London Borough of Hillingdon

RESIDENTS' AND ENVIRONMENTAL SERVICES
POLICY OVERVIEW COMMITTEE

2010/11

REVIEW SCOPING REPORT

What problems are posed to Hillingdon, and beyond, by the legal high Khat and what can we do to tackle them?

Aim of review

A review into the problems caused by Khat leading to recommendations to help Hillingdon deal with the problems associated with the legal drug.

Terms of Reference

1. To learn about the production of Khat: where the drug is grown, who grows it and how much it costs to produce it;

2. To examine the importation of Khat: how the UK Border Agency deal with Khat dealers at Heathrow Airport;

3. To analyse the distribution patterns in the borough: where is the drug sold and the cost;

4. To examine the usage of Khat: the profile of the average user, social effects, health side effects;

5. To investigate the link, if any, between Khat use and crime;

6. To analyse whether the use of Khat is spreading in the UK and what can be done to discourage this in the future: would it be possible to grow the drug in the UK and could this lead to expansion of use not only within communities renowned for consuming this drug now but more wide-spread usage;

7. To investigate how the London Borough of Hillingdon could help tackle the problem of Khat in the future;

8. To understand the legislation behind the control of drugs and determine whether making Khat a controlled drug under the Misuse of Drugs Act help or hinder efforts to deal with Khat related harms.

9. To report to Cabinet recommendations based upon comprehensive evidence.

10. To identify ways in which the London Borough of Hillingdon can raise awareness of the problem.

Reasons for the review

Members believe it would be timely to discuss Khat, with the recent closure of "Khat Houses" in areas in the South of the borough. Khat is becoming a major problem within some communities and Members were aware of some women's associations located within the borough who were facing difficulties at home due to problems related to Khat usage.

The drug had been associated solely with the Somalian community; however the recent spread of use to various communities has made the issue of Khat very prominent. With the age range of users lowering in recent years the Committee believe this review must take place imminently. This will enable the London Borough of Hillingdon to thoroughly analyse the current situation and what can be done to tackle the problem while working together with external agencies and residents of Hillingdon.

The issues surrounding Khat have recently been highlighted in the media, with reports on the spreading of use to younger people and different ethnicities. The Committee will uncover the problems Khat poses to Hillingdon and how the problems can be dealt with before they spread further. For this reason, the Committee believe this review to well-timed and of great significance to the residents of the London Borough of Hillingdon.

There is a lack of knowledge about the services already available to Khat addicts, with Hillingdon PCT funding an outreach service for Khat users which has not been well publicised. The Committee believe these services should be bought to the attention of residents who are in need of support.

Khat is imported from eastern Africa and its use is associated almost exclusively with people of Somali or Ethiopian ethnicity. However, the use of the drug is spreading to wider communities and younger people.

Who is this review covering?

1. People affected by the usage of Khat in Hillingdon, which is mainly in the Hayes area
2. Council services including Community Safety Team and Environmental Protection
3. External partners e.g. Metropolitan Police, Voluntary Sector groups working with Somali people in Hayes, NHS Hillingdon Drug and Alcohol Action Team
4. Relevant decision makers
5. Scientific and medical experts

Key issues

Methodology

The Policy and Overview Committee is to receive reports, presentations and hear from witnesses, including a site visit.

Relevant Documents
2005 Advisory Council on the Misuse of Drugs "Khat: Assessment of Risk to the Individual and Communities in the UK"

Potential Witnesses
Witnesses will either be invited to meetings or will be sent questions by the Committee:

Witness Name	Organisation
James Brokenshire	Minister for Drugs / Senior Civil Servant
Joe Onofiro	HMRC
Mark Prunty	Department of Health
Councillors with relevant experience	London Borough of Hillingdon
Annette Patterson	Senior Health Visitor, Hillingdon PCT
Inspector Kiaran Wood	Drugs Unit, New Scotland Yard
Judge Thomas Joseph	Resident Judge, Croydon Crown Court
Axel Klein	Drugscope
Saeed Abdi	Somali Mental Health Project
Richard Kramer	Turning Point
David Brough	Chairman, Hayes Town Partnership
Roda Agab	EACH counselling service Brent - Counselling Psychologist
Lakhvir Randhawa	EACH counselling service Harrow
Mahamoud Ahmed	EACH counselling service Brent - Somali Outreach Worker
Ali Saka	Hillingdon Action Group for Addiction Management
Ms Carmel Clancy	Principle Lecturer Mental Health & Addictions, Middlesex University
Dr Clare Gerada	General Practioner, London, Primary Care Lead for Drug Misuse
Mr Hassan Isse	Khat Group Hounslow
Shilpa Patel	Policy and Practice Research Group, Middlesex University and author of NACRO (crime reduction charity) Khat report
Kola Makoyawo	Hillingdon Action Group for Addiction Management Outreach Worker
Rashid Jama	Co-ordinator, Horn of Africa Youth Association
Ijaz Khan	Centre Manager for the Hayes Islamic Centre
Mustafa Aden	Tageero, service providing access to Health, Employment, Education & Training
Lee McLellan	Community Safety Officer, London Borough of Hillingdon
Sergeant Andy Shuker	Townfield Safer Neighbourhood Team
Inspector Mike Smith	Metropolitan Police Service
Kathy Sparks	Planning, Environment & Community Services, LBH
Jill Downey	Primary Care Trust, Drug and Alcohol Strategic Manager

