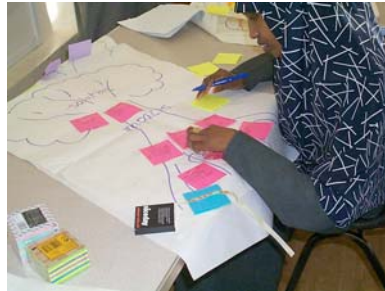


# CHEWING QAT

## IMPACTS ON SOMALI FAMILIES AND COMMUNITIES IN LEWISHAM



### A REPORT BY THE SOMALI COMMUNITY ACTION TEAM (SCAT)

January 2006



## **ACKNOWLEDGEMENTS**

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## **SUMMARY**

This report presents the findings of the **Somali Community Action Team's** (SCAT) research project into drug and substance use within the Somali/British community of the London Borough of Lewisham. <sup>1</sup>

The project was initiated from within the Somali/British community responding to concerns regarding drug and substance use and perceived links between domestic violence and the use of one drug in particular - Qat. The project received funding and support from Lewisham Borough Council's Drug Strategy Team, Sure Start Evelyn and Neighbourhood Renewal Community Learning Chest.

SCAT comprises members of the Somali/British community living in and around Lewisham who received training in participatory community research. This direct involvement of local Somali/British residents working within their own community has allowed a high degree of access to that community and provided an intimate and detailed insight into the issues surrounding drug and substance use and specifically concerns regarding the use of Qat.

The SCAT team received training from Development Focus Trust in its accredited Regeneration through Community Assessment and Action (CAA) research and training programme. The team comprised 6 women and 5 men representing a wide age range, diverse educational backgrounds and professional experience and a broad spectrum of opinions. Very importantly the team included Qat chewers, ex-chewers and individuals both for and against the use of Qat.

Fieldwork took place between December 2004 and May 2005 in a number of locations identified by the research team and known to be gathering places for the Somali/British community in Lewisham. These included local cafes, mosques and community centres, as well as the Qat chewing venues (usually private houses) known as the 'majlis'.

In addition to research with members of the public the project established a Reference Group of individuals and organisations, from both the voluntary and statutory sector, identified by the SCAT members as working with the local Somali/ British community, dealing with the issues raised and having a remit to take forward the actions and recommendations.

A total of 234 people were consulted during the project 48% of which were women and 52% men. 75% of those who participated in the research were aged between 20 and 50 years old.

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<sup>1</sup> The term Somali/ British is used in this report, and refers to those people that took part in the research who are of Somali origin and residing in Lewisham. This term was used by residents when asked to define their ethnicity.

## **Summary of the Issues**

1. Within the Somali/British community there is very little awareness of the effects of drugs and substance use, other than alcohol, tobacco and Qat. This is particularly so for Somali/British women.
2. Although its specific effects aren't perceived to be the most detrimental with regard to an individual's health or impact on the families of users, Qat has the most impact. This is because Qat is:
  - easy to find and buy
  - relatively inexpensive
  - relatively culturally acceptable
  - legal
3. Service providers had little or no awareness of Qat and its impact, and the importance of Qat use to the Somali/British community unless they were specifically focused on work with that community.
4. Many users consider Qat to be an important aspect of Somali culture with little or no negative impact on the user, their family or the community.
5. The aspect of Qat use that has greatest impact on users and their families is not the effect of Qat whilst the chewer is chewing it but the hangover that lasts much of the day following a chewing session.
6. Many non-users, in particular women, considered the most important impacts of Qat use to be:
  - a. Detrimental for **individual users**, causing:
    - mental health problems, depression and mood swings
    - high blood pressure and heart problems
    - lethargy, laziness and reduced sex drive
    - unemployment
    - drop out from study
  - b. A major cause of friction between **family** members, through:
    - family breakdown
    - domestic violence
    - less responsibility for children and family
    - bad example for children
    - a waste of time and money
  - c. A significant factor in the erosion of Somali **culture** causing
    - conflict within the Somali/ British community
    - reduction in religious observance

## **Summary of Recommendations**

1. Members of the Somali/British community, in particular women, need education and awareness-raising regarding drug and substance use, including Qat, so that the issues and impacts can be better understood.
2. Qat users need advice and support in accessing skills training and work experience in order to find employment and break away from dependence on Qat.
3. The initial reaction of many of those who don't chew Qat was to ban its import and use, and close down the 'majlis'.
4. However, others, particularly chewers, suggested banning Qat:
  - would be counterproductive, pushing Qat use underground;
  - would criminalise many otherwise law-abiding members of the community;
  - may even push Qat users onto other, potentially more harmful substances including alcohol, cannabis and other drugs, and
  - could lead to dramatic price increases for Qat putting extra pressure on family finances.
5. There is a need for cultural gathering places and activities or events that bring the Somali/ British community together socially and provide alternatives, particularly for Somali men, to the 'majlis' and the use of Qat. Establishing Somali/ British clubs where people can meet informally to:
  - discuss relevant issues
  - hear seminars and presentations
  - watch relevant TV and other documentary programmes
  - read Somali and Arabic language newspapers
  - engage in Somali cultural activities and events
6. More scientific research needs to be carried out into the physical and emotional effects of Qat.
7. Qat users need to be offered help and support from service providers from within the Somali community. This should include counselling for users and their families and mentoring schemes provided by Somali/British people. This would require the provision of training for Somali/British men and women so that they can offer support within the community.
8. There needs to be much greater awareness of the health and social impacts of Qat use amongst young Somali/British residents, in particular young men, as well as for service providers and the local authority.

*Chewing Qat: Impacts on Families and Communities*

9. Raise awareness in local Youth Clubs (including providing trained Somali/British Youth Workers) encouraging them to be more aware of the specific interests and needs of Somali/British youth.
10. Encourage service providers to gain a better understanding of each others work, liaise more closely with each other and work together on providing support and funding to the Somali/British community based on the recommendations of this report.
11. Encourage Somali/British organisations to work more closely together on addressing the issues and actions and liaise more regularly and fully with service providers.

## **Additional Research Suggestions**

The SCAT project focused specifically on the impact of Qat on the Somali/British community. Additional areas of research, beyond the scope of this project, were identified by the team members and are presented here.

1. Establishment of a Somali/British forum bringing together different organisations. Research to include:
  - participation and roles of different individuals and organisations including SCAT
  - sources of funding and other support
  - focus of the forum
  - location of the forum
  
2. Young Somali/British people. Research to include:
  - issues
  - needs
  - impact of drug and substance use
  
3. Learning from the experience of other projects and countries regarding the use and control of Qat. Research to include:
  - effects of banning Qat import and use
  - attempts at regulation
  - projects focused on reducing the negative impact of Qat
  
4. Somali health and social clubs. Research to include:
  - range of activities
  - potential locations
  - potential funding



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## **INTRODUCTION**

### **Why this project?**

This project was conceived by individuals from within the Somali/British community in Lewisham who acknowledge problems in their community and recognise the need to fully understand the issues in order that appropriate actions can be taken. Specifically this project recognises the growing negative influence of drug and substance use on the community – a notoriously difficult topic to research and understand and particularly so within a relatively vulnerable and isolated community. For this reason it was important that this project used an approach that encouraged the engagement of members of the community in an accessible, non-threatening and transparent way.

Previous work carried out in Lewisham used the Community Assessment and Action (CAA) approach, designed by Development Focus Trust, to understand issues surrounding community safety in the neighbouring New Cross Gate, Honor Oak and Evelyn wards. The CAA approach is based on training local residents to carry out participatory research and develop action plans within their own communities. Fathiya Yussuf, a Somali/British resident, was trained in CAA as a member of that team and recognised the validity of the approach for research and action planning within her own community. Fathiya was particularly interested in the issues surrounding drug and substance use in her community with a specific focus on the links between domestic violence in the Somali/British families and use of the drug Qat.

The project was initiated by both Mr. Stuart Mc Donald and Mrs Fathiya Yussuf, and she eventually took up the position of the Project Support Worker. Also Mr Musa Jama the coordinator of Lewis ham Somali Community organization welcomed us to use Etta Hall to hold workshops and meetings. Etta Hall was chosen due to the fact it was the first Somali community centre established in Lewisham (in1997) and has a large number of clients based there.

Prior to the training, a Steering Group (see Appendix) was set up to identify funding sources, review the structure of the training, and how to recruit Somali trainees. Initially, the Group met once every month and subsequently every two weeks. The meetings were held at Etta Hall, and the Group met over a five-month period. Three members of the Steering Group signed up for the training and completed the course.

## **The Somali Community Action Team (SCAT)**

Towards the end of November 2004, following extensive advertising in the local area, an introductory session was held at Etta Hall (Evelyn Ward, Deptford) to provide a taster of the CAA approach and to recruit a team of volunteers to participate in the project. As a result of this session a team of 8 volunteers committed to take part in the initial training and participate in the project. Of this original group only 3 ultimately attended the training workshops however a further 7 were recruited during the initial 3 weeks of training. This team of 10 volunteers, led by Fathiya Yussuf, the project support worker, eventually chose to name themselves the Somali Community Action Team or SCAT.

