



# **Khat use in Somali, Ethiopian and Yemeni communities in England: issues and solutions**

A report by Turning Point



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Home Office

# **Cunitaanka qaadka ee beelaha Soomaalida, Itoobiyanka iyo Yamaanida ee England: dhibaatooyinka iyo xalalka**

Warbixin uu qoray ururka Turning Point

# **Khat use in Somali, Ethiopian and Yemeni communities in England: issues and solutions**

*Written by Cathy Havell*

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Cathy Havell  
May 2004

# **Cunitaanka qaadka ee beelaha Soomaalida, Itoobiyanka iyo Yamaanida ee England: dhibaatooyinka iyo xalalka**

*Waxa qortay Cathy Havell*

## **Mahadnaq**

Warbixintan soo saarideeda waxa caqligal ka dhigay beelaha Soomaalida, Yamanida, iyo Itoobiyanka eek u noola Bromley, Southall iyo Ealing, North London, Birmingham iyo Sandwell iyo Sheffield kuwaas oo waqtigoodii ku bixiyay inay nala hadlaan. Ma magacaabi karo maadaama ay cilmi baadheyaashu u ballanqaadeen inay qartsoodi ahaan doonaan.

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# Executive summary

## Background

This report was commissioned to explore khat use and treatment issues in England, and to make good practice recommendations. The researchers interviewed individuals and carried out focus groups in the communities concerned, and consulted a range of professional drug treatment specialists.

## Findings from community research

### *Patterns of use*

- 82% of respondents surveyed chewed khat. This may be an over-representation due to non-random sampling.
- Nearly half the women interviewed chewed khat, while three out of five women's focus groups stated that no women used it. This may be a genuine difference, or it may reflect peer pressure on women against khat. Unlike men, women did not use khat-houses (*mafreshi*) at all. Women were more likely than men to chew at home.
- 56% of interviewees who used khat chewed more than once a week. Somali men and women used the most khat per session. Sessions averaged from 2 to 7 hours but could be as long as 12 hours. Somalis were more likely to chew *mirra*, a strong Kenyan variety, than Ethiopians or Yemenis.
- Focus groups thought khat use was going up, but interview results showed that most people thought that their own use was staying the same. This difference could be attributable to the fact that people in touch with drug services, who may be expected to stabilise their use, were over-represented in the interviews.

# Soo koobid

## Taariikh hore

Warbixintan waxa loo sameeyey si loo baadho isticmaalka qaadka iyo daaweynta dhibaatooyinka ee England, iyo in la soo jeediyo talooyinka waxqabadka wanaagsan. Cilmi baareyaashu waxay waraysi ka qaadeen dad ama ashkhaas waxayna beelaha uu khuseeyo ay ka samaysay kooxo xallineed, waxayna wadatashi la yeelatay dad badan oo kala duwan oo ah xirfadleyaal takhasus ku ah daaweynta maandooriyaha.

## Waxyaabihii ka soo baxay cilmibaadhistii beesha

### *Hababka isticmaalka*

- 82% dadkii ka soo jawaabay ee ray'igooda la weydiiyay waxay ahaayeen dadka qaadka cuna. Tani waxa laga yaabaa inay tahay tiro badan sababta oo ah iyada oo aan si kala duwan loo xulan.
- Haweenka waraysiga laga qaaday illaa iyo kala badh ayaa qaadka cuna, halka kooxaha xallinta saddex ka mid ah shantii dumar ahba ay sheegeen inaanay dumarku isticmaalin ama cunin. Tanina waxa laga yaabaa inay tahay faraq dhab ah, ama waxa laga yaabaa inay ka turjumayso cadaadiska saran haweenka ee qaadka. Sida raga haweenku ma isticmaalaan mafrishyada haba yaraatee. Haweenku badanaa ku cunaan guriga oo ay raga kaga badanyihiin.
- 56% dadka la waraystay ee cuna qaadka waxay cunaan in ka badan toddobaadkii hal mar. Haweenka iyo ragga Soomaaliyeed ayaa cuna qaadka ugu badan kulankii ama fadhigiiba. Kulamada ama fadhiyada celceliskoodu waa 2 ilaa 7 saacadood laakiin waxay noqon karaan illaa iyo 12 saacadood. Soomaalidu waxay u badantahay inay cunaan miirooga oo ah nooc ka baxa dalka Kenya marka loo eego Itoobiyaanka iyo Yamaanida.
- Kooxaha xallintu waxay u malaynayaan in isticmaalka qaadku kordhayo, laakiin natiijooyinkii waraysigu waxay muujiyeen inay dadka badankoodu u malaynayaan in isticmaalkooda qaadku sidii hore yahay. Faraqan waxa markaas loo aanayn karaa xaqiiqada ah in dadka la xidhiidhay adeegyada maandooriyeyaasha laga yaabi in laga filayo inay isticmaalkooda xaddidaan ay aad ugu badnaayeen waraysiyada.

### *Attitudes to khat*

- Attitudes to khat varied widely but tended to polarise into either wanting to ban it (a view held largely by women) or seeing it as a cultural practice that was not harmful (a view held mainly by Ethiopian and Yemeni men).
- Nearly everyone saw mental health issues associated with khat, such as depression, as being equally due to environmental factors such as unemployment and isolation. Sleep disturbance and anxiety were seen as more closely related to the effects of khat alone.
- The main reported associated physical health risk was increased cigarette smoking during sessions. Most respondents (including professionals) did not feel well informed about the health risks of khat.

### *Khat's interaction with other problems*

- All agreed that khat interacted with other problems such as unemployment, family and community breakdown, social and service exclusion, and problems for war refugees.
- Women were more likely to see khat as a founding problem, whereas men were more likely to see it as a catalyst for exacerbating social problems.
- Violent behaviour in men was seen by many women as a direct result of mood changes as the effects of khat began to wear off.
- Housing and leisure exclusion, due to poverty and the lack of access to social housing, was also a source of stress for men.

### *Experience of health and drug services*

- No one from focus groups or interviews had had direct contact with drug treatment or mental health services.
- GPs were generally seen in a positive light, especially by women. Men were less likely to attend a GP surgery if ill. Both men and women stated that GPs knew very little if anything about khat, and were therefore at risk of misdiagnosing health problems.
- The concept and type of counselling offered by treatment services was generally seen as alien to communities' culture. The word itself was seen as having a stigma, and the lack of involvement of family members was seen as unhelpful.

### *Siyaabaha loo arko qaadka*

- Siyaabaha qaadka loo arkaa aad ayay u kala duwanyihiin laakiinse waxay u badanyihiin qaar doonaya in la mamnuuco (aragtida ay haweenku u badanyihiin) iyo qaar u arka caado dhaqan ah oo aan dhibaato lahayn ama dhibaato keenayn (aragtida ay qabaan raga Itoobiyaanka iyo Yamaanida badankoodu).
- Qof kastaa wuxuu arkayay dhibaatooyinka caafimaadka maanka la xidhiidha qaadka, sida isku buuqidda, inay keenaan arrimo xagga deegaanta ah sida qoqobnaanta iyo shaqo la'aanta. Hurdo xumida iyo werwerka waxa iyaga oo la arkayay inay la xidhiidhaan saamaynta uu leeyahay qaadku oo keliya.
- Khatarta xagga caafimaadka ee jidhka ah ee la soo sheegay ee la xidhiidhaa waxay ahayd inta la fadhiyo oo sigaarka la cabayaa uu aad sare ugu kaco. Dadka soo jawaabay badankoodu (oo ay ku jiraan kuwa xirfadda lihi) may dareensanayn in si fiican loogu sheegay khataraha caafimaad ee uu qaadku leeyahay.

### *Xidhiidhka qaadka iyo dhibaatooyinka kale*

- Dhammaantood waxay ogolaadeen inuu qaadku xidhiidh la leeyahay dhibaatooyinka kale ee sida shaqo la'aanta, burburka qoyska iyo beesha, qoqobnaanta bulshada iyo adeegga, iyo dhibaatooyinka qaxootiyada dagaalka.
- Haweenku waxa laga yaabaa inay qaadka u arkaan waxa dhibaataada keenaya, halka ay raggu ay laga yaabo inay u arkaan waxa kaalmaynaya oo uga sii daraya dhibaatooyinka bulshada.
- Dhaqanka dagaalka ah ee raga ayay haween badani u arkeen inay tahay isbedel dabeecadda qofka ah oo uu toos u keeno qaadku marka uu qofka ka sii baxayo.
- Guryaha iyo ka hadhitaanka firaaqada, ee ay keento faqiirnimada iyo helitaan la'aanta guryaha bulshada, ayaa iyaguna ahaa waxa raga dhibaataadooda sababaya.

### *Khibradaha adeegyada maandooriyeyasha iyo caafimaadka*

- Qof ka mid ah kooxaha xallinta iyo dadka la waraystay midna xidhiidh toos ah lama yeelan daaweynta maandooriyeyasha ama adeegyada caafimaadka maanka.
- Dhakhaariirta guud (GPs) guud ahaan waxa loo arkaa tallaabo wanaagsan, gaar ahaan ay haweenku u arkaan. Raggu lagama yaabo inay xafiiska tagaans dhakhaatiirta guud haddii ay xanuunsadaan. Raga iyo haweenkuba waxay sheegeen inay dhakhaatiirta guud ay wax yar ka ogyihiin qaadka haddiiba ay wax ka ogyihiin, isla markaana ay jirto khatar ah in dhibaatooyinka caafimaad si khalad ah loo daaweeyo.
- Ray'iga iyo nooca la talinta ah ee ay bixiyaan adeegyada daaweynta waxa guud ahaan loo arkayay wax ku cusub dhaqanka beelaha. Kelmedda lafteedana waxa loo arkayay in wax khalad ah laga aaminsanyahay, ka qaybqaadasho la'aanta xubanaha qoyskana waxa loo arkaya mid aan caawinayn.

### *Findings from service deliverers' research*

- Most people from the concerned communities were not presenting to services. Where they were, it was likely to be because of the existence of community-specific services.
- Khat was seen as very low priority in strategies because it was not a Class A drug. This was partly because strategies were inevitably focused more on treatment targets than on prevention or community engagement.
- All services were working to become more culturally competent and were familiar with the term. There was a general view that what was best practice for the communities concerned was a 'bad fit' with existing structures, for example one to three-year funding cycles that were not long enough to build community engagement, and an inability of services to fund cross-disciplinary initiatives such as one-stop shops.
- Needs assessment was seen as presenting particular problems, as the current national data collection measured only treatment interventions and was not designed to provide the complex information needed to profile local communities.

## **Good practice recommendations**

### *Community-based solutions*

- Community-based solutions were seen as by far the most accessible and appropriate by all respondents.
- Social and employment support suggestions included setting up one-stop advice shops as an alternative to *mafreshi* and adapting the progress2work rules to allow greater access for those not on a full treatment programme.
- Health education around khat was seen as a basic need, including training volunteers from the communities and focusing on GP surgeries as well as *mafreshi*.
- Long-term community development was necessary, including face-to-face consultation and increasing access to sports and social activities.

### *Counselling and support*

- Services should review their counselling culture and ensure that culturally sensitive models are developed that include family involvement.
- Counselling should continue to be available within mainstream services as well as there being community-specific services.

### *Waxyaabihii ka soo baxay cilmibaadhista ay sameeyeen kuwa adeegga gudbiyaa*

- Dadka ka tirsan beelaha laga hadlayo badankoodu adeegyada may isticmaalin. Meesha ay isticmaaleenna, waxa laga yaabaa inay sababtu ahayd iyadoo uu jiro adeegyo beesha u gaar ahi.
- Istaraatiijiyada ayaa waxa qaadka loo arkayay wax ay mudnaantiisu hoosayso sababta oo ah ma aha maandooriye ah nooca A. Tan waxa qayb ahaan sabab u ah istaraatiijiyada oo aan ku jeeday ahdaafta daaweynta ee aan ku jeedin kahortagga ama ka qaybqaadashada beesha.
- Dhammaan adeegyadu waxay ka shaqaynayaan inay noqdaan qaar dhaqan ahaan awood leh magacana way yaqaaneen. Waxa jirtay aragti guud oo ah in waxqabadka wanaagsan ee beeluhu yahay waxaan ku haboonayn qaababka jira, tusaale ahaan maalgelin kowda ilaa saddexda sanno ah oo aan ahayn mid ku filan in la dhiso ka qaybqaadashada beesha, iyio adeegyada oo aan awood u lahayn inay maalgeliyaan barnaamijyo shaqadoodu kala duwantahay sida xaffiisyada one-stop shops.
- Qiimaynta baahiyaha ayaa waxa loo arkayay inay keenayso dhibaato gaar ah, maadaama ay ururinta macluumaadka qaranka ee haddu oo keliya ay cabirtay faragelinta daaweynta isla markaana aan loogu talogelin inay keento macluumaadka kakan ee loo baahanyahay si loo ogaado taariikhaha beelaha maxaliga ah.

### **Talooyinka waxqabadka wanaagsan ee la soo jeediyay**

#### *Xalalka ku salaysan beesha*

- Dhammaan dadka soo jawaabay waxay u arkayeen in xuluusha beesha ku salaysani yihiin kuwa la heli karo isla markaana ku habboon.
- Taageerada bulshada iyo shaqada ee la soo jeediyay waxa ka mid ahaa samaynta xaffiisyada talo bixinta ee one-stop shops oo lagu bedelayo Mafrishyada iyo hirgelinta shuruucda shaqada horumarka 2aad si markaas loogu ogolaado oo ay u heli karaan kuwa aan qaadanin ama ku jirin barnaamij daaweyn ah oo dhan.
- Baahida aasaasiga ah waxa loo arkay inay tahay waxbarashada caafimaad ee qaadka, oo ay ka mid tahay tababaridda dadka mutadawaciinta ah ee beelaha iyo diirad saaritaanka kulamada dhakhaatiirta guud iyo mafrishyada.
- Horumarinta beesha ee muddada dheer ayaa daruuri ahayd, oo ay ka mid tahay wadatashi fool ka fool ah iyo kordhinta helitaanka nashaadyada ciyaaraha iyo bulshada.

#### *Taageero iyo talo siin*

- Adeegyadu waa inay dib u eegitaan ku sameeyaan dhaqankooda ah talo siinta isla markaana ay hubaal ka dhigaan in la sameeyo moodeelo dhaqan ahaan xasaasi ah kuwaas oo ay ka mid yihiin ka qaybqaadashada qoyska.
- Talo siintu waa inuu weli sii ahaadaa mid laga heli karo adeegyada caadiga ah ee waaweyn iyo adeegyada beesha u gaarka ahba.

*Culturally competent mainstream services*

- Black and minority ethnic (BME) workers and communities should be more integrated into mainstream services via avenues such as volunteering and support for BME umbrella forums.
- Services should seek to increase the links between specialist and generic services, and support brokerage posts such as GP liaison workers.
- The funding stream should be reviewed to increase the crossover between community services and treatment funding.

*Effective intervention models*

- There is no known effective intervention model, but khat services should provide holistic therapies and link to developing best practice in stimulant services.

*Research and needs assessment*

- All areas should aim to commission three-yearly cross-sectional needs analyses in BME communities, and these should complement National Drug Treatment Monitoring System data.
- There needs to be more research into the clinical effects of khat.

### *Adeegyada caadiga ah ee dhaqan ahaan awoodda leh*

- Beelaha iyo shaqaalaha Jinsyada madoow iyo kuwa tirada yaz (Black and minority ethnic – BME) waa inay ku xidhnaadaan adeegyada caadiga ah iyaga oo u maraya taageeridda iyo tabarucida goleyaasha dallada BME.
- Adeegyadu waa inay isku dayaan inay kordhiyaan xidhiidhaha u dhexeeya adeegyada guud iyo kuwa takhasuska ah, iyo boosaska dhexdhexaadinta taageerada sida shaqaalaha xidhiidhka ee dhakhtark guud (GP).
- Iiisha maalgelinta waa in dib u eegitaan lagu sameeyaa si kor loogu qaado kala bedelka adeegyada beesha iyo maalgelinta daaweynta.

### *Hababka wax ka qabadka ee waxtarka leh*

- Ma jiro hab wax ka qabad oo waxtar leh oo la ogsoonyahay, laakiin adeegyada qaadku waa inay bixiyaan daaweyn dhan iyo xidhiidh ah samaynta waxqabadka wanaagsan ee adeegyada waxyaabaha wax kiciya.

### *Cilmi baadhista iyo qiimaynta baahiyaha*

- Dhammaan aaggagu waa inay isku dayaan inay sameeyaan baadhitaanka baahiyaha oo saddex sanno ah oo ah dhammaan qaybaha kala duwan ee beelaha madow iyo kuwa laga tirada badanyahay, kaas oo aan ka hor imanayn xogta Habka Ilaalinta Daaweynta iyo Daawooyinka Qaran (National Drug Treatment Monitoring System).
- Waxa loo baahanyahay in cilmi baadhis dheeraad ah lagu sameeyo saamaynta caafimaad ee qaadka.

