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Khat use among Somalis in four English cities

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Khat (also spelt 'qat', 'jaad', 'chat' or 'qaat') is a plant grown mostly in Ethiopia, Kenya and the Yemen. Its leaves and stems are chewed for their stimulant effect, which has been described as similar to the effect of caffeine or mild amphetamine. In the UK, it is almost exclusively used by people originating from Ethiopia, Somalia and the Yemen. The two main active ingredients of khat – cathine and cathinone – are Class C controlled substances under the 1971 Misuse of Drugs Act, but khat itself is legal in the UK.

The Home Office commissioned Nacro to undertake a study of khat use among Somali communities living in England. This Findings has been prepared jointly by the lead researcher for the study from Nacro and by the Home Office to present an analysis of data on self-reported khat use and attitudes towards khat from interviews with Somalis living in London, Birmingham, Bristol and Sheffield.

Key points

- 34% of the 602 Somali interviewees reported using khat in the month prior to interview. This represented 51% of the men and 14% of the women interviewed.
- Among those who had used khat in the last month, the average frequency of use was three times a week, although 10% of them were using it daily at the time of interview.
- Khat chewing sessions lasted between one and 20 hours, with an average length of six hours.
- Among those who had used khat in the last month, 75% reported experiencing at least one health symptom after use. For nine of the 12 symptoms investigated, less than 15% reported experiencing the symptom as either moderate or severe. The three symptoms most often described as being moderate or severe were sleeping difficulties, loss of appetite and the urge to chew khat again.
- Some respondents expressed concerns about poor hygiene, heavy tobacco smoking and poor ventilation in places where people gathered to chew khat which could lead to the spread of infections and to illnesses related to the inhalation of tobacco smoke.
- A small number of respondents reported experiencing social and family problems as a result of their own or someone else's khat use. Most of these complaints related to a khat-using partner spending time and money on chewing khat rather than with their family.
- Extremely low levels of alcohol or illicit drug use and offending were reported by respondents and there was little association between these activities and khat use.
- Attitudes to khat were divided. Some considered it harmful and wanted it to be prohibited but a substantial number felt that khat use helped maintain cultural identity and was alright when used in moderation.

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)

Research aims and method

Aims

The research reported here updates and expands on an earlier Home Office funded study (Griffiths, 1998) on khat use among Somalis living in London. The main aims of the new study were to ascertain:

- the level and nature of khat use
- the perceived health and social effects of using khat
- whether khat use was associated with alcohol or illicit substance use or offending
- attitudes to khat use.

Method

The researchers used the 'Privileged Access Interviewer' method which is effective for carrying out research with 'hard to reach' groups. Somali men and women in London, Birmingham, Bristol and Sheffield were trained in conducting research interviews and they recruited participants in their areas through personal contacts and community organisations. A total of 602 Somali people (324 men and 278 women) aged between 17 and 74 years were interviewed. (The purposive sampling method was necessary in order to engage participants in the research but this may limit the extent to which the interviewees are representative of the wider Somali population.) Male interviewers usually interviewed men and female interviewers usually interviewed women. The interviews (a total of 602) were carried out in Somali and were based on a questionnaire which included a combination of closed and open-ended questions.

In addition to the survey interviews, focus groups with 13 Yemeni people were held in Birmingham and Sheffield and qualitative interviews were carried out with 11 community workers (4 Ethiopian; 1 Kenyan; 6 Somali).

Level and nature of khat use

As shown in Table 1, 38% of interviewees had 'ever' used khat and 34% had used it in the month prior to interview. This differed considerably between men and women in the sample – only 16% of the women reported that they had ever used khat (14% in the last month) compared with 58% of the men (51% in the last month). The average age of recent (in the last month) khat users was 39 years and the average age of non-khat users was 34 years. Just over half (51%) of the participants in the 41 to 74 age group had used khat, in comparison to 35% of those aged 31 to 40 and 26% of those aged 30 and under. Almost half of those who reported ever using khat first tried it before they were 19-years-old.

