

Khat in Streatham: Formulating a Community Response

**A DrugScope Report for the Streatham Town Centre Office and the
Lambeth Drugs and Alcohol Action Team**

Text by Axel Klein

DrugScope

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Executive Summary

Gleneagles Road has emerged as a centre for the Somali community with shops, cafés and other services. In this area Khat is being sold from several outlets, both licensed and unlicensed. The availability of Khat is an attraction, but it is only one of the many reasons drawing Somalis into the area.

The congregation of men chewing Khat on pavements around cafés and cars selling Khat has caused concern among some residents. There have also been anecdotal reports of anti-social behaviour by Khat users including verbal aggression, urination and traffic congestion.

There is no established relationship between Khat use and criminality in the area. Such crime as can be attributed to members of the Somali community is predominantly being committed by young people and associated with gangs. According to the police the crime generated by the Somali community, is possibly, below average.

Attitudes towards Khat within the Somali community vary. The majority of Khat users maintain that their use is recreational and a controlled social past time. There is evidence from Streatham as well as from other areas in the UK that some people are developing a problematic pattern of use

There are no treatment services to assist problematic users in addressing their Khat habit in the area. Suspicion of services, the fear of the stigma associated with the term 'drug', language barriers and a general reluctance to accept that there is a problem are all obstacles to accessing help.

LB Lambeth officers from a variety of different agencies have consulted with Streatham residents to address issues of concern including enforcement of licensing regulations, parking restrictions and the establishment of a community forum. While many of these targeted interventions have been effective, the problems are complex and solutions will neither be simple nor quick.

The complex situation faced by many members of the Somali community derives both from their war-torn past, and the adjustment to their present socio-economic circumstances. The resolution of these problems, which involves healing of trauma and assisting with education and basic services needs to be addressed on a London-wide, national and even international level.

Recommendations - local level

The establishment of a community centre would go a long way to easing the congestion on Gleneagles Road. It would be a major benefit for the most disadvantaged sections of the community, particularly women looking after children.

- 1 Intensify efforts to engage the Somali community - poster campaign, video, and events.
- 2 Continue to support / work towards Somali residents and businesses making greater use of local agencies - Youth events, Chamber of Commerce to build up stakeholders and sense of ownership.
- 3 Pro-active campaign on key issues - Khat dealing from cars and littering.
- 4 Create a post for a Khat outreach worker possibly attached to the local drug treatment agency or community organisation.
- 5 Increase health and safety awareness among legal Khat retailers.
- 6 Continue the 'Dip working group' as a forum for discussing issues arising in the community.
- 7 Local media strategy to allay concerns of some residents.
- 8 Create more opportunities for positive contact between Somali communities and other residents.
- 9 Establish an outdoor market where Somali traders including Khat traders can operate.
- 10 Find premises for a community centre for the Somalis.
- 11 Undertake systematic raids on illegal car traders funded through mainstream budgets.

Recommendations - London-wide level

Lambeth Drug Action Team to work with other Drug Action Teams, community groups and treatment providers to set up a London-wide working group on Khat to:

- 1 Provide good practice, counselling and awareness raising, address taboo subjects like Khat use among women, acknowledge that Khat use can be problematic, recognise that there is help available and inform and educate local media and non-Somali residents on Khat.

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INTRODUCTION

Khat is a natural substance that is cultivated in the highlands of East Africa and exported by airfreight to the UK where it is used predominantly by members of the Somali, Yemeni, Ethiopian and Kenyan communities. Both the use and the distribution of Khat in its vegetable form are legal and it is frequently compared in effect to alcohol. However pharmacologically Khat has greater similarities with caffeine.

The consumption of Khat often accompanies social occasions, like weddings, and the celebration of religious events. It is also used at informal gatherings of friends, or in the dedicated Khat chewing cafés known as *Mafrish*, that can be found in many cities where there are Somali, Yemeni or Ethiopian communities.

In Streatham, concerns have been expressed both from within and outside the Somali community that Khat use is having adverse effects on users, their families and the wider community. In the area around Gleneagle Road the sale of Khat is seen by some as the root of a range of problems including: anti-social behaviour by users congregating on pavements and a growth in unlicensed trading and traffic congestion. Some residents have also expressed other more serious concerns about possible links between Khat and criminal behaviour and illegal drug trafficking. The purpose of this report is to demonstrate that the concerns over Khat and crime are unwarranted in Streatham, and that action is taken to address the other issues.

This report seeks to assess the basis of these concerns and address the following questions:

- How has the sale and consumption of Khat become a problem issue for Streatham residents?
- Who are the users of this Khat, and what are the related issues for the communities affected?

It should be noted that concerns about the polarisation of the Somali and non-Somali communities are very real. This report demonstrates that the attitudes of Streatham's residents towards Khat use are extremely varied and cannot be reduced to a Somali and non-Somali distinction. Many Somalis condemn the use of Khat, some on religious grounds, others because of the impact on families and perceptions of the wider Somali community.

This report seeks to review and evaluate the actions that have been taken to address these concerns. The response of both Somali and non-Somali residents demonstrates active citizenship and community mobilisation. Statutory and voluntary agencies have sought to support and engage residents in finding balanced and appropriate responses to the issue of Khat use in Streatham. However there is still frustration amongst some residents about unanswered

complaints, unmet needs and the slow pace of change. The Gleneagle Road Residents Association, formed in 2001, has been particularly active in appealing to the London Borough of Lambeth and the local Police to address issues of concern. These anxieties were heightened by reports that equated Khat with illegal substances and suggested that the presence of a thriving drugs market was the main attraction in the area for Somali individuals. This report aims to review the current processes of community engagement as well as targeted Khat-related interventions, make recommendations and inform future policy decisions in the area.

METHODOLOGY

In putting together this report a range of research methods were employed including a review of relevant academic literature, press coverage of the issue, visits to the area, participant observation and focus groups. The main findings are drawn from interviews with Streatham residents including; members of the Somali and non-Somali communities and proprietors of the retail units on Gleneagle Road and key employees of local statutory and voluntary agencies.

Participants were identified by several key participants from each of the different categories that assisted the research throughout. Due to budget constraints the researchers used convenience sampling. We relied on names passed on to us, and on contacts made through interviewees.

The researchers visited the area to talk with key stakeholders in the community. Two Somali researchers assisted with the conducting of interviews. Most people were extremely helpful and some went out of their way to facilitate the research. Some Somali residents had reservations about being interviewed, as they had hosted journalists from national and local newspapers in the past, only to find themselves and their community unfairly represented in sensationalist and unbalanced reports. These concerns made it difficult for the researchers to approach some of the Khat users informally. One researcher, a Somali himself, was asked several times: “for whom are you doing this work, the police?” Several Khat users expressed the belief that the underlying purpose of any kind of research was to find out negative things about Khat.

The ambiguous status of Khat, the hostility in the press, and the distorted nature of the reporting made car traders unwilling to engage with us. We therefore have no information from the car traders themselves. This is a serious omission that should be addressed in future work.

THE EMERGENCE OF GLENEAGLE ROAD AS A FOCAL POINT FOR THE SOMALI COMMUNITY

Gleneagle Road is located towards the southern end of Streatham High Road and is primarily residential. The 80-metre-long section between Ambleside Avenue and the High Road comprises a number of retail/commercial units with flats above. In the 1990s many of these stood empty, part of a general and long-term decline of the area as a commercial centre.

In the mid 1990s a number of Somali entrepreneurs moved into the abandoned buildings and opened small businesses on Gleneagle Road. Many of these shops now not only serve the local Somalian community but also attract custom from across the borough and neighbouring boroughs. The growing number of shops, the cafés and restaurants and the South London Islamic Centre in nearby Mitcham Lane, have all contributed to Gleneagle Road becoming a centre for the Somali community in Lambeth.

Among some members of the Somali community there is a growing feeling that the community should be credited for the contribution they have made to the area. Before they opened the cafés, many of the units on Gleneagle Road were derelict and the area unsafe with high levels of crime and prostitution. It is felt that the memories of previous neglect and decay have been forgotten and little appreciation given to the positive achievements.

KHAT USE IN STREATHAM

A popular activity among some Somalis visiting the area is buying and chewing Khat. Often this is done on the premises of Mafrishes/cafés where Khat is sold and chewed, but these are not the only outlets. Opportunistic ‘mobile traders’ drive into the area, park by the side of the road and sell Khat from the boots of their cars. It is this ‘open air’ Khat trade, generating a culture of casual, outdoor use that has drawn a strong reaction from some of the local residents.