# 1 Introduction

## 1.1 About khat

Khat is a green-leaved plant that has been chewed for its stimulant effect for centuries. Originating in the Horn of Africa, it is grown in east and southern Africa, and in the Yemen in the Middle East. Khat is chewed by communities in the UK originating from Somalia, Ethiopia and Yemen. Patterns of khat usage have changed significantly with immigration, and there are now fears that problematic use is occurring in the UK within these communities.<sup>1</sup> This study has been commissioned to feed into longer-term Home Office research into the supply of khat in the UK and the social and health effects of khat misuse among the Somali community, and focuses on views and experiences of the communities themselves, of both problems and possible solutions to khat misuse.

## 1.2 About Turning Point

Turning Point is a social care organisation working across England and Wales in approximately 200 locations. It has active contact with over 100,000 people annually, and offers a range of services across the areas of substance misuse, mental health and learning disability. Turning Point is the largest voluntary-sector provider of substance misuse services in the UK. Turning Point recognises the need for a robust evidence base to influence policy and practice, and has a track record in researching authoritative baseline data about service users, the views and experience of those affected by government policy in substance misuse, and promotion of best service models for supporting individuals.

## 1.3 Research aims and methods

This report was commissioned by the Drugs Strategy Directorate of the Home Office with the aims of:

- exploring the nature of khat use among Somali, Ethiopian and Yemeni communities in England;
- identifying issues around the adequacy of current drug service provision; and
- identifying areas of good practice and scope for future work.

<sup>1</sup> See *Use and perceptions of khat among young Somalis in a UK city*, Nabuzoka D and Badhade F A, *Addiction Research*, 2000, Vol 8 No 1, pp5–26, and *Use and abuse of khat*, Pantelis C et al, *Psychological Medicine*, 1989, 19, pp657–668.

# 1 Hordhac

## 1.1 Qaadka

Qaadku waa geed caleentiisu cagaarantahay oo muddo qarniyo ah loo cuni jiray dareenka kicinta ah ee laga helo. Qaadka oo asalkiisu yahay wax ka yimi geeska Afrika, ayaa waxa uu ka baxaa bariga iyo koonfurta Afrika, iyo Yaman oo ku taalla Bariga dhexe. Qaadka waxa cuna beelaha ku nool dalkan UK ee uu asalkoodu ka soo jeedo Soomaaliya, Itoobiya iyo Yaman. Hababka isticmaalka qaadka ayaa si weyn isula bedelay socdaalka ama haajiraadda, waxaana imika laga cabsi qabaa in isticmaalid dhibaatooyin lihi ka dhex dhacayso beelahan dalkan UK.<sup>2</sup> Baadhitaankan waxa loo sameeyey inuu macluumaad siiyo cilmibaadhista muddada dheer ah ee Wasaaradda Arrimaha Gudaha ee ku saabsan keenitaanka qaadka ee dalkan UK iyo saamaynta uu ku leeyahay caafimaadka iyo bulshada si xun u isticmaalka qaadku beesha Soomaaliyeed, wuxuuna diiradda saarayaa aragtiyaha iyo khiBradaha beelaha laftooda, ee dhibaatooyinka iyo xalalka si xun u isticmaalka qaadka labadaba.

## 1.2 Ururka Turning Point

Turning Point waa urur daryeel bulsho oo ka shaqeeya dhammaan qaybaha dalka England iyo Wales illaa iyo 200 oo goobood. Wuxuu xidhiidh firfircoon la sameeyaa illaa iyo 100,000 oo qof sannadkii, wuxuuna bixiyaa adeegyo kala duwan oo ah aagagga si xun u isticmaalka maandooriyeyaasha, caafimaadka maanka iyo naafada waxbarashada. Turning Point waa ururka ugu weyn qaybta mutadawaca ah ee dalkan UK ka bixiya adeegyada si xun u isticmaalka maandooriyeyaasha. Turning Point way ogsoontahay baahida loo qabo caddayn xooggan si wax looga qabto siyaasadda iyo wax qabadka, waxayna taariikh u leedahay inay baadho macluumaad aasaas ah oo ku saabsan dadka adeegga isticmaala, aragtiyaha iyo khiBradaha kuwa ay saamaysay siyaasadda dawladda ee si xun u isticmaalka maandooriyeyaasha, iyo hirgelintan hababka adeegga ugu wanaagsan ee taageeridda dadka ama ashkhaasta.

## 1.3 Hababka iyo ujeedooyinka cilmibaadhista

Warbixintan waxa samaysay Waaxda Istaraatiijiyadda Maandooriyeyaasha ee Wasaaradda Arrimaha Gudaha iyada oo ay ujeedadiisu tahay:

- in la ogaado isticmaalka qaadka ee beelaha Soomaalida, Itoobiyaanka iyo Yamaanida ku nool dalkan England;
- in la ogaado arrimaha ku saabsan ku filaanshaha bixinta adeegyada maandooriyeyaasha ee hadda; iyo
- ogaanshaha aagagga waxqabadka wanaagsan iyo heerka shaqada mustaqbalka.

2 Eeg *Isticmaalka iyo afkaarta qaadka ee dhalinyarada Soomaaliyeed ee magaalada dalkan UK*, Nabuzoka D iyo Badhade F A, Cilmibaadhista Qabatinka, 2000, Vol 8 No 1, pp5–26, iyo *Isticmaalka iyo si xun u isticmaalka qaadka*, Pantelis C et al, Cilmunafsiiga Daawada, 1989, 19, pp657–668.

The research comprised three strands:

1. structured confidential interviews with Somali, Ethiopian and Yemeni community members, some of whom were current khat users;
2. focus groups with Somali, Ethiopian and/or Yemeni community members; and
3. discussion groups and structured interviews with key statutory and voluntary-sector professionals, some of whom were also Somali.

The research was carried out between January and March 2004. In the first two strands, the research aimed to gain as good a cross-section as possible of age, gender, ethnicity, location and usage/non-usage of khat. Interviews and focus groups were carried out in five locations chosen to reflect distinctive settlement patterns of Somali, Ethiopian and Yemeni communities in England. The locations were:

1. Ealing, Southall and Hounslow
2. Bromley
3. Kilburn
4. Sheffield
5. Birmingham and Sandwell
6. Cardiff (discussions with professionals only to inform the rest of the project).

Discussion groups with professionals were carried out in Cardiff and at two sites in London. Structured interviews were carried out with professionals in Sheffield and Sandwell. Cardiff was included early in the project as an example of an area that was known for its good practice in working with the local Somali community.

### *Profile of interviews*

Forty-five interviews were carried out across the locations. The profile was as follows:

<b>Ethnicity</b>		<b>Age</b>	
Somali	31	15–25	6
Ethiopian	8	26–39	28
Yemeni	6	40–55	9
<b>Sex</b>		Unstated	2
Male	23	<b>Khat use</b>	
Female	22	Current users	27
		Stopped using	10
		Never used	8

Cilmibaadhistu waxay ka koobnayd saddex qaybood:

1. waraysiyo qaabaysan oo qarsoodi ah oo lala yeeshay xubnaha ka tirsan beelaha Soomaalida, Itoobiyanka iyo Yamaanida, oo qaar ka mid ahi ahaayeen qaar hadda qaadka cuna;
2. kooxaha Xallinta ee xubnaha beelaha Soomaalida, Itoobiyanka iyo Yamaanida; iyo
3. kooxaha falanqaynta iyo waraysiyo qaabaysan oo lala yeeshay shaqaalaha xirfadda leh ee hay'adaha dawliga ah iyo kuwa mutadawuca ah, oo ay qaar ka mid ahi Soomaali ahaayeen.

Cilmibaadhista waxa la sameeyey intii u dhaxaysay bilihii January iyo March 2004. Labadii qaybood ee hore, cilmibaadhista ujeedadeedu waxay ahayd in la helo qaybaha kala duwan ee ugu wanaagsan ee caqligalka ah ee da'da, sinjiga, quruunta, goobta ama meesha iyo isticmaalka ama cunida/isticmaal la'aanta qaadka. Waraysiyo iyo kooxda xallintaba waxa lagu sameeyey shan goobood oo la doortay oo ka turjumaya hababka degitaanka ee kala duwan ee Soomaalida, Itoobiyanka iyo Yamaanida ku nool dalkan England. Goobahu waxay ahaayeen:

1. Ealing, Southall iyo Hounslow
2. Bromley
3. Kilburn
4. Sheffield
5. Birmingham iyo Sandwell
6. Cardiff (falanqayn lala sameeyey shaqaalaha xirfadda leh si loogu sheego mashruuca intiisa kale).

Kooxaha falanqaynta ee lala yeeshay shaqaalaha xirfadda leh waxa lagu sameeyey Cardiff iyo laba goobood oo ku yaalla London. Waraysiyada qaabaysan waxa lagula sameeyey shaqaalaha xirfadda leh magaaloyinka Sheffield iyo Sandwell. Cardiff waxa lagu daray mashruuca goor hore si uu tusaale ugu noqdo aagga oo lagu yaqaano waxqabad wanaagsan oo ah la shaqayna beesha Soomaalida ah ee maxaliga ah.

### *Sharaxaadda waraysiyada*

Shan iyo afartan waraysi ayaa laga sameeyey goobaha oo dhan. Sharaxaadooduna waa sida soo socota:

<b>Quruunta</b>		<b>Da'da</b>	
Soomaali	31	15–25	6
Itoobiyani	8	26–39	28
Yamaani	6	40–55	9
<b>Sinjiga</b>		Aan la sheegin	2
Lab	23	<b>Cunida qaadka</b>	
Dheddig	22	Hadda cuna	27
		Joojiyay cunitaankiisa	10
		Aan weligood cunin	8

Interviews were conducted according to a structured set of questions (see **Appendix One** for question template). The interview was piloted by a Turning Point research team member in Southall. Then, in each of the locations, a Turning Point lead staff member was identified who contacted, via existing local relationships, local Somali/Yemeni/Ethiopian community interactors.<sup>3</sup> Interviews were conducted by these community interactors acting as Privileged Access Interviewers (PAIs).<sup>4</sup> The decision to use this technique was based on its effectiveness in reaching non-khat or social khat-using respondents, and those who may have a problem with khat but have never been in touch with drug treatment services. Interviewers were advised on interviewing techniques and had access to support from Turning Point staff and the research team throughout the project. We would like to record our deep gratitude to the staff, communities, PAIs and professionals who contributed to the research. A list of participants and their roles is included at **Appendix Two**.

### *Profile of focus groups*

Eleven focus groups were carried out across the five locations, reaching another 70–80 people:

#### **London**

1. Southall Somali men: 7, one an occasional user, the rest non-users
2. Southall Somali women 1: 4, non-users
3. Southall Somali women 2: 5, mixed users and non-users
4. Bromley Somali men: 12, mixed users and non-users
5. Bromley Somali women: 12, nearly all non-users
6. North London Ethiopian men: 10, mixed users and non-users

#### **Sheffield**

7. Yemeni men: nearly all users
8. Somali women: non-users
9. Somali men: mixed users and non-users

#### **Sandwell**

10. Yemeni men: mixed users and non-users
11. Yemeni women: non-users

The methodology for convening the focus groups was similar to that used for the interviews, but with co-facilitation in all cases between the Turning Point lead or research team staff and community interactors. All focus groups had interpreting services provided. Some chose to speak in English, some via their interpreter. In all cases but two, the groups were taped and transcribed. Two groups were not taped, as participants felt uncomfortable with this. In these cases, the co-facilitator took full notes. The focus groups were semi-structured and focused on usage patterns and attitudes to khat (both personal and community), awareness of health problems, other linked issues for the communities, and possible solutions.

<sup>3</sup> For an explanation of the interactor concept, see *Delivering drug services to Black and minority ethnic communities*, Sangster D et al, Home Office, 2001.

<sup>4</sup> For further discussion of the PAI method, see *Qat use in London*, Griffiths P, Drugs Prevention Initiative, 1998.

Waraysiyada waxa loo qaaday si waafaqsan su'aalaha qaabaysan (eeg **Lifaaqa Koowaad** ee habka su'aalaha). Waraysiga waxa soo saaray xubin ka mid ah kooxda cilmibaadhista ee Turning Point oo jooga Southall. Kadibna, mid kasta oo ka mid ah goobaha, xubin hogaamiye ah oo ka mid ah shaqaalaha Turning Point ayaa la sheegay oo la xidhiidhay, isaga oo maraya xidhiidhada jira ee dhexdhexaadiyeyaasha (interactors)<sup>5</sup> maxaliga ah beelaha Soomaalida/Itoobiyanka/Yamaanida. Waraysiyada waxa qaaday dhexdhexaadiyeyaasha beesha oo metelaya Waraysteyaal (Privileged Access Interviewers – PAIs).<sup>6</sup> Go'aanka ah in la isticmaalo habkan ayaa ku salaysnaa wixii ka dambeeya ah xagga gaadhitaanka dadka aan qaadka cunin ama dadka bulshada ka mid ah ee qaadka cuna ee waraysiga ka jawaabay, iyo dadka laga yaabo inay dhibaatooyin ka haystaan qaadka laakiin aan weligood la xidhiidhin adeegyada daaweynta maandooriyeyaasha. Dadka waraysiga qaada waxa loo sheegay hababka waraysiga waxaana taageero siiyay shaqaalaha Ururka Turning Point iyo kooxda cilmibaadhista intuu mashruucu socday oo dhan. Waxa annu u mahadnaqaynaa shaqaalaha, beelaha, waraysteyasha (PAIs) iyo shaqaalaha xirfadda leh ee gacanta ka geystey cilmibaadhista. Liistada dadka ka qaybqaatay iyo doorarkooda waxay ku qoranyihiin **Lifaaqa Labaad**.

### *Sharaxaadda kooxaha xallinta*

Kow iyo toban kooxood oo ah kooxaha xallinta ayaa laga sameeyey shan goobood, oo gaadhaysa illaa 70 ilaa 80 qof oo kale:

#### **London**

1. Southall ragga Soomaalida: 7, mid ka mid ahi marmar qaadka cuno, inta kalena aanay cunin
2. Southall haweenka Soomaaliyeed 1: 4, aan qaadka cunin
3. Southall haweenka Soomaaliyeed 2: 5, isugu jira qaar cuna iyo qaar aan cunin
4. Bromley ragga Soomaalida: 12, isugu jira qaar cuna iyo qaar aan cunin
5. Bromley haweenka Soomaaliyeed: 12, dhammaantood cuna qaadka
6. Ragga Itoobiyanka ee Woqooyiga London: 10, isugu jira qaar cuna iyo qaar aan cunin

#### **Sheffield**

7. Ragga Yamaanida: oo dhammaantood cuna
8. Haweenka Soomaaliyeed: oo aan cunin
9. Ragga Soomaaliyeed: isugu jira qaar cuna iyo qaar aan cunin

#### **Sandwell**

10. Ragga Yamaanida: isugu jira qaar cuna iyo qaar aan cunin
11. Haweenka Yamaanida: oo aan cunin

Habka kulanka ee kooxaha xallintu wuxuu la mid ahaa ka loo isticmaalay waraysiyada, laakiinse iyaga oo markasta ay iskaashanayaan kooxda cilmibaadhista ama hogaamiyaha shaqaalaha ururka Turning Point iyo dhexdhexaadiyeyaasha beesha. Dhammaan kooxaha xallinta waxa la siiyay adeegyo turjumadeed. Qaar ka mid ah ayaa doortay inay af Ingiriisi ku hadlaan, qaarna waxay isticmaalayaan turjumaanada. Dhammaan kaysaska oo dhan laba ka mid ah mooyee, kooxaha cajalad ayaa lagu duubay waana la qoray. Laba kooxood ayaan cajalad laga duubin, maadaama aanay dadka ka qayb qaadanayaa doonayn tan. Kaysaskan noocan ah, fududeeyaha ayaa wax kasta qoray. Kooxaha xallintu qayb ahaan way qaabaysnaayeen waxayna diiradda saarayeen hababka isticmaalka iyo siyaabaha loo arko qaadka (shakhsi ahaan iyo beel ahaan labadaba), ka warqabka dhibaatooyinka caafimaad, dhibaatooyinka kale ee la xidhiidha ee beelaha, iyo xalalka caqligalka ah.

<sup>5</sup> Sharaxaada fikradda dhexdhexaadinta, eeg *U gudbinta adeegyada maandooriyaha beelaha dadka madow iyo dadyowga laga tirada badanyahay*, Sangster D et al, Wasaaradda Arrimaha Gudaha, 2001.

<sup>6</sup> Sharaxaadda dheeraadka ah ee habka PAI, eeg *Isticmaalka qaadka ee London*, Griffiths P, Barnaamijka Kahortagga Maandooriyaha, 1998.

Neither the interviews nor the focus groups were conducted within a random sampling frame. Therefore, this report does not propose to extrapolate from sample characteristics to the general population. Numbers are also too low (especially with Ethiopian respondents) to be quantitatively significant. The main purpose of the report, and where it provides new insight, is in its provision of a qualitative analysis of khat use and community attitudes across all the traditional khat-using communities. It is also the first study to explore khat – use across three major urban areas – London, Sheffield, and Birmingham and Sandwell.