Dr Ellis Friedman	Director for Public Health, Hillingdon
Trevor Begg	Hillingdon Local Involvement Network
Viv Pullha	UKBA Freight Official
Joanne Kingham	UKBA Freight Official
Linda Bedford	Health Control Officer, Heathrow
Jill Downey	Strategic Commissioner, Drugs and Alcohol, DAAT
Khat Users	Members of the Somali Community who use Khat

Stakeholders and consultation plan
Partner agencies will be invited to make submissions to the Review. Representatives of stakeholders will be invited as witnesses. The review will be publicised in Hillingdon People, Hillingdon Council website and in Hillingdon newspapers. The media will be invited to meetings, and the review will be publicised in the Gazette newspaper. Interest in the review has the potential to be picked up by regional and national media, with Sky News recently running a story on Khat and the issues it poses to society.

Outcome
Recommendations to Cabinet and the Council's partners.

Proposed timeframe & milestones:

Meeting Date	**Work Programme**
27 July 2010	Committee to agree review scoping report
22 September 2010	Witness Session 1: Doctors, Medical Researchers & Scientists
7 October 2010	Witness Session 2: Importation Officers, UKBA and Airport Control
16 November 2010	Witness Session 3: Voluntary Sector Organisations and Police
November 2010	Site visit: to shops selling Khat, areas where Khat is used and areas notorious for Khat houses.
14 December 2010	Committee to consider the evidence so far and decide on attendees to next witness session
18 January 2010	Witness Session 4: Users and Social Workers
15 February 2010	Witness Session 5: Somalian Women and Children affected by Khat – meeting to take place at a Somalian Women's Association.
	Special session for Civil Servant / Minister for drugs, should they agree to attend.
9 March 2010	Committee to discuss possible conclusions and recommendations
12 April 2010	Committee to agree final report
27 May 2010	Report presented to Cabinet

Background Information

1. Introduction
1.1 Khat is a herbal product consisting of the leaves and shoots of the shrub *Catha edulis*. It is cultivated in the Horn of Africa and the Arabian Peninsula and chewed to obtain a stimulant effect.

1.2 Khat is not currently controlled under the Misuse of Drugs Act 1971. Two of the chemical constituents isolated when the plant is chewed, cathinone and cathine, are classified as Class C drugs under the Act.

2. History

2.1 In February 2005 the then Minister responsible for Drugs asked the Advisory Council on the Misuse of Drugs (ACMD) to advise the government as to the current situation in the UK and the risks associated with Khat use. The ACMD is established under the 1971 Misuse of Drugs Act to keep under review the drug situation in the United Kingdom and to advise government ministers on measures to be taken for preventing the misuse of drugs or for dealing with the social problems connected with their misuse.

2.2 The classification of drugs, in Schedule 2 of the 1971 Misuse of Drugs Act, is based on the harm they cause:-
Class A: (most harmful) includes cocaine and heroin.
Class B: (intermediate category) includes cannabis, amphetamines and barbiturates.
Class C: (least harmful) includes anabolic steroids and benzodiazepines.

2.3 When advising about harm the ACMD takes account of the physical harm they may cause, their pleasurable effects, any associated withdrawal reactions after chronic use, and the harm that misuse may bring to families and society at large.

3. Epidemiology

3.1 Information about the use of Khat in the UK comes from reports into the communities from countries that traditionally use Khat. Reports are subject to sampling bias due the way interviewees are recruited. 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.

3.2 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. The figure of 34% is from the highest power study and likely to be the most accurate figure. The wide range is due to the sampling techniques employed, males tend to report more use than females, so if the group sampled is biased toward men, the prevalence increases.

3.3 There are no published reports in the other individual ethnic communities. When ethnic communities are grouped together people reporting current Khat use ranges between 37% and 60%.

3.4 Levels of Khat use in traditional Khat chewing countries are comparable if not slightly higher, than rates in the UK. In Somalia a large survey found 31% of respondents admitting current use. In Ethiopia this was 50%, and in Yemen 82% of men and 43% of women admitted they currently used Khat.