(i) Mafrish

These are established cafés, some of which like the Mura café, have been going for over 8 years. The two cafés in which research was conducted were buying 10-15 boxes a week containing approximately 40 bundles each. Each of the boxes is trading at an estimated £80.

(ii) Mobile Traders

In addition to the *Mafrish* there are opportunistic mobile traders selling Khat from the side of the road out of the boot of their cars. The traders buy their Khat at a wholesale market run from a venue in Southall, West London.

As has been mentioned previously the details of the Khat trade remain unclear. When interviewed several residents described the trade as highly organised and believed it to be under the control of powerful individuals. This research has not been able to substantiate that claim. It has to be stressed, however, that it has been very difficult to obtain detailed information on Khat trading. Most participants thought that Khat sellers made modest livings from trading in Khat. The profit margin is low because of high competition facilitated by ease of entry into the market, something that distinguishes Khat from illicit drug markets. At the same time it is difficult to shift the necessary volume because of the limited market and the bulky nature of the shrub.

Profile of Khat Users

According to Somali participants the *mafrish* cafés on Gleneagle Road cater for different client groups, largely differentiated by age. Nevertheless, the majority of Khat users can be classified as males, who grew up in Somalia and are now aged between 25 and 45. Indeed it is almost exclusively men who visit the neighbourhood to socialise. Most of the women coming in and out of the cafés are working in the kitchens or running errands. Most of the men are more comfortable speaking Somali and some find English very difficult.

Among consumers, Khat plays an important role in bringing together individuals in a social setting and creating a focus for community cohesion. At the gatherings where they chew, much of the discussion concerns events in Somalia. To a group of men who are economically deprived, socially marginalized and politically disenfranchised the search for and use of Khat provides structure, purpose and

identity. Less frequent users emphasise the opportunities for rest and relaxation and contact with the Somali community, which is afforded by the availability of Khat.

Somali Attitudes to Khat Use

Somali participants offered widely varying opinions about Khat and its effects, however there were several themes that recurred in many responses.

Voices against Khat use

(i) Religious sanction

Some members of the Somali community cite Islamic doctrine as their principle reason for refraining from use of Khat. As a mind altering and habit forming substance, Khat is considered *haram*, or forbidden by the Koran. According to Muntaz Malik, the Imam at the South London Islamic Centre,

“Anything that intoxicates a person is forbidden”.

In response to the suggestion that in Ethiopia and Yemen, Khat is reportedly used to accompany religious discussion, he responded,

“How can you discuss anything when your are not in a clear state of mind?”

The teacher who directs Koran classes specifically for Somali youth at the Waaberi Community Association expresses a similar view.

(ii) Dereliction of social responsibility

For some members of the Somali community it is the negative social consequences of Khat use that cause major concern. Khat use, it is said, undermines family cohesion, diverts resources and distracts men from their duties as the principal income earners within families. Ibrahim Sheik from the Waaberi Community Association says,

“Khat is destructive in every sense, for health, the family and for the economic well being of Somalis. People do not work but waste time chewing Khat. It needs to be outlawed in order to discourage use, it does not work without laws ... lectures and preaching is not enough.”

(iii) Women and children

The most powerful drive against Khat from within the Somali community has come from Somali women’s organisations. The groups argue that a range of social ills from child poverty to domestic violence is caused by Khat use among Somali men.

This negative attitude towards Khat is echoed by some of the young people on the premises of Waaberi. Raised in the UK they express different concerns,

“Khat is bad, it messes with your head”.

They compare it to cannabis and denounce it as a drug. Some may have experienced the adverse effects of Khat at first hand.

On the other hand young people taking part in a focus group at Waaberi did distinguish Khat from alcohol and ‘drugs’. They stated that alcohol makes you incapable and aggressive, whereas Khat makes you peaceful and active. It was therefore considered acceptable for fathers or older brothers to be chewing Khat. Alcohol or cannabis on the other hand was not acceptable. Nor was it right for women to chew Khat, and many suggested that women who do chew Khat ‘are bad women’. When one of the participants talked about having seen women chew Khat he was met by expressions of disbelief and laughter. As for the commercial aspects, it was agreed that although Khat trading may generate a small income it is not a job to be proud of. They said that Khat sellers would not sell to young people, but would send them away. The only way young people would get hold of Khat is by picking up strains and twigs at home when their fathers chewed. While some young Somalis said that they had experimented with cigarettes and cannabis, Khat was not very popular. One boy explained that he looked forward to his uncle settling down for a session because it made him relaxed, approachable and it was a good time to ask him for money.

Voices in favour of Khat use

The opinions of the older Somali men who buy and chew Khat on Gleneagle Road are less easy to ascertain. *Language barriers* and negative experiences of previous outside interest in the community act as obstacles to engagement of this group.

Some younger Somalis, who have been brought up in the UK and do not take Khat themselves, support the use of Khat by their fathers and male relatives,

“Let them do it, it is our culture. This Khat links up with our fathers and forefathers.”

KHAT-RELATED ISSUES FOR THE COMMUNITY IN STREATHAM

Khat and Crime in Streatham

Khat is a legal substance in the UK and can therefore be purchased freely. However, a lack of readily available accurate information about Khat has led to it being associated with illegal drugs and more broadly with criminals. This report goes on to demonstrate that the available evidence does not support these views. Some residents expressed fears that there is a rising volume of crime being generated by Somalis in the neighbourhood. Recurrent themes include (i) the fact that Khat is a 'drug' (ii) concerns about the possible consequences of competition between dealers (iii) the presence of Somali youth gangs in the area, and their involvement in shoplifting and antisocial behaviour (iv) the perceived aggression of some individual Somalis in the area.

The analysis of crime patterns in Streatham by the police notes the presence of youth gangs in certain areas, including the Babington/Gleneagle Road area. Some of which involve young Somali men. There have been reports relating to the involvement of young Somali men in criminal activities and anti social behaviour, including street robberies. However it must be noted that again this is anecdotal. The report also mentions the activities of Khat traders selling from their cars, but there are no indications that the activities are related. This is substantiated by the fact that robberies that have been alleged to be committed by young people occur between 10pm and 1am; long after Khat traders who generally operate between 4pm and 7pm on certain days have left.¹ It seems therefore that there are two distinct issues; young people involved in anti social behaviour and crime, and mobile Khat traders and their customers. One local business owner saw the two groups as different in the way they reacted to other residents,

“There is a difference in attitudes between the youths and the older men. You can say excuse me to the elders and they will move, but the youngsters will not.”

The Police Superintendent for the Streatham sub command highlighted that gathering on the pavement is not a crime. Indeed, in Gleneagle Road the presence of people on the street could act as a crime deterrent.

There is concern among some residents about the possibility of Somali involvement in the distribution of illicit drugs as well as anecdotal reports of illegal drug use among young Somalis in the area. There is however no evidence to support the existence of systematic Somali involvement in the drug trade. Police raids on suspected drug addresses in Streatham have at no time revealed a

¹ Generally it has been noted that these opportunistic mobile retailers trade on Tuesdays, Fridays and Sundays.

Somali connection, nor have there been any arrests connected with the sale of illegal drugs.

The main action recommended by the police analysis is problem solving, working with the community and taking a tough stance on youth crime and anti social behaviour. It is recognised that this needs to be tackled at its roots in the context of young people's rights and responsibilities.

During interviews several participants referred to aggressive behaviour by Somali men, following attempts by residents to photograph Khat users outside the shops to document their concerns about overcrowding of pavements. There have been a few occasions reported when people trying to take photographs of the shops have been manhandled and the film removed. Some Somali men attributed this response to a feeling of betrayal and anger following an incident in which a reporter from the *Sunday People* was invited to the heart of the community. He was received with hospitality, following which he turned on the community with a negative report on Khat and the people who use it. Since then people have reacted angrily to anyone showing a camera in the street. This incident highlights the need for accurate and balanced reporting of Khat and Khat related issues - as well as the harmful effects of sensationalist and simplistic reporting and the sensitivity with which issues should be addressed.

Lack of accurate information about Khat and impact of mis-information

The lack of accurate and accessible information on Khat has done little to challenge partial and sensationalist reporting of Khat related issues. National tabloids have tended to reinforce anxiety with sensationalist reporting using inappropriate and inaccurate language. In one such highly inaccurate and inflammatory report Khat was described as "*a legal form of crack cocaine*". Local papers have been more restrained in their reporting. One recent article in the *South London Post* was more balanced, although references to "*illegal trading*" went unchallenged. Furthermore the attention-grabbing headline, "Crackdown on roadside drug trade," was fundamentally misleading.

