

# The Hillingdon Khat Report

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# **The use of khat and the implications for the residents of Hillingdon and beyond**

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## **Chairman's Foreword**

This Review by the Residents' and Environmental Policy Overview Committee into the effects of khat on the residents of Hillingdon and beyond, has been one of the most extensive carried out and has generated much interest locally, regionally and nationally.

Khat is a plant grown in the Horn of Africa, the leaves of which are chewed for largely cultural and stimulant reasons. Historically, its use has been confined to people from that region, particularly Somalia. However, the use of khat is beginning to enter mainstream society and we felt it was timely to take a close and informed look into its effects and what might be done to overcome them.

Over 80 individuals and organisations have been consulted in the preparation of this report, ranging from UK and international Government departments, the Mayor of London's office, other local authorities throughout the UK, organisations involved in the drug, policing, health and social sectors (as set out in appendix 1), Somali groups and Hillingdon community groups.

What is quite clear is that khat is not just a Hillingdon problem. It is a national problem. There is little that can be done in Hillingdon in isolation. Action needs to be taken at Government level.

The recommendations in this report are wide ranging and extensive and will, we trust, be taken into account and acted upon by all involved.

The committee would like to thank all those who helped in this review. Their comments and views have been most helpful. It would particularly like to thank Cllr. Richard Barnes AM, Deputy Mayor of London and David Brough, Chairman of the Hayes Town Partnership both of whom assisted us greatly and to Natasha Dogra from Hillingdon's Democratic Services department. Her enthusiasm and commitment added much to this review.



Councillor Michael Markham  
Chairman, Residents' and Environmental Services Policy Overview Committee

## **Part I: The international story - from the desert to the UK**

1. For years the male elders of tribes in the Horn of Africa have spent their evenings out in the desert chewing the leaves of khat, whilst talking over the day's events with their friends. It is a cultural pastime that is still seen today.
2. Historically, khat has been consumed because of its stimulant properties and low production costs (Gebissa, 2010). To some, it is an inexpensive way to relieve the poor quality of life experienced in those areas. To others it is a matter of growing a leaf containing cathine and cathonine to sell on a global scale.
3. Historically khat has been used to treat various ailments such as depression. The New Testament contains the earliest written record of the medical use of khat (Cox, 2003).
4. Harvested throughout the year in a variety of climates and soils, the evergreen shrub is cultivated as a small bush or tree. Its aromatic seedless leaves have a slightly sweet taste. The plant is sown as a seed and can take up to five years to mature. It thrives in the arid desert conditions of Ethiopia, Kenya, and the Yemen where over 100,000 hectares of land are used for its cultivation (Beckerleg, 2010). The plant is harvested in the early hours of the morning and by late morning it is sold in the market.
5. The Kenyan High Commission informed us that in Kenya the khat sector employs approximately 411,590 farmers and a further 120,000 people who act as indirect traders (see appendix 2).
6. Khat is conventionally chewed, with only a small number of users consuming a drink made with dried khat leaves. Khat leaves and stalks are chewed slowly to release the active ingredients of khat which are swallowed with saliva. Leaves and stalks are chewed into a ball shape, which is characteristically stored in the user's cheek for a while.
7. Khat varies in strength from region to region. Kenyan khat is considered to be the strongest and, thus, the most popular (Neil, 2007).
8. Once mature, the plants are cut by hand, made into bundles of 250 grams in weight and wrapped in banana leaves to maintain freshness. Up to 40 bundles are then placed in cardboard boxes for transportation (RESPOC, 2010).
9. In addition to bundles, khat can also be obtained via the internet as alcoholic drinks, 40 per cent proof, as leaves for tea, as chewing gum, in seed form and as small plants (FreshGAT™, 2010).
10. It is thought that the farms used for its cultivation and sale are owned by a small number of companies, some of whom are thought to be officially controlled, particularly in those areas currently seeing internal conflict (Beckerleg, 2010).
11. These organisations utilise highly sophisticated methods of cultivation, production and transportation of khat to all parts of the world, mainly by air.
12. Today, large refrigerated lorries transport the bundles of khat from the areas of production to airports such as Jomo Kenyatta International Airport in Nairobi and Moi International Airport in Mombassa for shipment to the UK (see appendix 3).
13. Flights arrive daily from these airports to Heathrow, Gatwick, Manchester and Manston in Kent (RESPOC, 2010).



14. This well managed and controlled supply chain management system ensures that the khat arrives with the consumer within three to five days of cultivation. This is of significant importance as Khat loses its potency the longer the time lapse between cutting and chewing (Books Llc, 2010). Three days is considered the maximum time of durability for chewing. However, it has become apparent that khat can be frozen and still maintain a degree of potency.

15. The total annual imports of khat into the UK come from Kenya, Ethiopia, Yemen and Somalia via Kenya. An annual total of around 1,95million kgs/1,917 tons. (RESPOC, 2010)

16. Each flight brings in over 36 tons of khat a week equating to seven tons per flight, there is one flight a day, five days a week. A total of 9,000 boxes or 1.8 million bundles each week being imported into the UK (RESPOC, 2010).

17. The demand for khat has increased with the growth in the number of refugees and immigrants from the Horn of Africa who have moved to the UK.