### *Profile of professional consultation*

Three discussion groups and two structured phone interviews were carried out with professionals working in drug and related services.

#### **Ealing discussion group**

8 workers, 5 of whom were Somali:

khat project co-ordinator; police inspector; mental health project co-ordinator; doctor; Mental Health Team deputy manager; public health nurse; community outreach worker; nurse/community health educator

#### **Cross-London drug professionals group**

6 workers, 1 of whom was Somali:

community development worker, Islington; Drug Action Team (DAT) co-ordinator, Hammersmith and Fulham; carers' worker, Camden; Turning Point lead staff from Ealing, Bromley, and Hammersmith and Fulham

#### **Cardiff discussion group**

2 workers from Cardiff NewLink – Substance Misuse Volunteering and Training Organisation –  
1 of whom was Somali

#### **Telephone interviews**

2 were carried out, one with the Sheffield DAT co-ordinator, and one with Sandwell's joint commissioning manager

The professionals' discussion group sought to raise issues around service use levels, cultural competence,<sup>7</sup> needs assessment and effective intervention models. The interview/discussion template is included at **Appendix Three**.

<sup>7</sup> 'Cultural competence' is a term used by Sangster et al in *Delivering drug services*. It is defined as an ability to meet the different needs of a community, and measurable through a range of features such as cultural ownership and leadership of race issues within mainstream services, symbols of accessibility, and the range and holistic nature of services provided. See Sangster p2 for a full elaboration of the concept, and paragraph 4.2 below for its relevance in this study.

Waraysiyada iyo kooxaha midkoodna laguma samayn muunado kala jaad jaad ah oo la soo xulay. Sidaas darteed, warbixintani lagama saadaalin karo dadweynaha guud. Tirada lafteedu aad ayay u yartahay (gaar ahaan tirada dadka Itoobiyaanka ah) si ay tiro ahaan muhimad u yeelato. Ujeedada ugu weyn ee warbixintu, iyo meeshay ku bixinayso faham qoto dheer oo dheeraad ahba, waxa weeye iyada oo bixinaysa baadhitaan tayo oo ah cunitaanka ama isticmaalidda qaadka iyo siday beesha u aragto ee dhammaan beelaha dhaqan ahaan qaadka isticmaala. Waxa kale oo ay tahay baadhitaankii ugu horreeyey ee baadha isticmaalka ama cunitaanka qaadka ee saddex magaalo oo waaweyn – London, Sheffield, iyo Birmingham iyo Sandwell.

### *Sharaxaadda wadatashiga shaqaalaha xirfadda leh*

Saddex kooxood oo falanqaynta ah iio laba waraysi oo telifoonka ah ayaa lala yeeshay shaqaalaha xirfadda leh ee ka shaqeeya maandooriyeyaasha iyo adeegyada la xidhiidha.

#### **Kooxda falanqaynta ee Ealing**

8 shaqaale ah, oo 5 ka mid ahi Soomaali tahay:

xidhiidhiyaha mashruuca qaadka, sarkaal bilays ah, xidhiidhiyaha mashruuca caafimaadka maanka, dhakhtar, maamule ku xigeenka Kooxda Caafimaadka Maanka, kalkaalisada caafimaadka dadweynaha, shaqaalaha booqashada beesha, kalkaaliso/baraha caafimaadka beesha

#### **Kooxda xirfadleyaasha maandooriyaha ee London**

6 shaqaale ah, oo 1 ka mid ahi Soomaali yahay:

shaqaalaha horumarinta beesha, Islington, xidhiidhiyaha Kooxda Wax Ka Qabadka Maandooriyaha (DAT), Hammersmith iyo Fulham; shaqaalaha daryeeleyaasha, Camden; shaqaalaha Turning Point ee Ealing, Bromley, iyo Hammersmith iyo Fulham

#### **Kooxda falanqaynta ee Cardiff**

2 shaqaale ah oo ka socda Cardiff NewLink – Ururka Tababarka iyo Mutadawacidda Si Xun u Isticmaalka Maandooriyeyaasha – oo mid ka mid ahi Soomaali yahay

#### **Waraysiyada telifoonka**

2 ayaa la sameeyey, mid waxa lala yeeshay xidhiidhiyaha DAT ee Sheffield, midna waxa lala yeeshay maamulaha guddoominta wadjirka ee Sandwell

Kooxda falanqaynta ee shaqaalaha xirfadda leh ayaa doonayay inay soo qaadaan arrimaha heerarka isticmaalka adeegga, awoodda dhaqan,<sup>8</sup> qiimaynta baahida iyo hababka faragelinta ee waxtarka leh. Qaabka waraysiga/falanqaynta ayaa ku qoran **Lifaaqa Saddexaad**.

<sup>8</sup> 'Dhaqan ahaan awood leh' waa weedh uu isticmaalay Sangster et al ee *Gudbinta adeegyada maandooriyaha*. Waxaana lagu qeexay awoodda lagu daboolayo baahiyaha kala duwan ee beesha, waxna lagaga qaban karo waxyaabo badan oo ay ka min yihiin lahaanshaha dhaqan iyo hogaaminta arrimaha quruunta ee adeegyada caadiga ah, helitaanka, iyo nooca adeegyada la bixiyo. Ka eeg Sangster p2 sharaxaad buuxda oo fikradan ah, iyo baaragaraafka 4.2 ee hoose muhimadda uu u leeyahay baadhitaankan.

# PART ONE: ISSUES

## 2 Khat use and attitudes in Somali, Yemeni and Ethiopian communities

### 2.1 Patterns of use

Among those interviewed, 27 (60%) currently chewed khat – 10 women and 17 men. Ten (six men and four women) used to chew khat and had stopped using it, and eight had never used khat. Previous research into the Somali community in London (Griffiths 1998) found that 77% had chewed khat at some point. Our survey found the rate was 82%. However, as with Griffiths, it is likely that khat-chewing respondents were disproportionately likely to be interviewed, and so no conclusions regarding prevalence can be drawn.

### 2.2 Khat use and gender

It is worth noting that while nearly half the women interviewed chewed khat, three out of the five women's focus groups stated that nobody chewed, and in the fourth only one woman admitted to using khat. It is not possible to establish whether this is because the sample of interviewees was different, or whether there is stronger peer pressure for women to be against khat – both for themselves and for men. The eight interviewees who had never used khat were all women. The men's focus groups had varying ideas about women chewing. It was widely accepted in the Somali groups that more women were chewing khat, but separately from men. This was backed up by interview findings. Unlike men, no women used khat-houses or *mafreshi*. They tended to chew at home with friends or at friends' houses. There was also a higher rate of women chewing alone. They tended to obtain their khat from brothers, boyfriends or children who bought it for them, suggesting that it was not acceptable, on the whole, for women to be seen buying or using khat in public. A comment from a men's focus group was that women tended to chew 'in secret'. The Ethiopian and one of the two Yemeni men's focus groups stated that women did not use khat at all. However, this was not reflected in the interviews (although numbers were very small). The one Yemeni woman interviewed did use khat, as did two of the five Ethiopian women interviewed. All said their use was occasional.

# QAYBTA KOOWAAD: DHIBAATOYINKA

## 2 Isticmaalka qaadka iyo siday u arkaan beelaha Soomaalida, Yamaanida iyo Itoobiyanku

### 2.1 Hababka isticmaalka

Dadka la waraystay, 27 (60%) ayaa hadda qaadka cuna – 10 haween ah iyo 17 rag ah. Toban (ay lix rag tahay afar haween tahay) ayaa qaadka cuni jiray laakiin iska daayay, siddee ka mid ahina weligoodba may cunin qaad. Cilmibaadhis hore oo lagu sameeyey beesha Soomaalida ee ku nool London (Griffiths 1998) ayaa waxa lagu ogaaday in boqolkiiba 77% ay ugu yaraan mar cuneen qaad. Baadhitaankayaguna wuxuu ogaaday inay ahaayeen boqolkiiba 82%. Si kastaba ha ahaatee, baadhitaanka Griffiths, waxay u dhowdahay in dadka qaadka cuna ee ka jawaabay u badnaayeen dadka la waraystay, sidaas darteedna aan gebogebo ah cidday u badanyihiin aan la samayn.

### 2.2 Isticmaalka qaadka iyo sinjiga

Waxa habboon in la sheego in halka kala badh haweenka la waraystay ay qaadka cunaan, saddex ka mid ah shan dumar ah ee kooxaha xallintu waxay sheegeen inaanu qofka ka cunin, ka afraadna ay qof dumar ah oo keliyi ka qiratay inay qaadka cunto. Caqligal ma aha in la ogaado inay tan sabab u tahay muunadaha dadka la waraystay oo kala duwanaa ama inuu cadaadis badani saaranyahay haweenka oo ah inay qaadka ka soo horjeestaan – cunitaanka iyaga laftooda iyo ka raggaba. Siddeeda qof ee la waraystay ee aan weligood qaad cunini waxay wada ahaayeen dumar dhammaantood. Kooxaha xallinta ee raga fikradahooda ku saabsan cunitaanka haweenka ee qaadku way kala duwanaayeen. Kooxaha Soomaaliduna waxay aqoonsanyihiin in haween intii hore ka badani ay qaadka cunaan, laakiin ay cunaan iyagoo ka gaar ah raga. Tanna waxa taageeray waxyaabihii laga ogaaday waraysiga. Si ka duwan sida ragga, ma jirto qof haween ah oo isticmaashay guryaha lagu qayilo ama mafrishyada. Waxay u badanyihiin qaar kula qayila guriga asxaabtooda ama ku qayila guryaha saaxiibadood. Waxa kale oo iyana aad u sarraysay tirada haweenka keligood cunaya. Waxa qaadka u keena walaaladood, saaxiibadood, ama carruur u soo iibisa, taas oo muujinaysa inay guud ahaan tahay wax aan la aqbali Karin in haweenka lagu arko suuqa iyaga oo iibsanaya qaad ama ku cunaya. Ray’l ka soo yeedhay kooxda xallinta ee ragga ayaa wuxuu ahaa inay haweenku qaadka u cunaan si ‘qarsoodi ah’. Kooxaha xallinta ee ragga ee Itoobiyanka iyo mid ka mid ah labada kooxood ee xallinta ee Yamaanida ayaa sheegay inaanay haweenku haba yaraatee cunin wax qaad ah. Si kastaba ha ahaatee tani kama muuqato waraysiyada (inkasta oo ay tiradu aad u yarayd). Halka haweeney ee Yamaniyada ah ee la waraystay way isticmaashay qaadka, sida laba ka mid ah shanta haween ah ee Itoobiyaanka ah ee la waraystay. Dhammaantoodna waxay sheegeen inay marar dhif ah oo keliya isticmaalaan.

## 2.3 Frequency of use

Among all those interviewed who used khat, seven (26%) used it 'most days', nine (33%) used it 'more than once a week', five (19%) used it 'more than once a month', and the same number used it 'occasionally'. Frequency varied both by gender and ethnicity. Only one woman used khat 'most days', and most used it either 'more than once a week' (three) or 'occasionally' (four). Men were more likely to use khat 'most days' (six) or 'more than once a week' (six). Ethiopians and Yemenis who used khat were less likely to chew 'most days', tending rather to use it once or twice a week. This difference was reflected in the focus groups:

*'The people that are heavy chewers – I'd say about 3% or 4% of the community – would be chewing daily. But the 97% would only have it on a Saturday because at least they've got Sunday to recover.'*

Yemeni man, Sandwell

While Somali men were most likely to go to a *mafresh* to chew, Yemenis went either to a *mafresh* or to their local Yemeni community centre, and Ethiopians went only to each other's houses.

## 2.4 Intensity of use

Among interviewees, Somali men and women tended to use the most khat per session – commonly two to three bundles. Ethiopians and Yemenis were more likely to report using one bundle. A few Somalis reported having used five to six bundles per session, and these respondents had also chewed for long sessions, between 10 and 12 hours. Interestingly, these respondents had, with one exception, given up using khat completely. Otherwise, the reported length of sessions varied between two and seven hours. This pattern was generally reported in the focus groups, with a widespread view held by Yemenis and Ethiopians that Somalis chewed longer. There was a consensus that different levels of khat use were related to many factors, including whether someone was employed or not, their metabolism and the influence of any personal problems they might be experiencing.

*'You can make up your own mind, your own decision. You can do it for a lot of time ... most of the time I chew from six o'clock to nine or ten. Some people, they start at six o'clock for 12 hours. It's a big difference.'*

Somali man, Bromley

The Yemeni and Ethiopian groups were asked if they had any views on why their khat cultures differed from the Somalis in this way. There was a view that it wasn't about addiction. One Ethiopian said the Somalis just 'believed in it more', and one Yemeni group said that Somalis simply chose to have longer sessions. However, the Sandwell Yemeni men's group suggested a more complex reason, namely that while their community had been in Britain for many years, including into a second generation, many Somalis were war refugees who had been here for only a few years and were more likely to be unemployed and to have 'nothing to do'.

### 2.3 Inta jeer ee qaadka la cuno

Dhammaan dadka la waraystay ee qaadka cuna, todoba (26%) ayaa cuna 'maalmaha badankooda', sagaal (33%) ayaa iyana cuna 'in ka badan toddobaadkii hal mar', shan (19%) ayaa iyana cuna 'in ka badan bishii hal mar', tiro taas la mid ahina waxay cunaan 'marar dhif ah'. Sinji ahaan iyo quruun ahaan labadaba inta jeer ee qaadka la cunaa way kala duwantahay. Haweenay keliya ayaa cunta qaadka 'maalmaha badankooda', inta badanise waxay cunaan qaadka ama 'in ka badan toddobaadkii hal mar' (saddex) ama 'marar dhif ah' (afar). Ragga ayay u badantahay inay cunaan 'maalmaha badankooda' (liix) ama 'in ka badan toddobaadkii hal mar' (liix). Itoobiyaanka iyo Yamaanida qaadka cunta uma badna inay cunaan 'maalmaha badankooda', waxaase laga yaabaa inay cunaan toddobaadkii hal mar ama laba jeer. Faraqanina wuxuu ka muuqdaa kooxaha xallinta:

*'Dadka iyagu qaadka aadka u cuna – oo ah 3% ilaal 4% beesha ka mid ah – ayaa maalin walba cuna. Laakiin 97% kale waxay cunaan maalinta sabtida sababta oo ah waxay haystaan maalinta axadda inay ka soo kabtaan.'*

Nin Yamani ah, oo deggan Sandwell

Halka ay ragga Soomaalida u badantahay inay tagaan mafrishyada si ay ugu qayilaan, Yamanidu waxay tagaan ama mafrishka ama xaruntooda beesha Yamanida ee xaafadda. Itoobiyaankuna waxay tagaan midba ka kale gurigiisa oo keliya.

### 2.4 Kordhitaanka cunitaanka

Dadka la waraystay, ragga iyo haweenka Soomaalida ayaa fadhigiiba ugu qaad cunid badan – caado ahaan laba ilaa saddex minjood. Itoobiyaanka iyo Yamaanidu waxay u dhowdahay inay soo sheegaan inay cunaan hal mijin. Waxoogay Soomaali ah ayaa soo sheegtay inay cunaan shan ilaa lix minjood fadhigiiba ama kulankiiba, dadkaasina waxay qaadka cunaan muddo dheer ama fadhi dheer, oo ah inta u dhaxaysa 10 iyo 12 saacadood. Waxa hadaba xiiso leh inay dadka noocan ahi, marka laga reebo mid keliya, ay iska daayeen ama joojiyeen qaadka oo dhan. Haddii kale dhererka fadhiyada ama kulamada la soo sheegay way kala duwanaayeen waxayna u dhexeeyeen laba illaa iyo todoba saacadood. Habkan waxa guud ahaan soo sheegay kooxaha xallinta, iyada oo ay Yamaanida iyo Itoobiyaanku u arkaan inay Soomaalidu muddo dheer u fadhiyaan qaadka. Waxa jiray tiro koob la sameeyey oo ah in heerarka kala duwan ee isticmaalka qaadku uu la xidhiidho waxyaabo badan, oo uu ka mid yahay in qofku uu shaqeeyo iyo in kale, habka uu jidhkoodu u isticmaalo awoodda iyo saamaynta dhibaatooyinka shakhsiga ah ee laga yaabo inay haystaan.

*'Adiga ayaa go'aan gaadhi kara. Marar badan ayaad samayn kartaa ... badanaa waxaan cunaa laga bilaabo lixda illaa iyo sagaalka ama tobanka. Dadka qaar ayaa yidhaahda waxay bilaabaan lixda oo ay cunaan 12 saacadood. Kaasi waa faraq aad u weyn.'*

Nin Soomaaliyeed, oo deggan Bromley

Kooxaha Yamaanida iyo Itoobiyaanka ayaa waxa la weydiiyay bal inay hayaan wax aragti ah oo ku saabsan sababta uu dhaqankooda qaadku sidan ugaga duwanyahay Soomaalida. Waxa jirtay aragti ah inaanay tani ahayn mid ku saabsan qabatimida. Mid Itoobiyan ah ayaa sheegay inay Soomaalidu qaadka aaminsanyihiin oo keliya, mid ka mid ah kooxda Yamaaniduna wuxuu sheegay inay Soomaalidu iska doorteen inay muddo dheer fadhiyaan oo keliya. Si kastaba ha ahaatee kooxda ragga Yamaanida ee Sandwell ayaa soo jeediyay sabab kale oo kakan, oo ah halka ay beeshoodu ka deganayd dalkan Britain sannado badan, oo ay ku jiraan jilalkii labaad, inay Soomaalida badankeedu ahaayeen qaxooti dagaal oo sannado yar joogay halkan, iyo isla markaana ay u badantahay inay shaqo la'aani hayso wax ay qabtaanna aanay jirin.