Alarmingly, attempts were made by the British National Party to incite racial tension in the community approximately three years ago. For a short period they posted a report on Gleneagle Road on their website. It described a motorist passing through the area and being attacked by a gang of Somali men and ascribed this to white victimisation and "*of becoming a stranger in one's own country*". It further sought to present ordinary people being caught between groups of dangerous immigrants and official indifference.

There is no evidence that this attempt had any of the hoped for resonance in the neighbourhood. None of the people interviewed gave any intimation of sympathy for the BNP or other extremist parties. If anything, it seemed to have backfired with one Streatham resident explaining her involvement,

“It has got so bad that even the BNP is getting involved. That is why it is time to be doing something, because it is not about us and them.”

Many other participants emphasised their appreciation of the multicultural character of the borough and the contribution made by different communities to the quality of life. One participant pointed out that the problem lies not with the fact that the Somalis are different as there is no norm “we are highly multicultural here in Streatham.” There were some participants who felt that rather than joining the dynamic urban mix that they feel gives Streatham its cosmopolitan character; Somalis are insulating themselves from the wider community. It should be noted that the Somali population in Streatham is a new and emerging community and it has historically taken a number of years for new communities to take a full part in the ‘dynamic mix’ referred to above.

For many members of the Somali community, the experience of racism is a part of everyday life. According to one person interviewed,

“This is a community under siege, they find themselves surrounded by hostility, as Africans, as asylum seekers, as Muslims and as drug users.”

This sense of being under attack contributes to the reluctance demonstrated by some members of the Somali community. One of the members of the Dip working Group recounts how in one of the meetings organised by the Town Centre Office, a member of the Residents' Association refused to shake his hand.

Experiences of such hostility frustrate attempts to encourage engagement with the wider community. According to the research among the Somalis visiting the cafés, none of the respondents had any awareness of their presence and conduct being in any way problematic. In several cases the mention of complaints by neighbours was perceived as racism. The work of the Town Centre Office to engage all Streatham residents is an attempt to dispel such perceptions and overcome such barriers.

Khat as a drug

Given the lack of information about Khat most residents have little understanding about the impact and effect of Khat on the user. This heightens fears that there are groups of men ‘high’ on a powerful stimulant congregating in public. In reality, the pharmacological make up of Khat is still the subject of research. It is unclear how the various chemicals interact. Khat stimulates the Central Nervous System by releasing increased levels of dopamine and 5-HT from central neurones. Many other substances also cause the release of dopamine, and in this regard Khat resembles coffee and other mild stimulants. It is often used as a performance enhancer, study aid and appetite suppressant. In Ethiopia it is

popular among students revising for exams, though some studies suggest that the sense of enhanced concentration is illusory.

The association of Khat with illegal drugs has led to concerns that the presence of Khat users will bring drug-related crime and anti social behaviour to the area. The complaint about Khat dealing from parked vehicles, for example, appears to be rooted in a fear of turf wars and the influx of strangers into the neighbourhood. The Khat traders are seen by several participants as opportunists who are taking advantage of a vulnerable population of users. In contrast to the cafés, which provide users with an indoor facility and offer a service 'mobile' traders are seen as a burden on the facilities and the infrastructure of the area.

ANTI SOCIAL BEHAVIOUR and KHAT USE

- **The congregation of people on the pavement**

Some residents reported that large numbers of Khat chewers gather on Gleneagle Road on weekday afternoons and at weekends and they can make it difficult for pedestrians to pass. A sense of fear of large groups of men congregating on the pavements pervades much of the discussion at the Gleneagle Road Residents Association. Several themes emerge in interviews, discussion and the letters written in frustration. In one such letter a resident describes how she and her three young children had to:

“Walk around the phlegm and the saliva that is all over the pavement, and almost push through the crowds, because they won’t voluntarily move to the side for you to walk. It has become so bad that I now dread to walk to and from school and would move away from this area completely”

However there were other residents who stated that,

“Somalis congregate on the pavement, so what. My feeling is that they are the most inoffensive group of males I have come across”.

Another respondent said that any perception of hostility was in people’s heads because she found the Somali men were:

“...no trouble at all, quite the reverse, when I had the buggy they always moved out of the way”.

To older Somali men there is nothing here to complain about or to comment on. One Somali explained the activities of these men as follows:

“They like hanging out on street corners and it does not occur to them that this is causing offence to anybody or is even out of the ordinary. A friend of mine came to me and described a typical scene of a group of ten Somalis: nine talking and one listening, who then answers them each in turn. That is the context of Khat”.

Young people taking part in a Focus Group at Waaberi, a Somali community group had no idea about the campaigns by local residents and the activities of the council. Interestingly two of the participants commented that they were not surprised that such concerns had been raised, since the men were standing around in the open and talking in loud voices.

One of the reasons for the arising tension may lie in differing understandings of the use of public space. This point was elaborated by a London Borough of Lambeth Officer, who said that in the UK groups of men standing idly are seen as

"threatening". She went on to compare Khat chewers to groups congregating outside pubs and stated that she would feel reluctant to ask such a group to move out of the way.

Urinating and sitting on garden walls

There have been reports of men urinating in public places. Some residents have attributed such behaviour to Somali men who congregate on the pavements of Gleneagle Road. However there is no evidence to support this claim. There have also been some reports of Somali men sitting on people's walls, spitting into front gardens. Khat stalks, wrapping paper and the banana leaves in which the Khat is wrapped is reportedly contributing to littering in the area. In response Street Care Services have taken account of the increased volume of people in the area and have extended cleaning services appropriately and the Town Centre Office have supported a number of residents in securing their properties.

Traffic congestion caused by Somalis coming into the area, blocking driveways, double-parking and not respecting double yellow lines

Interviewees and residents at public meetings referred to the presence of mobile Khat traders obstructing traffic and blocking driveways in the neighbourhood, and particularly on Gleneagle Road. Residents have three different objections (i) the vehicles are parked on the road blocking local traffic (ii) vehicles are parked on a major trunk road with lorries getting stuck and major traffic jams building up (iii) vehicles are blocking the entrance to private driveways.

Planning enforcement

The enforcement of planning and licensing regulations were frequently cited as a cause of concern. Some local residents expressed the view that some Somali restaurant owners are seen to be getting away with running unlicensed cafés that had not met fire regulations or health and hygiene standards.

Khat and associated problems

Addiction and mental health

Most interviewees claim to be in control of their habit. They identify themselves as occasional and moderate consumers. Even some of the proponents of stricter control enjoy chewing on a fitting occasion, like a wedding or a public holiday. Yet everyone knows of problem or chronic consumers. These are men who will have five bundles in one sitting. They will wait anxiously for the Khat to arrive. One self confessed former problematic consumer describes the situation thus;

"Your world becomes smaller and smaller. You get up and go to see the

man, sit there with your bundle and start talking with your mates. Then you think you can stop it, but if there is nothing else happening and everything is such a big effort you end up going back and chewing some more.”

Dependence on Khat can also have negative consequences on the financial security of users and their families. Respondents described arrangements whereby frequent users ask for credit from a seller, who may keep their benefit book as a surety. Others will seek a few sprigs from friends, who then begin to avoid them resulting in instances of social isolation. Problem Khat users display the symptoms typical of problem users of any substance.

While the number of problem users does give rise to concern, they constitute a fraction of all users. As most Khat users chew occasionally and in moderation it is not possible to attribute problem use to the effect of Khat itself. Most authors assert that chronic use results in tolerance and that there are no known withdrawal symptoms other than sleep disturbances. The powers of addiction lie in the combination of pharmacological, social and psychological factors. Even mental health specialists concede that clients whose psychotic disorders were triggered by Khat have a complicated history. One national expert explains how clients suffering from amphetamine psychosis present with an excessive sense of well being followed by restlessness, paranoia, persecution complex, and voices. It can lead to schizophrenic episodes and bi-polar mood disorders, with the patient swinging from the manic to the depressive.

Yet most of her clients arriving in the 1990s had had traumatic experiences, either personally or through relatives. She relates the story of one client whose entire village had been killed and who had escaped by lying under a pile of corpses. She says; “These people, especially the young men, often have Post Traumatic Stress Disorder”. Now in the UK, they “are drifting without social constraints and emotional baggage. The easy availability of Khat is a problem for these uprooted people and the mentally ill are more vulnerable and more easily persuaded to take Khat”.

Two factors emerge from these interviews around Khat use:

- i) Addiction is related to the lack of structure and orientation in people’s life. This is particularly acute among members of the Somali community who, as recent arrivals, still face many barriers to accessing services, employment, and benefits. They suffer high levels of social deprivation and are not engaging with the services and facilities provided by London Borough of Lambeth and welfare organisations.
- ii) Khat can trigger mental health disorders in clients already suffering from acute trauma or underlying psychosis.

