

Minutes**RESIDENTS' AND ENVIRONMENTAL SERVICES
POLICY OVERVIEW COMMITTEE**

16 November 2010



Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors Michael Markham (Chairman), Shirley Harper O'Neill (Vice-Chairman), Janet Duncan (Labour Lead), Pat Jackson, June Nelson and Susan O'Brien.</p> <p>Witnesses Present: David Brough, Chairman of Hayes Town Partnership Ali Saka, HAGAM Kola Makayowa, HAGAM Mustafa Aden, Tageero Dr Ellis Friedman, Joint Director of Public Health, LBH and NHS Hillingdon.</p> <p>LBH Officers Present: Natasha Dogra, Democratic Services</p>	
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies had been received from Cllr Judy Kelly. Cllr Patricia Jackson substituted.</p>	Action by
2.	<p>DECLARATION OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>	Action by
3.	<p>TO CONFIRM THAT ALL ITEMS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT ANY ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 3</i>)</p> <p>It was confirmed that all items on the agenda were marked Part I and therefore were considered in public.</p>	Action by
4.	<p>TO AGREE THE MINUTES OF THE MEETING HELD ON 7 OCTOBER 2010 (<i>Agenda Item 4</i>)</p> <p>The minutes were agreed as an accurate record by the Committee</p>	Action by
5.	<p>ANNUAL SAFETY AT SPORTS GROUND REPORT - COMMITTEE UPDATE (<i>Agenda Item 5</i>)</p> <p>To Note: The Committee noted the updated report.</p>	Action by
6.	<p>STATEMENT OF LICENSING POLICY - CONSULTATION UPDATE</p>	Action by

	<p>(Agenda Item 6)</p> <p>To Note: The Committee noted the consultation update.</p>	
7.	<p>KHAT REVIEW: WITNESS SESSION 3 - HEALTH EFFECTS OF KHAT (Agenda Item 7)</p> <p>The Chairman welcomed the External Officers to the Committee meeting and asked for witnesses to describe their experiences of working with casual Khat users and heavy Khat users.</p> <p>Was Khat harmful if used on an occasional basis? Officers said it was difficult to estimate the level of harm to occasional users of Khat, as it depended on their health prior to them using Khat and any underlying conditions they may have had. While Khat use had been linked to oral cancers it was difficult to estimate how many cases were caused by Khat alone. Khat use had a strong association with cigarette smoking, which in turn would be harmful to the user. Previous report findings had suggested a correlation between heart disease and heavy Khat use; however this was difficult to evidence without monitoring the health conditions of the user prior and post Khat using.</p> <p>Officers informed the Committee that the dosage of Khat used by a casual user could not be accurately measured, as different batches of Khat contained a different level of potency. The level of active harmful ingredients in each batch would have to be measured to determine the dosage consumed. The potency also depended on the origin of the Khat: Khat imported from Ethiopia was not as potent as Kenyan Khat, which appeared to be the most potent. The typical casual Khat user consumed one or two bunches once or twice a week, which equated to 250grams per week. This person would be employed during the week and consume Khat at the weekends.</p> <p>The short term effects of Khat included loss of appetite, constipation, sleep deprivation, nightmares and sexual problems. Users could also become physiologically dependant on Khat depending on their mindset prior to using Khat.</p> <p>Dangers that followed on from Khat use included driving whilst under the influence of the legal high, as Khat was a stimulant and affected the mindset of the user.</p> <p>What were the usual surroundings in which Khat was consumed? Officers said the casual Khat users would use in their own homes, in the houses of friends or at family celebrations. Heavy Khat users would congregate at Khat cafes called Mafreshis. Here users would gather together and chew Khat together whilst discussing current affairs, family issues and getting advice on various topics from each other. Those who chewed Khat in a Mafresh were usually employed and would convene there for long periods of time.</p> <p>Casual users usually were in employment and chewed Khat on a weekly basis to help unwind and relax whilst in the vicinity of their</p>	Action by

home. There users did not see Khat as a harmful substance and had been using it for a most of their adult lives.

The social standings of Somali people had had a knock on effect on the numbers of people using Khat. Those from a lower social standing were more likely to use Khat on a regular basis. This would then keep them out of employment and in turn keep them using Khat.

Was Khat dangerous is used with prescribed medication or drugs?

Officers were unaware of any cases where Khat use had been mixed with prescribed medication, but informed the Committee that the dangers would vary from person to person and depending on medication being consumed.

Khat use mixed with drugs was dangerous and had severe health effects for users. However, the effects were largely due to the illegal drug being consumed. Younger generations of Khat users may move on to using Cannabis which would have severe detrimental health effects. Users who consumed alcohol while consuming Khat were also at risks of detrimental health conditions.

Were there any withdrawal symptoms of Khat?

Although there is no evidence to suggest that Khat use is addictive physically, the mental effects would affect the body if Khat use was stopped. The user may have had the urge to consume Khat and if they were denied access to Khat they may become aggressive and upset. Heavy Khat users who use every day will buy stale bundles which may be cheaper as they will be consuming it on the day or purchase so the bundle need not be fresh.

What was the average profile of a Khat user in the UK?

Officers said the average Khat user in the UK was of Somali descent and predominantly male in an age range of 17 – late 40s. Most people had moved to the UK as asylum seekers and were jobless. Some had been signed off by GPs and many were claiming benefits. The users would gather at Mafreshis and network with each other.

What should be done to tackle the issue of Khat?

Officers said a multi-agency approach was needed to tackle the issues of Khat. The issues ranged from medial through to social and therefore the backing of all agencies involved was needed. Relationships with partner agencies must be rejuvenated to ensure a multi-agency approach was taken. Agencies such as drug specialists, substance abuse agencies, health services, employment agencies, housing agencies and social services must be involved when tackling Khat.

Officers unanimously agreed that banning Khat was not the right decision to make, as it would result in the substance going underground and being sold on the black market. The Committee agreed that the banning of Khat in America had not deterred the problem but had led to Khat being sold for high prices on the black market.

	<p>Education aimed at young people may not solve the issues of Khat but would create more awareness of the issues.</p> <p>However, Officers did agree that Khat needed to be classified; at the moment Khat was not labelled as a plant or food which meant it was totally unregulated and not controlled. The Committee were reminded of a recent Khat containment infected with pesticides which had been checked at Heathrow Airport by the Port Health team – as Khat is not regulated the containment had to be released regardless of the pesticides present.</p> <p>Officers highlighted to the Committee that even if Khat was labelled as a food stuff the health warnings would be very difficult to attach to it as it was not known how much was too much. Officers likened this situation to alcohol: drinking in moderation was not dangerous and the Government had even suggested how many weekly units of alcohol were not harmful to the body of an average person. Officers suggested that Khat may fall into this category too: whilst mild use of Khat did not appear to have detrimental effects it was the heavy usage that had detrimental health effects to the user.</p> <p>To Note: The Committee noted the evidence and thanked all witnesses for attending the meeting.</p>	
8.	<p>FORWARD PLAN (<i>Agenda Item 8</i>)</p> <p>To Note: The Committee noted the Forward Plan.</p>	Action by
9.	<p>WORK PROGRAMME 2010 (<i>Agenda Item 9</i>)</p> <p>To Note: The Committee noted the Work Programme.</p>	Action by
<p>The meeting, which commenced at 6.00 pm, closed at 7.45 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Natasha Dogra on 01895 277 488. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.