Focus group discussions revealed that Somalis were currently more likely to chew *mirra*, a Kenyan variety that was said to be very strong, whereas Ethiopians and Yemenis traditionally chewed milder varieties, mostly Ethiopian *habishi*. The association of khat type with cultural identity was strong enough for a Yemeni group to state that if a Yemeni wanted to chew *mirra* he would 'go and sit with the Somalis'.

## **2.5 Trends in rates of use**

The focus groups, particularly Somali groups and Somali women, were clear that they thought usage was going up. The findings from the interviews were not consistent with this. While seven respondents said their use was going up, 12 said it was staying the same and four said it was going down. Eight had stopped using khat completely. It is not possible to draw any firm conclusions from such a small sample as to why this might be. One possibility is that the interviewees contained an over-representation of people who were in touch with drug support services, and therefore had self-defined their use as problematic and had either reduced or stopped it. This is supported by the fact that all of those who had given up had done so for health reasons and/or because they had considered themselves addicted. Another reason might be an under-representation of young people both in the interviews and in the focus groups, as the focus groups were worried most about young people. In fact, the young people who were interviewed were more likely to have never used khat – but this is complicated by the fact that all but one were women. In general, numbers in this study are too small to be able to tell us anything significant, or simple, about trends in rates of use.

## **2.6 Attitudes to khat**

Attitudes to khat varied across both focus groups and interviews. Attitudes could be grouped into three types:

1. that khat is bad, that people should stop using it, and that it should be banned;
2. that khat can be positive in the community and family when used in moderation, but can be abused and become problematic for those with personal or social problems; and
3. that khat is a positive and integral part of cultural and ethnic identity, and that the root cause of khat abuse is socio-economic exclusion.

In the focus groups, it was the women's groups that were most likely to see khat as negative and to want it stopped or banned. Some women's views were in the second category. No women in the focus groups, and very few in the interviews, held the views in the third category. For the men's focus groups, about equal numbers had views in the first and second categories, with a smaller number in the third.

We asked the interviewees what they liked about khat. The most popular reason was for socialising, stated by 13 men and six women. It was seen as a focal point for men to come together and to exchange information both about their own communities and about developments in their country of origin.

Doodihii kooxda xallinta ayaa waxa ka soo baxay in Soomaalidu hadda laga yaabo inay cunaan nooca *mirra*, oo ah nooc ka baxa Kenya oo xoog badan, halka ay Itoobiyaanka iyo Yamaanidu ka cunaan nooc ka khafiifsan, oo u badan nooca Itoobiya. Xidhiidhka uu nooca qaadku la leeyahay dhaqanku waa mid xooggan marka loo eego kooxda Yamaanida oo tidhi haddii uu qof Yamani ahi doonayo inuu cunto *mirra* inuu u tegi doono oo uu la fadhiisan doono Soomaalida.

## **2.5 Isbedelada heerarka cunitaanka**

Kooxaha xallinta, gaar ahaan kooxaha Soomaalida iyo haweenka Soomaaliyeed, way caddayn inay u arkayeen in isticmaalka qaadku kordhayo. Waxyaabihii laga ogaaday waraysiyaduse may waafaqsanayn tan. Halka ay todoba qof sheegeen in isticmaalkoodu kordhayo, 12 qofna sheegeen in isticmaalkoodu sidii hore aanu iska bedelin afar qofna ay sheegeen inuu isticmaalkoodu hoos u dhacay. Siddeed qof way joojiyeen cunitaanka qaadka. Caqligal ma aha in muunadan yar oo kale go'aan lagu gaadho ah sababta ay sidaas u noqon karto. Laakiin ta caqligalka ahi waa in dadka la waraystay ay ku badnaayeen dadka xidhiidhka la yeeshay adeegyada taageerada maandooriyeyaasha, isla markaana naftooda u arkay inay si dhibaato leh u isticmaalayaan kadibna joojiyay. Tan waxa taageeray xaqiiqada ah in dhammaan dadka iska daayay ay sidaas u sameeyeen sababo caafimaad dartood iyo/ama iyagoo isu arkay inay yihiin dad qabatimay. Sabab kale waxay noqon kartaa dhalinyarada oo ku yarayd waraysiyada iyo kooxaha xallinta, maadaama ay kooxaha xallintu ka werwersanaayeen dhalinyarada. Runtii, dhalinyarada la waraystay waxay u badnayd inaanay weligood qaad cunin. Laakiin xaqiiqada ah in mid keliya mooyee inta kale haween ahaayeen. Guud ahaan tirooyinka baadhitaankani aad ayay u yaryihiin inay wax muhiim ah inooga sheegaan isbedelada heerarka isticmaalka.

## **2.6 Siyaabaha loo arko cunitaanka qaadka**

Siyaabaha loo arko qaadku way kala duwanayd kooxaha xallinta iyo waraysiyada labadaba. Siyaabaha loo arko qaadka waxa la isu raacin karaa saddex nooc ama qaybood:

1. in uu qaadku xunyahay, dadkuna ay cunitaankiisa joojiyaan, iyo in la mamnuuco;
2. qaadku wuxuu noqon karaa wax wanaagsan beesha iyo qoyska dhexdooda marka si dhexdhexaad ah loo isticmaalo, laakiin si xun ayaa loo isticmaali karaa wuxuuna u noqon karaa wax dhibaato u leh dadka ay haystaan dhibaatooyin shakhsi ah iyo qaar bulsho; iyo
3. in qaadku yahay wax wanaagsan oo qayb ka ah aqoonsiga dhaqan iyo quruumeed, iyo inay dhibaataada sababaysa six un u isticmaalka qaadku yahay qoqobnaanta dhaqan-dhaqaale.

Kooxaha xallinta, waxay ahaayeen kooxaha haweenka oo keliya kuwa ay u badantahay inay qaadka u arkaan wax xun ee doonaya in la joojiyo ama la mamnuuco. Qaar ka mid ah aragtiyaha qaar ka mid ah haweenka ayaa ku jira qaybta labaad. Haweenku kooxaha xallinta aragtiyaha dhexdooda, iyo qaar aad u yar oo ka mid ah waraysiyada, ma aysan lahayn aragtiyo ku jira qaybta saddexaad. Kooxaha xallinta ee ragga, tiro taas la mid ah ayaa qabay aragtiyaha qaybta koowaad iyo labaad, iyada oo tiro taa ka sii yarina ay qabeen ta saddexaad.

Dadka la waraystay waxaanu weydiinay waxay qaadka ku jecelyihiin. Sababta ugu badanina waxay noqotay in laysugu yimaado, siday sheegeen 13 nin iyo lix haween ahi. Waxay ragga u ahayd wax ay isugu yimaadaan oo ay isku weydaarsadaan wararka ku saabsan beelahooda iyo wixii ka soo baxa dalkii ay asal ahaan ka yimaadeen.

Characteristic statements were:

*'I like it when you have got everything in place, e.g. job, money etc., and I am sitting with my friends talking about our old good and bad days.'*

Somali man

*'It makes me feel happy and relaxed, and socialising better with people.'*

Yemeni woman

Other positive reasons were for stress relief, feeling alert and confident and thinking through problems better. A few people also said that they thought khat was good for reducing symptoms of diabetes and hypertension and for flu or stomach upsets.

Eight people (four men and four women) said there was nothing good about khat, with one saying it was 'a deadly drug'. At the end of the interview sheet, when respondents were asked if they had any other comments, 12 people said that khat should be banned – by far the biggest category of comments. These people were a mixture of men and women, and users and non-users. The next biggest category was of those who wanted it left alone. Six people said this (all men), suggesting some polarisation of the debate within Somali, Ethiopian and Yemeni communities. Others were ambivalent, saying, for example, that they didn't like it much but it helped them to forget their problems, or that it simply 'killed time'.

*'It is bad but who cares! Do you have something else to replace it?'*

Somali woman

*'It is affected by some problems such as homelessness, joblessness. There is nothing to do for these people to prevent the stresses they experience. But, most of my friends who have jobs and incomes also chew. It has got social effects too.'*

Ethiopian man, London

We asked what people thought the disadvantages of khat were. In both the interviews and the focus groups, there was a small minority who thought there were no disadvantages. In the interviews, it was notable that most Yemeni men thought that khat was 'not a drug', and therefore did not have the disadvantages of one. This response was more nuanced in the men's Yemeni focus groups, and the Yemeni women's focus groups were very negative about khat.

In the interviews, most people – even those who used khat and said that they had no serious problems with it – said that they would like to use less, and for the community to use less as a whole.

Weedhihii ugu muhiimsanaa ee ay yidhaaheen waxa ka mid ahayd:

*'Waxaan jeclahay markaas wax kasta haysatid, sida shaqo, lacag iwm, ee aan la fadhiyo saaxiibaday ee aanu ka sheekaysanayno wixii na soo maray.'*

Nin Soomali ah

*'Wuxuu iga dhigaa qof faraxsan oo nefis ah, oo dadkana si wanaagsan u dhexgelaya.'*

Gabadh Yamaniyad ah

Sababaha kale ee wanaagsani waxay ahaayeen inuu qaadku dadka diiqadda ka saaro, ka dhigo qof feejigan oo isku kalsoon oo dhibaatooyinkana si fiican uga fekeraya. Dad yar ayaa iyaguna sheegay inay u malaynayaan inuu qaadku u wanaagsanyahay inuu oo uu wax ka taro calaamadaha macaanka iyo cadaadiska dhiigga oo kor u kaca iyo calool xanuunka iyo durayga.

Siddeed qof (afar rag ah iyo afar haween ah) ayaa sheegay inaanu qaadku wax wanaagsan ahayn, iyada oo mid ka mid ahi leeyaahay qaadku waa 'maandooriye khatar ah'. Dhammaadka warqadda waraysiga, markii dadka la weydiyay inay hayaan ray'iyada kale, 12 qof ayaa yidhi waa in qaadka la mamnuuca – taas oo ah qaybta ray'iyada ee ugu weyn. Dadkani waxay ahaayeen dad isugu jira rag iyo dumar, dad qaadka cuna iyo dad aan cunin. Qaybta labaad ee ugu weyn ee tan ku soo xigtaa waxay ahaayeen dadka doonaya in faraha laga qaado. Lix qof ayaa caynkan yidhi (oo dhammaantood rag ah), taas oo muujinaysa kala qaybsanaanta dooda ee gudaha beelaha Soomaalida, Itoobiyaanka iyo Yamaanida. Kuwa kale dareenadoodu may caddayn, tusaale ahaan, waxay yidhaahdeen ama sheegeen, inaanay qaadka aad u jeclayn laakiin uu ka caawiyo iyo inay dhibaatooyinka ilaawaan, ama uu yahay waxay waqtiga isku dhaafiyaan.

*'Waa wax xun laakiinse yaa dan ka leh! Miyaad haysaa wax bedela?'*

Haweenay Soomaaliyeed

*'Dhibaatooyin ayaa haysta ay ka mid yihiin guri la'aan iyo shaqo la'aani. Dadkanina wax ay qabtaan ma haystaan oo ka ilaaliya dhibaatooyinka haysta. Laakiin, saaxiibadayda haysta shaqooyin iyo dakhliyo badankoodu qaadka way cunaan. Wuxuu leeyahay saamayn xagga bulshada ah.'*

Nin Itoobiyan ah, oo deggan London

Waxaanu weydiinay waxay dadku u malaynayaan inay yihiin khasaareyaasha qaadku. Kooxaha xallinta iyo waraysiyadaba, waxa jiray dad faro ku tiris ah oo u arkayay inaanu wax khasaare ah lahayn. Waraysiyada waxa la ogaaday in ragga Yamaanida ah badankoodu u arkaan inaanu qaadku ahayn 'maandooriye' sidaas darteedna aanu khasaare lahayn. Tani waxay ka yara duwanayd kooxaha xallinta ee ragga Yamaanida, kooxaha xallinta ee haweenka Yamaaniduna umay arkayn qaadku inuu wanaagsanyahay.

Waraysiyada, dadka badankoodu – xitaa kuwa qaadka cuna ee yidhi inaanay wax dhibaatooyin ah kala kulmin qaadka – waxay sheegeen inay jecelyihiin inay yareeyaan, beeshuna ay guud ahaan yarayso.

## 2.7 Khat and health problems

Most people, in both the interviews and focus groups, were aware of a wide range of khat-associated problems. The most commonly quoted were its links to depression and other forms of mental distress, such as low motivation, paranoid feelings and sleep disturbances. Constipation and appetite loss were widely mentioned, as were family breakdown and arguments. While some thought that khat caused mental health problems, others thought that it exacerbated problems that were already there.

*'Many Ethiopians have health problems aggravated by their khat chewing. If you go and ask Ethiopians who have depression, you will know they are chewing khat and use drugs.'*

Ethiopian man, London

Nearly everyone saw the mental health issues associated with khat as being inextricably linked to other factors, such as isolation and low motivation caused by social marginalisation and unemployment. The khat environment and associated behaviour was also seen to be problematic. The most commonly mentioned problem was cigarettes. Khat was seen to encourage chain smoking, and rooms were not properly ventilated. Other problems were around self-neglect brought on by khat use:

*'Some people go [to the mafresh] ... and they neglect themselves and spread infections.'*

Somali woman, Southall

The professional groups were the most concerned about the khat environment, mentioning possible risks of hepatitis transmission through sharing cups, as well as ventilation problems.

Nearly all the interviewees and groups (including the professional groups) felt that they did not know enough about either the effects or the health risks of khat, particularly the physical health risks. In the focus groups, issues such as impotence and aggressive behaviour, liver and stomach problems and the dangers of pesticides were discussed, but both men and women admitted that they had no clear information and would very much like some.

*'The facts have never been given to people ... What the community would like to see is, if there are negative things that khat does to you, then we want them to be highlighted to the community ... Then, people make their own minds up. But at the moment there is no kind of information like that.'*

Yemeni man, Sandwell

## 2.7 Qaadka iyo dhibaatooyinka caafimaad

Dadka badankiisu, waraysiyada iyo kooxaha xallintaba way ka warqabeen inay jiraan dhibaatooyin badan oo qaadka la xidhiidhaa. Kuwa inta badan la sheegayna waxay ahaayeen xidhiidhka uu la leeyahay isku buuqidda iyo noocyada kale ee ah xanuunada maskaxda, sida wahsiga dareenada ah shakiga iyo hurdo la'aanta. Calool istaagga iyo abateetka oo luma ayaa iyagana in badan la sheegay, waxa kale oo iyana la magacaabay burburka qoyska iyo muranka. Halka ay dadka qaarkii u malaynayaan inuu qaadku keeno xanuuno xagga maskaxda ah, ayay qaar kale u malaynayaan inuu uga sii daro oo keliya xanuuno markii horeba jiray.

*'Dad badan oo Itoobiyaan ah ayaa leh dhibaatooyin caafimaad oo uu sii kiciyo cunitaankooda qaadku. Haddii aad weydiiso Itoobiyan isku buuqsan, waxaad ogaan doontaa inuu qofkaasi qaadka cuno isla markaana uu maandooriyeyaal kale isticmaalo.'*

Itoobiyan ah, oo deggan London

Qof kastaaba wuxuu u arkayay arrimaha caafimaadka maanka ee la xidhiidha qaadka inay yihiin qaar aan si la kala saari Karin xidhiidh ula leh waxyaabaha kale, sida faquuqidda iyo kicinta oo hoosaysa ay keento xaqiraadda bulshada iyo shaqo la'aantu. Deegaanta qaadka iyo dhaqamada la xidhiidha ayaa iyagan loo arkay inay yihiin qaar dhibaato leh. Dhibaataada ugu weyn ee la magacaabayna waxay ahayd sigaarka. Qaadka waxa loo arkay inuu keeno sigaar cabid badan, qolalkana si fiican hawadu ugama baxdo. Dhibaatooyinka kale waxa ka mid ahaa isdayacaad uu keeno isticmaalka qaadku:

*'Dadka qaar ayaa taga [mafrishka] ... isla markaana naftooda dayaca xanuunna fidiya.'*

Haweenay Soomaaliyeed ah, oo deggan Southall

Kooxaha xirfadleyaasha ah ayaa ahaa kuwa sida aadka ah uga werwersanaa deegaanta qaadka, iyaga oo magacaabaya khataraha caqligalka ah ee faafinta beer xanuunka lagu faafin karo koobabka la wada isticmaalo, iyo dhibaatooyinka hawo la'aanta ah.