While in both cases Khat use adds further complications to the difficulties faced by individuals, their families and the communities, these problems need to be analysed within context. Given the problematic personal history of many individuals, Khat use may be compared to the self-administration of drugs in other cases and viewed as self-medication. Finally, along the spectrum of psychoactive substances available in London, Khat appears both benign and cheap. At £3 or £3.50 per bundle Khat users are unlikely to resort to crime to finance their habit, further supporting comments made earlier in the report by the Police.

INTERVENTIONS - REVIEW AND EVALUATION

“This is a small problem for many different agencies; planning, enforcement, highways. However, the cumulative effect of all the small problems has made it a big problem for the residents.” London Borough of Lambeth Officer

The role of the council

Activities by the local authorities are laid out in the ‘Dip Action Plan 2003 - 2004’, a sub plan of the Streatham Community Safety Plan. The implemented activities have been targeted and effective. For example: fencing around one property, a CCTV camera and planning enforcement officers have taken action against those cafés who do not have the appropriate planning consent in terms of authorised use. One of these cafés ceased trading following this action.

Different people interviewed had different opinions about the adequacy and impact of the official response. With regards to the community forum organised by the Streatham Town Centre Office and known as the Dip Working Group, a few people have complained about the pace of work, and that the meetings were merely a “talking shop”. Some of this frustration has been vented in the Save Our Streatham (SOS) Campaign, which combines criticism of the London Borough of Lambeth with information about issues of concern, including Khat. The level of dissatisfaction is summed up in this text posted on the SOS web site:

“Put simply, the council could not care less about the health effects of this activity on the local community or even the users.”

The response of community members to the council’s approach, as well as to specific interventions, has ranged from complaints that “nothing is being done” to an appreciation of the contribution of Council Officers. What follows is an assessment of key interventions outlined in the Dip Action Plan for 2003-4.

The interventions include:

1. Co-ordination of enforcement actions on street traders involving the Police and Illegal Street Trading departments.
2. Working with Transport for London to ensure that parking regulations are enforced and traffic congestion eased.
3. Planning enforcement against cafés trading without appropriate planning authorisation.
4. Fund raising for a CCTV camera.
5. Producing a leaflet in Somali aimed at articulating some of the concerns raised by non-Somalian residents to the wider Somali community.
6. Set up and continue to facilitate the Dip Working Group as a forum to encourage and develop better lines of communication between interested parties in the area.

7. Support the Somali Community Partnership through capacity building, such as supporting fund raising applications, networking and helping to organise community events.
8. The installation of fencing on the wall outside 22 Gleneagle Road to discourage congregation and trade from this location.

Operations to target mobile Khat dealers

Between July 2003 and June 2004 five hits were made on mobile Khat traders in Streatham. These joint Trading Standards/Police raids are led by trading standards officers equipped with the power to confiscate vehicles and goods that are being traded illegally. Police officers are in attendance in a supportive role. The intent is to dispel and prevent any belief that unlawful behaviour such as unlicensed mobile Khat trading will be tolerated in the area. The importance of frequent and regular hits is clear to the Town Centre Office who are co-ordinating these efforts. There is a growing determination to show zero tolerance in support of those members of the Somali community who have come forward to the London Borough of Lambeth saying,

“We cannot get rid of the traders, we need support.”

One of the problems faced by the Town Centre Office is inadequate funding. These hits are highly resource intensive. While the first four came out of the mainstream funding, additional resources had to be found for the last one. On previous occasions extra manpower has been drafted in from a unit of street trader officers based at the South Bank. Proposals have been submitted that this team be temporarily drafted to Streatham with support from the Community Safety and Drug Action Team funding streams.

As mobile traders have responded by minimising their exposure to such ‘hits’ the future success of such actions will depend on repetition and unpredictability. One of the problems lies in the absence of information about the mobile traders and their local networks. Some participants suggested that there were different groups involved, some with connections that would tip them off before raids were planned. This allegation requires serious consideration.

St Leonard’s Street Crime Wardens

The St Leonard’s Street Crime Wardens have been patrolling since September 2004. They patrol St Leonard’s ward on a daily basis, with special attention paid to areas of local authority, police and community interest. In relation to the dealing of illegal trading of Khat the wardens pass intelligence to the relevant officers in relation to the vehicle registration numbers, times, days and descriptions of those involved. They also, through their patrol functions play a pivotal role in deterring trading from occurring and their patrols in Gleneagle

Road are focused around the times when traditionally the traders operate in the area, i.e. from 4-7pm.

Street cleansing

Gleneagle Road is already being swept three times a day, and there are plans for a further sweep in the afternoon or early evening to ensure that the service responds to the large influx of people into the area and the effect of this on the environment. According to one street care officer,

“The businesses seem to be co-operative, they are selling coffee and food, but they cannot stop people from congregating, and then there is litter as the bins overflow.”

While this does require extra resources it has not added new charges to the contract with the cleaning contractors. If the sweepers have to be drawn from other parts of the borough, these will be net losers in this reallocation of resources.

Street Care officers are also responsible for cleaning up graffiti and maintaining street furniture. Future actions are planned, based on a closer inspection of the neighbourhood by officers.

Role of the Council Parking Enforcement Department

To ease the congestion on the section of Gleneagle Road nearest to the A23 and along Ambleside Road, Transport for London has installed red routes that are patrolled by Lambeth Parking Attendants and Transport Policing Community Support Officers (PCSOs) several times a day. In addition police officers are issuing fixed penalty notices to illegally parked vehicles. In the period May - July 2004, 149 Penalty Notices were issued.

Planning Enforcement against Unauthorised Cafes

Lambeth council has sought to consult with both the businesses and the community in relation to the operation of unauthorised cafés on Gleneagle Road to ensure that all concerns are taken into account.

In order for the council to issue a notice to cease trading it has to be proven that the operations of an amenity is adversely affecting the local community, e.g. customers congregating on the public footway outside the premises.

To summarise the current situation of the three cafés:

1G Gleneagle Road - Planning permission to operate a café has been won on appeal, on set conditions including the installation of a fume extractor. The planning inspectorate, an independent body, overturned Lambeth Council's decision to recommend ceasing use as a cafe. The businesses and residents living in the immediate areas of Gleneagle Road were invited to attend a special hearing, chaired by the Planning Inspectorate to discuss the issues, which had prompted Council action to close the café, unfortunately no one attended the hearing to make their representations.

14 Gleneagle Road - In the absence of a submission an enforcement notice was issued in October 2003 and the café has ceased trading. The owner has discussed with the local authority the possibility of turning the premises into an Internet café.

20 Gleneagle Road - Planning permission was refused in September 2004, and an enforcement notice issued in October 2004. The owner lost his appeal and enforcement action is in process.

Local Authority Planning identifies Gleneagle Road as a 'fringe location' within Streatham's commercial centre. Any planning decisions should therefore mitigate against the noise and congestion associated with an excessive concentration of cafés in or near a residential area. An Inspector at the Appeal Court judged that out of 16 retail units on Gleneagle Road, 6 A3 licensed cafés did not constitute an excessive concentration for a fringe location.

CCTV

A CCTV camera has been installed on Gleneagle Road to monitor activities, including the illegal trading in Khat and other forms of anti social behaviour.

Somali language leaflets

Leaflets have been produced in conjunction with members of the Somali community and are being distributed in community centres. Some of the shops have put the leaflets up in their windows. The text provided in the appendix does not convey the complexity of the process involved. A number of agencies were consulted on the content including the diversity sections of the Metropolitan Police and Lambeth Council.

The formation of the Dip working group as a forum for the community and the council

The 'Dip Working Group' is an active and well-attended community forum where residents and London Borough of Lambeth officers meet, discuss and undertake to address problems arising in the area. Meetings are held every six to eight weeks, and attended by police officers and council members, and provides a

platform for representatives for a range of local agencies, including the charity DrugScope.

Installation of fencing on the wall outside 22 Gleneagle Road

This has been completed with costs split between Lambeth Council and residents of Gleneagle Road.

Working with the Somali community

Representation of the Somali Community

The Town Centre Office (TCO) has been supportive of organisations formed and events organised by the Somali community. Council officers have been proactive in canvassing the views of the Somali businesses in the Dip, in inviting representatives of these businesses to attend meetings of the 'Dip Working Group'.