People who had used khat in the last month ('recent khat users'), reported using it on average three times a week with an average quantity of 2.5 bundles being used in a typical session (this is not an exact measure as bundles vary in size). However, 10% of recent khat users were using khat on a daily basis at the time of interview. Out of those who had ever used khat, 47% reported that they had used it on a daily basis at some time, for a period of at least a month.

In terms of the length of time people spent chewing khat, sessions lasted an average of six hours but could last from between one and 20 hours. The sessions usually took place within a single sex group, ranging from two to 30 people (with an average of 10). However, 40% of recent khat users said they had chewed khat on their own on more than one occasion. Women were more likely than men to say that they chewed khat in groups of fewer than six people (44% of women, compared with 19% of men). They were also more likely to report chewing alone, perhaps due to the fact that the use of khat is not encouraged among Somali women. However, out of the 40 women who reported using khat in the last month, 32% said they had done so in mixed sex groups.

The respondents who had used khat in Somalia and in the UK were asked whether they thought that they used khat more in England or in Somalia. Approximately a third of respondents said that they used more in Somalia, a third said they used more in England and a third reported no difference.

Perceived health and social effects

Health effects

Those who used khat in the last month were asked whether they experienced a range of health symptoms after khat use and 75% reported experiencing at least one health symptom. When considering the findings it is important to bear in mind that most of these symptoms are sometimes also experienced by people who have never chewed khat and that it cannot be assumed that the symptoms were caused by khat use.

Table 1 Use of khat – percentage of those interviewed

Percentages	Had 'ever' used khat	Used khat in last month	Never used khat	Total
	%	%	%	No.
All interviewees	38	34	62	602
Men	58	51	42	324
Women	16	14	84	278