SCAT comprises 6 women and 5 men, ranging in age from their early twenties to late fifties. We represent a diverse range of backgrounds some of us having lived for many years in Somalia and Somaliland prior to arriving in Britain, others never having been to our family's place of origin having grown up as Somalis in Kenya, Ethiopia, Yemen or the United Arab Emirates. Our educational and professional history is also diverse and includes university educated community development workers as well as recent school-leavers. Some of the team use now, have used in the past or have experimented with Qat whilst others have not and all of us know friends or family members who chew. Opinions regarding Qat within the team range from those of us who feel its negative impact is exaggerated to those who believe its use goes against our Muslim faith and should be prohibited. Apart from anything else this has led to many interesting and energetic discussions during the course of the project!

## **The Aims and Objectives of the Project**

During the early training sessions the SCAT team established a set of basic project frameworks to guide the process. Fundamental to the successful completion of the project was a clear understanding within the team of what the project was hoping to achieve and how this was going to be done. The following aims and objectives were developed in a participatory manner by the team based on the broad aims of the funding organisations. Though not set in stone they have remained unchanged since they were developed and have provided a useful tool for monitoring progress of the project.

It should be recognised that the research team identified aims and objectives that focused both on the project and on the personal level. The team members were undertaking the training not only to focus on positive change within our community but also within ourselves as individuals. Team members acknowledged that a qualification in Regeneration through Community Assessment and Action from the Open College Network could lead on to employment in community organisations focused on participatory

research and action planning and could improve the likelihood of future employment generally.

### **Aims**

- identify the problems of the effects of Qat and other substances
- help those who are affected by use of Qat and other substances
- solve the problems of use of Qat and other substances
- raise awareness of the effects of Qat and other substances
- establish a working relationship between service-providers and the Somali communities
- fill the gaps in the provision of services for users of Qat and other substances

### **Objectives**

- identify lasting solutions around the issues of the use of Qat and other substances
- understand why Somali people use Qat and other substances and identify their advantages and disadvantages
- know and understand other problems of the Somali community
- understand how Qat and other substances effect families and the health of individuals
- inform service-providers of the identified problems
- link with and inform the decision-makers
- make recommendations
- develop an action plan
- identify the gaps in services around the issues of Qat and other substances
- make a report on the research
- complete the training in order to get a qualification

From an early stage in the SCAT project it became clear that the team's interest was focused on issues surrounding the use of Qat rather than a broader focus on the use of other substances. Whilst not suggesting that Qat is the only substance used by Somali/ British people it is important to acknowledge that the team perceived Qat to be the substance with the greatest impact on their community. As will be explained later in this report specific research was carried out early in the project to test this perception.

It should also be acknowledged that in Britain little is known about Qat outside the communities originating from those parts of East Africa and the Arab peninsula where its use is common.

## **BACKGROUND INFORMATION ON QAT**

### **What is Qat?**

Qat is a green-leafed plant that has been grown and used for centuries in Yemen, Ethiopia and Kenya because of its stimulant effects. References to Qat use can be found in Arab journals from the 13th century. Physicians prescribed Qat to treat depression and lack of energy. The stimulant effects also mean it has been commonly used by peasants who work long hours. In some Muslim countries where alcohol is banned, Qat is commonly used in social situations, although it is often condemned on religious and cultural grounds.

### **A Bundle of Qat**



*photo courtesy of Drugscope*

Qat (also written as kat or khat) grown in Kenya is called 'Mira' and that grown in Ethiopia and Yemen is called 'Herari'. The major differences between the two are that Mira is much stronger than the Herari which has larger leaves. Minor differences exist as to the location and climate in which the plant is grown and this has an impact on its quality and value. Qat was not grown in Somalia until the early 1990s and today the amount produced is not commercially significant.

### **What does Qat do?**

Qat is a stimulant drug with effects similar to amphetamine sometimes likened to the drug ecstasy. Chewing it makes people feel more alert and talkative and suppresses the appetite, though users describe an ensuing calming effect when used over a few hours. Regular use may lead to insomnia (inability to sleep), anorexia and anxiety. In some cases it may make people feel more

irritable and angry and possibly violent. Psychological dependence can result from regular use so that users feel depressed and low unless they keep taking it. Most users acknowledge that the ensuing hang-over following a late night chewing session may last until the evening of the following day during which time the chewer is either asleep or very lazy and apathetic.

## **Qat use in Somalia**

Qat use spread to Somalia after World War Two and was initially limited to religious practitioners and traders (long distance truck drivers who picked up the Qat chewing habit whilst visiting countries where Qat is grown and chewed). Qat use was associated with the worship of god and the pursuit of work – to stay awake for long journeys and for praying.

In the 1960's Qat use spread like wildfire in Somalia and was used by most of the male adult population and some women who worked in the cities. In the early 1980's the Somali Government made Qat importation and use illegal and forcibly uprooted any Qat plants in Somalia. However, this only led to corruption of the armed forces who took on the job of delivering Qat (Qat has a mysterious way of reaching its destination). Somalia has banned the use of Qat on a number of occasions with major differences in the Somali political structure of the time. All those bans failed to stop the chewing of Qat resulting only in an increase in its price.

Today in Somalia the majority of chewers are holding down jobs and chewing on their days off or only for a few hours of the day. There are limited numbers who are said to be addicts and who chew most of the time.

**Qat addicts in rural areas of Somalia and Ethiopia may chew Qat in four sessions through the day, each session having a different name:**

- *Indhofur* - 'eye-opener' in the morning
- *Barje* - 'relaxer' lunch session after morning work is finished
- *Biya raacis* - 'clean out' in the evening
- *Qarhis* - 'explosion' or knock out session at night

**Mohamed Ibrahim  
SCAT member**

## **Qat Use Amongst Somali/British People**

In London Qat arrives daily in large quantities (up to 10 tons) and a significant number of adult men and some women of Somali origin chew Qat on a regular basis. A bundle or bunch of Kenyan 'mira' is called a 'marduuf' and its retail price in London is £3. The smallest portion of Ethiopian 'herari' is said to be sold in the chewing houses or 'Majlis' for £5.

The majority of adult men users of Qat chew it in 'majlis' – small airtight rooms in private houses packed by bodies squeezed into every available space, sometimes 20-30 per room. The chewers come from all walks of life and just

share the habit of chewing. Some of the 'majlis' in London are noisy, overcrowded, smoke-filled, smelly and dirty places that are a breeding ground for the spread and growth of infection and ill health. The chewers in a 'majlis' may all be of Somali origin but can also be a mix including Ethiopians, Kenyans, Yemenis and Afro-Caribbeans. It is very unusual for men and women to chew Qat together. There is a taboo associated with women who chew Qat and as a result very few women chew. Those who do chew with other close women friends in unadvertised private homes in a much cleaner and healthier environment than the men's 'majlis'. They generally chew less often and smaller quantities and interestingly use the chewing sessions as an opportunity to smoke tobacco using a 'badeecad' (also called a 'Sheesha' or 'hubbly-bubbly' water-cooled pipe).

A serial chewer can use 4 – 10 bundles of Qat every day of the week. This group of chewers are called 'quad qamax' (taken by Qat) and will chew as much Qat as they get their hands on. They tend to be the group that Qat has the most negative impact on their lives.

**The team identified three different levels of Qat use and dependence (although Qat use is very fluid for most chewers):**

- **Casual or moderate use - 1 to 2 (weekend) chewing sessions per week, 1 to 2 bunches per session**
- **Heavy use - 3 to 5 sessions per week, 2 to 4 bunches per session**
- **Addiction - every day, more than 4 bunches per session (as much as you can get)**

## **Legality of Qat Use in Britain**

The Qat plant itself is not controlled under the UK Misuse of Drugs Act, but the active ingredients, cathinone and cathine, are Class C drugs. The legal status of Qat in the UK is currently under review. However, it should be noted that Qat is controlled by law in countries such as America, Canada, Norway and Sweden and taking Qat into these countries can attract heavy prison sentences.

In America Qat is designated as a Class A drug. A bundle of Qat which costs 20p in Kenya (where it is grown) can be sold for £3 in London (where it is legal) but will fetch up to 50 dollars in America where it is banned. It should be noted that this difference in price between the UK and American market has encouraged an illegal trade in Qat between the two countries. 62% of all Qat seizures in America are from the UK.

## **THE COMMUNITY ASSESSMENT AND ACTION (CAA) APPROACH**

Participatory Appraisal (PA) was developed in countries in Africa and Asia – it uses very visual techniques and is based on the view that local people are experts in their own lives. PA is now widely used in developing countries in government and non-governmental organisations. It is increasingly becoming used as a tool for enabling community involvement in European countries, including the UK.

Drawing on its experience in using PA methods in Africa and Asia, Development Focus Trust has applied these participatory methods in the UK, and has designed an accredited training programme – Regeneration through Community Assessment and Action – that combines both qualitative and quantitative methods, ensuring rigorous and robust research.

The training and research process enables local residents to set their own agendas and identify and prioritise issues and problems that affect them. Identifying solutions and action plans includes discovering who is responsible for taking strategies forward. The process results in detailed information and action plans from which communities and local agencies can begin to make changes happen.