Community Events

In June 2004, the TCO organised a community event with the London Somali Development Partnership. Attended by over 80 people the event provided an opportunity for Somali residents to meet with Local Authority officers and police officers. Local Authority officers have also organised and supported activities involving young people from the Somali community.

One of the outcomes of these activities has been an improved understanding of both the heterogeneity of the Somali community and the complexity of the problems faced. It has helped officers of the council, and the wider community to put into context the headline-grabbing issue of Khat within the broader concerns of the community.

One outcome of the community engagement has been to bring together Somali residents and the police. Steps are now in process for members of the Somali community to accompany police patrols as observers.

Police responses

The police approach has been two-fold, addressing issues both of enforcement and community engagement. The Police have increased the number of operations against illegal Khat traders in partnership with Local Authority officers. Officers continue to patrol the area and to issue fixed penalty notices on vehicles parked illegally. They have also been working closely with Somali and non-Somali residents in an attempt to facilitate dialogue. Officers regularly attend community meetings including the Gleneagle Road Residents Association and the DiP Working Group. Officers have also been involved in community events organised by the Somali community and the local authority. At a meeting held in September 2004, over 17 members of the Somali community attended to voice

their views and complaints to senior Streatham Police Officers. It was agreed that the meetings are to be held on a regular basis with the aim of building positive community / police relations.

Overall, the issues of anti social and criminal behaviour on the Gleneagle Road are relatively minor when compared to other challenges to law and order in Streatham. However community mobilisation in the area has been significant and expressions of concern by some of the non-Somali residents have been particularly vocal. The Somali community, by contrast, has been less vociferous in its reactions to the situation. The challenge for the Police is to respond proportionately to the issue.

IS THERE A NEED FOR SPECIFIC SERVICES IN STREATHAM?

Interviews were conducted by a researcher of Somali extraction with 20 Khat users who were either chewing in the neighbourhood or bought in Streatham to consume at home. The conditions of Khat use were described as follows,

“Khat was not a health issue back in Somalia because the extent to which it was chewed was very limited compared to the Khat use in Britain. Their experience of culture shock, unemployment and language barriers, and the factors of frustration, isolation and exclusion allowed Khat to be chewed much more because it makes users forget their day to day anxiety.”

The main factor explaining Khat use among the sample showed 13 respondents chewing Khat because they had nothing else to do, and nowhere else to socialise; 11 said that they chewed Khat in order to forget their problems. This fits with some of the classical explanations for drug use as a form of escapism and retreat. It is compounded by the particular circumstances of the Somali community and their cultural isolation in the UK context. This makes it particularly difficult for heavy users to recognise and articulate their problems as Khat related. And it creates barriers to accessing services. Though Khat is cheap, excessive use places a financial burden on impoverished households,

“Many people in the community are unemployed and dependent on income support. Khat is a drain on this little family income leaving most families in financial difficulties and unable to afford other household essentials such as food and clothes. Many heavy Khat users spend their money to fund their Khat habit neglecting their family needs.”

In one of the cafés it was observed how a customer deposited his benefit book with the café manager. Apparently, the manager cashes the cheque when it is due, deducts the amount for Khat served on credit and pays out the remainder to the customer. This seems to be a frequent way of ensuring that debts are met, and also allows *mafrishes* to tie in their customers.

Significant proportions of the Khat users interviewed were looking for some help to address their Khat use. This is encouraging but the issue remains complex because while users may admit to a number of problems, the referral to drug services was not simple. First of all there was little realisation that it is possible to get such assistance in the first place. Secondly the suggestion of accessing a drug service was rejected because Khat was not seen as a drug. And thirdly there was a reported anxiety that people who came to help, for example GPs would try to force them to stop using Khat.

Data from research among Somalis in Camden also points to deep-seated suspicions of medical help. Many Somalis think that they receive a poor service

form GPs, that they will be put on anti-depressants and that their doctor has no understanding of Khat use. The reluctance to engage with a mainstream service has made the efforts by the local drug service Mainliners to develop a Khat programme difficult.

There are several instances of successful Khat services in London and the UK. Lambeth Drug and Alcohol Action Team to develop appropriate responses can harness the experience of Khat services provided in Tower Hamlets, Islington and Hounslow, as well as further a field in Sheffield.

Dedicated Khat Outreach Services

The development of targeted and specific services is a contested issue in the drugs field. Proponents stress the importance of 'cultural competence' and language skills in making contact with hard to reach populations. On the other hand, the lack of anonymity in close-knit communities can act as deterrent. There are also problems with assuming that ethnic groups are homogenous and that a common origin is an automatic basis for an effective working relationship. In the case of the Somali Khat user the argument in favour of a dedicated service outweigh those for a generic service.

The first reason is the hiatus between the recognition of problems around individual Khat use on the one hand, and the willingness to access services on the other. The director of a local drug treatment centre has already approached members of the Somali community. She was told that the association with a drug centre was undesirable. The stigma and the shame involved were too overwhelming. This rebuff confirms an attitude found commonly among Somali that Khat is not a drug and therefore a drug service is an inappropriate place for their problem users. It would be more appropriate for a Khat outreach service to be run from within a local Somali community group rather than through a drugs agency.

The other strong argument for a dedicated service is the language barrier. A recent survey among Somali residents in Streatham found that 56 per cent were reluctant to access services because of language difficulties. The language barrier would be higher still for issues as delicate as drug problems, and where the process of counselling and treatment was so language centred.

Good Practice in Khat Services

Orexis, Lewisham

Orexis has developed a dynamic service targeting problem Khat users from the Somali community. It began three years ago with outreach work among Khat chewers. After the trust had been built up, the clients started coming into the generic drug treatment service where the outreach workers were based. There

are a total of three workers now, including one female worker looking after the needs of over 70 clients in Lewisham and Greenwich.

Working with Somali clients involves a range of skills and challenges not found in traditional drugs work. But it is not so different from working with other black and minority ethnic groups. Services have to be comprehensive and include assistance with benefits, support with immigration issues and so on. According to the service director,

“Conventional drug services are highly medicalised, especially at tier three and four level and would therefore be quite inappropriate for Somali and other minority service clients.”

While the objective of the programme is abstinence the key emphasis is helping the clients to take control of their lives, which involves considerable support in non-drug related matters. The average time period for seeing clients is one year. Goals are set in terms of reduction and stabilisation and this has proved to work. Clients embark on a development path, with activities and intermediate goals.

The programme is based on the idea that drug use is a response to issues that need to be resolved. With Somalis this may be related to trauma and experiences of the war. Once the confidence of clients grows they often stabilise and begin to take charge of their lives.

“They then go to make that call to the housing department, or go to attend that parent meeting at school - instead of staying in the café and chewing Khat hoping the problem will go away.”

One of the biggest issues with Somali Khat users is isolation. They are a small and very vulnerable minority, and Khat can reinforce that isolation and lock the users into negative patterns. To counter that, treatment centres need to build bridges of trust through sensitive and appropriate outreach.

Hounslow

Hounslow Drug Action Team (DAT) provided funds to help set up the Somali Consortium, with the intention of developing a generic drug service. Due to internal difficulties the Consortium never developed any facilities and services and funding ceased. New funds were found under the Crime Reduction Initiative and the Somali origin drugs worker is working under the management of the DTO and Arrest Referral programme.

The DAT had planned for the caseworker to take on a wider caseload with BME clients. They found that he was soon concentrating on working with Somali clients whose main problem was with Khat.

DISCUSSION

It is evident that there is not a simple solution to the tensions between some of the non-Somali residents in the Gleneagle Road area and some of the members of the Somali community coming into the area to use the facilities. It is also clear that the sale and the street use of Khat exacerbate some of the tensions. At the same time, Khat's stimulant factor has to be kept in proportion.

Situations would still arise, and the perceptions of risk for some persist, even if Khat was taken out of the equation.

What the Town Centre Office (TCO) should look at are effective measures that meet the concerns of non-Somali residents while at the same time addressing the proximate and long-term challenges facing the Somali community.

1. One of the key issues that emerge from this report is the lack of a communal space where Somalis can meet. In Streatham this is part of a wider picture, as communal spaces are in short supply. There is also a reluctance to facilitate exclusive community activities. Moreover, many of the difficulties encountered by members of the Somali community relate to exclusion from mainstream services. Notwithstanding these points, there is a sense in which the provision of a community space would be enormously beneficial to the Somali community as a whole. This is particularly the case for women with children, who cannot congregate in the public spaces popular with the men and are unable to access private sector venues. The establishment of a community centre is therefore a priority.