18. The contribution made by khat to the Kenyan economy amounts to Kshs. 1,520,378,300. This equates to £12,669,819.16 (appendix B).

## **Part II: The national story - khat consumers**

19. The main users of khat come from Somalia, Kenya, Ethiopia and Yemen. The most recent recorded data that is from the 2005 ACMD report. The number of users is estimated at 400,000 adult men and women, and young people (ACMD, 2005).

20. It was reported that an estimated 34 per cent of men are users (68,000) and an estimated 20 per cent of women are users (20,000). There are an estimated 88,000 users or consumers in the UK. (ACMD, 2005).

21. Based upon the statistics contained the ACMD 2005 report, there are an estimated 50,000 users in London and approximately 10,000 in Hillingdon.

22. It must be noted that these figures are best estimates and can not be substantiated due to lack of up to date or available data, although we have been informed that they reflect figures held by the Home Office.

23. Based upon the total street value of khat imported into the UK (£468 million), and with an estimated 88,000 consumers, the average expenditure on khat is circa £5,300 per user per annum (RESPOC, 2010).

24. Of the total number of users we have two clearly defined groups; occasional users and heavy users. Approximately 80 per cent are occasional users i.e. up to two bundles per week and one bundle at a time and spending around £10 to £15 a week (circa £780 per annum) on purchase (Buffin, 2008).

25. The balance can be defined as heavy users, consuming more than two or three bundles at a time, every day, at an estimated cost of well over £100 per week. In addition, heavy users tend to chew khat whilst smoking cigarettes and/or cannabis, drinking alcohol and eating food. Therefore, a heavy user's expenditure is very high per week. The vast majority of heavy users are men aged between 20 and 40 years old (Turning Point).

26. Occasional users normally chew khat in their own homes but heavy users meet with other Khat users in various types of buildings, called Khat houses or Mafreshi (Patel, 2007). Some can be

described as cafes and others are private homes. In Hillingdon, they are mainly around Hayes town centre. Many heavy users spend most of their days and nights at khat houses with their friends.

27. There is anecdotal evidence that khat is beginning to be used outside of the Somali community and therefore the type of environment used for khat consumption will vary.

### **Part III: The national story - from Heathrow to the streets of Hillingdon**

28. There are three agencies responsible for checking cargo into the UK:

- UKBA handles security and VAT
- Port Health Authority ensure that materials will not be of harm to consumers; and
- DEFRA who ensure that plants are not imported that might have a damaging effect on indigenous flora and fauna.

29. Every container flown into UK airports is scanned for radio-active materials. Occasionally, the UKBA carry out spot check searches on individual containers to ensure that they contain what is put on the manifest. Last year Port Health at Heathrow carried out a check on a shipment of khat and found it to be unfit for human use due to dangerously high levels of pesticides (Date, 2003). However, they had to release the shipment as they did not have the jurisdiction to confiscate it.

30. None of the above agencies are responsible for khat imports. This is due to lack of clarity as to its definition and, therefore a lead authority cannot be identified.

31. As boxes of khat are not checked by any agency there are national security concerns that some of these boxes, particularly from Somalia, may contain other items, i.e. illegal drugs, other products, including, possibly, guns and explosives for use by terrorists in the UK and Europe.

32. Khat is banned in most countries, with the exception of the UK and the Netherlands due to two chemicals naturally found in the leaves - cathonine and cathine. These chemicals are considered to be constituents of Class C drugs. Although the report published by the UK's Advisory Committee on the Misuse of Drugs (ACMD) in 2005 disagreed and recommended to Government that khat need not be banned as an offence is only committed if cathonine and cathine are isolated from the khat plant (ACMD, 2005).

33. Once at Heathrow, khat is taken to a storage area where agents arrive to collect the boxes of khat. The agent pays the VAT due on each box which is usually paid in cash. The total amount of VAT collected on khat imports is in the region of £3 million per annum (RESPOC, 2010).

34. Boxes of khat are put on large lorries and taken out of the airport domain to various nearby locations usually car parks. It has been estimated that each lorry load contains 10 to 20 large boxes. No one knows who controls these lorries.

35. From this point the boxes are bought by retailers from across the UK.

36. Each box contains up to 40 bundles and costs each retailer around £70. On average, it takes approximately two hours for each lorry load to be sold (RESPOC, 2010).

37. Each retailer purchases, on average, three boxes (120 bundles) – a cost of £210 or £1.75 per bundle. The boxes are put in cars or vans for onward transportation to other London boroughs and to other UK cities such as Bristol, Manchester, Sheffield and Birmingham (RESPOC, 2010).

38. The short sized Kenyan khat is sold for £3 whilst the more potent khat from Yemen (known as Hereeri) is sold for £7 per bundle. The bundles are then sold to the consumer/user for an average of £5 each. A profit of approximately £3.25 per bundle to the retailer. (EACH, 2011)

39. With each bundle being sold for an average of price £5, and with 1.8million bundles being imported each year, the UK street market value of khat is thought to be around £9 million per week or £468 million per year.

40. Heathrow is also used as a channel to smuggle khat into the USA. It is estimated that 20 per cent may be the amount illegally shipped to the USA each week (360,000 bundles or 900,000 kilograms). Based on a US street value of \$400 per kilo (ACMD, 2005), the US khat market is worth some \$360 million per week. If this is the case, the amount of khat used in the UK may, therefore, be reduced.