Community Assessment and Action (CAA) uses participatory visual methods and tools, such as maps, ranking lines and matrices. During research members of the public are encouraged to engage with the questions and visual tools, drawn up on flip-chart paper, adding their personal opinions and thoughts on coloured post-it notes. Each comment is coded with a unique number and coloured sticker to provide the researchers with a basic profile of the person who made it. As the session progresses the charts become covered with multi-coloured post-its and this helps to draw attention to the research and the comments that have been made. A central feature of the methodology is the development of a coding system so that all those consulted can be monitored in terms of issues of interest and difference, such as age, gender, ethnicity, disability and employment.

Unlike traditional research methodologies, CAA allows local people to set their own agendas and priorities, and move through to recommendations for action on their chosen priority issues. The process reaches different people in the community in shopping centres and public places, parks, working men's clubs, schools, mother and toddler's groups and other existing activities and groups in an area. Focus groups are also set up or existing groups visited to ensure representation from people in the community who have not been consulted, to cross check findings, and to carry out further action planning on the solutions prioritised by different groups of interest.



## *Chewing Qat: Impacts on Families and Communities*

The research team is made up of both local residents and local professional workers. In this way, capacity in research skills and work experience is built within communities. Those that carry out the research are not 'outside experts', but those who have experience within the community and are known and respected. An outside perspective from professional workers within the team can offer fresh insights and strengthen the process.

The first stage of the process involves training the team. During this training, researchers are trained in concepts of participation, facilitation skills, participatory research methods and the ethics and safety aspects of working in the community. Researchers develop their own aims and objectives for the project, the tasks and activities that they will do, and the monitoring system for assessing progress towards achieving aims and objectives. The research team also develops its coding system for monitoring who has been spoken to in the community. An 'access' map is developed which highlights where the research team need to go in order to meet people. Particular emphasis is placed on identifying those places to go to meet the 'hard to reach' groups in the community.

After the initial six-day training the team go out and about in the community talking to residents. During the research process, the team comes together at regular intervals for further workshop based training. During these follow-up training sessions, team members reflect on the process, the findings that are emerging and further research questions and methods to use. In this way, the team work through different 'levels' of questions, with broad questions in the early stages leading to more focused questions in the latter stages, to explore and follow-up issues raised earlier. This culminates in a verification and action planning stage, where questions are drawn up and taken back to residents to verify the findings and actions. A 'reference group' of local stakeholders including community voluntary organisations, active individuals and decision-makers and service providers is set up during the initial stages of the project. During the course of the fieldwork, the research team facilitates reference group meetings where results and findings are shared with the group. The group members identify those areas where they can take action, and take recommendations from residents forward.

**' I found the C.A.A. approach have positive aspects than other approaches of research that its not testing people and is transparent and encourages people to fully aware what others before them have said. So it's an open and unthreatening way of taking part in a research'**

**Male SCAT researcher  
Diary entry**

## **Research with men and women**

An important feature of the CAA approach is that it is accessible to everyone and that it encourages the participation of those who are either hard to reach or otherwise reluctant to get involved. Working within the Somali/British community the team acknowledged the vital importance of listening to the views of all members of the community and in particular women. It was important that Somali/ British women felt relaxed and happy about the research and for this reason, and in accordance with Somali culture, the team decided that research with women should be carried out by women team members only. It was also deemed more appropriate for research with men to be carried by male members of the team only. Consequently the male and female members of the team organised separate fieldwork sessions and research events to verify their findings. During fieldwork support was provided separately by male and female facilitators from the Development Focus Trust. The only exceptions to this were the two Reference Group meetings attended by service providers from within the Somali community as well as outside. These meetings were facilitated by the male and female team members together.

## **The Reference Group**

An important aspect of the CAA approach is the establishment and involvement of a Reference Group. This group comprises those individuals and organisations, identified by the SCAT team members, who:

- Should be made aware of the findings of the research
- Would benefit from understanding the issues raised
- Should provide their perspective on the research findings, and
- Could potentially have a role in taking forward suggested actions.

Reference Group members were identified during the initial training period and included representatives of local community organisations, the local authority, political bodies and active members of the local community. All Reference Group participants are stakeholders that have an interest in or a remit to take forward actions focused on the Somali/British community in Lewisham and on drug and substance use issues.

Two Reference Group meetings were held during the course of the project:

***Reference Group Meeting 1***

The first meeting, held in mid-February towards the beginning of the project, aimed to introduce the SCAT team and the CAA approach to the Reference Group and gain an understanding of the group's specific interests and perspectives on the project.

***Reference Group Meeting 2***

The second meeting, held in mid-April after the research had been completed, presented the findings of the research and encouraged the Reference Group participants to provide their perspectives on the findings and commit to taking responsibility for specific actions that had been suggested.

The outcome of the second meeting is presented in the section entitled Service Provider Perspectives.

## **The Project Timeline**

Early on in the project the team established a timeline in order that the important stages in the project could be understood and planned and so that progress could be monitored. The time-line initially set dates for important milestones including the initial training, research in the community, workshops to analyse research findings and plan future research, meetings with service providers and the dead-line for completing the project and this report. As the project progressed more detail was added to the timeline and specific research fieldwork and events were recorded.

## Summary of the Timeline

### 2004

Nov.

22<sup>nd</sup> Taster session

Dec.

1<sup>st</sup> to 14<sup>th</sup> 6 days training

### 2005

Jan.

Mid January

Analysis

First  
level  
research

Second

Feb.

17<sup>th</sup>

Analysis  
Reference Group I

level  
research

Verification

March

Analysis

and  
Action  
Planning

Analysis

April

14<sup>th</sup>

Reference Group II

May

Report  
writing

June

July

August

Mid August

Draft Report completed

Report  
editing

September to  
December

Report finalised

### 2006

January

Report published

## WHO WE LISTENED TO

Following the training the SCAT members identified the different places in and around Lewisham where it would be possible to engage with as many different Somali/British residents as possible. This proved to be extremely difficult in particular with regard to women and young people and to a lesser extent men and this illustrates the lack of social gathering places and social events for Somali/British people.

The main meeting places identified were:

- Cafes and restaurants used by people (mainly men) from East Africa
- Local Somali community and cultural centres
- Mosques or prayer halls used by Somalis
- Specially organised events aimed at gathering local Somali residents
- Local Qat chewing venues or 'majlis' (separate for men and women)

The following table shows the dates and locations of the research fieldwork sessions between December 2004 and April 2005.

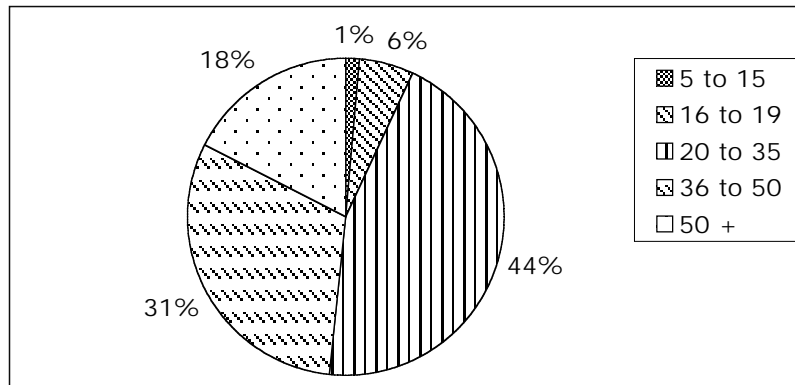
Date	Location	Men/ Women	Number Spoken With
2004			
23 Dec.	Etta Hall	Men	15
23 Dec.	Etta Hall	Women	5
29 Dec.	Ali Gap restaurant	Men	20
29 Dec.	Etta Hall	Women	11
29 Dec.	SEDEC	Women	4
2005			
5 Jan.	New Dawn Centre	Women	13
7 Jan.	Towfiq restaurant	Men	12
19 Jan	Majlis – New Cross	Men	9
5 Feb.	Majlis – New Cross Gate	Women	16
9 Feb.	New Dawn Centre	Women	13
9 Feb.	Ali Gap restaurant	Men	13
23 Feb.	Cambridge House	Women	7
23 Feb.	Majlis – Lewisham Way	Men	16
9 March	Towfiq restaurant	Men	18
10 March	Cambridge House	Women	10
16 March	Event – Etta Hall	Women	19
23 March	Event – Etta Hall	Women	16
25 March	Event – Etta Hall	Men	17
		<b>TOTAL</b>	<b>234</b>

## Chewing Qat: Impacts on Families and Communities

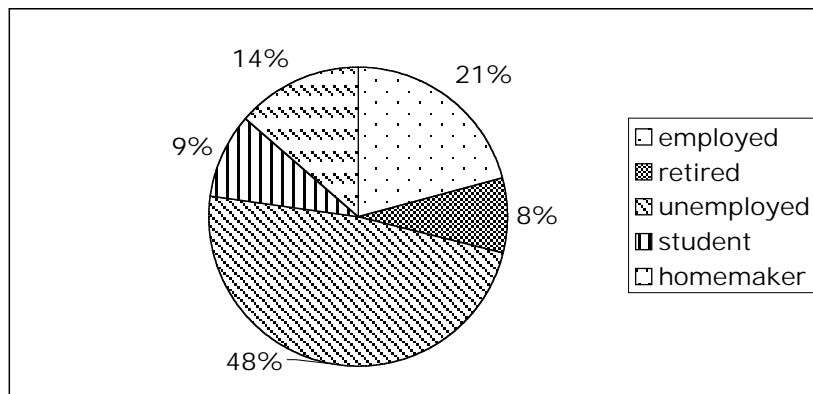
112 (48%) people consulted were women and 122 (52%) were male. 203 (or 87%) of those spoken to were of Somali origin with the other 13% comprising Yemeni, Eritrean, and 'other' African.

