Breaking barriers

Khat is legally sold in this country and part of a traditional way of life for many in the UK's Somali communities. But khat use can become part of a complicated web of social, personal and family problems, as DDN discovered through visiting Hassan Isse, co-ordinator of Hounslow's Khat Project.

Just off the main shopping street in Hounslow, London, Hassan Isse sits in an office at the Drugs Advice Intervention and Skills (DAIS) Project. His role is to help as many of the khat users in Hounslow's 7,000 strong Somali population as he can reach.

Chewing khat is legal in this country, and buying a bunch will cost about £6. The leaves and small stems are chewed to a pulp and spat out, and you need to chew for quite a while before you feel the effect. So why does Hounslow need a service to help users of a drug that is mild enough to be classified as legal, and associated with traditional ritual?

Initiative for Hounslow's Khat Project came from the borough's drug and alcohol action team and the council's Public Health and Health Improvement Unit, which carried out a needs assessment in the local community. Media had already started to pick up on adverse health effects of using khat: the community study drew a strong link between khat use and an increase in health, social and economic problems in the community.

When Hounslow DAAT commissioned Crime Reduction Initiatives (CRI) to set up a 'khat service', Hassan Isse arrived at the DAIS office, where it is based alongside their other user, family and criminal justice support services. Isse had been involved in the needs assessment, and had a good overview of the community's relationship with khat.

Many of the Somali community are refugees, he explains. Their circumstances are different in Somalia – they are likely to have poor housing and limited employment prospects. Chewing khat as a social habit often translates as a way to relieve stress and isolation in a foreign city.

Back in Somalia they might chew khat until 3 or 4pm integrated with normal family routine and meal times. Here, they are likely to begin in the evening, then be awake for hours. The drug suppresses appetite, so if living in stressful circumstances, they are unlikely to eat enough food. It is easy to see how the habit can escalate to threaten malnutrition, insomnia and anxiety. Lack of motivation and paranoia are all too common, says Isse – problems which can only get worse as the khat user fails to get up for work.

Hassan Isse admits that the client journey is not easy. Khat is difficult to come off and relapse is common... But for those who emerge from the khat service having broken their dependency, the benefits can have a substantial impact on their lifestyle. Khat might not seem the greatest problem a part of the population might face, but it has emerged as a contributing factor to a whole range of complicated social needs.

Housing problems, employment difficulties, and the associated nightmares of debt and family breakdown are a familiar pattern, and the services at DAIS are well structured to guide clients to the support they need.

For Isse, at the point of contact with a new client, the first task is to assess their needs. Many clients – a large proportion, which surprised him initially – have a complicated mixture of needs, involving their use of khat and other drugs.

'I was aware of the khat use – but I wasn't aware of the extent of khat, cannabis, alcohol, heroin and ecstasy use,' says Isse. 'We have to use expertise with young people. There are a lot of problems faced by the community at the moment.'

He sees many new clients on the basis of khat's association with psychological problems, but many clients have mental health needs that take them outside his remit and he makes sure they are referred to the appropriate service at the outset.

If their needs are solely related to khat use, he embarks on the full needs assessment that will take clients to his one-to-one programme that's based on motivation and support. They will be allocated a key worker and a care plan is developed.

Referral might come from family, friends, or the community. Some clients refer themselves, after picking up a leaflet on the service. The first task is to assess the extent of their involvement with khat, and Isse will give each new client a diary sheet to monitor their khat use. The sheet asks for specifics every day: length of time spent chewing, whether food was taken before or after, where the khat session took place, the amount used, whether any substance was taken with it, and whether the session took place in company. From this record an initial impression can be gathered of low use (less than two hours a day) to high use (over eight hours).

'If anyone uses more than eight hours a day, they are probably an addicted person,' says Isse. 'We would work with them differently from a person using a few hours a day,'

At the care plan stage, Isse might need to draw on links with the employment agency or housing association. The local community centre plays an important part in recovery, offering a space where ex-users can join counselling sessions to offer peer group support.

CRI's activities are based on a harm reduction approach, and Isse has compiled 12 steps to help khat users limit adverse effects, from washing the khat properly to using a mouthwash after chewing, to reduce the risk of mouth cancer.

Preparing literature and providing advice has proved a useful way to reach khat users – not just face to face, but also through the network of health services. GPs have called the Khat Service to ask for information on khat use.

'A local GP called the other day to ask do they spit it out, or do they swallow it?,' says Isse. 'I explained that they spit it out – but if they are drinking tea at the same time they will be swallowing khat, but not deliberately.' The GP could then judge implications for his patient's overall health.

Now and again, Isse breaks off conversation to answer the phone in Somali. His literature is translated and he makes it as easy as possible for his clients to connect with the service.

Looking at his statistics of other London boroughs, it is evident that other areas have bigger Somali populations than Hounslow and potentially greater khat problems. So why is his the only khat service?

Funding is the obvious obstacle he says, and maybe a reason why other boroughs can't afford to view khat as an issue. The other factor may be that problems are hidden under cultural differences, and layers of social problems that khat use feeds off and exacerbates.

Calling in on Isse's colleagues in neighbouring rooms at DAIS, the team is busy sorting desperate housing problems; another is taking a call from someone in legal trouble again. Downstairs at the drop-in they are supporting clients and manning the needle exchange, introducing regular familiar faces, current and ex users.

For Isse's clients, visiting him is the start of a journey to recovery and reintegration, beginning with bridging the language barrier and continuing to sort out a whole range of problems that are rendering them dependent on a substance. For some, it is the beginning of a route to a better home, employment and family life. Sometimes, says Isse, it takes the support of the service to make khat users realise that they have withdrawn from everyday life. He can point them towards a health check, yoga, acupuncture – even DAIS's own football club, which meets every Tuesday to encourage fitness and social skills.

When not meeting with clients, Isse channels his energy into reaching young people, through schools and colleges, community events, and through the family services, which provide support and show family members how to deal with a person using khat.

Reaching women is an important priority for the future, as women don't want to be identified as khat users, according to Isse. 'It's a cultural issue. It's not acceptable for women to use khat in the Somali community, so we need to find a situation that's comfortable for them.' He wants to add a women's worker to the service, to get through this barrier.

Isse admits that the client journey is not easy. Khat is difficult to come off and relapse is common. Some clients detox, then relapse, as with any other substance. But for those who emerge from the khat service having broken their dependency, the benefits can have a substantial impact on their lifestyle. Khat might not seem the greatest problem a part of the population might face, but it has emerged as a contributing factor to a whole range of complicated social needs.

For Hounslow's Somali community, the Khat Project has proved to be a vital support in reaching services that make basic differences to the quality of life. Isse hopes that research being produced by Turning Point and Nacro about Khat use in Ethiopian, Yemeni and Somali communities in different areas of the country, will influence government to resource khat projects more widely.

'Although it costs the NHS and PCTs a lot of money to address khat use, it would be cheaper to treat it than leave it unattended,' he warns. 'Young people drop out of school, people lose their jobs, there is family breakdown. It is a problem for the UK, a problem for society.' **DDN**