family”.
- Khat is more expensive now and anecdotal responses suggest it is of a lesser quality.
- Water used to be drunk in when chewing, but since this has stopped people are drinking less water.
- Mental health issues
- Back problems
- Oral health and problems with teeth as result of chewing
- Side effects – GP’s are unaware of the causes of some of the above issues if khat is not mentioned and have prescribed antibiotics.

Question 3

Some of the Somali community have had difficulty with the khat ban and have found it hard to stop. We know not many have accessed health services in the Glasgow area.

How can health and social care services and professionals make themselves more accessible to those who need it?

- Better training for interpreters, GP's and NHS staff
- Support from other agencies (not specified)
- More events like this one highlighting who can help
- Information for parents

Question 4

Would you be willing to educate your own community about these issues or even run a group as part of a programme to reduce khat use? If so, how do you think this could work?

The group suggested that men are spending more time with families since the ban and more will now think about employment, education or training. However, the community feels isolated and is scattered so the points raised in other questions are particularly useful in terms of a forward plan.

Feedback on post its

Comment cards were available throughout the event for attendees to say an anything. Below is a list of those comments:

- Glad khat is now banned
- Good ideas raised
- More events like this please
- This event has helped
- Khat has caused problems in the Somali community
- Very nice gathering. Food was fantastic. I have seen different faces was awesome
- I feel at a loss as to what to do with my time. I have a lot of 'free' time.
- Thanks for your support and advice
- We needed this event and it helps – very good
- I have issue for mental health from khat that is linked me to alcohol so I need some support.
- It was helpful and good. We hope events like this will happen near future.

- The event was good. It was well organised. The food was good and so many good things for the Somali community was raised. Keep up the good work.
- I think the khat has destroyed our life and I'm still recovering and I'm glad it has been stopped so hopefully I will get a job.
- I work as youth development with Somali community. There is a lot of problems which our community are not engaging. The young generation don't usually disclose there are problem, they feel they have isolated and segregated and not been represented strongly by the community elders. Is not only khat problem they have, there is alcohol and other drugs.

Feedback from questionnaires (appendix a) received after event

Twenty responses were received and can be summarised as follows:

Of those who responded only 2 had accessed health services, which were their GP and reported that it was fine, easy to access and neither reported encountering a language problem.
Of those who said they had not accessed health services, 4 said they could find out what they needed and access wouldn't be a problem.
None had accessed any other service, such as third sector.
Five of the 20 responses reported that language had been an issue when accessing services.
Eight of the 20 had knowledge of local services.

In response to the question "Do you think local health services and community workers know enough about khat?" only 1 responded with 'yes', 15 said 'no' and 2 didn't answer.
Three responses answered that they thought khat was fairly widespread within their community with a text response answer and comments such as: fairly, a lot of people use and 95%.
Responses indicated that the average age group for use of khat was 25-49.
Most were aware that khat was now illegal.

Recommendations

- Establish a working group to take forward recommendations, including members of the Somali Community and partners.
- Organise a session with the Somali community to share feedback and future plans.
- Research and explore funding opportunities to ensure sustainability for agreed work streams.
- Provide information to local services – statutory and voluntary – about khat and harms using already existing newsletters and websites and offering information sessions if necessary.
- Education for younger members of the community – both in terms of substance use and their development into training/employment.
- Explore the peer education model to develop activities and training in the long term in relation to shared experiences and service accessibility. .
- Arrange a meeting with partners to share this report and decide/agree ongoing work, how they can support it and discuss any implications that may arise in terms of their services.

Summary

Although the initial approach to this project included multi-agency partners from the statutory and voluntary sector it will remain and be run as a community led initiative. Partners will support the local initiative where necessary and will be key to achieving some of the recommendations.

This is an issue that is relevant not only in Glasgow, but has implications across the UK.

Relevant links:

www.fastforward.org.uk
http://www.equalitiesinhealth.org/

Appendix a:

Consultation

Working in partnership we want to tailor this programme to suit individual requirements as much as possible.

Fast Forward aims to provide education which enables people to reduce the harm of drugs, alcohol and tobacco. We do not judge people for what they have or have not done in the past, instead seek to lead a discussion about the substances and how to reduce their harm.

We know that many people from the Somali Community chew Khat and as a result of the recent change in legislation this may now cause various issues in relation to its lack of availability and/or issues relating to withdrawal. In order to address this within the community and with partners we would very much welcome your thoughts and views and ask that you help by answering the following questions as honestly as possible.

Any information you give is anonymous and confidential, however it will need to be shared with partners if we are to make a difference. Personal details such as names will NOT be recorded.

- Have you recently accessed any Scottish health services (e.g. GP, hospital, health visitor, health centre)?

  Yes No

- If you answered yes, which service did you access and what was your experience?

- Did you find it easy to access those services?

  Yes No

- Was it easy to find out about it?

  Yes No

- Were there any problems or barriers to the service? If yes, please list them:

- Have you accessed any other services such as voluntary/charity or private sector?

  Yes No

- If you answered yes please tell us which ones.

- Are language issues a barrier when you access health services or local authority services?

  Yes No

- Do you feel you know enough about local services you can go to if you have a problem or need support? (e.g. housing advice, dental treatment, childcare)

  Yes No

- Do you think local health services and community workers know enough about khat?

  Yes No

- How widespread is khat use in the Somali community in Scotland, in your opinion?

- What age group uses khat the most, in your opinion?

  Under 25 25 – 49 50 and older

- Did you know that khat is now illegal?

  Yes No

- If you answered **yes** to the last question where did you find out it had been made illegal?

Please feel free to make any other comment about khat or this project in the space below.

Appendix b:

With thanks to partners

Fast Forward
NHS Greater Glasgow and Clyde
Scottish Refugee Council
BEMIS
Somali Community members.