41. We understand that discussions are taking place between the UKBA and its US counterparts regarding steps that might be taken to prevent such activities.

42. In Hillingdon, it is believed that there are off-licenses, cafes, restaurants and grocery stores selling khat, mostly situated around a small area of Hayes in the south of the borough (Uxbridge Gazette, 2010).

#### **Part IV: The Hillingdon story / Social issues caused by khat**

43. A culture-based and social activity, khat chewing is thought to enhance social interaction. The plant is chewed at Yemeni and Somali social occasions to increase socialisation. Khat is also thought to be to a stimulant used to stay awake. We understand that nightshift workers use the plant to postpone fatigue and stay awake. There is also anecdotal evidence that students are experimenting with khat in an attempt to boost mental performance prior to exams.

44. There are numerous social problems associated with the use of khat, particularly caused by male heavy users.

45. These problems include a detrimental effect on family life – whereby the husband/father is unemployed, spending most days and nights and the majority of the family's income at khat houses. He is not at home to assist his wife in family matters, including managing the children. We have also been advised of instances of domestic violence. A significant proportion of Somalis also appear to be living in privately rented accommodation, much of it in poor condition. All these issues may result in family breakdown.

46. In addition, there are such issues as the noise and nuisance coming from khat houses during the day and night and groups of heavy khat users chewing khat and spitting out chewed leaves on the pavements and smoking, drinking and shouting outside of the premises (RESPOC, 2010). This type of behaviour is seen to be very intimidating, anti social and is creating community tensions within these areas.

47. However, it must be said that there is no evidence to substantiate that khat is the sole cause of these social problems.

48. It could be argued that it is the joint consumption with other substances and alcohol, along with the frustration of being unemployed, family issues, being alienated from the main stream community due to poor English and lack of personal esteem that together contribute to these social problems.

49. Whilst it is accepted that some Somali women chew khat, there is no evidence that they also use khat houses or, indeed, cause family or social problems.

50. Young people in their twenties are giving most cause for concern as khat is being used as a gateway to harder substances (Nabuzoka, 2005).

51. There are over 40 groups in the UK established to assist Somali refugees, 15 in Hillingdon, with a broad range of remits (Mental Health Alliance, 2009).

52. In addition, in Hillingdon agencies such as HAGAM and Tageero, EACH and the Somali Mental Health Project also provide help and guidance to Somali families (Mental Health Alliance, 2009).

## **Part V: The Hillingdon story / Health issues caused by khat**

53. The potential health risks of khat are many and varied and, in most cases, are dependent upon the physical and psychological manner of each individual, whether they are occasional or heavy users.

54. It is recognised that there is unlikely to be much harm from chewing khat on an occasional basis i.e. once or twice a week. Although this does depend on the individual's metabolism.

55. It is also recognised that khat can be addictive to some users but this could be due to the individual's personality as the same can be said for other substances like alcohol, tobacco and drugs (Kebede, 2002).

56. The main health problems associated with the heavy use of khat include increased heart rate, increased blood pressure, insomnia, constipation, lethargy, hyperactivity, loss of appetite, diminishing sex drive, depression, tooth darkening, euphoria and hallucinations and mental health problems.

57. When the Advisory Council on the Misuse of Drugs last looked at the evidence in 2005 it concluded that the medical and psychological effects of khat were not sufficiently clear cut to recommend that it should be classified as a dangerous drug in accordance with the provisions of the Act.

58. In February 2011, the Home Secretary, Theresa May asked the Advisory Council to review any additional evidence that has come to light regarding khat. It will be for them to conclude if the situation has altered significantly enough to justify a change in its previous recommendation.

59. Indeed, as the Committee were informed, the misuse of any one substance or a mixture of a number can be detrimental to health.

60. It seems that specialist service provision for local khat users is inadequate. While possessing extensive specialist substance expertise and supporting local khat users who may present with other substance use problems, HAGAM is not contracted to provide services to khat users in Hillingdon at present.

61. The local NHS Trust also does not provide khat services. EACH is contracted to offer a small scale outreach and counselling service for the Somali community, activities and outcomes of which are not significant enough to be considered as substantial service provision for khat users. The Drug and Alcohol Action Team (DAAT) is a local team within the PCT, that commissions and performance manages substance misuse services, rather than directly delivering services

62. It appears that co-ordination between agencies, in terms of helping khat users, could be handled better, although we understand that it is intended to establish clearer channels of communication and to take a more positive multi-agency approach when dealing with heavy users of khat.



## **Part VI: The Hillingdon story / Crime and anti social behaviour issues**

63. Of concern to resident groups and the police in Hayes (where the majority of khat users in the borough live) are the effects of such anti-social behaviour as the noise from khat houses day and night, together with groups of heavy khat users chewing, smoking, drinking, urinating, shouting and spitting out chewed leaves on the pavements outside of these buildings and in local streets (Uxbridge Gazette, 2010).

64. Usually anti social behaviour is not caused by khat users in the khat houses but by youngsters aged 14 to 20 who, so we have been told, congregate outside the khat houses and use such areas as a base for meetings and for smoking cannabis and drinking alcohol (Bashford, 2003). It is important to recognise that although the using of other substances with khat is a growing trend with youngsters, it is currently only within a minority.