60% of those consulted had children under 18 years of age living in the household, and 21% of those spoken with were single parents.

7% of those consulted were under 20 years old, with the majority of people being in the 20 to 35 year old age bracket. This data reflects the difficulty the team had in reaching young Somali people.

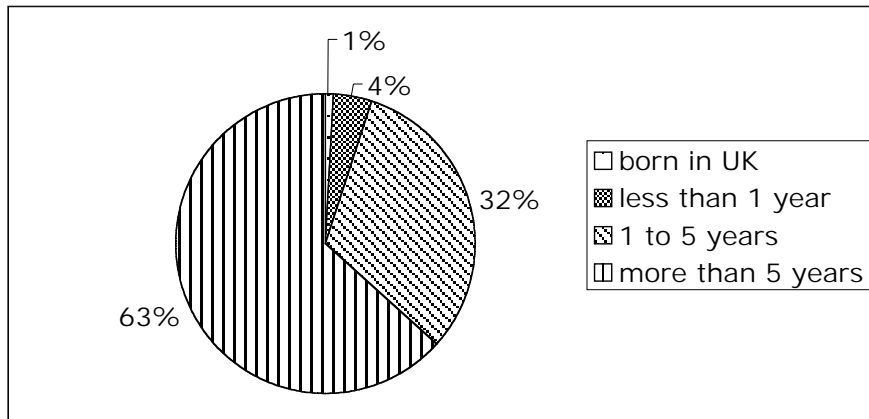


Nearly half of those consulted were unemployed. 21% were employed and 14% were homemakers.

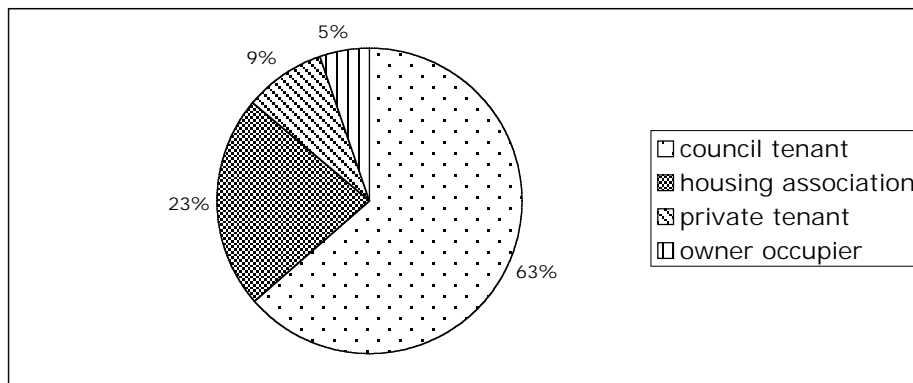


63% of people had lived in the UK for five years or more, with 32% residing in the UK for between one and five years.

## Chewing Qat: Impacts on Families and Communities



63% of those consulted were council tenants, with 23% living in housing association dwellings, and 9% having private landlords. 5% were owner occupiers.



## **FINDINGS OF THE RESEARCH**

### **First Level Research**

This was the first piece of research carried out by the team following our training and so it was a good opportunity to use a range of the different research tools we had learnt to use and to gain experience of facilitating research and using the coding system we had developed. The purpose of the First Level Research was to gain a broad understanding of:

- issues regarding substance use in Lewisham's Somali/British community
- actions that could address these issues
- topics where more detailed research should be done.

It was important that the questions used in this research were easy to understand, unbiased and easy for the team to explain and use.

### **First Level Questions**

- **What are the effects of substance use/misuse on you, your family and your community?**
- **Which substances are an issue in your community?**

A range of different tools were used to ask these questions. They included:

- Mood line
- Problem wall and solution tree
- Spider and action steps
- Bubble chart



***Team members analysing data***



## **First Level Research Findings**

The team analysed the research that was carried out and identified the most important findings. These can be summarised under four headings:

### ***Lack of Awareness***

**' it was difficult for me to explain to the members of the community about some drugs they haven't heard of '**

**Female S.C.A.T. researcher  
Fieldwork at Etta Hall 29.12.04**

- Many of those people who were questioned had very little awareness of drug and substance use other than the most commonly used substances: tobacco, alcohol and Qat.
- Women in particular didn't know the names of any other drugs and had little or no awareness of their effect on individual users, families of users and on their community.
- Men had greater awareness of other substances but little experience of their impact.

### ***Focus on Qat***

**' I was pleased to see most of the women were desperate for something to be done about Qat which is already destroying lives of good families '**

**Female S.C.A.T. researcher  
Fieldwork at Etta Hall 23.12.04**

- For most of those questioned the impact of Qat on individual users, families of users and the Somali/British community was very much more important than the impact of any other substances.
- Qat is the most easily available substance within the Somali/British community; it is relatively inexpensive; and it is not illegal in the UK.
- Qat is also perceived to be culturally acceptable to many people within the Somali/ British community, in particular those who chew Qat.

- The main suggestions for how to deal with problems associated with Qat use were:

Raise awareness about the negative effects of Qat, particularly amongst young Somali/ British.

Provide social and recreational activities offering opportunities for the Somali/ British community to meet without the need for chewing Qat.

### ***Reasons why people chew Qat***

**' Being idle, nothing to do, the only option is to chew '**  
Woman over 50 years old

A limited amount of research explored the reasons why people chew Qat. These include:

- to socialise with other Somalis
- to escape the stress of daily life and forget problems
- because it is part of Somali culture
- young people chew because they are influenced by the older generation
- because chewing identifies you as belonging to a higher social class

### ***Issues Associated With The Qat Use***

**' Qat affects different people differently and that by being in control of how it affects you and the amount and the time you use you can avoid the negative impact '**  
Male S.C.A.T. researcher (Qat chewer)  
Diary entry

Seven topics summarising the issues associated with the use of Qat were identified:

## **Family**

Many women in particular identified major negative impacts on the families of Qat chewers.

**137 comments – 70 from men, 67 from women**

**31 comments from women over 50 years old**

The negative impacts included:

- Qat users spend a lot of time away from their families and become isolated from them and from the wider community
- The day after chewing (usually late into the night) users sleep often until midday and are useless at home
- Laziness and a failure to take family responsibilities seriously
- Lack of contribution towards child care and children's development
- Setting a bad example for young children in the house
- Breakdown in sexual relationship between husbands and wives
- Breakdown in communication between parents and between parents and children
- Arguments leading to loss of harmony, separation and domestic violence

**' Qat chewers' short temper causes family disharmony '**

Man - 36 to 50 yrs.

**' When they chew they sleep all the time and don't help at all '**

Woman - 20 to 35 yrs.

**' You see only mothers who suffer a lot '**

Woman - 36 to 50 yrs.

**' (Qat) encourages (you) to loose sight of your interests and creates family problem'**

Man - 20 to 35 yrs.

**' (Qat use leads to) lack of paternal relationship with children '**

Woman - 50 yrs. +

It should be noted that there were no specific references to Qat use being linked directly to domestic violence, however there were comments indicating an indirect link. For instance, a breakdown in communication between husband and wife due to Qat use could lead to dissatisfaction, arguments and ultimately aggressive behaviour.

## **Health**

A wide range of different impacts on the health of individual users were identified. These included mental and physical impacts and both positive and negative effects.

**123 comments – 72 from men, 51 from women**

- The health impacts identified were:

Depression  
Lethargy  
Insomnia  
Mood swings  
Aggression  
Tooth decay  
Mouth cancer  
Constipation  
Sex drive and sexual dysfunction  
Appetite loss  
Heart disease  
Blood pressure (good and bad effects)  
Asthma (good and bad effects)  
Diabetes (good and bad effects)

**' Qat use leads  
to suicide and  
hopelessness '**  
Man - 20 to 35 yrs.

**' Qat effects  
mental health '**  
7 women 50 yrs. +

- It should be noted that many moderate Qat chewers say there are little or no negative health impacts from its use and that Qat chewers are less likely to use other more harmful substances.
- It is also interesting that women in particular suggested that Qat chewing is closely associated with smoking cigarettes and that this is an indirect negative health impact of the 'majlis' and chewing culture.
- A number of people felt that not enough was known about the health effects of Qat (both negative and positive) and that more medical research was needed.

## **Legality**

As with the topic of religion and culture there was much debate within the team regarding the prohibition of Qat. Indications from the research show that the issue of legality was of slightly greater concern to women than men.

**56 comments – 24 from men, 32 from women**

- Most of those people initially spoken to using the broad first level questions felt that the only way to reduce the negative impact of Qat was to ban its import and its use and to close down the 'majlis'.
- Others felt that banning Qat would:
  - drive up its price and put greater strain on the families of users
  - push Qat users onto other drugs that might be more easily available if Qat import was stopped
  - criminalise otherwise law abiding people for doing something they felt was an important aspect of their culture
- A small number of people felt that Qat use leads to criminal behaviour.