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

4. Import, export, distribution and use of Khat in the UK

4.1 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.

4.2 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.

4.3 *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' (people selling Khat from the back of a car or van on the street).

4.4 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.

4.5 Khat is used in bundles of approximately 250g of fresh stems and leaves; each bundle costs £3-5 (approximately £15/kg). In the United States of America, where Khat is illegal, the street price is approximately $400/kg.

4.6 Most people who use Khat, chew it once or twice a week. The average chewing session lasts 6 hours and usually 1 or 2 bundles of Khat are consumed. A significant minority chew daily and use greater amounts per day.

5. The pharmacology of Khat

5.1 Cathinone and cathine are alkaloid stimulants present in Khat and are responsible for its subjective effects. Chewing is an efficient way of extracting these chemicals from the plant matter. Khat degrades with time so it must be consumed within 36 hours of harvesting.

5.2 Effects from chewing Khat can be felt within 30minutes, but maximal plasma concentrations occur after about 2 hours. The time taken for the drugs to be eliminated from the blood is approximately 8-20 hours for cathinone and 25 hours for cathine.

5.3 There is evidence that Khat, like other drugs of misuse, can cause the release of the neurochemical dopamine in the brain. Dopamine is thought to be responsible for the re-enforcing properties of drugs of abuse. Khat may also act on central serotonergic and peripheral adrenergic neurotransmitter systems.

6. Risks to physical health

6.1 There is evidence that chewing Khat is a risk factor for the development of oral cancers. In pre-clinical and clinical studies, chewing Khat leads to macroscopic and microscopic pre-cancerous changes in the buccal mucosa.

6.2 Khat has significant sympathomimetic properties. 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.

6.3 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.

6.4 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.

6.5 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.

6.6 Khat administered chronically to animals causes an increase in liver transaminases and signs of chronic hepatic inflammation. There are no studies investigating the effects of Khat on the hepatic system in humans.

7. Risk of addiction and to psychiatric health

7.1 There is evidence that Khat may cause the release of dopamine in the brain. Release of this neurotransmitter is thought to be important in the development of dependency on drugs of abuse.

7.2 Dependency on a drug is defined as a syndrome of symptoms related to the desire to use a drug, the control over drug use, tolerance of drug effects, withdrawal symptoms, and harms from drug use and neglect of other activities of life.

7.3 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. Animals can be made dependent on Khat and they will self-administer the drug in a dependent way.

7.4 There are case reports of people developing psychosis after use of Khat. Unfortunately, as yet, there are few controlled studies investigating the possibility of a causal link between Khat use and psychosis. Evidence points to social stress such as the effects of war on the Somali population mixed with

misuse of Khat can increase the likelihood of the development of psychotic symptoms.

7.5 As yet there is insufficient evidence to make a definitive statement about the risks of developing psychosis after using Khat. However, in countries where Khat use is widespread there is no corresponding elevation in prevalence of psychotic disorders. This suggests that Khat is not a causal factor for the development of psychosis.

7.6 In common with other stimulants, users of Khat often report feeling low in mood after a Khat using session. However, there is no evidence that Khat use is a risk factor for developing depression.

8. Risk to society

8.1 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. It is impossible to say if Khat use is the cause of or the scapegoat for family disharmony.

8.2 Khat users appear to have very low levels of other drug or alcohol use. There is no evidence that Khat use is a gateway to the use of other stimulant drugs, although there is however, high associated tobacco use.

8.3 Khat does not lead to acquisitive crime in the way that is evident with crack or heroin use. This may be due to its low cost and its lower re-enforcing properties.
8.4 There is evidence that administering Khat to rats causes an increase in aggressive behaviour. There is only anecdotal evidence of the same response in humans.

8.5 There are several case reports of individuals using Khat and driving. Khat is likely to reduce attention span whilst driving; however co-ordination appears to be minimally affected.

8.6 The Khat industry is a legitimate business. There is no indication of organised criminals or terrorists being involved in the UK trade, perhaps because of its legality. However, since the USA made Khat illegal there is some evidence of organised criminals becoming involved in its shipment to the USA.

9. In Summary

9.1 Existing evidence suggests that Khat use is widespread in the UK among immigrant communities from the Horn of Africa and the Arabian Peninsula. There is no evidence of its use by the wider community.

9.2 Khat is a much less potent stimulant than other commonly used drugs such as amphetamine or cocaine. However some individuals use it in a dependent manner.

9.3 Khat use is a risk factor for oral cancers and possibly for myocardial infarction. Residual pesticides on the leaves of Khat represent a health risk.

9.4 There is some evidence of an association with chronic Khat use and development of psychological symptoms. However, as yet there is no proven causal association.

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