65. To overcome such anti social behaviour, it is possible for local Safer Neighbourhood Police Teams to close down khat houses by applying for Anti Social Behaviour Orders or a Closure of Premises Order under the Anti Social Behaviour Act.

66. It is believed that some khat users are driving whilst still under its influence, although there is no evidence to confirm this. A biochemical test is now commercially available to detect khat constituents in urine (Cox, 2003).

67. Other than occasional anti social behaviour, no other criminal acts are considered to be undertaken by khat users.

68. From a policing point of view, it is accepted that banning khat will not stop its use but drive it underground and into the hands of criminal gangs – if such gangs are not already involved. Furthermore, if it is made illegal, the social circumstances that are already an issue may be exacerbated i.e. if the majority of the household income is already funding the use of khat, there is the possibility that heavy users may turn to other activities, possibly criminal, to increase their income to pay the higher prices that would, inevitably, be charged for khat if it were driven underground.

68. There is unanimous agreement that khat requires a regulation so that it can be regulated in some form, although there is no firm view as to what that regulation might be at the moment.

### **iii. Conclusions**

The Committee concludes:

The overuse of khat, with its resultant social and health problems, is not unique to Hillingdon. It is a national issue, primarily in areas in which there are high numbers of people from or with links to, the Horn of Africa, particularly Somalia.

While there are some measures that can be undertaken in the borough, the solutions to these problems rely upon action at national level. The Committee believes that there should be a range of national and local actions to deal with the issue

Currently khat is an unregulated substance, although its two constituents, cathonine and cathine are named as Class C drugs. The Advisory Council on the Misuse of Drugs recommended to Government in 2005 that khat need not be banned, but that an offence is committed if cathonine and cathine are isolated from the khat plant.

Whilst the option of banning in the short or long term may appear to be politically expedient, it could be argued that it will not help the situation now or in the future (see appendix 4). There are problems. They cannot be ignored. They must be faced and action must be undertaken.

All the evidence we have as a result of this review makes it clear that banning khat in the UK in the short or long term will not stop its use.

Khat is currently unregulated. No one agency is responsible for its import or use and as there are no enforceable laws relating to khat, due to its unregulated status, all consignments arriving at UK sea and air ports must be released, which may result in the public consuming a substance which is toxic. In addition, there are national security concerns relating to the possibility that the boxes labelled khat contain other items.

Based on evidence received, we are of the view that khat should be regulated as a substance similar to chewing tobacco. However, at the moment khat does not fit into any category of regulation and may need its own regulation. Regulating khat will enable the enforcement of health warnings, age restrictions and testing for levels of chemicals in the bundles.

Regulation will enable Port Health to ensure that imports arriving at air and sea ports do not contain dangerous levels of pesticide and for local health and safety officers to ensure that it is sold and consumed in environments that are as safe as possible.

Such a regulation will also enable HM Revenue and Customs to assess any illegalities regarding unpaid VAT and other taxes. While grown in many countries, Kenya is the focal point. Most of the khat consumed in the UK is grown there and it is from there that most of it is flown to this country.

Khat is at its most potent if consumed within three days of it being harvested. It is at its least potent after five days.

For bunches of khat to be harvested and then consumed within just three days requires a highly sophisticated supply chain. This speed of production and distribution does not give time for normal food safety checks to be carried out. As has been noted above, occasional checks by Port Health officers at Heathrow have shown that some khat imported into the UK contains dangerously high levels of pesticides.

The Committee are of the view that the Kenyan authorities have a role to play in ensuring that the khat consumed in the UK is as safe as it can be. However, we are aware of possible compliance issues.

Khat is not just consumed by chewing it in leaf form. We are aware that it can be purchased over the internet in liquid form as alcoholic drink, for tea and as chewing gum.

We understand from the UKBA that legislation exists that prohibits the sale and import of such products if the Cathonine and Cathine levels are at a particular level

The sale of khat on the streets of Hillingdon, once it has left Heathrow, is carried out on unlicensed property with the result that food hygiene is unsupervised by local Food Safety and Hygiene officers

As the consumption of khat grows within the wider population, it will be important for more to be done to inform potential users as to the dangers of overuse

There does not appear to be widespread awareness within the health, police and education sectors as to the dangers of overuse of khat.

In Hillingdon the mechanism that links agencies involved in providing services and support to those suffering the effects of overuse of khat is the Local Strategic Partnership. By placing khat as a standing agenda item for the relevant Local Strategic Partnership sub-group meeting the channels of communication between agencies will be opened and allow for an interagency approach to tackling khat.

Anti-social behaviour by khat users and those congregating around khat houses is of prime concern to residents.

The Committee considered a number of options which are displayed in appendix 4.