Dhammaan dadka iyo kooxaha la waraystay (oo ay ku jiraan kooxaha xirfadda lihi) waxay dareensanaayeen inaanay in ku filan ka ogayn saamaynta ama khataraha caafimaad ee qaadka, gaar ahaan khataraha caafimaad ee jidhka. Kooxaha xallinta, arrimaha ay ka midka yihiin hamo la'aanta iyo dhaqanka dagaalka ah, xanuunanada caloosha iyo beerka iyo khataraha ay keeni karaan waxyaabaha sunta ah ee cayayaanka lagu buufiyo ayaa laga wada hadlay, laakiin ragga iyo dumarkuba waxay qirteen inaanay haynin wax macluumaad ah oo cad islamarkaana ay doonayaan inay helaan macluumaadkaas.

*'Dadka weligood xaqiiqooyinka looma sheegin ... Waxay beeshu doonaysaana waxa weeye in haddii ay jiraan dhibaatooyin uu qaadku dadka u geysto markaas beesha loo sheego ... Markaas dadku go'aan ayay gaadhayaan, laakiin imika ma jiraan wax macluumaad ah oo noocaas oo kale ahi.'*

Nin Yamani ah, oo deggan Sandwell

## **2.8 Khat and young people**

As has been stated already, not enough young people took part in the research to be able to state any direct findings. However, there was widespread anxiety in the focus groups – particularly, but not only, the women’s groups – about the disadvantages of khat for young people.

There was a significant minority view that khat was relatively good for young people, as it bound them to traditions and to the community, and prevented them from trying drugs perceived to be more harmful, such as alcohol and hashish. This was most evident in one of the Yemeni men’s focus groups. Even here there were conflicting views:

*‘He’s saying it’s his ambition to not let our children follow this habit ... And I think the only way to stop them doing that is by giving them facts of the negative things about it.’*

*‘Basically, he’d rather have his son sitting there, not causing criminal damage somewhere else ... He’d rather have him chewing khat – at least he knows that he’s safe.’*

Yemeni men, Sandwell

However, there was a stronger view that young people were using khat differently and were more likely to mix it with other drugs. Some older and younger people in both the interviews and focus groups felt that others were already doing this. Anxiety about this change was heightened by, and indeed appeared to be symbolic of, a sense that younger people – particularly young men – were not adequately supported by the older generation. This was explained by the loss of social structure and agency, and unemployment experienced by older men after leaving Somalia, Ethiopia or Yemen:

*‘The young people need somebody to look up to ... When you ask the young, you say, why don’t you go to the house, they say nobody was here to help me, to show me where to get a house.’*

Somali man, Bromley

## 2.8 Qaadka iyo dadka ay da'doodu yartahay

Sidii horeba loo magacaabay, dad ay da'doodu yartahay oo ku filani cilmibaadhista kamay qayb qaadan si loo sheego wixii laga ogaaday. Si kastaba ha ahaatee, waxa jiray werwer weyn oo ay qabeen kooxaha xallintu – gaar ahaan, laakiin may ahayn oo keliya kooxaha haweenka – oo ku saabsan khasaaraha uu qaadku u leeyahay dadka ay da'doodu yartahay.

Waxa jirtay aragti muhiim ah oo laakiin laga tiro badnaa oo ah inuu qaadku u wanaagsanyahay dadka ay da'doodu yartahay, maadaama uu ku hayo dhaqanka iyo beesha, isla markaana uu ka celiyo inay tijaabiyaan maandooriyeyaasha oo arko inay ka dhibaato badanyihiin, sida aalkoloda iyo xashiishadda. Tani waxay aad uga caddayd mid ka mid ah kooxda xallinta ee ragga Yamaanida. Xitaa halkan waxa jiray aragtiyo iska hor imanaya:

*'Wuxuu sheegayaa inay himiladiisa tahay inaanu carruurtayada u ogolaanin inay caadadan raacaan ... Waxaanaan u malaynayaa in sida keliya ee looga joojin karo inay sidaas sameeyaan ay tahay in loo sheego xaqiiqooyinka ah waxyaabaha uu ku xunyahay.'*

*'Waxa u dhaanta inankiisa inuu halkaas fadhiyo, ee aanu dembi ka samayn meel kale ... inuu qayilo ayaa u dhaanta – maxaa yeelay markaas wuu ogyahay inuu yahay ammaan.'*

Nin Yamani ah, oo deggan Sandwell

Si kastaba ha ahaatee waxa jirtay aragti xooggan oo ah in dadka ay da'doodu yartahay qaadka si ka duwan u isticmaalayaan una dhowdahay inay ku daraan maandooriyeyaal kale. Qaar ka mid ah dadka waaweyn iyo kuwa yaryar ee waraysiyada iyo kooxaha xallinta labaduba waxay dareensanaayeen in kuwa kale ay hadaba sidaas samaynayaan. Werwerka laga qabo isbedelkan ayaa waxa kor u sii qaaday, run ahaantiina u muuqday inay calaamad u tahay, dareenka ah in dadka ay da'doodu yartahay – gaar ahaan ragga ay da'doodu yartahay – aanay si fiican u taageerin jiilka ka waaweyni. Tan waxa sharxay lumitaanka qaabka bulshada, iyo shaqo la'aanta ku dhacday ragga waaweyn kadib markii ay ka tageen Soomaaliya, Itoobiya ama Yaman.

*'Dadka ay da'doodu yartahay waxay u baahanyihiin qof ay ku daydaan ... Markaad dhalinyarada weydiiso, ee aad tidhaahdo maxaad gurigii u tegi weyday, waxay ku odhanayaan qofna muu joojin halkan si uu ii caawiyo, si uu ii tuso meesha guriga loo maro.'*

Nin Soomaali ah, oo deggan Bromley

# 3 Khat's interaction with other problems

All respondents and focus groups were agreed that there were complex and negative interactions between khat use and other problems. There was a sense of frustration felt by some focus groups that they had talked to different researchers about the problems in relation to khat and wider problems but that this was not followed up by action to improve their situation.

Opinions varied on whether khat was a cause or a symptom, with women in the focus groups tending to blame khat more than men, but there was a consensus that khat-associated problems can be resolved only through social and economic support as well as treatment and health education interventions. Language was a common barrier felt by all communities.

The associated factors fell into four categories:

1. Unemployment
2. Family and community breakdown
3. Social and service exclusion
4. Problems for war refugees.

## 3.1 Unemployment

This was the most common associated issue mentioned by both women and men, and across all ethnic groups. For many, unemployment was seen as the central causative factor in problem khat use. Twenty-six (58%) interview respondents were unemployed overall, and 73% of women. Among Somalis, there appeared to be two distinct groups: older immigrants who may be well educated and skilled but have become demotivated and depressed by not being able to find work in the UK; and newer, younger refugees whose schooling was disrupted by the war in Somalia and who are often illiterate.

*'95% of Somali parents, they're not educated themselves. And schools, usually they expect the parents to support the children. So the parents, if they don't have education themselves, they cannot support the children.'*

*'Lack of education, it's related to so many things – you cannot integrate with someone because of your language barrier, you cannot get your own rights because of the language barrier.'*

Somali men, Sheffield

# 3 Xidhiidhka uu qaadku la leeyahay dhibaatooyinka kale

Dhammaan dadka iyo kooxaha xallintu way isku raaceen inay jiraan xidhiidho kakan oo aan wanaagsanayn oo ka dhexeeya isticmaalka qaadka iyo dhibaatooyinka kale. Waxa jiray dareen cadho ah oo ay dareensanaayeen kooxah xallintu oo ah inay kala hadleen cilmibaadheyaal kala duwan dhibaatooyinka la xidhiidha qaadka iyo dhibaatooyinka kaleba laakiin taas aanu raacin ficil si xaaladda wax looga qabto.

Fikra duhu way ku kala duwanaayeen inuu qaadku yahay waxa sababaya ama calaamad, iyada oo haweenka kooxaha xallintu u badnaayeen inay canaanta saaraan qaadka in ka badan ragga, laakiin waxa jiray tiro koob in dhibaatooyinka qaadka la xidhiidhaa lagu xallin karo oo keliya taageero dhaqaaale iyo bulsho iyo daaweyn iyo faragelin ah waxbarasho caafimaad. Luqaddu waxay ahayd dhibaataada ama deyrka ugu weyn ee ay beelaha oo dhammi dareemeen.

Cunsurada la xidhiidhaa waxay ku kala dhaceen afar qaybood:

1. Shaqo la'aanta
2. Burburka qoyska iyo beesha
3. Ka bixitaanka bulshada iyo adeegyada
4. Dhibaatooyinka qaxootiyada dagaalka.

## 3.1 Shaqo la'aanta

Tani waxay ahayd arrinta ugu caansan ee la xidhiidha ee ay magacaabeen ragga iyo dumarkuba, iyo dhammaan kooxaha dadyowga laga tirada badanyahay. Qaar badan ayaa shaqo la'aanta u arkayay waxa sababaya dhibaataada isticmaalka qaadka. Lix iyo labaatan (58%) oo ah dadka la waraystay waxay ahaayeen dad aan shaqayn guud ahaan, 73% ayaana haween ahaa. Soomaalidu waxay u qaybsanaayeen laba kooxood oo kala duwan: muhaajiriinta waaweyn oo laga yaabo inay si fiican wax u barten xirfadna leeyihiin laakiinse niyad jabay oo isku buuqay markay dalkan UK shaqo ka heli waayeen; iyo qaxootiga da'doodu yartahay ee cusub ee dugsigoodii uu dagaalku ka kala joojiyay Soomaaliy inta badana aan wax qorin waxna akhriyin.

*'95% waalidiinta Soomaalida ahi wax may baranin. Dugsiyaduna sida caadiga ah waxay waalidiinta ka filaan inay carruurtooda caawiyaan. Sidaas darteed waalidiintu haddii iyaga laftoodu aanay waxba baranin, ma taageeri karaan carruurta.'*

*'Wax barasho la'aanta, waxyaabo badan ayay la xidhiidhaa – qof ma dhexgeli kartid dhibaataada xagga luqadda kaa haysata darteed, xuquuqaha aad leedahayna ma heli kartid dhibaataada xagga luqadda ah darteed.'*

Ragga Soomaalida ah, oo deggan Sheffield

Language was considered a major barrier. Problem khat use and unemployment were seen as a vicious circle:

*'Some of them, if they don't have a job, they spend the whole time chewing khat ... If you keep chewing khat every day, there is no way that you can function.'*

Yemeni woman, Sandwell

*'Once you are unemployed and have a language problem, no matter how much you try to stop chewing khat, it is unlikely you will succeed because you believe khat is your only soulmate.'*

Somali man, Southall

### **3.2 Family and community breakdown**

This was seen as related to both khat use and unemployment. Women, in particular, saw family breakdown as probably the most serious consequence of problem khat use and had strong negative emotional reactions such as 'I feel sick' and 'I hate it'. Violent behaviour was seen by many women as directly caused by khat chewing.

In a few of the groups, the men acknowledged that their mood changed – from a positive state of mind during and immediately after chewing, to a negative mood the following day – and that the mood change was reflected in their motivation to interact with and support their families.

*'On the day that they are chewing they are OK, but on the day after, the opposite ... They don't want to go to their responsibilities to their family. They start fighting and shouting the day after chewing khat.'*

Yemeni woman, Sandwell

*'We don't spend time with the kids. When we go back home, shouting, do this, do that, a lot of things happen. Come back home with temper.'*

Yemeni man, Sandwell

This perception of khat was also reflected in the interviews, where many respondents of both sexes highlighted family breakdown as related to khat use.

*'Well, it means that because most of the Somalis they are unemployed, and because most of them they have got very minimum amount of income, say Income Support or whatever or benefits, and because they have a habit, most of men they spend their habit, their money for their habit, while their other commitments to their family, family commitment, for example, clothing, might be house and everything, they spend most of their money for their own habit. That creates problems. That creates family breakdown. It even creates relationship breakdowns as well.'*

Somali man, Sheffield

Luqadda ayaa loo arkayay inay tahay carqalad weyn. Dhibaataada cunitaanka qaadka iyo shaqo la'aanta ayaa iyana loo arkayay wax isku xidhan oo iska daba wareegaya:

*'Qaar iyaga ka mid ah ayaa haddii aanay shaqo haysan, waqtigooda oo dhan ku qaata inay qaadka cunaan ... Haddii aad qaadka cunto maalin kastana, ma shaqayn kartid.'*

Haweenay Yamaniyah ah, oo deggan Sandwell

*'Mar haddii aad shaqo la'dahay dhibaataada kaa haysato xagga luqadda, si kasta oo aad isugu daydo inaad qaadka joojiso, lagama yaabo inaad ku guulaysatid sababta oo ah adiga oo aaminsan inuu qaadku yahay wehelkaaga keliya.'*

Nin Soomaali ah, oo deggan Southall

### 3.2 Burburka beesha iyo qoyska

Tan waxa la arkay inay xidhiidh la leedahay isticmaalka qaadka iyo shaqo la'aanta labadaba. Haweenku, gaar ahaan waxay u arkayeen burburka qoysku inuu yahay dhibaataada ugu weyn ee ay sababto isticmaalka qaadku dareenkooda caadigadeedna wuxuu ahaa mid xooggan oo diidmo ah sida 'waan ka daalay' iyo 'waan karhay'. Dhaqanka dagaalka ah ayay haween badani u arkayeen inuu yahay wax uu toos u sababo cunitaanka qaadku.

Qaar yar oo ka mid ah kooxaha, ayay raggu garwaaqsadeen in dabeecadoodu isbedeshay – oo ay iska bedeshay mid wanaagsan inta lagu jiro ama wax yar kadib markay qayilaan, isuna bedeshay dabeecad aan wanaagsanayn maalinta dambe, in dabeecadu ay isu bedeshona waxay ka muuqatay rabitaankooda ah inay dhexgalaan oo taageeraan qoysaskooda.

*'Maalinta ay qaadka cunayaan waa OK, laakiin maalinta ka dambaysa waa bil cakis ... Ma doonayaan inay gutaan masuuliyadaha qoyskooda. Maalinta ay qaadka cunaan maalinta ka dambaysa ayay bilaabaan inay dagaalamaan oo ay qayliyaan.'*

Haweenay Yamaniyah ah, oo deggan Sandwell

*'Carruurta waqti ma siino. Markaanu guriga ku noqono, qaylo, kan samee, kaa samee, waxyaabo badan ayaa dhaca. Cadho ayaa guriga lagula soo noqdaa.'*

Nin Yamani ah, oo deggan Sandwell

Sidan loo arko qaadku waxa kale oo ay ka muuqatay waraysiyada, halkaas oo ay dad badan oo labada sinjiba isugu jiraa sheegeen in burburka qoysku la xidhiidho isticmaalka qaadka.

*'Hadaba, taas macnaheedu waxa weeye oo ay sababtu tahay in maadaama Soomaalida badankeedu aanay shaqaynin badankoodana uu dakhligoodu yaryahay, kaba soo qaad inay qaataan taageerada dakhliga ama dheefaha kaleba, islamarkaana ay balwad leeyihiin, markaas ragga badankoodu waxay lacagta ku kharash gareeyaan balwaddooda, halkay ku kharash garayn lahaayeen danaha qoyskooda, tusaale ahaan, maryaha, guriiga, waxay lacagtooda badankooda ku isticmaalaan balwaddooda. Tanina dhibaato ayay abuurtaa. Dhibaataadaas oo iyana abuurta burburka qoyska. Waxay kaloo xitaa abuurtaa xidhiidhada oo burbura.'*

Nin Soomaali ah, oo jooga Sheffield

Community breakdown was also seen as linked, but as an exacerbating factor rather than as a cause or result. Somalis, particularly in London, felt that there was a lack of connectedness and cohesion within the community to tackle problem issues. Somali professionals explained that newer arrivals and refugees came from a war-torn country where internal trust had already broken down, the stress of which was simply magnified by unemployment and social exclusion here. The Yemeni focus groups, particularly the women, felt that the stress was more intergenerational. Yemeni culture was steeped in concepts of discipline and responsibility, which were under severe stress for children both from high adult unemployment and a completely different UK youth culture.<sup>9</sup>

### **3.3 Social and service exclusion**

Poverty, unemployment and language problems were seen as combining to create exclusion from mainstream leisure and social activities. Men were sensitive to the fact that, without work, they were also denied the 'informal networks' that enabled access to other services, such as finding housing for themselves or their children. There was a strong view among men that they should be the main providers for the family, and not being able to fulfil this role was seen as stressful for many.

*'When you are a young person, and you are broke, you have many relatives back home, and there are expectations, they are expecting you to fill it, because they think you follow in the footsteps of your parents ... And your uncle and your father used to do, to go abroad and bring money to the families ... The person has family and financial and other personal problems, you will use many drugs and khat. Like here in Britain most of the people that have got a problem, they use drugs and smoking.'*

Somali man, Sheffield

Housing was seen as an issue, particularly in London for the high numbers of single Somali men who had no entitlement to social housing if they became homeless. Housing was also seen as an issue for young people that was specifically linked to khat culture – if they were insecurely housed they would end up 'crashing' at the khat house after an all-night session and would drift into living there, binding them even more closely to a khat-dominated lifestyle.