## **Money**

This issue is linked directly to the family theme in terms of the effect Qat use has on the household finances and also to the employment theme in that Qat use is seen as a cause of unemployment as well as a result of unemployment. Perhaps surprisingly more men than women identified this as an important negative impact of Qat use.

**45 comments – 31 from men, 14 from women**

- The purchase of Qat and other refreshments and produce associated with chewing sessions (cigarettes, soft drinks – sometimes even alcohol and cannabis) can be a serious drain on the household finances.

**' It is bad for their family budget '**

*Woman - 20 to 35 yrs.*

- Qat is basically seen by many as a waste of money and a waste of time. This in turn leads to many of the problems mentioned under the family theme due to financial impacts and breakdown in relationships due to financial strains.

### **Employment**

Qat use is seen as both a cause of and a response to unemployment. Interestingly all comments on the impact of Qat on employment came from men.

#### **22 comments – all from men**

- Comments included the fact that Qat use leads to lethargy and laziness and leads heavy users to take work less seriously, lose interest in their work or simply not turn up for work.
- The effect of the day-after-chewing hangover is particularly important in the work place as it is in the home. Many chewers will not turn up for work after a late night session and if they do they will contribute very little.
- Many users say they turn to Qat as a response to unemployment, depression due to lack of work and disappointment due to lack of opportunities for work. Their use of Qat then often makes it more difficult for them to find work, hold onto jobs or they lose interest in seeking work.

**' People who chew will not be able to keep their employment '**

**Woman - 50 yrs. +**

### **Education and training**

As with the employment issue all comments came from men.

#### **23 comments – all from men**

- Many people feel that Qat users drop out of training and education courses due to the lethargy, laziness and sleepiness caused by Qat use.
- Respondents also suggested that there weren't enough opportunities for unemployed men in particular to receive education and training to help them get away from use of Qat as a means of escape from their financial, family or personal problems.

**Religion and culture**

Even though the members of the SCAT team were divided on the issues surrounding Qat use and religion most of the people researched felt that Qat use has negative impacts on religion and culture.

**12 comments – 8 from men, 4 from women**

**10 comments from people over 50 years old**

- goes against Islam and is 'Haram'
- leads to a neglect of religious practice
- leads to bad manners

**' Qat users destroyed  
the fabric of the  
Somali society '**

**Man - 36 to 50 yrs.**

However, many Qat users saw their use of Qat and their time spent at the 'majlis' as being:

- an important aspect of Somali culture
- a link with the countries of their origin (Somalia, Somaliland and other countries in the Horn of Africa and Arabian peninsula)
- an extremely important opportunity to gather socially with other British/ Somalis

**' Key quote, what they said is: Qat could lower the  
development and growth of the Somali community '**

**Female S.C.A.T. researcher  
Fieldwork Etta Hall 29.12.04**

## **Second Level Research**

The findings of the first level research helped the team to identify specific issues and actions where more detailed research was required using more specific questions. The purpose of the second level research was to:

- Ensure that a focus on Qat was justified
- Understand the perceptions of Qat chewers
- Look at the potential impact of proposed actions

The monitoring map and coding system was used to identify gaps in the research and this helped the team to identify new locations and groups who should be included in the research. Analysis of the second level research provided the team with much more detailed information on the impacts of Qat use and the actions that could possibly reduce its negative effects on individuals, families and the community. These findings provided the basis of the verification and action planning research.

## **Verification And Action Planning**

The purpose of this final stage of the research is to:

- Verify and prioritise the main issues that have been identified
- Verify and prioritise the actions that have been suggested
- Gather more detail on how the issues can be dealt with and how, by whom and when the actions can be implemented
- Determine responsibilities for taking the actions forward.

In order that as many local Somali/British residents could participate in the verification and action planning stage of the research the S.C.A.T. team decided to organise two events (one for men and one for women) at Etta Hall. Food was laid on for the men's event following Friday prayers and the women's event included activities such as massage that would encourage greater participation.

The tools used to verify the research take the form of grids or matrices designed to allow participants to say whether they agree or disagree with the findings, to prioritise and to add more detailed information.

Two main types of matrix are used:

- Verification matrix – understanding and prioritising the main issues
- Impact matrix – understanding the likely impact of suggested actions

The SCAT team were concerned that participants could become saturated if asked to engage with too many large research charts. For this reason the verification research focused on the two main issues identified: health and family issues, and a single action planning impact matrix.





Verification with men at Etta Hall



Maintaining confidentiality

## Verification And Action Planning Findings

The verification and action planning matrices brought together the findings of the first and second level research as follows:











### A. Key issues associated with Qat use:

1. Health issues
2. Family issues

### B. Action plan to reduce the negative impact of Qat use:

1. Help and support
2. Providing alternatives to Qat use
3. Legal actions
4. Education and awareness-raising
5. Employment and training

In the following tables those people who participated in the research are coded using the system shown below:

Age category	Gender	
	Men	Women
5 to 15 years		
16 to 19 years		
20 to 35 years		
36 to 50 years		
More than 50 years		

**Health Issues Associated With The Use Of Qat**

Issue	Agree	Disagree	3 top	Main comments
Qat leads to depression and mental health problems	◆◆◆◆ ♥♥♥♥♥♥♥♥	♥	◆◆◆◆◆◆ ♥♥♥♥♥♥♥♥ ♥♥	Qat cause loses of appetite. It also leads to depression and other mental health problems. ◆◆◆◆◆◆
Qat use effects sex drive	◆◆◆◆ ◆ ♥♥♥♥		◆◆◆◆◆◆ ◆ ♥♥♥♥	Qat leads to separation, family breakdown and also causes lack of physical relationship. ◆◆◆◆◆
Qat causes health problem and high blood pressure.	◆◆◆◆ ♥♥♥♥♥♥♥♥	◆ ♥♥	♥♥♥♥♥♥♥♥ ♥	Most chewers complain of health problem including high blood pressure. ◆◆♥♥♥
Qat causes laziness and sleeplessness	♥♥♥♥♥♥ ◆◆◆◆ ◆◆		◆◆◆◆◆◆	Qat causes all the problems because they do not eat well, they do not have enough sleep. Therefore they become lazy the next morning. ♥♥♥♥♥♥♥♥
Qat affects health, social life.	♥♥♥♥♥♥♥♥ ♥♥		♥♥♥♥♥♥♥♥ ♥♥	Qat leads you to (Harara) addictive & also affects your life and your family life. It destroys the person itself. ♥♥
Qat user can be violent and abusive	♥♥♥♥♥♥♥♥ ♥			Chewers may become sometimes violent and abusive. This is because of unemployment, which is caused by Qat. They chew all night and they sleep all day ◆◆
Qat is good for diabetics and asthmatics.	♥♥♥♥ ♥	♥♥♥♥ ◆◆◆◆ ◆		Those who are saying Qat is good for diabetes, (Qat) should be prescribed by doctor, so that the patient doesn't use it like before ♥♥ I don't believe this at all ◆

**Other comments:**

- It is individual responsibilities to stop Qat ◆
- Needs to raise awareness of Qat effects to Qat users and younger teenagers who haven't started yet ◆
- Reduction of importation of Qat gradually and stop finally ◆
- Chewing Qat leads them addiction and it might leads to crime ◆

**Key findings on Health Issues:**

- There was a high degree of agreement that Qat use has a negative impact on the health of chewers.
- The most important issue for both men and women was the link between Qat use and depression and mental health problems.
- The effect of Qat on the mood of users was also highlighted as an important issue as this was seen as leading to abusive and sometimes violent behaviour.
- It was suggested that Qat itself didn't directly make people violent but that users would become irritable due to lack of sleep and possibly lack of employment.
- Men in particular commented on Qat use leading to laziness and sleepiness, particularly the day after chewing.
- Both men and women identified the impact of Qat on sex drive as being important as this leads to marital problems and the breakdown of relationships.
- Women in particular highlighted the more serious health problems associated with Qat use including high blood pressure and heart problems.
- The only issue that wasn't agreed upon was that Qat had any beneficial effect on asthma and diabetes. It was suggested that if this was proven Qat should be prescribed and administered in a way that didn't involve the 'majlis'.
- One woman participant suggested that responsibility for dealing with these problems lay with the users themselves.