## **iv. Recommendations**

The Committee recommends:

### **Recommendation 1**

**That the London Borough of Hillingdon present this report to Home Secretary Theresa May, Minister for Crime Prevention James Brokenshire and Mayor of London Boris Johnson requesting that consideration be given to implementing national recommendations which follow:**

- i. That khat is not banned but that it continues to be an offence to isolate cathonine and cathine from the plant
- ii. That the Minister for Crime Prevention requests the Kenyan authorities to check all khat consignments exported via its airports to ensure they do not contain pesticides or other harmful substances
- iii. That the Home Secretary requests the UK Border Agency to identify the levels of cathonine and cathine in khat products and, if at dangerous levels that such imports be destroyed
- iv. That the Mayor of London instigates a pro-active public information programme that highlights the dangers of overuse of khat complete with information on help and support services available
- v. That a national information programme be introduced by Government targeted at GPs, A&E departments, police and ambulance services to highlight the dangers of khat overuse in relation to mental health
- vi. That the sale of khat in unlicensed properties is prohibited and that police or trading standards officers undertake spot-checks of outlets in which khat is sold to ensure it is as safe as possible; if caught to be breaching rules fines should ensue.

### **Recommendation 2**

**That Cabinet ask officers to feed Hillingdon's Khat Report into the Advisory Council on the Misuse of Drug's consultation regarding khat. In the event that the Advisory Council on the Misuse of Drug find that there is a need to regulate Khat, Public Health Regulations may be introduced to enable Port Health Authorities carry out a range of health controls at border entry points.**

### **Recommendation 3**

**That Cabinet ask officers and Hillingdon Council partners to progress the following local recommendations:**

- i. That Cabinet agrees that there is a need for a more joined up approach when dealing with issues of khat and asks the Chief Executive to progress the issue with the Local Strategic Partnership.
- ii. That the Council and Safer Neighbourhood Teams take a zero tolerance approach to khat related anti-social behaviour
- iii. That the Committee present an update report is presented to Cabinet in six months time to monitor the progress made with tackling the issues posed by khat.

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## **i. Background, Importance and Methodology**

### **Aim of review**

A review into the problems caused by khat leading to recommendations to help Hillingdon deal with the problems associated with khat.

### **Terms of Reference**

1. To learn about the production of khat: where it is grown, who grows it and how much it costs to produce it;
2. To examine the importation of khat: how the UK Border Agency deal with khat dealers at Heathrow Airport;
3. To analyse the distribution patterns in the borough: where is it sold and the cost;
4. To examine the usage of khat: the profile of the average user, social effects, health side effects;
5. To investigate the link, if any, between khat use and anti-social behaviour;
6. To analyse whether the use of khat is spreading in the UK and what can be done to discourage this in the future: would it be possible to grow Khat in the UK and could this lead to expansion of use not only within communities renowned for consuming Khat now but more wide-spread usage;
7. To investigate how the London Borough of Hillingdon could work with external agencies to tackle the problem of khat in the future;
8. To identify ways in which the London Borough of Hillingdon can raise awareness of the problem.
9. To report to Cabinet recommendations based upon comprehensive evidence.

### **Reasons for the review**

Members believe it would be timely to discuss khat, with the recent closure of khat houses in areas in the South of the borough. Khat is becoming a major problem within some communities and Members were aware of some women's associations located within the borough who were facing difficulties at home due to problems related to khat usage.

Khat had been associated solely with the Somali community; however the recent spread of use to various communities has made the issue of khat very prominent. With the age range of users lowering in recent years the Committee believe this review must take place imminently. This will enable the London Borough of Hillingdon to thoroughly analyse the current situation and what can be done to tackle the problem while working together with external agencies and residents of Hillingdon.

The issues surrounding khat have recently been highlighted in the media, with reports on the spreading of use to younger people and different ethnicities. The Committee will uncover the problems khat poses to Hillingdon and how the problems can be dealt with before they spread

further. For this reason, the Committee believe this review to well-timed and of great significance to the residents of the London Borough of Hillingdon.

There is a lack of knowledge about the services already available to khat users, with Hillingdon PCT funding an outreach service for khat users which has not been well publicised. The Committee believe these services should be brought to the attention of residents who are in need of support.

## **Methodology**

### **Members of the Committee:**

Cllr Michael Markham (Chairman)  
 Cllr Shirley Harper-O'Neil (Vice-Chairman)  
 Cllr Janet Duncan (Labour Lead)  
 Cllr Judy Kelly  
 Cllr June Nelson  
 Cllr Susan O'Brien

The Committee took evidence from an array of people, groups and organisations (see figure 1) in the form of written responses, consultations, witness sessions and questionnaires. The following people were contacted as part of this major review:

(Figure 1)

<b>Name</b>	<b>Organisation</b>
Cllr Richard Barnes	Deputy Mayor of London
Michael Mandu	Kenyan High Commission
Richard Reddie	Greater London Authority
Wayne Lawley	Advisor to Deputy Mayor of London
Mercola Douglas	Imported Food Office, Heathrow.
Thomas Lonnegren	European Medicines Agency
Dr Ellis Friedman	Joint Director of Public Health, LBH and NHS Hillingdon
Ivor John	Chair, Community & Police Consultative Group
Liam Kenny	Vice chair, Community & Police Consultative Group
E Warsame	Somali Organisations Network
Aabukar Awale	Community Engagement Officer anti-Khat campaign leader
Warsan Saalax	Chair, British Somali Association
Mark Prunty	Senior Medical Officer for Substance Misuse Policy
Viv Pullha	UK Border Agency
Joanne Kingham	Outdoor Coordination Team, UK Border Agency
Shabeg Nagra	Health Control Officer, Heathrow
David Brough	Chairman, Hayes Town Partnership
Cllr Lynne Allen	Ward Councillor, Townfield
Ed Shaylor	Senior Community Safety Officer, Hillingdon
Agricultural Specialist, United States Department of Agriculture	
Somaliland Press	Somaliland Press Newspaper
European Monitoring Centre for Drugs and Drug Addiction	
Mahamoud Ahmed	EACH, Brent
Trevor Begg	Chair, Hillingdon LINK
Graham Hawkes	Intermin Manager, Hillingdon LINK
Fatima Abdi	Sahan Centre