Leisure facilities, particularly sports facilities, featured in the men's focus group discussions, and the fact that they were too expensive to hire to play football. Lack of access to diverse leisure facilities, and lack of work, reinforced the khat-house as the only community social activity for men. There were mixed views in both the interviews and the focus groups as to whether khat itself was essential to the qualities with which it was associated – namely friendship, socialising, community support and debate. Many felt that while setting up khat-free socialising structures would be possible, they would not on their own be enough to stop people chewing without better access to jobs and education as well. A final issue was that most alternative social activities featured alcohol, which was seen as problematic for the largely Muslim cultures in all three communities.

<sup>9</sup> See also *Delivering drug services*, Sangster et al, for reference to the Somali culture of discipline and responsibility.

Burburka beesha ayaa iyana loo arkay inay xidhiidh la leedahay, laakiinse ay tahay wax sii kordhinaya dhibaataada ee aanay ahayn waxa iyadu sababta keenaysa. Soomaalida, gaar ahaan kuwa ku nool London, ayaa waxay u arkayeen inay jirto isku xidhnaan la'aan beesha gudaheeda ah si wax looga qabto dhibaatooyinka. Soomaalida xirfadda leh ayaa waxay sheegeen in kuwa cusub ee imanayaa iyo qaxootigu ay ka yimaadeen waddan dagaal ka dhacay oo is aaminaadii guduuhu jabtay ama luntay, kaas oo dhibaataadiisa ay sii waynaysay shaqo la'aan iyo ka saaritaanka beeshu. Kooxaha xallinta ee Yamaanida gaar ahaan haweenka ayaa u arkayay in dhibaataadu tahay mid muddo jirtay. Dhaqanka Yamaanida waxa ka buuxa afkaar edaab ah iyo masuuliyad, kaas oo ay dhibaato haysato carruurta dadka waaweyn ee shaqada la' oo aad u badan iyo dhaqanka dhalinyarada oo ah mid kaas ka duwan dalkan UK.<sup>10</sup>

### 3.3 Ka bixitaanka bulshada iyo adeegyada

Faqiirnimada, shaqo la'aanta iyo dhibaatooyinka xagga luqadda ayaa loo arkay inay isku biirayaan si ay u abuuraan ka bixitaanka waxyaabaha caadiga ah iyo nashaadyada bulshada. Ragga ayaa waxay xasaasi ku ahaayeen xaqiiqada ah in haddii aanay shaqayn aanay heli Karin 'shebekadaha aan caadiga ahayn' ee ka caawinaya inay helaan adeegyada kale, sida inay iyagu guri helaan ama carruurtoodu. Waxa jirtay aragti xooggan oo raggu ay qabeen oo ah inay iyagu noqdaan kuwa u soo shaqeeya qoyska, qaar badan ayaa markaas dhibaato ay ku noqotay inay doorkan buuxin kari waayaan.

*'Markaad tahay qof dhalinyaro ah, jeebkaaguna madhanyahay, qaraabo badanina ay dalkii kaaga dambeeyaan, isla makaana ay jiraan waxyaabo badan oo lagaa filayaa, waxay kaa filayaan inaad buuxiso, sababtoo ah waxay kaa eegayaan inaad raacdo tallaabadii waalidkaaga ... Adeerkaa iyo aabahaana ay intay dibeda u dhoofaan ay qoysaska lacag u soo diri jireen ... Qofku wuxuu markaas leeyahay dhibaatooyin qoys, maaliyadeed iyo qaar shakhsiba, markaas maandooriyeyaal badan iyo qaadkaba waad isticmaalaysaa. Sida halkan dalkan Britain dadka ay dhibaatooyin haystaan badankoodu waxay isticmaalaan maandooriyeyaasha iyo waxyaabo ay cabaan.'*

Nin Soomaaliyeed, oo deggan Sheffield

Tirooyin badan oo ah ragga Soomaaliyeed ee kelidood ah ayaa waxay dhibaato u arkaan guryaha, gaar ahaan magaalada London gudaheeda kuwaas oo aan xaq u lahayn guryaha bulshada la siiyo haddii ay guri la'aani ku dhacdo. Guryaha ayaa waxa kale oo loo arkayay dhibaato haysata dhalinyarada oo xidhiidh gaar ah la leh dhaqanka qaadka – haddii aanay haysan hoy sugan waxay ku dambaynayaan inay seexdaan meesha qaadka lagu cuno kadib markay habeen oo dhan qayilaan halkaas ayayna u guurayaan si ay ugu noolaadaan, taas oo ku sii xidhaysa hab nololeed qaadka ku xidhan.

Waxyaabaha diyaarka ah ee lagu madadaasho gaar ahaan qalabka ciyaaraha, ee lagu sheegay doodaha kooxda xallinta oo qaali ah si loo soo kiraysto kubada cagtana loo ciyaaro. Helitaan la'aanta qalabyada ciyaaraha iyo shaqo la'aanta, ayaa sii xoojiyay mafrishyadu inay noqdaan meesha keliya ee bulshada ragga ahi isku dhexgeli karaan. Waraysiyada iyo kooxaha xallinta labadaba waxa jiray aragtiyo isku dhafan inuu qaadka laftiisu daruuri u yahay tayooyinka wanaagsan ee la xidhiidha – sida saaxiibtinimada, dhexgalka bulshada, taageerada beesha iyo doodad. Qaar badan ayaa u arkayay in haddii la sameeyo meelo kale oo bulshadu isku dhexgasho oo aan qaad lagu cunayn, aanay iyagu keligood dadka ka joojin Karin inay qaadka cunaan iyada oo aan shaqooyin loo helin iyo waxbarasho. Arrinta ugu dambaysay waxay ahayd iyada oo nashaadyada kale ee bulshada ee aan qayilaadu jirin ay wataan aalkolo, taas oo dhaqanka islaamka ah ee saddexda bulshoba dhibaato u arkaan.

<sup>10</sup> Waxa kale oo aad eegtaa *Gudbinta adeegyada maandooriyaha*, Sangster et al, ee tixraaca u ah dhaqanka Soomaalida ee edaabta iyo masuuliyada.

### 3.4 Problems for war refugees

Many Somalis considered that war trauma was a major factor in khat use and the associated low motivation and depression, but it was never discussed within the community:

*'Families being wiped out causes depression, there is a lot of pressure on any remaining family to provide. The culture is not to talk about the war and feelings.'*

Somali woman, Bromley

*'Many people, they lost their friends and loved ones. They lost their property and homes. So many things. They have all this compoundment, and the person who will be coming, some kind of psychological sickness.'*

Somali man, Sheffield

One focus group member, who had worked as an interpreter for a psychiatric hospital, considered that mental illness in Somali men that was being ascribed to khat abuse was more likely to be post-traumatic stress disorder, for which khat was a form of self-medication.

### 3.5 Experience of and attitude to health and drug treatment services

No one, either from the interviews or from the focus groups, had been in direct contact with drug treatment or mental health services. Two interview respondents had had contact with the Sheffield Somali drugs project and had found that positive. One had had a similar experience with Turning Point services. Several respondents had friends or family members who had suffered from mental health problems. Respondents were asked whether they would talk to their GP about khat problems. Nearly all the women said they would and were more likely to contact their GP through their children. Many respondents reported positive experiences with their GPs. The only problems were around language barriers, and the fact that GPs didn't know much about khat.

*'For me, khat is not bad as long as it is used once or twice a week in small amounts. If I have a health problem related to khat, I don't think my GP will know the cause. I would go to my GP, but I don't think they have the knowledge about khat.'*

Ethiopian woman, London

Men tended to have a more mixed attitude. Some would, and had, talked to their GPs, but others had had little contact and/or were more critical of GPs' lack of knowledge of their culture and solutions for khat problems. Women in one focus group said that men tended not to go to the GP, even if they were ill.

Several people said they would go to friends for help, and one said they would talk to their imam.

### 3.4 Dhibaatooyinka qaxootiyada dagaalka

Soomaali badan ayaa u arkaysay in dhibaataada dagaalku ka mid tahay waxyaabaha ugu waaweyn ee sababaya isticmaalka qaadka iyo niyad jabka iyo isku buuqa la xidhiidha, laakiin aanay weligeed beeshu ka doodin:

*‘Qoysaska oo la laayaa waxay keentaa isku buuqid, cadaadis badan ayaana saran cidda qoyska ka soo hadha ah inay taageeraan, dhaqanku ma ah in laga hadlo dareenada iyo dagaalka.’*

Haweeney Soomaaliyeed, oo deggan Bromley

*‘Dad badan ayaa dadkii ay jeclaayeen iyo asxaabtoodiiba waayay. Guryahoodii iyo hantidoodii ayay waayeen. Waxyaabo badan dhibaatooyinkan oo dhan ayaa haysta, iyo qofka iman doona, nooc ah xanuun cilmunafsi.’*

Nin Soomaali ah, oo deggan Sheffield

Mid ka mid ah kooxaha xallinta oo turjumaannimo ugu shaqeeyey cisbitaalka maskaxda, ayaa u arkayay in xanuunka maskaxda ee haya ragga Soomaalida ah ee loo aanaynayo inuu cunitaanka badan ee qaadku keeno ay u badantahay inay tahay xanuunka loo yaqaano (post-traumatic stress disorder) ee maskaxda ee dadka saameeya dagaalo kadib, kaas oo uu qaadku ka dawo yahay.

### 3.5 Khibrada iyo sida loo arko caafimaadka iyo adeegyada daaweynta maandooriyayaasha

Ma jirin qof ka mid ah dadka la waraystay ama kooxaha xallinta oo xidhiidh toos ah la yeeshay daaweynta maandooriyayaasha ama adeegyada caafimaadka maanka. Laba ka mid ah dadkii la waraystay ayaa xidhiidh la yeeshay Mashruuca Maandooriyayaasha ee Soomaalida ee Sheffield taasna u arkayay wax wanaagsan. Mid ka mid ahi khibrad taas la mid ah ayuu kala kulmay adeegyada Ururka Turning Point. Dhowr ka mid ah dadka la waraystay ayaa leh asxaab ama xubno qoyskooda ka mid ah oo ay ku dhaceen dhibaatooyin ah xagga caafimaadka maanku. Dadka waxa la weydiiyay bal inay kala hadli doonaan dhakharkooda guud (GP) dhibaatooyinka qaadka. Dhammaan haweenka oo dhami waxay sheegeen inay sidaas samayn doonaan lagana yaabo inay la xidhiidhaan dhakhtarkooda guud iyaga oo u maraya carruurtooda. Jawaab celiyaasha sida badan waxay ka war keeneen khibrado wanaagsan oo ah dhakhtarkooda guud. Dhibaataada keli ahi waxay ahayd ta xagga luqadda, iyo iyadoon dhakhaatiirta guud wax badan ka aqoon qaadka.

*‘Aniga, qaadku ilama xuma haddii laga isticmaalo ama laga cuno kamiyad yar toddobaadkii hal mar ama laba jeer. Haddii ay I haystaan dhibaatooyin caafimaad oo la xidhiidha qaadka, uma malaynayo in dhakhtarkayga guud (GP) uu garan doono waxa sababay. Waan u tegayaa dhakhtarkayga guud, laakiin uma malaynayo inay aqoon u leeyihiin qaadka.’*

Haweeney Itoobiyan ah, oo deggan London

Raggu siyaabo kala duwan ayay iyagu u arkayeen. Qaar ka mid ah ayaa sameeya, oo la hadlay dhakhaatiirtooda guud (GP), laakiin qaar ka mid ah ayaa xidhiidh yar la yeeshay iyo/ama kasoo horjeeda aqoon la'aanta dhakhaatiirtooda guud ee dhaqankooda iyo xalalka dhibaatooyinka qaadka. Haweenka kooxaha xallintu waxay sheegeen inaan raggu u tegin dhakhaatiirtooda guud (GP), xitaa haddii ay xanuunsanayaan.

Dhowr qof ayaa iyagu sheegay inay saaxiibadooda caawimo u raadsadaan, mid ka mid ah ayaana sheegay inuu la hadli doono iimaamkooda.

## **Khat use in Somali, Ethiopian and Yemeni communities in England: issues and solutions**

There was discussion in the focus groups around the issue of counselling services, and two problems arose. One was with the word 'counsellor', which was seen to be very stigmatising and alien to Somali, Ethiopian and Yemeni cultures. The second was with the type of counselling being offered in mainstream services, i.e. non-directive and individual. This was also seen as difficult to fit with communities' cultures, where traditionally families are involved with problem-solving, and counselling or guidance is directive and expected to be so. In addition, some people preferred the term 'khat worker' rather than 'drug worker' and felt that this might help to engage people with services.

Waxa jirtay daad ka dhexdhacday kooxaha xallinta oo ku saabsanayd arrinta adeegyada la talinta, laba dhibaato ayaana soo baxay. Midi waxay ahayd kelmedda la taliye (counsellor), taas oo loo arkayay inay cuqdad ka qabaan ayna ku cusubtahay dhaqamada Soomaalida, Itoobiyanka iyo Yamaanida. Ta labaadna waxay ahayd nooca la talinta ee laga bixiyo adeegyada caadiga ah, sida shakhsi ah oo aan toos ahayn. Tan waxa kale oo loo arkay inay tahay mid ku adag inay gasho dhaqamada beelaha, oo sida dhaqanku yahay ay qoysasku ka qayb qaataan xallinta dhibaata, la talinta iyo hagitaankaba si toos ah lagana filaayo inay sidaas ahaato. Intaas waxa dheer, inay dadka qaarkood doorbidayeen kelmedda ah 'shaqaalaha qaadka' ee aanay rabin kelmedda ah 'shaqaalaha maandooriyaha' waxayna dareemeen in tanina laga yaabaa inay caawimo ka geysato ka qaybgelinta adeegyada.

## 4 Service delivery perspective

The researchers talked to several professionals, managers and commissioners about provision for problem khat use and their perceptions of what current services were providing. Discussion focused around three issues: whether people present to services; the extent of cultural competence within services; and needs assessment issues.

### 4.1 Service presentation levels

In London and Sheffield, people tended to use community-specific services. Otherwise, they were not using services. Khat was seen as being very low priority both in mainstream drug services and in Black and minority ethnic (BME) strategies. Khat was seen as being linked to other problems, particularly mental health, and yet services were 'drug specific' and therefore not particularly suitable. Part of the perception around the mental health link was due to the fact that in most places, including Cardiff, most people presented via mental health services. This indicated a problem:

*'Historically, cases will present when the community and family networks have failed, and a crisis point has led to people going outside the community in desperation. It's too late then for prevention or harm reduction, and we have to be ready for this.'*

DAT commissioner, Sandwell

### 4.2 Cultural competence of services

All services in the study were linked to some sort of specialist service and had also appointed BME staff to improve outreach and accessibility. However, it was agreed that building up successful community links and trust took a long time. In Cardiff, for example, a team had worked on community engagement for five years. As most funding was for one to three-year programmes, this was seen as a mismatch and as culturally incompetent funding. There was also, and inevitably, an ongoing tension between pursuing generic or specialist services, and BME workers often got caught in the politics of this and lacked a route into mainstream jobs. A lack of one-stop shop services was seen as a problem. They were often hard to fund, because they did not fit easily into treatment-dominated funding streams. However, they were clearly most effective for highly marginalised communities, and often gained community ownership in a way that treatment-based services could not.

# 4 Ka fiirsashada gudbinta adeegyada

Cilmi baareyaashu waxay la hadashay dhowr ka mid ah shaqaalaha xirfadda leh, maamuleyaasha iyo guddida dhibaatooyinka cunitaanka qaadka iyo siday u arkaan waxyaabaha ay adeegyada hadda jiraa bixinayaan. Dooduhu waxay diiradda saarayaan saddex arrimood: inay dadku helaan adeegyada; heerka awooda dhaqan ee adeegyada; iyo arrimaha qiimaynta baahiyaha.