**Family Issues Associated With The Use Of Qat**

Issue	Agree	Disagree	3 top	Main comments
Qat causes Family break down				Qat can cause family breakdown, because almost every chewer knows Qat has a problem within the family. ❤️
Qat cause Lack of responsibility, towards the family and children				Most men who do not take their responsibility seriously, most of the time are Qat chewers ❤️ Most chewers do not help their family at all. 🧡
Chewers set a bad examples for children and young people				Children learn from their parents to chew Qat. 🧡🧡🧡
Qat use causes Domestic violence				Women suffer in silence from violent and abusive husbands. 💙
Qat has no effect on moderate users				Some men chew and run their life normally. 🧡 Absolute rubbish – a drug is a drug 💎
Qat Causes problems around the community				Somali Community/ families need to be educated about the issues of Qat and help to reduce the bad effect of Qat use ❤️ Qat users do not participate in the community issues. 🧡
Qat use encourages young people to use other drugs				Some young people are already using Qat and other drugs (some use it openly, but some use it secretly) 🧡🧡
Qat cause waste of time and money.				Qat causes financial problem in the family. 🧡
Qat is addictive				Qat is worse than drugs when they are addicted to it 🧡🧡

**Other comments:**

- Somali Community Considers Qat as a drug and action should be taken. ♥
- Changes of behaviour cause disagreement between wife and husband. ♥♥♥♥
- Qat chewer does not take care of themselves. ♥♥♥♥
- Qat weakens physical relationship between husband and wife. ♥
- Qat user is consider as a mental person. ♥
- Government should stop Qat coming to UK. ♥

**Key findings on family issues:**

- There is very little disagreement on the fact that Qat has serious negative effects on the families of users.
- Both men and women of all ages participating in the event agree on the issues relating to family breakdown and lack of responsibility towards the family and women in particular give these issues a high priority.
- No participants disagreed with the statement that Qat use leads to domestic violence although the comments don't give any more detail on whether or not this is seen as being directly caused by Qat.
- The impact of Qat use on the children of users and on young people generally is highlighted by women.
- Women in particular are concerned that Qat use will lead on to use of other drugs.
- It is interesting that older women appear to say that it is possible to use Qat moderately and lead a normal life but are most concerned about its impact on young people and the community.











**Actions: Help and Support**

Actions	High impact	Medium impact	Low impact	Comments: Who, where and how
Counselling for users		♥ ♦	♥♥♥♥♥ ♥♥♥♥♥ ♦	Somali speaking trained counselling staff are needed to support Qat addicts to work, stop or reduce Qat use. ♦♥♥♥♥♥
Mentoring for users		♦	♥♥♥♥♥ ♥♥♥♥♥ ♦♦♦	Good Somali adult (religious, community leaders, professionals) can act as a mentor for Qat addicts to change habit ♦
Support for the families of users	♥♥♥♥♥ ♥♥♥♥♥♥ ♥♥♥♥ ♦		♦	Partners of Qat users should be supported to reduce any abuse their addict partners may cause and facilitate recovery. ♦♥

**Key findings on help and support actions:**

- The responses suggest that even though counselling and mentoring for users would be useful it would have a low impact on reducing the problems associated with Qat.
- Any support to users should be provided by other Somali/ British people, in particular other users, who understand the particular cultural context of Qat and its use.
- Women in particular suggest that the most impact can be gained through support and help being provided for the families of users rather than users themselves.

**Actions: Providing Alternatives to Qat Use**

Actions	High impact	Medium impact	Low Impact	Comments: Who, where and how
Somali Social Clubs				
Health & fitness clubs for Somalis				If people turn to other useful activities they could be diverted from Qat use 
Somali Youth Clubs				Experienced youth workers to educate youth about Qat and all drugs in the youth club.  Open youth club with sport facilities to attract youth from starting chewing and keep them busy and fit 

**Key findings on providing alternatives to Qat use:**

- There is a clear need for alternative activities and social gatherings within the Somali/British community.
- Social clubs, health and fitness clubs and clubs for young Somali/British people are seen as one of the best ways to reduce the use of Qat and in particular to reduce the numbers of young people being introduced to Qat.
- Youth, social and sports clubs need to understand and respond to the specific interests and needs of Somali/British youth to encourage their involvement.
- Youth clubs could be a good venue for awareness raising on drug and substance use issues amongst young people.



**Legal Actions**

Actions	High impact	Medium impact	Low impact	Comments: Who, where and how
Ban Qat Use	♥♥♥♥♥ ♦♦ ♦♦	♥♥♥♥ ♦		If banned people could turn to other serious drugs that cause more problems in the family ♥♥♥♥ If no Qat available to occupy users it may cause family problems, arguments by idle house bound men ♥♥
Ban Qat Import	♥♥ ♦	♥		Banning Qat Importation cannot help them to stop it. ♦♦ You don't need to ban if support is provided to those who want to stop and youth not to start ♦ Banning Qat is being tested in the Scandinavian countries and has resulted major reduction in use ♦
Close down Majlis(place of Chewing)	♥♥♥♥ ♦	♥♥♥♥♥ ♥		Close Majlis and open Social Clubs/ community halls for members to socialize ♥♥♥♥♥♥♥♥♥♥

**Key findings on legal actions:**

- The immediate reaction of banning Qat was suggested in earlier research by many people. The verification research shows that people acknowledge this would definitely have a high impact on Qat use but would also have other impacts.
- People were concerned that banning Qat would push people towards the use of other drugs.
- People also suggested that banning Qat would possibly bring about more unrest within families.
- It was also suggested that if other actions were taken and good support provided it would be unnecessary to ban Qat.

**Actions: Education and Awareness-Raising**





Actions	High Impact	Medium impact	Low impact	Comments: Who, where and how
Raise Awareness of impact health	♥♥♥♥♥ ♦	♥♥♥♥♥ ♥♥		Qat use has many bad health effects and any misuse should be controlled through education ♦♥
Raise Awareness of impact on community and Families	♥♥	♥♥♥♥♥ ♥♥		Qat is bad for health, family and economy of the user, their family and leads to waste.♥♦
Educate Young people about negative impact	♦♦♦♦♦ ♥♥♥♥♥ ♥♥	♥♥♥♥♥ ♥♥		Parent are responsible about educating their children about the risk of Qat use and have to set a good example
Educate service providers about the negative impacts	♦♦♦♦♦ ♥♥♥	♥♥♥♥♥ ♥♥		Commission Somali TV programmes, magazines, seminars and open debates about Qat effects to facilitated use reduction ♦ Talk to Somali families to identify what help is needed to overcome bad effects of Qat use. ♦♦ Its important to train service providers about Somali culture and Qat use (effects) ♦

**Key findings on education and awareness-raising:**

- The research has highlighted the need for awareness-raising and education about the health and social effects of Qat.
- Women in particular see this as an extremely important strategy for reducing the negative effects of Qat on the Somali/British community.
- Young people need to receive clear messages about the effects of using Qat and this is the responsibility of their parents. However, parents need support in putting this message across to their children in an accessible and appropriate manner.
- Both men and women also feel that service providers have very little understanding of the issues and effects of Qat use on users, their families and the Somali/British community. Awareness-raising with this group would therefore have a big impact on other supportive actions being taken to reduce Qat's negative impacts.

It was also suggested that additional funding was required to support members of the Somali/British community in raising awareness about Qat use and providing support to the Qat addicts.

**Actions: Employment and Training**

Actions	High Impact	Medium impact	Low impact	Comments: Who, where and how
Provide Skills Training				Unemployment is high among Qat users; training and persuasion to do voluntary work 
Work Experience				

**Key findings on employment and training:**

- It is acknowledged that there needs to be support for increased employment opportunities for Somali/British men in particular.
- Lack of work opportunities leads to loss of self-esteem and depression and is seen as the reason why many men become Qat users.
- Qat use is seen as a reason for many men to fall out of employment and to drop out of training courses.
- Both men and women but more particularly women agreed that a specific effort needs to be made to encourage Qat users back into employment through the targeted provision of training and work experience.

One specific comment made during the event was that Somali/British people required training so that they could provide appropriate professional counselling and support to Qat addicts (a suggested action in the help and support section).

## **Service Provider Perspectives**

Following completion of the research with members of the public in mid-April 2005 the SCAT team invited the Reference Group (representatives of local service providers) to a meeting. The purpose of this meeting was to gain an understanding of the service providers' perspective on the issues and actions that had arisen from the research.

The meeting took the form of a brief recap on the project and an update on the work that had been carried out. The Reference Group were then introduced to the same verification and action planning charts that had been used in the final stage of the public research. The only difference was that the charts asked the participants to describe, for each issue and each suggested action:

- What they or their organisation are currently doing
- What they could do in the future
- Who else had a role to play

Each participant was given a code number at the beginning of the meeting so that every comment made could be attributed to a person or organisation (unlike the public research where participants are coded and remain anonymous). This is extremely important as it provides a record of who said what and any commitments that were made to taking responsibility for specific actions.

The Reference Group meetings were both well-attended and successful, providing an excellent opportunity for the SCAT members and other people working within the community to meet and understand each other's work. For many of the participants the meetings were an eye-opener. Not only did they present issues about which little is known outside the Somali community but they used CAA tools to gain an understanding of the service provider's perspective.

**' Excellent presentation and research, great to see Somali people being trained in research which will be extremely helpful for other subjects and in increasing awareness of issues faced by Somalian Community '**

**Rep from  
Lewisham Community Safety Team  
Participant in the 1<sup>st</sup> Reference Group meeting**

## *Chewing Qat: Impacts on Families and Communities*

(The Appendix lists all those who attended the Reference Group meetings).