In the long term the provision of a public meeting place would relieve much of the congestion of pavements on the streets. The experience of Sheffield is instructive, where a community centre has long serviced the Yemeni community. Interestingly, internal discussions were held and it was decided to limit Khat use to special occasions. Suitable premises were found near the community centre to accommodate Khat users.

2. Khat worker: There is a very strong case for recruiting a Khat outreach worker to target Khat users who come into the area. Advantage could be taken of the drug services already located in the area. Although it would be most appropriate for a worker to be based within a community group.

3. Shop fronts: In spite of the improvements made by the Somali businesses to the appearance of the area much remains to be done for the physical improvement of the shop fronts. Some money has been identified by the TCO to kick off such a face-lift. Any such funds should be conditional on improvements made by the operators themselves. Once again this could be done in conjunction with the TCO and perhaps the Chamber of Commerce.

4. Capacity building within Somali businesses. There is ongoing need for capacity building in the community, ranging from English as Second Language tuition to targeted training on such issues as health and safety. The role of the TCO business and economic development worker is essential. Somali businesses should also be encouraged to join the Streatham Chamber of Commerce. It is vital that Somalis organisations and businesses are integrated and participate in existing structures. There is an ongoing need to impress upon Somali residents and businesses that they have a right to representation and that these organisations are there for them.

5. The work of the 'Dip Working Group' has delivered some tangible results that need to be credited to the initiative of key workers at the TCO. One otherwise critical resident said that "TCO Streatham is absolutely first class, there is a difference between working hard and being effective, and they both work hard and are effective. It has to be continued, with regular meetings and updates.

6. The enforcement of trading regulations and parking restrictions must continue not only to tackle the problems of unlicensed Khat trading and traffic congestion, but also to maintain the confidence of residents in the local authority.

There are, however, limitations to what can be done. It is important to remember that the majority of the behaviour that gives rise to local complaints is not illegal. People are allowed to congregate in public places as long as they do not breach the peace. Action will therefore not be as prompt as some residents would wish. The London Borough of Lambeth and partner agencies must consult widely and keep each constituency on board. This means that the process by which action is agreed and the implementation of such decisions can take a significant amount of time.

Some residents have become impatient and abandoned the consultation process. It is important, however, that the dialogue be continued as evidence that concerns are being addressed. The issue at stake is something that touches the very core of a borough that takes pride in encouraging diversity with a spirit of openness and celebration of cultural difference. The concerns of residents about the Khat trade around Gleneagle Road are symptomatic of a wider process of integration, adjustment, and cultural change. Account must be taken of the difficulties often experienced by emerging communities as well as the challenge posed to established communities of renegotiating the cultural make-up of the area. The success of these recommendations depends on ongoing commitment, consultation and participation of all stakeholders.

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Appendix 1

Khat cultivation

The shrub Khat (*Catha edulis* Forsk) is grown at altitudes of 3,000 - 8,000 feet and is adaptable to different ecological circumstances. It has a slender trunk with a smooth thin bark. The leaves are lancet shaped and between 0.5 - 10 cm long and 0.5 - 5 cm wide. Young leaves are reddish green, later turning to yellow green. The height of the trees is weather dependent, from 1.5 meters in areas affected by frost, but up to 20 metres in areas nearer the equator with ample water supply, such as the Ethiopian highlands.

The trees are first harvested after 3 - 5 years after planting, and can yield up to three harvests per year. The shoots and the tips of the branches are cut in the early morning, tied into bundles and wrapped into banana leaf to preserve their freshness. These bundles weigh between 200 - 300 grams, and one to two bundles may typically be chewed at a sitting.

Among psychoactive substances Khat is a rare instance insofar that it doesn't require any form of processing or refinement. Alcohol requires fermentation, cannabis is dried, and cocaine is extracted from coca leaves. These various processes have given rise to particular specialisations, cultures and opened up extraordinary economic opportunities. With Khat the critical factor is speed, as the product has to be brought to market within at most 72 hours of harvesting. It is imperative that the product remains fresh.

After purchase the bundle is unwrapped and the stems laid out. Sometimes the leaves are washed, but most Khat chewers are unaware of any health risks associated with poor hygiene. Others believe that the water will dilute the potency of the Khat. Next the shoots and leaflets are plucked off and masticated one by one. There are regional variations, in Yemen for instance only the leaves are chewed, whereas in Kenya the small leaves and bark of stems are also used. Much depends on availability and price, but by and large, the better the Khat the sweeter the taste. The juice is swallowed while the residual vegetable matter is stored in the cheek, and eventually ejected. Some of the *Mafrish* in London provide wastebaskets lined with plastic bags for the detritus.

Khat chewing is a sociable activity, bringing men together into a circle where they converse, gossip and discuss. While the effects vary according to individual user, the setting of use, the companions who are also using, and the condition of the substance itself - quantity, freshness, potency and origin - a general sketch can be drawn. The user goes through a pharmacologically adjusted mood cycle beginning with a sense of high spirits and general sense of well being. There is great excitement, a loss of inhibition and much loquacity. There are different terms for the buzz, such as *handas* in Kenya and *mirqaan* in Somaliland. In the

older Khat chewing cultures of Ethiopia and Yemen there are different names for the different stages of the chewing cycle.

High doses may induce hyperactivity, and sometimes, manic behaviour.

Fieldwork from Kenya has produced some interesting contrasts in the pattern of Khat use. In the Somali areas of North Eastern Kenya Khat users start chewing early in the day. This is regarded as socially acceptable, provided that one has eaten. Among the Swahili, by contrast morning chewing is a sign of dependency. There are even more striking differences in the region close to the Ethiopian boarder, where Khat use is highly ritualised and less intense (Beckerleg 2004). Khat is accompanied by coffee, two stimulants that were first cultivated in this region. The coffee beans are roasted over an open fire, then ground by hand. Water is boiled and coffee brewed in small pots. A visitor is expected to stay for three cups, and refuse the fourth. This is a classic instance where ritual of social intercourse punctuates the consumption of a powerful substance. It allows users to achieve moderation in their intake, and achieve control over the habit.

Appendix 2

Pharmacology of Khat

Cathine (d-norpseudoephedrine) and cathinone have been isolated as the main active ingredients (Braeden 1979; Halbach 1972; Szendrie 1980; WHO 1973; 1980; 1985). A further group of alkaloids known as cathedulins were isolated in 1979 (Crombie).

As the growing body of research findings is being translated for laymen, some of the key insights are lost in translation. Newspapers have for example reported that Khat was a legal form of cocaine or even crack.

But it is important to remember that the strength has been estimated as 7 times less than amphetamine. Moreover, the uptake is far less dramatic than that of crack or cocaine, and its effect much more prolonged. Heavy binges, as reported from cocaine and particular crack users, are therefore not reported from Khat users. "Medical problems are infrequent with Khat use because cathinone is diluted in the other materials of the leaves" (Kalix 1986).

Appendix 3

Research Methods

The author is part of a research team funded by the ESRC to study the cycle of production and consumption of Khat. Initially the focus had been on Eastern Africa, but throughout the work it became apparent that there were important issues around Khat in the UK. The team therefore is linking up the experience of field research from production areas, with studies from centres of consumption in the UK. It can draw on the cumulative experience of the project, and has benefited from the expertise of the research team.

Appendix 4

Khat and Health

An extensive literature has been compiled listing the various ill effects of Khat, and some of the key findings are listed below. It is notable that few of the health benefits attributed to Khat in folk medicine have been investigated as the impetus of medical science studies has been to identify health hazards and to problematise the substance. It is used as a remedy for venereal disease, asthma and other lung diseases, cold, fevers, coughs and headaches. It has also been used to prevent epidemics of pest and malaria (UN 1956: 12; Hill, B.G. 1965, 'Catha Edulis Forsk.'). *Journal of Ethiopian Studies* 3 (2): 13-23).

The health hazards caused by Khat are largely the product of intense and regular use. There are few indications that moderate use is particularly harmful. With most of the conditions described below the causal relationship between Khat use and symptoms is approximate. Even more significant is the fact that a range of conditions is the product not of Khat use but the accompanying consumption of cigarettes and sugary drinks. For policy purpose there are serious implications here. Important health gains can be achieved by promoting awareness of the adverse impact of relating conditions, setting and associated consumption patterns.

In any deliberation of the legal status of Khat the impact on human health is of paramount importance. Research spanning several decades has generated a body of data, but it remains difficult to draw clear conclusions as to exact causal relationship and the particular impact of the substance itself. In this account we draw on both the results of modern research and the ethno-pharmacology collected from the medical traditions of Yemen, Somalia and Ethiopia. This is not intended as a summary, but merely to identify some of the most important conditions and symptoms identified in the literature.