## 4.1 Heerarka soo bandhigidda adeegga

Magaalooyinka London iyo Sheffield, dadku waxay isticmaalaan adeegyada beesha u gaarka ah. Haddii kale adeegyadaba ma isticmaalaan. Istaraatiijiyadda dadka madow iyo dadyowga laga tirade badanyahay iyo adeegyada maandooriyayaasha ee caadiga ah labaduba waxay qaadka u arkayeen wax ay mudnaantiisu hoosayso. Qaadka waxa loo arkayay inuu xidhiidh la leeyahay dhibaatooyin kale, gaar ahaan xagga maskaxda, hadana adeegyadu waxay ahaayeen qaar u gaar ah 'maandooriyayaasha' isla markaana aan ku haboonayn. Qayb ka mid ah aragtida ku saabsan caafimaadka maanka xidhiidhka uu la leeyahay waxa sababay xaqiiqada ah in meelo badan oo ay ka mid yihiin Cardiff, ay dad badani soo mareen adeegyada caafimaadka maanka. Tanina waxay muujinaysay dhibaato:

*'Taariikh ahaan, kaysasku waxay soo baxaan marka shebekadaha qoyska iyo beeshu guuldaraystaan, dhibaataaduna ay keento inay dadku tagaan iyaga oo aad ugu baahan beesha dibedeeda. Markaas waa habsan in laga hortago ama dhibaataada la yareeyo, tanna waa inaynu diyaar u noqonaa.'*

Guddiga DAT, Sandwell

## 4.2 Awooda dhaqan ee adeegyada

Dhammaan adeegyada la dersey waxay xidhiidh la lahaayeen adeeg takhasusi ah waxayna u doorteen shaqaalaha dadyowga madow iyo kuwa laga tirada badanyahay inay horumariyaan dibed u bixitaanka iyo helitaanka. Si kastaba ha ahaatee, waxa la isku raacay in dhisitaanka aaminaadda iyo xidhiidhada beeshu ay muddo dheer qaadatay. Tusaale ahaan magaalada Cardiff koox ayaa ka shaqaysay ka qaybgelidda beesha muddo shan sanno ah. Maadaama ay maalgelinta badankeedu ahayd barnaamijyo hal ilaa saddex sanno ah, tan waxa loo arkay inaanay isku haboonayn oo isla markaana aanay ahayn maalgelin dhaqan ahaan awood leh. Waxa kale, oo jirtay dhibaato joogto ah, oo ah dabagalka adeegyada caadiga ah ama kuwa takhasusiga ah, iyo shaqaalaha dadyowga madow iyo kuwa laga tirada badanyahay oo inta badan dhexgala tan siyaasadeeda isla markaana aan haysan wadaday u mari lahaayeen shaqooyinka caadiga ah. Waxa dhibaato loo arkay jiritaan la'aanta adeegyada xaffiisyada talo bixinta ee one-stop shop. Had iyo jeer way adkayd in la maalgelyaa, sababta oo ah iyagoo aan uga mid noqon karin si fudud ililaha maalgelinta ee daaweyntu u badantahay. Si kastaba ha ahaatee, waxay ahaayeen qaar ay caddahay inay yihiin kuwa ugu waxtarka badan ee beelaha dhiban, inta badana u hela yeelashada beesha si aanay u heli karin adeegyada daaweynta ku salaysani.

### **4.3 Needs assessment and data issues**

This was seen as a serious barrier to delivering adequate services. The NDTMS (National Drug Treatment Monitoring System) was seen as holding information at too general a level to be of much use for local planning, particularly for small BME communities. Although it was good at relational cross-referencing, for example to link drug and housing issues, it could not pick up khat use as khat was not a monitored drug. Lastly, the NDTMS only monitored those in treatment, so there was no accepted measure for outreach, education, community engagement or one-off counselling interventions. All of this meant that the NDTMS was particularly unsuitable for measuring the needs of and delivery performance to the communities covered by the research. Sandwell and Sheffield were both involved with an ongoing research project from the University of Central Lancashire that supported areas in carrying out comprehensive cross-sectional local BME needs assessments, and both thought that this approach was more effective.

### 4.3 Dhibaatooyinka macluumaadka iyo qiimaynta baahiyaha

Tani waxa loo arkay inay carqalad weyn ku tahay gudbinta adeegyo ku filan. NDTMS (Nidaamka La Socodka Daaweynta Maandooriyaha ee Qaranka) ayaa waxa loo arkay inay macluumaadka ku hayso heer guud ahaaneed si uu u noqdo mid faa'iido u leh qorshaynta maxaliga ah, gaar ahaan beelaha yare e dadyowga madow iyo kuwa laga tirada badanyahay. Inkastoo uu u wanaagsanyahay tixraaca, tusaale ahaan inuu xidhiidhiyo maandooriye iyo dhibaatooyinka guryaha, muu magacaabaynin cunitaanka qaadka maadaama aanu qaadku ahayn maandooriye lala socdo. Ugu dambayn, NDTMS waxa keliya oo ay la socotaay kuwa daaweyni u socoto, sidaas darteed ma jirin tallaabo ah dibed u bixitaanka, waxbarashada, ka qaybgalka beesha ama faragelin hal mar ah oo ah la talin. Dhammaan waxyaabahan oo dhan waxay macnaheedu ahaayeen in NDTMS aanay ku haboonayn cabiraadda baahiyaha iyo waxtarka gudbinta ee beelaha ay khuseeyso cilmibaadhistu. Sandwell iyo Sheffield ayaa labaduba ku lug lahaa mashruuc cilmi baadhis ah oo socday oo ay wado Jaamacada Central Lancashire aagaga taageersan gudahooda halkaas oo laga sameeynayo qiimaynta baahiyaha beelaha dadka madow iyo kuwa laga tirada badanyahay ee maxaliga ah oo dhamaystiran, labaduba waxay markaas u arkeen in habkani yahay mid ka waxtar badan.

# **PART TWO: SOLUTIONS/ RECOMMENDATIONS**

This section presents solutions to the above issues suggested by focus group discussion, in interviews and in discussion with professionals. The section starts with community outreach-based solutions, as these were by far the most popular in the focus groups. It then moves on to look at more treatment-specific ideas for mainstream drug and health services. In each section, a brief discussion of the key issues raised is followed by listed recommendations.

# **QAYBTA LABAAD: XALALKA/ TALOoyINKA LA SOO JEEDIYAY**

Qaybtani waxay soo bandhigaysaa xalalka dhibaatooyinka sare ee ay soo jeediyeen falanqayntii kooxda xallinta, waraysiyadii iyo wada hadalkii lala yeeshay shaqaalaha xirfadda leh. Qaybtu waxay ku bilaabmaysaa xalalka ku salaysan bixitaanka ee beesha, maadaama ay ahaayeen kuwani kuwa ugu caansan ee kooxaha xallinta. Kadibna waxay u gudbaysaa inay eegto fikradaha ku salaysan daaweynta ee adeegyada caafimaadka iyo maandooriyaha ee caadiga ah. Qayb kastana, waxyaabaha ugu muhiimsan ee la isla soo qaaday ayaa la falanqaynayaa kadibna waxa raacaya talooyinka la soo jeediyay.

# 5 Community-based solutions

## 5.1 Communication, education and harm reduction

Conversations in the focus groups ranged over a wide number of topics as community solutions to problematic khat use. There was a widespread feeling that, although quite a lot of research had been carried out around khat, it was hard to point to any substantive community initiatives that had been set up to tackle it. Sangster talks about how drug services are seen to be isolated from BME communities, and have a general inability to respond to diverse needs.<sup>11</sup> Sangster identifies this distance as amounting to institutional racism, and it appears that this cultural failing combines with inflexible funding streams (see paragraphs 4.2 and 6.1) to redouble isolation in the Somali, Yemeni and Ethiopian communities. The suggested solutions fall into three sub-groups: social and employment support, education, and community development.

### *Social and employment support*

- a. Set up women-only support groups, as has been done in Cardiff and Bromley by NewLink and Turning Point in partnership with local communities.
- b. Identify and isolate the attractive qualities of khat use and replicate them in a harm-free or harm-reduced environment, for example encouraging non-smoking khat rooms and khat-free one-stop shops, with a socialising environment and coffee and refreshments available. Provide encouragement to use such one-stop shops for advice on employment, training, education, housing and legal issues.
- c. Review current specialist employment services for those in drug treatment, such as progress2work, to enable them to take on problem khat users who may not be on a full treatment programme. Explore how progress2work could be adapted to attract people into treatment while offering employment support.

11 *Delivering drug services to Black and minority ethnic communities*, Sangster D et al, Home Office, 2001, p20.

# 5 Xalalka ku salaysan beesha

## 5.1 Xidhiidhka, waxbarashada iyo yaraynta dhibaata

Wada hadaladii kooxaha xallinta waxay ku saabsanaayeen mawduucyo badan oo ah xalalka beesha ee isticmaalka qaadka ee dhibaata leh. Waxa jiray dareen ay dad badani qabeen oo ah, in inkasta oo cilmibaadhis badan lagu sameeyey qaadka, hadana ay adkayd ama adagtahay in la tilmaamo ama la sheego barnaamij beeleed oo muhiim ah oo la sameeyey si wax looga qabto dhibaata. Sangster wuxuu ka hadlayaa sida adeegyada maandooriyaha loogu arko inay ka qoqobanyihiin oo aanay u heli karin beelaha dadka madow iyo kuwa laga tirada badanyahay (BME), guud ahaanna aanay awood ugu lahayn inay wax ka qabtaan baahiyaha kala duwan.<sup>12</sup> Sangster ayaa wuxuu sheegay inay masaafadani la mid tahay cunsirinimo fidday, isla markaana ay u muuqato in guuldaradan dhaqanka ah ay ku darsamayso iliilaha maalgelineed ee aan furfurnayn (eeg baaragaraafka 4.2 iyo 6.1) si ay markaas u sii korodho qoqobnaanta beelaha Soomaalida, Itoobiyaanka iyo Yamaanidu. Xalalka la soo jeediyay waxay u qaybsamaan saddex qaybood oo hoose, taageero xagga bulshada iyo shaqada ah, waxbarasho, iyo horumarinta beesha.

### *Taageerada bulshada iyo shaqada*

- a. Samee kooxo taageero oo haweenka oo keliya ah, sidau uga sameeyeen Cardiff iyo Bromley NewLink iyo Turning Point iyaga oo iskaashi la samaynaya beelaha maxaliga ah.
- b. Magacow oo gooni u saar waxyaabaha uu ku wanaagsanyahay isticmaalka qaadku kuna samee deegaan aan dhibaato lahayn ama khatarta la yareeyey, tusaale ahaan dhiirigelinta inaan mafrishyada sigaarka lagu cabin xaffiisyada talada ee one-stop shops, oo qaadku ka madhanyahay oo leh deegaan bulshadu isku dhexgasho koofi iyo cabitaana laga helo. Ku dhiiri in xaffiisyadan la isticmaalo oo loo doonto talooyin ku saabsan shaqooyinka, tababarka, waxbarashada, guryaha arrimaha qaanuuniga ah.
- c. Dib u eegis ku samee adeegyada shaqada ee takhasusiga ah ee hadda ee loogu talagalay kuwa daaweynta maandooriyuhu u socoto, sida shaqada horumarka ee 2aad, si looga caawiyo inay qaataan ama aqbalaan kuwa qaadka cuna ee dhibaata leh ee laga yaabo inaanay u soconin barnaamij daaweyn ah oo dhami. Raadi sida shaqada horumarka 2aad looga dhigi karo mid soo jiidata dadka si loo daaweeyo iyada oo la siinayo taageero xagga shaqada ah.

<sup>12</sup> U gudbinta adeegyada maandooriyaha beelaha dadka madow iyo dadyowga laga tirada badanyahay, Sangster D et al, Wasaaradda Arrimaha Gudaha, 2001, p20.

*Education about khat*

- d. Develop health education and basic khat information programmes and materials in cafes and with khat sellers. However, to reach women users who do not use cafes or sellers directly, provide information in GPs' surgeries and possibly via schools and Parent Staff Association links.
- e. Provide more literacy classes for adults and young people, and link them to khat-free social environments.
- f. Train and support non-specialist Somali, Ethiopian and Yemeni workers and community interactors in basic health education and harm reduction around khat use. Basic education and awareness about khat was one of the main ways that interview respondents thought services could be improved.

*Community development*

- g. Invest in ongoing face-to-face community consultation. This must be carried out over the long term, for example five years as in Cardiff, and must be designed to be done with no paperwork, to prevent language and literacy problems.
- h. Work in partnership with other funders to develop better activity and sports programmes, particularly for young people at risk of khat misuse.
- i. In all of the above, build on pre-existing services for communities such as community associations.

## **5.2 Counselling and support in the community**

Respondents and focus groups had different ideas about whether or not they would prefer to talk about drug problems within or outside their own communities. Again, other research, such as Sangster and Griffiths, confirms what this study found; that these communities had little identification with the traditional individualist and non-directive UK drug counselling model.

Focus groups, professionals and interview respondents in this survey had mixed views about links between religion, community elders, counselling and khat. One view was that imams and elders were committed to minimising the perception of khat misuse, or were not interested in it, and would be unlikely to co-operate with counselling and education programmes. However, others thought that helping to build relationships with imams was crucial. In Southall, for example, there are no Somali imams or mosques. Most are South Asian and are not particularly sensitive to the needs of the Somali community.

*Waxbarashada ku saabsan qaadka*

- d. Samee waxbarashada caafimaadka iyo barnaamijyada macluumaadka qaadka ee aasaasiga ah iyo waraaqaha oo ku samee makhaayadaha iyo dadka qaadka iibiya. Si kastaba ha ahaatee, si uu u gaadho dumarka isticmaala qaadka ee aan si toos ah ula xidhiidhin dadka qaadka iibiya iyo makhaayadaha, macluumaadka u dhig dhakhaatiirta guud (GP) iyo iyada oo loo marinayo dugsiyada iyo Ururka Isku Xidhka Waalidka iyo Shaqaalaha.
- e. Dadka da'doodu yartahay iyo dadka waaweynba u samee fassalada qoraalka iyo akhriska ah, kuna xidhiidhi deegaanada bulshada ee uu qaadku ka madhanyahay.
- f. U tababar oo taageer shaqaalaha aan takhasusiga ahayn ee Soomaalida, Itoobiyaanka iyo Yamaanida iyo dhexdhexaadiyeyaasha beesha waxbarashada caafimaadka ee aasaasiga ah iyo yaraynta dhibaataada ee isticmaalka qaadka. Waxbarashada aasaasiga ah iyo wacyiga qaadka ayaa ahayd mid ka mid kuwa siyaabaha ugu waaweyn ee dadka la waraystay u arkayeen in adeegyada loo horumrin karo.

*Horumrinta beesha*

- g. Maalgeli wadatashi beesha ah oo fool ka fool ah. Tan waa in la sameeyaa muddo dheer, tusaale ahaan shan sanno sida Cardiff, waana in loo sameeyaa in lagu qabto ama lagu sameeyo waraaqo la'aan si looga hortago dhibaatooyinka xagga luqadda iyo qoraalka iyo akhriska ah.
- h. Si wadajir ah ula shaqee maalgeliyeyaasha kale si loo horumariyo nashaad ka wanaagsan iyo barnaamijyo ciyaareed, oo gaar ahaan loogu talagalay dadka da'doodu yartahay ee halista u ah si xun u isticmaalka qaadka.
- i. Dhammaan waxyaabaha sare u dhis beesha adeegyadii hore u jiray ee sida ururada beesha.

## **5.2 La talinta iyo taageerada beesha dhexdeeda**

Kooxaha xallinta iyo dadka la waraystay fikrado kala duwan ayay ka qabeen inay doonayaan iyo in kale inay dhibaataada maandooriyaha kaga hadlaan isla beelhooda gudaheeda ama dibedeeda. Mar labaad ciilmibaadhis kale, sida Sangster iyo Griffiths, ayaa xaqiijiyay wuxuu baadhitaankani ogaaday, oo ah inay beelahani wax yar ka aqoonsanyihiin ta dhaqanka ee shakhsiyaadka iyo moodeelka la talinta ee dalkan UK.

Kooxaha xallinta, shaqaalaha xirfadda leh iyo dadka la waraystay ee ray'l qaadistani aragtiyahoodu waxay ahaayeen qaar isku jira ama isku dhafan xagga xidhiidhka ka dhexeeya diinta, odayaasha beesha, la talinta iyo qaadka. Aragti ka mid ah ayaa ahayd in iimaamada iyo odayaashu ay rabeen inay yareeyaan waxa laga fahamsanyahay si xun u isticmaalka qaadka, ama aanay danaynayn, isla markaana aan laga yaabin inay iskaashi la sameeyaan barnaamijyada la talinta iyo waxbarashada. Si kastaba ha ahaatee qaar kale ayaa u arkayay in in xidhiidh wanaagsan lala yeesho iimaamada ay muhiim tahay. Xaafadda Southall tusaale ahaan ma jiraan iimaamo Soomaali ah iyo masaajido. Badankoodu waa koonfurta eeshiya kamana warqabaan baahiyaha beesha Soomaaliyeed.

*Counselling and support from treatment services*

- j. Review current mainstream models of individual-based support and adapt to community-based family support models, which better reflect cultural norms within Somali, Ethiopian and Yemeni communities.
- k. Review counselling practice within drug, primary and mental healthcare settings to ensure that culturally sensitive counselling is available. Make culturally sensitive counselling available both within the relevant community organisations and in mainstream services.
- l. Consider, where there is community support for such an initiative, helping Somali communities to find rooms and imams for their own communal prayer, and in the long run combine support for training of local Somali imams with education, advice and counselling about khat.

### **5.3 Reducing khat supply**

It is not within the remit of this study to make any recommendations about the supply or legal status of khat. However, it was raised by all focus groups and many interview respondents as a central issue and therefore should be reflected in suggested solutions. There was also a view (or concern) expressed that our study would inform a review of the legal position of khat. The view of most professionals in the study, and of many of the focus groups, is that any move towards controlling or reducing khat supply should be done in a staged programme, with agreed milestones for adequate support, education and treatment services in place before supply status is changed.

*Khat supply*

- m. Support professionals in implementing a long-term prevention and treatment strategy before considering any change in supply regulation or status of khat.