***Participants at second reference group***

The following tables present the charts from the Reference Group meeting. The bold letters refer to additional comments given below the tables. The numbers refer to individual participants in the 2<sup>nd</sup> Reference Group Meeting as follows:

*Chewing Qat: Impacts on Families and Communities*

**Reference Group – Health Issues and Actions**

Issue	Agree	Don't agree	Top 3	Action by you and your organisation	What could you do in the future?	Who else should do something	Other comments
Qat causes blood pressure and heart problems	● ● ● ● (i)	● ● ● (ii)	● ● ●	Police will work with you and support you.  I will advise to chew Qat instead of other drugs  Somali awareness is already working with Somali action group and will continue to do so	If re- elected I will support you if I can.  I can say youth will go for other drugs  I will continue to raise awareness of the effect of Qat	There should be joint work with local community and local authority  Just control oneself Evidence shows majority of youth go to jail not for Qat but for other drugs	
Qat causes cancer	● ● ● ● (iii)		● ● ●	Seek medical advice and self-help	Prevention is better than cure	Consult the government official such as PCT	Provide the best possible education and awareness
Qat leads to depression, mental health problems and addiction	● ● ● ● (iv)		● ● ●				Educate the community; raise awareness about all drugs but mainly Qat
Qat causes sleeplessness and laziness	● ● (v)		●				
Qat is good for diabetics and asthmatics	● ● ● (vi)		● ●				
Qat causes lack of appetite and constipations	● ● (vii)		●				
Qat suppresses sex drive	● ● (viii)	● (ix)					

## **Other Comments**

- (i) Four participants agreed that Qat is one of the major factors that contribute to high blood pressure and heart disease.
- (ii) Two disagreed: there are several causes of high blood pressure; Qat does not cause high blood pressure but causes depression.
- (iii) Two participants thought that there should be more research into this. One identified mouth cancer as being possibly linked to chewing Qat.
- (iv) One participant thought that any links between mental illness and Qat use depended upon the amount of Qat chewed and the person's initial state of mind. Another commented that sleeplessness (associated with Qat use) over a long period could lead to depression and mental health problems.
- (vii) Two participants agreed that a lack of eating properly (associated with Qat use) will lead to a loss a loss of appetite and constipation.
- (viii) One participant thought that this was especially the case for men as they get older. Another strongly agreed *"What do you expect from a man who has been chewing all night?"*
- (ix) One participant disagreed *"When I chew I can perform as a normal person"*.

## **Key findings on health issues:**

- Service providers agree with most of the issues that were identified by the research.
- Some disagreement over the physical effects of using Qat.
- Greater agreement on the mental health impacts and in particular depression.

## **Actions:**

- Acknowledgement that more needs to be known about the physical and mental effects of Qat use.
- Service providers and members of the Somali/British community need to be made more aware of the potential physical and mental effects of Qat use.
- Qat users and their families need to be more aware of the support and advice that is already available through the local authority and local community health programmes.

**Reference Group – Family Issues And Actions**

Issue	Agree	Don't agree	Top 3	Action by you and your organisation	What could you do in the future?	Who else should do something	Other comments
Family breakdown, Disharmony, Argument and separation.	● ● (i)	● (ii)	● ● ●	Help to educate people	Come to Lewisham Community Network; Put information in Voluntary Action Lewisham newsletter; Inform Refugee Health Team.	Counselling can help if families are willing to go	Somalis need to have health drop-in
Lack of responsibility towards children and family away from home, or do not contribute when in home.	● ● (iii)		● ● ●	Come to medical advice centres to get information.	Inform decision makers, government, Primary Care Trust and drug teams, about the research.		Raise awareness of the problem to get more funding.
Sets bad example for children.	● (iv)		●	Family responsibility + seek help.			
Lack of sexual relationship between husband and wife	● (v)			Somalis should come together and address this issues with support from service providers		Education and information by the government.	Awareness and communication
Causes Domestic Violence.		● ● ● (vi)		Help is available from local Police. However, Police cannot prevent users from chewing Qat.		Inform the Government.	If Qat causes domestic violence please let the Police know about it.



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Qat Encourages young people to use other drugs.	● (vii)	● ● (viii)	● ●			Government needs to be alerted to the problem with Qat use and encouraged to allocate resources for awareness.
Leads to unemployment by dropping out of education and training.	● ● (ix)		● ● ●		Community drug centre – health promotion	Funding from the government.
Waste of time and money. Out at night and sleep during the day.	●					Other cultures spend family income on alcohol

**OTHER COMMENTS**

- (i) Separation and divorce are linked to Qat misuse.
- (ii) Qat is used as an excuse for men to run away from their responsibilities.
- (iii) Social life of the family is important. Children will copy their father’s actions.
- (iv) Parents should be responsible and set a good example.
- (v) This is a wider issue – not confined to substance misuse.
- (vi) Domestic violence not caused by Qat use, but social factors.  
I am not aware of a link between domestic violence and Qat misuse.  
To my knowledge, as a chewer, there is no direct link between Qat and domestic violence.
- (vii) They are more likely to use other drugs as a way of socialising.
- (viii) Teach them that you don’t need drugs to socialise.
- (ix) Somalis need centre to get out of drug and become committed to their responsibilities.  
Can lead to unemployment due to lack of commitment.

**Key findings on family issues:**

- There is a high level of agreement on the issues identified by the research.
- Only disagreement is with the link between Qat and domestic violence. Participants feel that the link is indirect (i.e. they agree with the findings of the research).
- The Police can only get involved when Qat use leads to other criminal activity – such as domestic violence. They can't stop people from using Qat.

**Actions:**

- There needs to be a way for Somali/British people to come together to identify what needs to be done and to inform the service providers.
- There needs to be a health drop-in centre for Somali people.
- There needs to be much greater awareness of the issues.
- The research findings need to be distributed to different organisations including:
  - Lewisham Community Network
  - Voluntary Action Lewisham
  - Refugee Health Team
  - Community Drug Education Project
  - Drug Strategy Team
  - NHS – Health First
- The report should be used to raise awareness of the issues and should be sent to Lewisham Borough Council's Domestic Violence Forum.

*Chewing Qat: Impacts on Families and Communities*

**Action Planning: Help And Support**

Actions	High Impact	Medium Impact	Low Impact	What could your role be?	Who else could do something?	Other comments
Counselling & mentoring for users	● ● (i)		● (iii)	Sure Start to create groups for families. If young people come together Police can come and talk to them	Local group	It is down to the individual if they need counselling
Support for the families of users	● (ii)			Sure Start – mother and toddler activities	Continue to deliver training to the community	Create jobs for the community and drop centre

**Action Planning: Providing Alternatives To Qat Use**

Actions	High Impact	Medium Impact	Low Impact	What could your role be?	Who else could do something?	Other comments
Somali Social Clubs	●		Will cause more isolation for young (Somalis)	As a medical person I can provide help and advice		It is important to know about other service providers and look at other ways of working in partnership
Health & fitness clubs for Somalis				Continue education project	I will enquire whether any premises available for women only for leisure/ sport	
Somali Youth Clubs	● (iv)	● (v)			Children's Fund; Sure Start	

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**Action Planning: Legal Actions**

Actions	High Impact	Medium Impact	Low Impact	What could your role be?	Who else could do something?	Other comments
Ban Qat – its use and importation	●		● ● ● ● ● (vi)	As it's legal and the effects of Qat are not directly linked to domestic violence etc. There is nothing which can legally be done to prevent it its uses or effect of its use	Council should set up a centre for this drug	Many Somali youth are in jail for other drugs – not Qat – so why ban it?

**Action Planning: Education And Awareness-Raising**

Actions	High Impact	Medium Impact	Low Impact	What could your role be?	Who else could do something?	Other comments
Raise Awareness of impact health	● ● (vii)			We already work with Vietnamese community. We are willing to help the Somali community	TV & Radio media	Documentaries about Qat
Raise Awareness of impact on community and Families	● ● (viii)				Increase TV & radio “live” programme about the problem	If people are aware of the adverse effects of Qat they may not start using
Educate Young people about negative impact	● ● ● ● ● ● ● (ix)			Provide drugs education workshop in youth club	To get understanding need Somali teachers	Lots of young people turning to crime around Dolphin tower (Deptford area)
Educate service providers about the negative impacts	● (x)			I will ensure that your research passed on or shared with others in the Council Crime Reduction Service to raise awareness of the issues		

**Action Planning: Employment And Training**

Actions	High Impact	Medium Impact	Low Impact	What could your role be?	Who else could do something?	Other comments
Provide Skills Training and work experience for users	● ● ● ● (xi)				Study which training and job they will like to do	
Provide drug & substance use training for parents, particularly mothers	● (xii)			Community Drug Education Porject can deliver training to parents mothers	Teach children from a young age – raise awareness in schools. Raise awareness of Qat use in the broader community	

**Other comments:**

- (i) Counselling will have a high impact, particularly for women.
- (ii) Recognition and ‘being heard’ and being able to express themselves.
- (iii) It depends on the individual. If a user does not want to quit, no amount of mentoring will help.
- (iv) The community is busy with other things, rather than Qat.
- (v) Raise awareness of the bad impact of Qat and create different activities for young people.
- (vi) Banning Qat would encourage the use of other substances or alcohol; Please don’t ban Qat, but encourage education and employment; The underlying reasons for excessive use need to be addressed.
- (vii) Lots of people like me did not know the negative effect of Qat, so raising awareness is good a starting point.
- (viii) Lot of awareness to be given to young people.
- (ix) It is important to educate families and young people. Community Drug Education Project (CDEP) can offer this to the Somali community; So they will not follow their father steps; Educate young people and take them out of ignorance.
- (x) Yes, they have to know all the negative or positive fact about Qat.
- (xi) This research will assist in raising awareness, but the statutory services need to be encouraged to provide tailored responses to issues such as education training and employment; Most people will benefit from education and training and not turn to Qat or other drugs.
- (xii) Train parents and help in their education.