Khat and mental health

Many authors have reported some Khat psychosis symptoms such as manic like psychosis (Giannini and Castellani 1982), and behavioural disturbance (Gough and Cookson 1984). One study of 61 Somalian Khat chewers in Cardiff suggested that Khat chewing was a risk factor for mental illnesses (Annual meeting 2002). In Yemen Khat chewers exhibiting signs of psychosis were locked up until the symptoms lifted (Luqman et al 1976). However whether Khat is *causing* psychosis or *exacerbating* these symptoms in vulnerable individuals is still a matter of debate. It should also be borne in mind that Khat is always associated with smoking, coffee, tea and soft drinks. In addition some chewers counteract the insomniac effects of Khat by using alcohol or tranquillizers. Mixing

of these substances and their role in mood disturbance remains yet to be explored.

Khat and respiratory problems

While there is no direct link between Khat chewing and respiratory problems, the setting and circumstances of Khat use are often hazardous. In the UK many *Mafrishes* are poorly ventilated. As many Khat users smoke intensely there is a severe risk to lung and heart from both active and passive smoking.

Where water pipes are used and mouthpieces shared smokers are susceptible to tuberculosis infection (Kalix 1987).

Khat and cardiovascular problems

According to one controlled case study (Hassan et al 2000) Khat increases the systolic heart pressure and heart rate. It can also induce cardiac infarction (Al Kadi et al 2002), particularly among susceptible individuals. Interestingly, in Yemen cardiac infarction occurs predominantly in the afternoon, a function of the daily cycle of the Khat user, in contrast with a global predominance of the early morning (Al-Motareeb 2003).

Khat and oral problems

A common complaint among Khat users is the dryness of the mouth, which is probably due to the reduced saliva flow caused by Khat. Further problems are dental caries, which is the result of the sugary drinks drunk by chewers to counteract the astringent taste of Khat. Khat can also stain the teeth and lead to periodontitis (Halbach 1972, Elmi 1983, Menegel 1996). One study found that intense chewing would produce jawbone (Hill and Gibson 1986. More precarious still were the pre-cancerous lesions that were reported among some chewers (Hill et al 1986, Al Sharabi 2002)

Khat and gastrointestinal problems

The loss of appetite is widely reported and even celebrated as one of the benefits of Khat use in folk medicine. Suppressing hunger and increasing energy and alertness make Khat the ideal performance enhancer for nomads setting out on long and arduous journeys. The impact on sedentary populations with a different, and physically far less demanding lifestyle are quite marked, however. Khat slows down the cycle of gastric emptying (Hayman et al 2002), which may be one of the reasons for the widely reported constipation (AlGunid et al 2000, Hayman et al 2002). There are also reports of haemorrhoids and of gastro-oesophageal cancer among chewers (AlGunid 1999, AlHadrani 2000).

Khat and infection

In a study carried out by Mahmoud (2000) forty-four fungus species were isolated from 30 Khat species. Some toxicogenic fungi were considered to be a threat to public health. Khat is an orally ingested drug and most chewers do not wash Khat so it might be a mediate facilitating the transmission of parasites. Adding to that chewers most likely tend to use the same cups to drink water, tea and to share the same toilets in places lacking appropriate hygiene (Salam 2004).

In both cases, however, the source of infection is not so much the Khat but in the unhygienic conditions of use.

Khat and liver problems

The effect of Khat chewing on blood sugar is still a matter of debate. Some studies report no statistical significance (Elmi 1983b; Saif et al 2003) on healthy users. There were concerns, however, for diabetic chewers drinking sugary drinks during the session leading to an increase in their glucose and c-peptide levels during the Khat session, particularly those having serum glucose levels between 200 and 450-mg/dlat 2h post meal (Saif et al 2003)

Appendix 5

The Somali Migration to the UK and Khat use

The seminal ethnographic study of the Somali people by Ion Myrdal Lewis characterises Somali society as a 'pastoral democracy'. It is made up of non-hierarchical segmentary units, divided into patrilineal lineages. These are grouped into clans, which can trace back their ancestry up to 30 generations.

All Somali clans originate from one of either founding ancestors, and are known as Samal and Sab. The Samal consist of four clan families: the Hawiye, Darod, Issaq and Dir. The Sab include the Digil and the Rahanwyn. Each of the main clan includes several sets of sub-clans, and sub-sub clans. Resource conflicts are traditionally fought out along these form lines of integration and division. While the clans are mobile and have claims to pasture and land across Somalia, different regions are associated with different clans.

This is of growing significance also for the UK Somalis, as the process of political fragmentation is throwing up new state formations such as Somaliland or Puntland. The consolidation and relative stability of Somaliland in particular has had a profound impact on Britain's Somali community. President Riyyalle of the independent Republic of Somaliland was given a hero's welcome by tens of thousands of Somalis during his visit to London in March 2004. Struggling to establish the means of self government, the as yet unrecognised state has added new impetus to the clan based identity system of the Somalis, at a time, when in the diaspora at least, this was giving way to a more inclusive sense of identity.

The Somalis are believed to have moved across the Red Sea in antiquity. The bronze and light brown skin tone of many is more reminiscent of the Arabian peninsular or the Maghreb than sub-Saharan Africa. Islam is the dominant religion, and Arabic customs and language has deeply permeated Somali culture. A large number of Somalis, however, originate from the Bantu people who were either autochthonous, or descendents of captives from slave raids. Though affiliated to clans, they have found themselves an easy target of organised aggression in times of crises.

Somali statehood

The reasons for resurgence of Somaliland as a separate entity can be found in the history of the region. Until the modern period Somalis eschewed rigid structures of political integration, living in mobile, acephalous, units that were bound only to the rulings of the *xeer*, the clan council. The most important integrating structure was the *diya*, a group of kinsmen with a fighting strength

from a few hundred to a few thousand men. They were united by a contractual alliance whose terms stipulate that they should pay and receive blood money (Lewis 2002 (1965): 11). Contacts with the external world were limited to pilgrimage, the *hadj*, and trade with Egyptian and Portuguese merchants on the coast, and warfare along the borders of today's Ethiopia and Kenya.

Towards the 1880s the opening of the Suez canal brought the Somali lands into the grasp of old and new imperialists. British, French, Italian and Ethiopian empire builders carved up the region into a series of colonies.

- (i) To Italy went what became Somalia, with the capital of Mogadishu and the largest land mass.
- (ii) Britain collected the northeastern strip, with the city of Hargeisha and the port of Burao; and at the other end what is now the North West Frontier of Kenya.
- (iii) France held the city-state of Djibouti along the border of Sudan.
- (iv) Ethiopia annexed the Haud and the Ogaden.

The colonial period turned out to be a significant but brief episode in Somali history. In 1960 Somalia emerged into independence and promptly fused with the former British colony of Somaliland. The government sported an irredentist pan-Somali ideology aiming to integrate the remaining three provinces. Successive governments supported Somali insurgents in neighbouring countries, including the so-called *shifita* war in northern Kenya. From 1969 onwards the military government of Siad Barre built up the armed forces into one of the most modern armies in Africa. In 1977, Barre sought to take advantage of Ethiopia's internal problems by invading the Ogaden. After scoring a series of tactical success, the tide turned against the Somalis. Ethiopia rearmed with massive Soviet and Cuban support, and drove the Somali army back. The campaign was to prove the beginning of the end for Somalia.

Hundreds of thousands of refugees followed in the wake of the retreating army. In addition to the heavy casualties and the destruction of materiel Somalia had become a political pariah in the region. The regime managed to exploit super power rivalry and tap into US, Arab and Western European support. But the disbursement of emergency and development aid created new problems as the regime degenerated into a clan-clatura. With the legitimacy of the government seriously compromised by the Ogaden fiasco, the regime built up its support on the basis of clan affiliation. Three sub clans of the Darod clan benefited particularly: the Marehein (father), the Ogaden (mother) and the Dulbahante (first son in law). Selective assistance accentuated the split between north and south of the country.

In the early 1980s, the Issaqu, one of the dominant groups in the northeast, formed the Somali National Movement with Ethiopian backing. By the late 1980s resistance had escalated into an open civil war. The regime reacted in 1988 with massive aerial bombing of Hargeisha and Burao, sending waves of refugees

form the Issaqu clan across the Ethiopian border. Members of Hawiye clan were opening a second front in central Somalia. Early in 1991 rebels forced Barre out of Mogadishu. His forces retreated south wreaking havoc in the so-called 'triangle of death' between Kismayo, Bardera and Baidoa. In the meantime the victorious rebels had fallen out over the election of the interim president. Fighting between the different coalitions broke out all over the country. By 1992 the conflict had cost tens of thousands of lives, had wiped out 70% of livestock and had devastated food production. Some 300,000 fell victim to famine, over a million sought refuge in neighbouring countries. The UN moved in to provide emergency relief and assist the reconstruction of government and administration. Twelve years later work is still in progress.