Anab Abdala	Sahan Centre
Mr M Amri	Hayes Islamic Centre
Roda Agab	EACH, Brent
Lakhir Randhawa	EACH, Harrow
Hassan Isse	Khat group, Hounslow
Kola Makoyawo	Hillingdon Action Group for Addiction Management
Rashid Jama	Horn of Africa Youth Association
Mustafa Aden	Tageero
Jill Patel	Hillingdon MIND
Jill Downey	Drug and Alcohol Strategic Manager (PCT)
Mustafa Aden	Tageero
Kola Makoyowo	Hillingdon Action Group
Ali Saka	Hillingdon Action Group
Rawda Group	Hounslow Rawda Group
Saeed Abdi	Somali Mental Health Project
Metropolitan Police Service	
Sergeant Andy Shuker	Townfield Safer Neighbourhood Team
Townfield SNT team leaders	Townfield Safer Neighbourhood Team
Axel Klien	Lecturer in the Study of Addictive Behaviour, University of Kent,
Richard Kramer	Turning Point
Ealing	Ealing Drug Alcohol Action team
Ealing	Local Authority
Brent	Local Authority
Harrow	Local Authority
Tower Hamlets	Local Authority
Tower Hamlets	Primary Care Trust
Islington	Local Authority
Hounslow	Local Authority
Sheffield	Local Authority
Leicester	Local Authority
Manchester	Local Authority
Cardiff	Local Authority
Hammersmith & Fulham	Local Authority
Bolton	Local Authority
Richmond	Local Authority
Surrey	Local Authority
Facebook	Questions were posed to over 30 'fans' of Khat on Facebook.
Brunel University	
University of Granada, Spain	
Midlands based Universities	
Middlesex University	

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COM.54/02/050/(7)

17<sup>th</sup> February, 2011.

Cllr. Richard Barnes, AM, FRSA,  
Deputy Mayor of London,  
London Assembly Member for  
Ealing and Hillingdon,  
The Queen's Walk,  
More London,  
**LONDON SE1 2AA**

RECEIVED 2 1 FEB 2011

Dear Mr. Barnes,

**RE: KHAT IN THE UNITED KINGDOM AND KENYA**

I am writing in reference to your letter dated 21<sup>st</sup> December 2010 and my reply Ref. No. COM.54/02/050/3 dated 6<sup>th</sup> January 2011 on the subject Khat in the United Kingdom and Kenya.

Khat contributes KShs. 1,520,378,300 (slightly over shillings one billion, five hundred million) or GBP 12,669,819.16 (British Pounds Twelve million, six hundred sixty nine thousand). The importance of such an amount of money in Kenya cannot be over-emphasized.