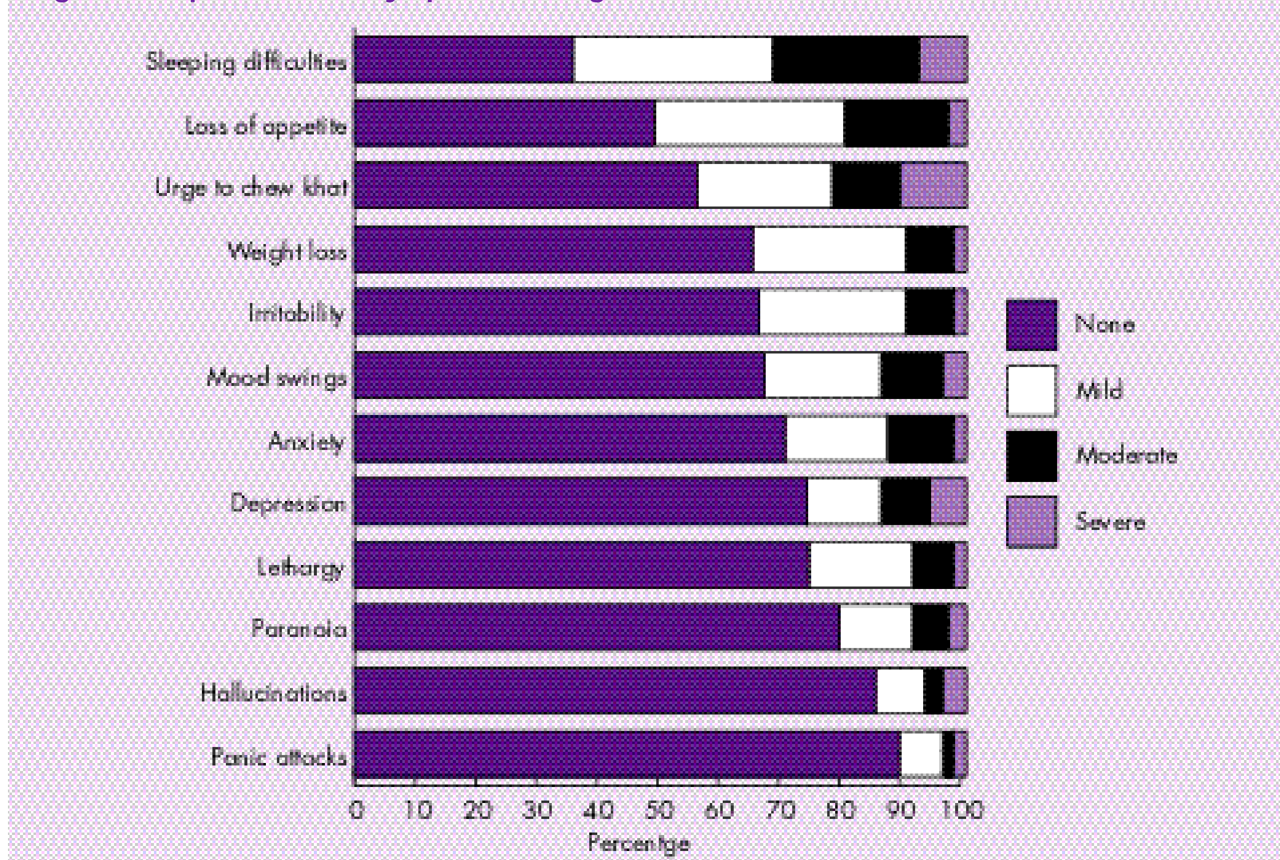


Figure 1 Reported health symptoms among recent khat users

Figure 1 shows, for each symptom, the percentage of recent khat users who reported either not experiencing the symptom at all, or experiencing it as mild, moderate or severe. The symptoms are shown in order from the most frequently reported (sleeping difficulties reported by 65%) to the least frequently reported (panic attacks reported by 10%). Interviewees described symptoms as mild in most cases, but in some cases, moderate or severe. Only three of the symptoms were experienced more than mildly by over 15% of the group. These were:

- sleeping difficulties (8% severe, 23% moderate)
- loss of appetite (2% severe, 18% moderate)
- the urge to chew khat again (11% severe, 11% moderate).

The reporting of depression and weight loss was higher among those who chewed khat on more than three days a week compared with those who chewed khat less frequently. More women than men reported experiencing irritability and the urge to chew khat.

Community workers who took part in focus groups had concerns about unhealthy conditions in some khat-chewing venues, where hygiene standards were low and there was heavy tobacco smoking combined with poor ventilation. Their main concerns were that:

- infections would be spread
- people would be harmed by chewing unwashed khat leaves coated with pesticides
- people were exposed to risks associated with tobacco smoke.

Social effects

A small number of respondents had experienced social problems which they attributed to their own or someone else's khat use. These comments tended to relate to the behaviour of a close family member (usually a spouse) who chewed khat. Problems disclosed in the interviews included:

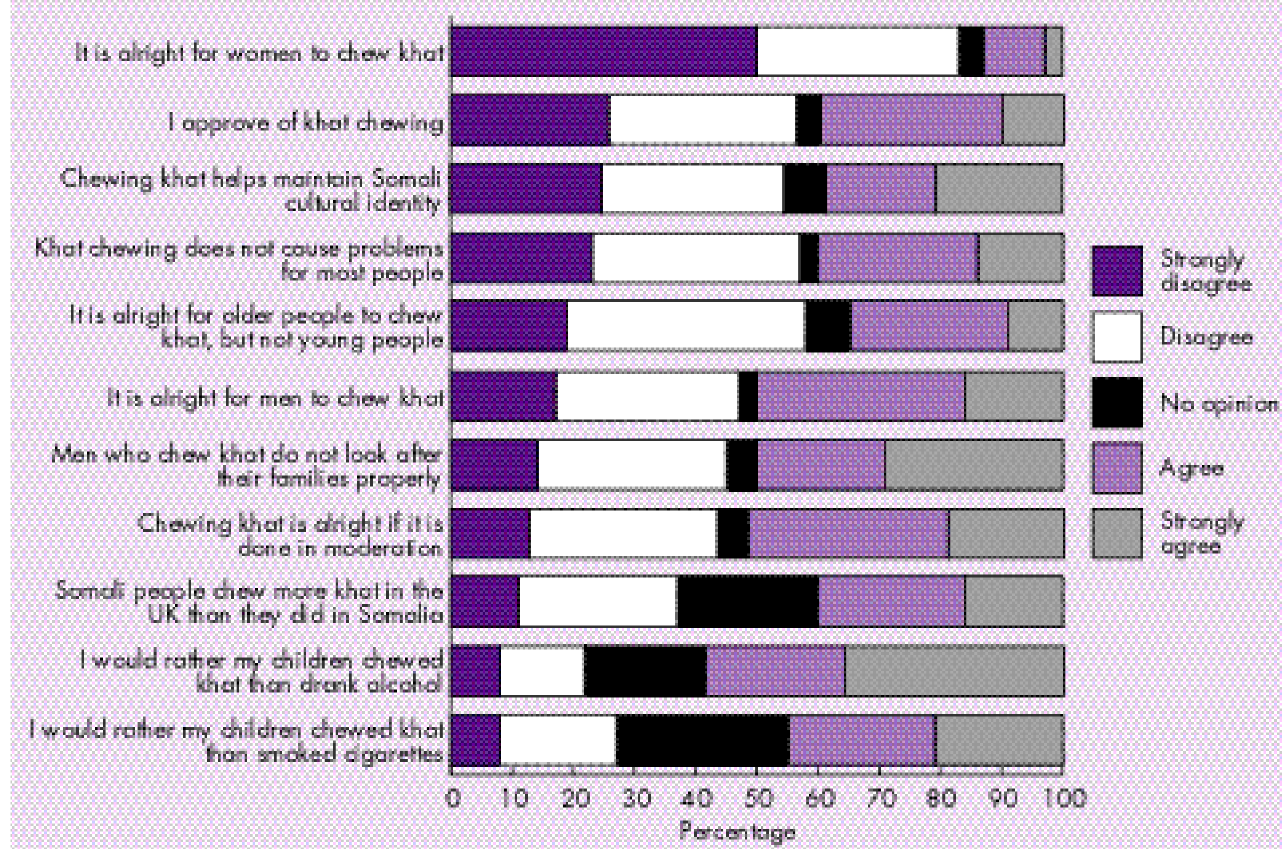
- experiencing a partner having mood swings as a result of khat chewing
- observing a negative effect of parental khat use on children and on the extended family.

Some said that their partner's khat use affected their marital relationship because they spent too much money on khat, or were absent from the home for long periods and would not help with domestic work or, in a few cases, even became violent.

Association with alcohol use, other drug use and offending

Respondents reported extremely low levels of alcohol or illicit drug use and self-reported offending (1% reported ever using an illicit drug, 1% reported ever using alcohol and less than 1% reported offending). There was very little association between these activities and khat use.

Figure 2 Attitudes to khat use (whole sample, n=602)



Attitudes to khat use

During the interviews respondents were asked whether they agreed or disagreed with a set of statements reflecting possible attitudes towards khat use. Figure 2 shows how divided the attitudes of the interviewees were.

Respondents were also asked about their attitudes towards approaches to prohibition:

- 49% were in favour of making khat illegal in the UK
- 35% were against this action
- 8% were indifferent
- 8% did not respond to the question.

A higher proportion of those who did not use khat, in comparison to khat users, were in favour of making it illegal. Data from the qualitative aspects of the study also showed mixed feelings about the control of khat. There were some suggestions about introducing controls such as a licence to sell khat and age restrictions on purchasing it.

Interviewees and the focus group members said that it was important to increase awareness about the health implications of khat use, among health professionals and khat-chewing communities. They also identified a need to improve conditions in khat-chewing venues and to try to address the social problems which they felt were being caused by khat use.

Reference

Griffiths, P. (1998). *Qat use in London: a study of qat use among a sample of Somalis living in London.* Drugs Prevention Initiative Paper 26. London: Home Office.

For a more detailed report see *Khat use among Somalis in four English cities* by Shilpa L. Patel, Sam Wright and Alex Gammampila (2005). Home Office Online Report 47/05. London: Home Office. Copies are available from the Home Office website http://www.homeoffice.gov.uk/rds/

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