The Somali community in the UK

In the UK the Somali population grew dramatically during the 1990s because of the civil war and the collapse of the state. Over the period of 1985 - 2000 there were 36,995 asylum applications from Somalis. By 2002 an estimated 43,050 were settled in the UK legally. The figures are further confused by two trends. There are many people who are ethnically Somali, but technically citizens of other countries - such as Ethiopia, Kenya or Djibouti, all of which contain large ethnic Somali populations. Awareness of the readiness of the authorities to give exceptional leave to remain to people of Somali origin has prompted many non-Somali migrants to claim Somali identity.

The trend continues, and is augmented by incoming migration from EU partner countries. At the same time the children of the earlier arrivals are completing their UK education and entering the workforce. Some members, such as the TV journalist Rajih Omah or Big Brother participant Ahmed Aghil have reached national prominence. Within a seemingly short period of time the Somalis have emerged as yet another ethnic group in the multi cultural mosaic of contemporary Britain.

It is important, however, to distinguish between the different waves of migration. The first Somali presence in the UK dates back to the early twentieth century, when Somali and Yemeni seamen, recruited in Aden which was then a vital refuelling station on the way to India and the Far East, would settle in British seaports - London, Cardiff and Liverpool. The next wave came in the 1960s finding work in the booming industrial sectors of the Midlands and Yorkshire. From the 1980s refugees fleeing the country's increasingly devastating civil war joined them. Considerable numbers of people are still being displaced by the ongoing violence. A fourth wave is now coming in from the Somali communities in EU partner countries. These often come to the UK in search of better work opportunities, to reunite with family, or to take advantage of economic opportunities.

The dramatically different circumstances of each of these waves of migration have clearly impacted on the condition and circumstance of the community as it came to settle in the UK. The vast majority were refugees, who arrived with little or no possessions, fractured families and traumatic personal histories. In some 980 cases (for the 1992 - 2000 period) these were made up of groups of children, a category known as 'unaccompanied minors'. Immigration status would typically be granted to women with children first. In many cases the men would be allowed into the UK after an interval of several years. Family relations, already under stress from dispossession, dislocation, the experience of violence and physical suffering were put under further pressure by this phased migration. Women and children were left on their own to cope with the mysteries of the welfare system. When the men followed these hurdles had largely been overcome and a lifestyle had been established.

One professional with close experience of working with different refugee community said "The families were not functional in the first place, people lose sight of that. The women came first and had to fend for themselves to establish themselves. The men came later and no longer had a role. Some young women arrived with their siblings. Many of the children were extremely disturbed by what they had seen."

Khat use among the Somalis

While it is not possible to date the rise of a Khat culture in the UK, we can distinguish between the patterns of consumption during different periods. As with most drugs, consumption is determined by cultural preferences changing over time, and the interplay of supply and demand. The key variable is transportation as Khat is highly perishable.

In the wake of these developments prices have fallen and the substance lost much of its status. Once reserved for special and festive occasions, it has now become a mundane and regular past time. This change in attitude to Khat use signals significant changes in Somali society as well. Contrary to a fast growing popular tradition among UK Somalis, Khat use has relatively shallow roots in most of Somalia. Khat was only grown in the Togdheer, Sanaag and North West regions in the northern part of Somalia. Camel trains were not fast enough to deliver the harvested crop to southern markets, and it was only with the completion of motor roads that Khat spread to the whole country in the 1960s (Elmi et al 1987).

In Mogadishu Khat users oriented themselves on northern Somali and Yemeni models of consumption. One participant described how in the 1960s Khat chewers would accompany their sessions with songs from the north of the country, and that it took many years before songs for these occasions were composed in the south. Regular chewers adopted an architectural feature from

Yemen, known as ‘mafraj’. This is a room at the top of the house furnished with mattresses, pillows and tall windows for holding Khat gatherings. Interestingly, migrant workers to the Gulf were among the most avid promoters of the Khat culture in Somalia (Cassanelli).

Khat use among Somalis in the UK

In the UK too the migrant worker played an important bridging role by introducing the ritualised use of Khat. Somali migrants, who found industrial work during the 1960s in places like the Sheffield steel industry, faced new challenges and opportunities in the 1970s. As Britain’s industrial base contracted, opportunities arose elsewhere. Some UK based Somalis found good work for their technical know how acquired in Britain, and Arabic language skills in the Gulf states. The oil boom provided access not only to work, but also to Khat, which could be bought at stopovers in Yemen or Ethiopia en route to the UK.

One British born participant described how her father and other relatives would return from periods of contract work in the Gulf. The living room would be prepared, and the men would put on clean robes to sit together and chew. It was a dignified affair, steeped in ceremony and deference. An insightful parallel can be drawn with the use of Khat in Yemen, where “‘societies’ distinctive aspects are most prominent in Khat meetings ... the order of place in which the participants sit during a Khat chew follows a strict social system ... and the exchanging and offering of Khat branches is another expression of esteem and social status (Saba Salam 40)”.

Initially then Khat distribution and use went to reinforce the values and cohesion of the Somali community. Chewing Khat was the preserve of high status males to mark important occasions for families and community, like the homecoming of migrant workers. There are no recorded instances of elders initiating their UK born children into using Khat. According to several participants, using Khat was discouraged as unsuitable for young people. Several young Britons of Somali extraction interviewed in the project found their way to Khat via a series of experiments with other substances. Many more, however, found it difficult to reconcile the Khat chewed by their elders with that emerging fast as one of the principle stock of the Somali trade in the 1990s.

1950 - 1970 Seamen, industrial workers; intermarriages	Acculturation; moderate alcohol use
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1960 - 1980 Professionals and migrant workers from Gulf states with families	Somali identity; Khat mark of high status; ritualised and celebrated
1980 - 1990 (i) refugees fleeing civil war (ii) children of first immigrants	Khat as self medication; Khat ambiguous status Reject Khat use as traditional; drug experimentation on UK pattern
1990s- now Community in exile Diversity of opinions on Khat	Mass consumption of Khat; Khat as glue for community gatherings; Khat mass consumption Khat as drug; Rejection of Khat on religious, medical and social grounds

Appendix 6

List of People Interviewed

Participants interviewed	Position
Susan Doran	Community Safety Officer (Streatham)
Leah Levane	Streatham Town Centre Manager
Amerjit Chanion	Community Development Officer
Rick Algar	Superintendent, Metropolitan Police
0 Richard Quinn	Chief Superintendent, Borough Commander, Lambeth
Keith Naish	Operations Manager for Street Care and St Leonard's Street Crime Wardens
Helen Watts	Street Care Officer (St Leonard's)
Jean Carpenter	Lambeth Crime Prevention Trust
Keith Hill	Member of Parliament
Roger Giess	Elected Member for St Leonard's Ward
Mary Ryan	Services Manager, Mainliners Drug Treatment Centre
Eleni Palazidou	Psychiatrist, St Clements Hospital
Abdi Hassan	Drug worker at Hots drop in, Mile End
Hassan Isse	Drug Worker, for Drug Advice Information and Skills Hounslow
Dean Whittington	Service Manager, Orexis drug treatment centre
Beatrice Vaessen	Nurse Practitioner, Refugee Clinic
Wojtek Bogdanowicz	Resident
L. Ryan	Resident
Suzanne Maher	Resident
Ralph Beckford	Resident
Michael Freeberne	Local business owner
Jan Isfort	Local business owner
Roy Tobrun	Local business owner
Alan Hall	Manager for Stenson Properties
Anne Savage	Streatham Resident
Abdullahi Mohammed	Somali Development Partnership

Muntaz Malik	Imam at South London Islamic Centre
Muna Deria	Researcher
Mohamed Deria	Filmmaker
Ahmed Sheik	Researcher
Abdulkadir Araru	Journalist
Warsan Fowzi	Researcher
Alaku...	Khat trader
Ali	Mafrish owner, Tower Hamlets
Hussain	Waaberi
Osman	Waaberi
Ibrahim	Waaberi
Fara Mohamed	Businessman, Gleneagle Road

In addition

- 1 Interviews were conducted with 20 customers in the Gleneagle Road cafés.
- 2 Two focus groups were held with young people at Waaberi.
- 3 One focus group was held with women Khat chewers.