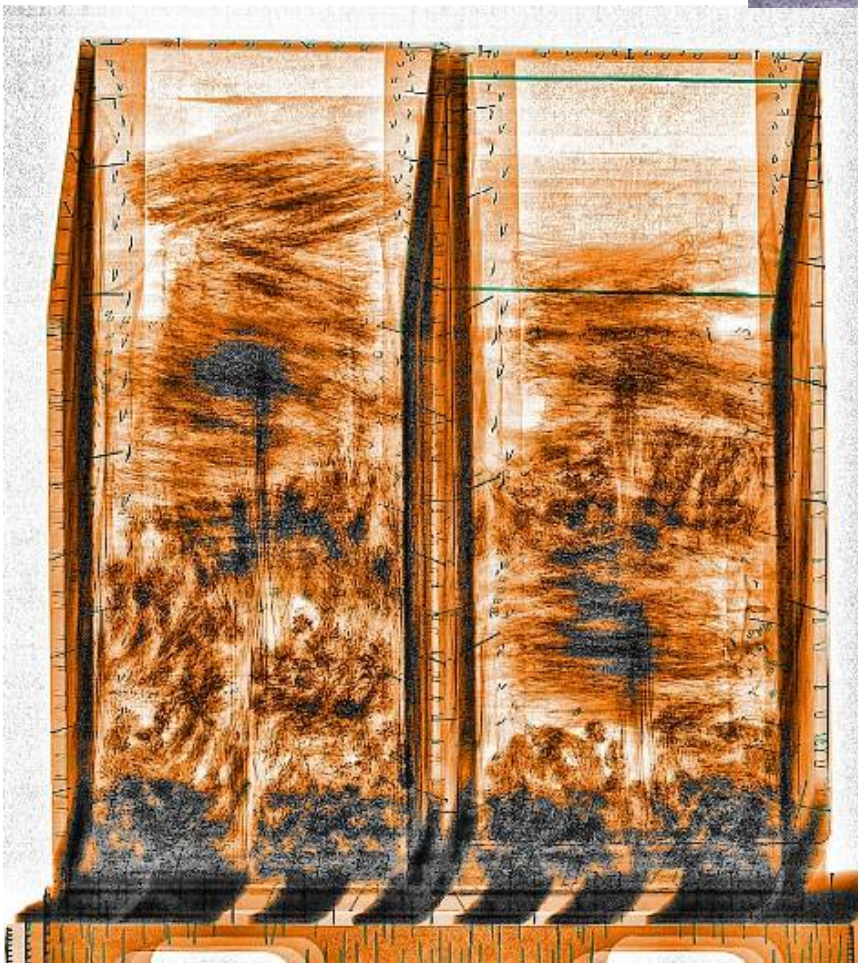
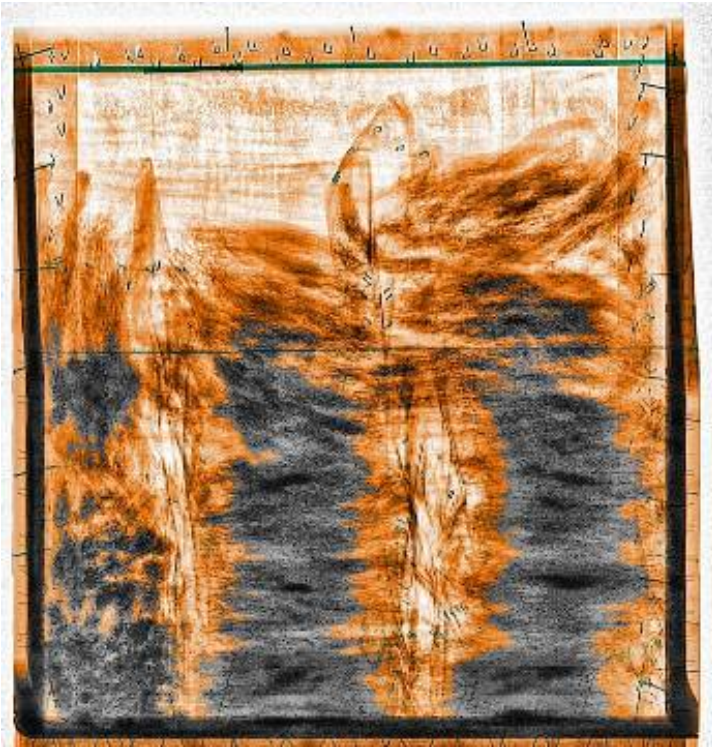
The Khat sector directly employs 411,950 farmers and another 120,000 indirectly as traders. In total, it is a source of livelihood to over 500,000 people.

Yours sincerely,

**Michael Mandu**  
**For: HIGH COMMISSIONER**



X-Ray images of khat shipments



*Outer crates often of heavy cardboard or plywood construction (sometimes wrapped in black plastic)*

*Inner cardboard boxes / cloth bags containing bundles of khat*

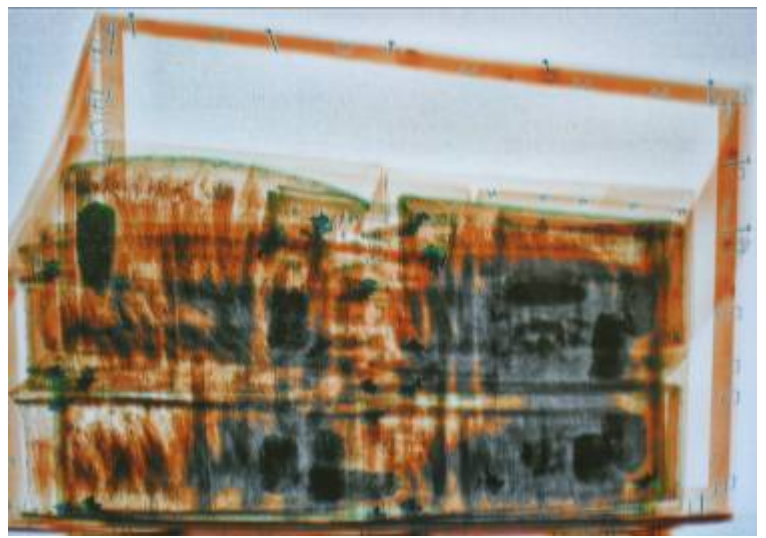






*Outer cardboard box containing computer tower carcass with concealed bundles of khat*