## **Reference Group**

### **Key findings on actions:**

The two areas for action that participants felt would have the most impact are **Education and Awareness-raising** and **Employment and Training**

- TV and radio media should be used and documentaries about the effect of Qat could help raise awareness of the issues.
- This report should be distributed to many different organisations (see under key findings on family issues) including the Crime Reduction Service.
- The education of young Somali people on drug and Qat awareness issues should be done by Somali teachers.
- The Community Drug Education Project could educate families and young people in the community and deliver skills training.
- The responses in terms of education, training and employment need to be specifically tailored to the needs of the community.

Other important statements include:

- The Sure Start programme has an important role to play in providing support for the families of Qat users.
- Banning Qat would be counter-productive.
- Service providers need to work in partnership together in order to meet the needs of the community.
- Separate youth clubs for Somali people would lead to further isolation of the community and should be avoided.

## CONCLUSIONS AND SUMMARY

' When I think back over this project I think it has been a great success. Everyone stayed to the end and all but 3 of the team have either found work or have gone on to other training. '

Fathiya Yussuf  
S.C.A.T. Project Support Worker

The SCAT project has been extremely successful on a number of different levels.

On a **personal level** many of the team members have expressed the fact that the project has boosted their confidence. This has allowed a number of the team members to find employment since completion of the project.

In addition many of those who were involved in the research and the Reference Group acknowledged the importance of the research being carried out by a **trained team from within the Somali/British community**. This has allowed development of a high degree of trust between researchers and those being researched. Also it has increased access to the 'hard-to-reach' within the community and produced very thorough research.

However, the SCAT team also acknowledges that **gaps in the research do exist**. The time available didn't allow for adequate research into the perspective of Somali/British youth and didn't fully explore all the potential locations for research with other sections of the Somali/British community.

Perhaps the most important issue about this research (one that came to the fore from early in the project) is that it will be **pointless unless it leads to actions** that bring about positive change in the Somali/British community. Past research has left members of the community feeling used and let down and has resulted in distrust and scepticism towards researchers. The SCAT team are therefore committed to turning the recommendations into actions and ensuring that those people involved in the research receive summaries of the report and feedback on its impact.

A summary of the main issues and recommended actions are listed overleaf.

## **Summary of Issues**

1. Within the Somali/British community there is **very little awareness of the effects of drugs and substance use**. This is particularly so for Somali/British women.
2. The substance that has most impact on the Somali/British community is **Qat**, because it is:
  - easy to find and buy
  - relatively inexpensive
  - relatively culturally acceptable
  - legal
3. There is **little or no awareness or understanding of Qat and its impact amongst service providers** other than Somali organisations.
4. The most important effects of Qat use are:
  - a. Impact on **personal health**
    - mental health, depression and mood swings
    - high blood pressure and heart problems
    - lethargy, laziness and sex drive
  - b. Impact on **family relationships**
    - family breakdown
    - less responsibility for children and family
    - bad example for children
    - a waste of time and money
5. Other effects of Qat use include:
  - Leads to unemployment
  - Leads to drop out from study
  - Wastes household finances
  - Damages Somali society
  - Reduces religious observance



## **Summary of Recommendations**

Reference Group participants were asked to suggest which organisations should be involved in taking forward the recommendations. The suggestions that were made are shown in the boxes.

1. **Establish drop-in health and advice centres** – where possible run by Somalis for Somalis.

These centres would:

- Provide information on help and support already available
- Raise awareness on drug and substance use – particularly for Somali/British women
- Offer targeted health provision and advice for families of Qat users within the community
- Provide access to a trained Somali counsellor

***Suggested organisations:***

***SureStart  
Refugee Health Team  
AMAIC  
Southwark Somali Women's Group  
Deptford Police  
Community Drug Education Project***

2. **Provide training for Somali/British men and women** so that they can offer support within the community through:

- Health, counselling and advice drop-in centres
- Skills training and employment generation
- Youth support work

***Suggested organisations:***

***SureStart  
Community Drug Education Project***

3. **Raise awareness in local Youth Clubs** (including providing trained Somali/British Youth Workers) encouraging them to be more aware of the specific interests and needs of Somali/British youth.

***Suggested organisations:***

***SureStart  
Community Drug Education Project***

4. **Establish Somali/British social clubs** where people can meet informally to:
  - . Discuss relevant issues
  - . Hear seminars and presentations
  - . Watch relevant TV and other documentary programmes
  - . Read Somali and Arabic language newspapers
  - . Engage in Somali cultural activities and events

***Suggested organisations:***

***Local Somali community organisations  
Funding and support from local authority***

5. **Don't ban the use of Qat.** This could lead to new and potentially more damaging problems including:
  - The criminalisation of otherwise law-abiding people
  - Dramatic price increases for Qat putting extra pressure on family finances
  - Encouraging users to begin using other substances as an alternative to Qat
6. **Carry out more scientific and medical research** to fully understand the effects of Qat and explore the myths.
7. **Raise awareness of the issues and recommendations amongst all relevant service providers** by ensuring that this report is disseminated and presented to as many relevant groups and organisations as possible.

Report recipients should include:

- Lewisham Community Network
- Voluntary Action Lewisham
- Refugee Health Team
- Community Drug Education Project
- Drug Strategy Team
- NHS – Health First
- All participants in the Reference Group including those invited but unable to attend

8. **Encourage the relevant service providers to gain a better understanding of each others work**, liaise more closely with each other and work together on providing support and funding to the Somali/British community based on the recommendations of this report.
9. **Encourage Somali/British organisations to work more closely together** on addressing the issues and actions and liaise more regularly and fully with service providers.

## **Additional Research Suggestions**

The SCAT project focused specifically on the impact of Qat on the Somali/British community. Additional areas of research, beyond the scope of this project, were identified by the team members and are presented here.

1. Establishment of a Somali/British forum bringing together different organisations. Research to include:
  - participation and roles of different individuals and organisations including SCAT
  - sources of funding and other support
  - focus of the forum
  - location of the forum
  
2. Young Somali/British people. Research to include:
  - issues
  - needs
  - impact of drug and substance use
  
3. Learning from the experience of other projects and countries regarding the use and control of Qat. Research to include:
  - effects of banning Qat import and use
  - attempts at regulation
  - projects focused on reducing the negative impact of Qat
  
4. Somali health and social clubs. Research to include:
  - range of activities
  - potential locations
  - potential funding

## **APPENDIX**

### **Steering Group Members**

<b>NAME</b>	<b>ORGANISATION</b>
AMINA ISMAIL	SURE START EVELYN
STUART MCDONALD	FORMERLY OF DRUG STRATEGY TEAM
DENISE HODGSON	LBL YOUTH OFFENDING TEAM
AHMED AL-AZHARI	SOMALILAND HELP ORGANISATION
MAHMUD GEDI	LEWISHAM SOMALI COMMUNITY ORGANISATION
MUSA JAMA	LEWISHAM SOMALI COMMUNITY ORGANISATION
HOLLY TAYLOR	DOMESTIC VIOLENCE COORDINATOR – TOWER HAMLETS
FATHIYA YUSSUF	OUTREACH WORKER

### **Reference Group Attendees**

<b>NAME</b>	<b>ORGANISATION</b>
STUART MCDONALD	DRUG STRATEGY TEAM (LBL)
HINDA IBRAHIM	LESCO
ABDULLAHI MOHAMED	REFUGEE EMPLOYMENT PROJECT, REETA
AZARA ISSEFU	MBOLAN
HOLLY TAYLOR	DOMESTIC VIOLENCE COORDINATOR TOWER HAMLETS
ANNE HAXELL	MAGPIE
KAMIL TAHIR	DEPTFORD WARDEN
KAREN TAYLOR ROOKWOOD	LEWISHAM HOUSING, PEPYS
RUSSELL GARDINER	DEPTFORD POLICE
NATHAN READ	DEPTFORD POLICE
COURTNEY	REED IN PARTNERSHIP
LAURENTINA RISCH	SURE START EVELYN
STACEY CRATCHLY	DEPTFORD POLICE
ZOE MCLEOD	LEWISHAM YOT
DENISE HODGSON	LEWISHAM YOT
ABDI HUSSAIN	SOMALI HEALTH CLUB
I.M.KAHIN	SOMALI HEALTH AND EDUCATION
M. DENIA LIBAN	VOLUNTARY
EVE WILLIAMS	COMMUNITY DRUG EDUCATION OFFICER
DR. A. ATTAH	AMAIC
BRIAN WAGENBACH	LCN

*Chewing Qat: Impacts on Families and Communities*

KUSAM BEDI	SELCF
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ASHLEY GALLER	DEPTFORD POLICE
PETER HING	DEPTFORD POLICE
RAHMO AHMED	SSWG
LINDA BROOKBANKS	LEWISHAM COMMUNITY SAFETY TEAM
ISABEL YASIN	SURE START EVELYN
MARY FYLE	SURE START EVELYN
AMINA ISMAIL	SURE START EVELYN
JOAN RUDDOCK	LABOUR MP