*Khat bundles hidden inside a gaming Chair*





*Typical x-ray image of khat bundles with stalks clearly visible*

**Legislative options available to tackle the issue of khat.**

<b>Legislative Options considered and rejected</b>	<b>Description</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b><u>Option 1</u></b> <b>Regulation of khat as a Class C drug</b>	Currently Khat is an unregulated substance. Its two constituents, Cathonine and Cathine are Class C drugs. The Advisory Council on the Misuse of Drugs recommended to Government in 2005 that khat need not be banned, but an offence is committed if Cathonine and Cathine are isolated from the Khat plant.	<ul style="list-style-type: none"> <li>• Legislation could be attached to a currently unregulated substance</li> <li>• Policies would come into effect that would target the supply of khat.</li> <li>• Penalties for possession, supplying and dealing would be enforceable by police</li> </ul>	<ul style="list-style-type: none"> <li>• May cause the drug to be sold on the black market</li> <li>• This action may be seen to target members of the Somali community</li> <li>• Loss of national revenue from tax paid on khat</li> </ul>
<b><u>Option 2</u></b> <b>Regulation of khat as:</b> <b>i. a food stuff</b> <b>ii. an illegal food</b>	As khat is not regulated as a food or a plant there is no one agency taking responsibility for it, resulting in some khat consignments entering the UK covered with fertilizers and pesticides. As there are no enforceable laws relating to khat, due to its unregulated status, all consignments must be released, which may result in public consuming a substance which is toxic.	<ul style="list-style-type: none"> <li>• An agency (FSA) would be responsible for khat</li> <li>• Health and Hygiene regulations would be enforceable</li> <li>• The regulation of khat consignments would ensure that those released do not contain toxic substances</li> </ul>	<ul style="list-style-type: none"> <li>• The activity of opening and testing each khat consignment would be very time-consuming for UKBA.</li> <li>• It would rubberstamp and legitimize khat as a food stuff and therefore fine for human consumption</li> <li>• Young people may be more tempted to try the 'new food'.</li> </ul>
<b><u>Option 3</u></b> <b>Ban khat for a select period of time</b>	As the Government has currently banned all legal highs for one year it may be an option to consider proposing the banning of khat for a period of time to monitor the effects of banning the substance. A interagency approach	<ul style="list-style-type: none"> <li>• A temporary scheme would allow involved agencies to interface and share their khat issues, rather than try to tackle it on an individual basis</li> <li>• The pilot scheme would allow</li> </ul>	<ul style="list-style-type: none"> <li>• Somali people may feel targeted</li> <li>• It may be difficult to measure the success of this scheme as khat users would not be buying/selling Khat openly</li> </ul>



	would be needed to measure the success of this activity by monitoring the levels of crime, anti-social behaviour and the health issues relating to Khat during the time it is banned. Other highs would contain these chemicals have recently been made permanently illegal such as mephedrone. This move would require an awareness campaign to make the public aware of why khat was made illegal.	<p>the situation to be constantly monitored and knowing that there was a set end date may serve as a goal to ensure the scheme was a success</p> <ul style="list-style-type: none"> <li>• Banning khat for a limited time may not be sufficient time to allow the substance to be sold on the black market, therefore not resulting in khat going underground</li> </ul>	<ul style="list-style-type: none"> <li>• UKBA may not have the resources available to tackle this problem at Heathrow.</li> </ul>
<b><u>Option 4</u></b> <b>Introducing local by-laws to ban khat</b>	Local Authorities now have the power to introduce by-laws to tackle problems in their local areas. As Hillingdon is home to Heathrow banning khat locally may not only target khat use in this borough, but also target the importation and distribution of khat on a national scale and at Heathrow Airport.	<ul style="list-style-type: none"> <li>• The ban would be enforced locally and not need national backing</li> <li>• The ban could be lifted by the LA if it was seen to be ineffective</li> <li>• Residents may value a move by their local Council to tackle a local problem</li> </ul>	<ul style="list-style-type: none"> <li>• May result in crime displacement, with other UK airports suffering a rise in khat importation.</li> <li>• Hillingdon residents may continue to purchase khat from outside of the borough</li> <li>• May result in out of borough public coming to Hillingdon to sell khat to local users.</li> </ul>
<b><u>Option 5</u></b> <b>Stick with status quo</b>	Although khat is a harmful substance that has been linked with health issues, users do not exercise high crime rates. There is a level of anti-social behaviour involved, but not on a large scale.	<ul style="list-style-type: none"> <li>• No members of the Hillingdon community would feel targeted</li> <li>• Khat would not be driven underground</li> <li>• Crime displacement would not occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Hillingdon would be accepting khat chewing as a conventional activity.</li> <li>• Health effects caused by khat would be left unchallenged</li> <li>• The number of khat users in the borough and beyond</li> </ul>

<b>Legislative Option recommended</b>	<b>Description</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b>Regulation of khat as a substance akin to tobacco and prohibition of the sale of khat in unlicensed premises.</b>	As khat is currently unregulated placing it into a category would allow for regulatory services to take responsibility of the substance.	<ul style="list-style-type: none"> <li>• Enforceable laws relating to age restrictions, cleanliness and retailing outlets could be used to regulate khat.</li> <li>• Levels of cathine and cathonine in imported khat could be monitored.</li> <li>• The responsibility of khat would be bestowed upon one authority</li> <li>• Minority groups would not feel targeted as khat would not be banned.</li> <li>• Khat could not be sold to children and young people</li> <li>• Retail outlets would need to pass cleanliness laws</li> <li>• Khat would be subject to taxation levies</li> <li>• The stigma attached to Somali people using khat would be lessened as the awareness of khat would increase</li> <li>• Health campaigns would raise public awareness of khat</li> </ul>	<p>could increase if the activity was not tackled.</p> <ul style="list-style-type: none"> <li>• Costs of awareness campaigns</li> <li>• Costs of regulating the substance</li> <li>• Time cost at the Port of Entry</li> <li>• Requires legislation</li> </ul>



		<ul style="list-style-type: none"><li>• Khat would stand as a monthly agenda item on the agenda of the relevant Local Strategic Partnership sub group to ensure khat issues were being tackled. This would allow for a more joined up approach from local groups.</li></ul>	
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