*La talinta iyo taageerada ay bixiyaan adeegyada daaweyntu*

- j. Dib u eeg moodeelada taageero ee hadda jira ee caadiga ah ee shakhsiga ku salaysan isla markaana samee moodeelo taageero qoys oo beesha ku salaysan, oo si wanaagsan uga turjumaya waxyaabaha caadiga ah ee dhaqanka beelaha Soomaalida, Itoobiyaanka iyo Yamaanida.
- k. Dib u eeg kala talinta maandooriyaha, goobaha daryeelka bilowga ah iyo ka caafimaadka maanka si hubaal looga dhigo in la heli karo talo bixin dhaqan ahaan xasaasi ah. Kala talinta dhaqan ahaan xasaasi ah ka dhig mid laga heli karo ururada beesha iyo adeegyada caadiga ah labadaba.
- l. Ka fiirso, meesha barnaamij noocan oo kale ah loo heli karo taageerada beesha, oo ka caawinaya beesha Soomaaliyeed inay u helaan qolal iyo iimaamo salaadooda ay isugu imanayaan, muddada dheerna ku dar taageerada tababarida iimaamada Soomaaliyeed waxbarasho, talo iyo kala talin ku saabsan qaadka.

### **5.3 Yaraynta imaatinka qaadka**

Ma aha awoodda baadhitaankan inay soo jeediso wax talooyin ah oo ku saabsan imaatinka ama xaaladda sharci ee qaadka. Si kastaba ha ahaatee, waxay ku sheegeen kooxaha xallinta iyo dadka la waraystay inay tahay arrinta aasaaska u ah sidaas darteedna ay tahay inay ka muuqato xalalka la soo jeediyay. Waxa kale oo jirtay aragti (ama werwer) la sheegay oo ah in baadhitaankayagu wargelin doono uu u sheegi doono dib eegis ah xaaladda ama mawqifka sharci ee qaadka. Aragtida ay qabeen shaqaalaha xirfadda leh badankoodu ee baadhitaankan, iyo qaar badan oo ka mid ah kooxaha xallinta, waxa weeye in wixii tallaabo ah ee loo qaado xagga kaantaroolidda ama yaraynta imaatinka qaadka loo sameeyo barnaamij heerar leh, oo leh horumar la isku raacay oo ah taageero ku filan, adeegyo waxbarasho iyo daaweyn oo jira ka hor intaan xaaladda keenitaankiisa la bedelin.

*Keenitaanka qaadka*

- m. In laga taageero shaqaalaha xirfadda leh samaynta kahortag muddada dheer ah iyo istaraatiijiyada daaweyn ah kahor intaan laga fiirsan in wax isbedel ah lagu sameeyo shuruucda keenitaanka qaadka ama xaaladda qaadka.

# 6 Mainstream service solutions

## 6.1 Culturally competent mainstream services

Although, understandably, this was not as easily grasped in focus groups as the subject of community solutions, professionals' main concern was to develop real, in-depth cultural competence. Most saw their services as 'works in progress' to this goal – i.e. they had started the process but had some way to go. In Cardiff, interviewees pointed to their success in employing BME volunteers – 25% have gone on to get mainstream jobs in drug support services. In London, it was seen that BME umbrella forums could be a key catalyst for improvement if properly supported. Other findings were around the need for more flexible funding, and for more staff who could effectively link potential clients with appropriate services.

### *Cultural competence of services*

- n. Employ BME volunteers within services in visible roles, and with supported routes into mainstream jobs.
- o. Support umbrella BME drug services and forums to take a lead on policy and service improvement, wherever possible in partnership with local BME community associations. Ensure that BME service aims are mainstreamed by giving them management support and core status in business and service planning.
- p. Increase links between specialist and generic services, and design them as one service around a continuum of individual needs. This might mean, for example, a specialist volunteer continuing to support a client through mainstream services and back into the community, and specialist services carrying out individual and community needs assessments, as with the Black Drugs Service in Sheffield.
- q. Review funding streams to improve crossover between community services and treatment funding.
- r. Support khat awareness training for GPs, dentists, mental health and housing workers, social services, police and tenants groups.
- s. Support brokerage posts such as GP liaison workers, dual diagnosis drug workers and community health educators.

# 6 Xalalka adeegga caadiga ah

## 6.1 Adeegyada caadiga ah ee dhaqan ahaan awoodda leh

Inkasta oo tani aan si fudud looga fahmi karayn kooxaha xallinta sida mawduuca xalalka beesha, ayaa werwerka ugu weyn ee shaqaalaha xirfadda lihi uu ah in la sameeyo awoodda dhaqanka ee waxtarka leh. Badankoodu waxay adeegyadooda u arkeen sida shaqo ku socota hadafkan – sida iyaga oo habka bilaabay laakiin weli wax badani u hadhanyihiin. Magaalada Cardiff dadka la waraystay waxay tilmaameen guusha ay ka gaareen shaqaalaynta mutadawiciin ka tirsan beelaha dadka madow iyo kuwa laga tirada badanyahay – 25% ay u raadsadeen inay shaqooyin caadi ah ka helaan adeegyada taageerada maandooriyaha. Magaalada London, waxa loo arkay in golayaasha dallada beelaha madow iyo kuwa laga tirada badanyahay u noqon karaan kalkaal in horumarinta haddii si habboon loo taageero. Waxyaabaha kale ee la ogaaday waxa ka mid ahaa baahida loo qabo maalgelin ka jajaban, iyo shaqaale dheeraad ah oo si fiican ugu xidhi kara dadka macaamiisha ah adeegyada ku habboon.

### *Waxtarka dhaqan ee adeegyada*

- n. Shaqaalee mutadawiciin ah beelaha madow iyo kuwa laga tirada badanyahay ee adeegyada doorar muuqda, iyo dariiqooyin la taageerayo oo ay u maraan shaqooyinka caadiga ah.
- o. Ku taageer adeegyada maandooriyaha ee dalladda beelaha madowga iyo kuwa laga tirada badanyahay iyo goleyaasha inay hogaamiyaan siyaasadda iyo horumarinta adeegga, meel kasta oo ay caqligal tahay iyada oo si wadajir ah loola shaqaynayo ururada beesha madowga iyo dadyowga laga tirada badanyahay ee maxaliga ah. Hubaal ka dhig in ujeedooyina adeegyada beelaha madowga iyo dadyowga laga tirada badanyahay laga dhigo qaar caadi ah iyada oo la siinayo taageero maamul iyo mawqifka muhiimka ah ee ganacsi iyo qorshaynta adeegyada.
- p. Siyaadi xidhiidhka ka dhexeeya adeegyada guud iyo kuwa takhasusiga ah una samee sidii adeegga keliya ee baahiyaha shakhsi ee isbedelaya. Tan waxa laga yaabaa inuu macnaheedu noqdo, tusaale ahaan mutadawac takhasusi ah oo sii wadaya inuu taageero qof macaamiisha ah adeegyada caadiga ah kuna soo noqonaya beesha, iyo adeegyada takhasusiga ah oo samaynaya qiimaynaha baahiyaha beesha, iyo shakhsiga sida Adeegga Maandooriyayaasha Madowga ee Sheffield.
- q. Dib u habee iliilaha maalgelinta si loo horumariyo isku daritaanka adeegyada beesha iyo maalgelinta daaweynta.
- r. Taageer tababar ah kor u qaadida wacyiga ee qaadka ee dhakhaatiirta guud, dhakhaatiirta ilkaha, caafimaadka maanka iyo shaqaalaha qaybta guryaha, adeegyada bulshada, bilayska iyo kooxaha dadka deggan.
- s. Taageer boosaska dhexdhexaadinta sida shaqaalaha xidhiidhka ee dhakhaatiirta guud, shaqaalaha maandooriyaha ee baadhitaanka iyo tababarayaasha caafimaadka beesha.

## 6.2 Effective intervention models

Many professionals felt that there were no established effective treatment intervention models and that holistic support around khat problems together with mental health, employment and community support was the best current model.

It was suggested that following best practice in other stimulant intervention models, for example crack cocaine, would be helpful, but with important variations. The most important was around the central role of counselling in stimulant services. As suggested at j and following above, new models of counselling that promoted a family approach, and perhaps a more directive and less medical context, would be crucial for the communities concerned.

### *Intervention models*

- t. Develop more focused holistic models, combining interventions on khat use with mental health and social support.
- u. Link development of interventions on khat use to best practice in other stimulant intervention, particularly around culturally sensitive counselling models.

## 6.3 Research and needs assessment

While there was a widespread feeling in the communities surveyed that there had been a lot of research around their views on khat and its relationship with community and health issues, there was a correspondingly widespread realisation (which extended to professionals) that there was very little research available on the clinical effects and potential treatment of khat and its use.

There was also a strong feeling that the current national data systems, such as NDTMS, primary care trust and social services data (including the information, referral and tracking systems for children and young people at risk), are not designed for, and not capable of, providing in-depth knowledge about the needs of specific local BME communities (see paragraph 4.3). Professionals also felt that BME consultation mechanisms may not provide adequate analysis, particularly of sensitive issues such as drug misuse. A preferred model was that of in-depth, independent cross-sectional community needs assessments every three years, with updates in the intervening years. This model was based on the current Home Office partnerships in several DAT areas with the University of Central Lancashire, which were seen as very successful.

### *Research and needs assessment*

- v. Commission research into the mental and physical effects of khat.
- w. Work to develop commissioned baseline cross-sectional studies in all areas with significant BME communities, with investment in two or three yearly updates thereafter.
- x. Set up a BME treatment issues forum at the National Treatment Agency to enable DATs to share practice around England.

## 6.2 Hababka faragelinta ee waxtarka leh

Shaqaaale badan oo ah kuwa xirfadda leh ayaa dareensanaa inaanay jirin moodeelo faragelin daaweynta ah oo waxtar leh taageerada dhan ee dhibaatooyinka qaadka iyo caafimaadka maanka, shaqada iyo taageerada beeshuna ahayd moodeelka ugu fiican ee hadda jira.

Waxa la soo jeediyay in raacitaanka waxqabadka wanaagsan ee moodeelada kale ee faragelinta ee waxyaabaha kale ee kicinta, tusaale ahaan kookaynta, ay noqon doonto mid caawimo leh, laakiin haddii ay jirto kala duwanaansho muhiim ahi. Ta ugu muhiimsanina waxay ahayd doorka xudunta ah ee kala talinta ee adeegyada waxyaabaha wax kiciya. Sida lagu sheegay j iyo ta sareba, moodeelo cusub oo ah la talin oo horumariyay habka qoyska, iyo mid ka toosan oo aan xagga caafimaadkana ahayn, ayaa laga yaabaa inay daruuri u noqdaan beelaha laga hadlayo.

### *Moodeelada faragelinta*

- t. Samee moodeelo diiradda saaraya oo dhan, oo isku daraya faragelinta, isticmaalka qaadka iyo caafimaadka maanka iyo taageerada bulshada.
- u. Ku xidh horumarka faragelinta isticmaalka qaadka waxqabadka wanaagsan ee faragelinta kale ee waxyaabaha wax kiciya, gaar ahaan moodeelada kala talinta ee dhaqan ahaan xasaasiga ah.

## 6.3 Cilmibaadhista iyo qiimaynta baahiyaha

Inkasta oo beelaha rayigooda la weydiiyay uu ka jiray dareen ballaadhan oo ah in cilmibaadhis badan lagu sameeyey aragtiyahooda ku saabsan qaadka iyo xidhiidhka uu la leeyahay dhibaatooyinka caafimaadka iyo beesha, ayaa waxa jiray garawshiiyo weyn (oo xitaa gaadhsiisnaa shaqaalaha xirfadda leh) inay jirto cilmibaadhis aad u yar oo lagu sameeyey saamaynta caafimaad iyo daaweynta qaadka iyo isticmaalkiisa.

Waxa kale oo jiray dareen xooggan oo ah in nidaamada macluumaadka, qaranka ee hadda sida NDTMS, hay'adda daryeelka bilowga ah iyo macluumaadka adeegyada bulshadu (oo ay ka mid yihiin macluumaadka nidaamada baadhitaanka iyo gudbinta ee carruurta iyo dadka ay da'doodu yartahay ee khatarta ku jira), inaan loo samaynin awoodna aanay u lahayn inay aqoon qoto dheer bixiyaan oo ku saabsan baahiyaha beelaha dadka madow iyo kuwa laga tirada badanyahay (eeg baaragaraafka 4.3). Shaqaalaha xirfadda lihi waxa kale oo ay dareensanaayeen in nidaamada wadatashiga ee beelaha madowga iyo dadyowga laga tirada badanyahay laga yaabo inaanay keenin baadhitaan ku filan, gaar ahaan dhibaatooyinka xasaasiga ah sida si xun u isticmaalka maandooriyeyaasha. Moodeelka la doonayay wuxuu ahaa ka qotoda dheer ee kala duwan ee madaxa banana ee qiimaynta baahiyaha beesha ee saddexdii sannoba hal mar oo ay la socdaan cusboonaysiinta faragelinta sanaduhu. Moodeelkanu wuxuu ku salaysnaa shuraakooyinka wasaaradda arimaha gudaha ee hadda ee dhowr ka mid ah aagagga DAT ee Jaamacada Central Lancashire kuwaas oo loo arkayay qaar guulaystay.

### *Cilmibaadhista iyo qiimaynta baahiyaha*

- v. Cilmibaadhis ku samee saamaynta jidhka iyo maskaxda ee qaadka.
- w. Ka shaqee in la sameeyo baadhitaan kala duwan oo aasaas u ah dhammaan aagagga ee beelaha dadka madow iyo kuwa dadyowga laga tirada badanyahay, iyada oo la maalgelinayo labadii ama saddexdii sannoba intaas kadib.
- x. Ka samee golaha dhibaatooyinka daaweynta ee beelaha dadka madow iyo dadyowga laga tirada badanyahay Wakaaladda Daaweynta Qaran (National Treatment Agency) si looga caawiyo DATs inay macluumaadk ku wadaagaan England.

# Appendix One: Interview questionnaire format

Interview ID number (to be inserted by Turning Point after form returned):

## Turning Point: Khat research project

### Draft instrument for semi-structured interviews

*Notes for interviewers:*

- *Explain why we want to do the interview: to find out more about khat use in general, but particularly about what people think about treatment and other support services, and to get their ideas about what might help both individuals and the community most.*
- *Reassure that the information given will be completely anonymous and confidential – we are not asking for names.*
- *Explain that we cannot promise that there will be improvements in services as a direct result of the research, but that we are talking to government about it and will do our best to recommend that more resources and ideas are focused on khat use issues in the future.*
- *Reassure that the interviewee does not have to answer any question they don't want to, but we would like them to answer as many as they can.*
- *The words in italics are not to be read out straight away: they are prompts for you as the interviewer to remind the interviewee if they do not bring the issue up themselves.*

#### *Information about the interviewee*

Age

Ethnicity

Nationality

Gender

How long have you been in Britain (circle one)?

Less than one year

One to five years

More than five years

Born here

City of residence

---

Employment status (circle one)

Unemployed

Part-time work

Full-time work

# Lifaaqa Koowaad: Qaabka su'aalaha waraysiga

Lambarka aqoonsiga ee waraysiga (waa inay geliyaan Turning Point marka foomka la soo celiyo kadib):

## Turning Point: Mashruuca cilmibaadhista qaadka

### Qoraalka muhiimka u ah waraysiyada qayb ahaan qaabaysan

Qoraalo loogu talagalay dadlka waraysiga qaadaya:

- *Sharax sababta aynu u doonayno inaynu waraysiga qaadno: oo ah inaanu guud ahaan wax badan ka ogaano qaadka, laakiin gaar ahaan waxay dadku u malaynayaan adeegyada taageerada iyo daaweynta ee kale, iyo si aynu u hello fikradahooda ku saabsan waxa caawin doona ashkhaasta ama dadka iyo beesha badankeeda labadaba.*
- *Ugu ballanqaad in macluumaadka la bixiyaa uu noqon doono mid qarsoodi ah – ma weydiin doono magacyada.*
- *U sharax inaanaan ballanqaadi Karin in la horumarin doono adeegyada cilmibaadhista awgeed, laakiin aanu kala hadli doono dawladda arrintaas kuna dadaali doono inaanu soo jeedino in iliilo iyo fikrado intaas ka badan lagu jeediyo dhibaatooyinka isticmaalka qaadka mustaqbalka.*
- *U ballanqaad in dadka la waraysanayo aanay khasab ku ahayn inay ka jawaabaan su'aal aanay doonayn inay ka jawaabaan, laakiin aanu jecelnahay inay ka jawaabaan inta ugu badan ee ay kari karaan.*
- *Ereyada ku qoran farta yaryar ee jifta (italics) ma aha in aad toos u akhrido: waa tusaaleyaal adiga laguugu talagalay si ay qofka la waraysanayo u xusuusiyaan haddii aanay iyagu arrinta soo qaadin.*

### Macluumaadka ku saabsan qofka la waraysanayo

Da'	Quruunta	Jinsiyadda	Sinjiga
Intee ayaad joogtay dalkan Britain (mid goobaab)?			
In ka yar hal sanno	Hal ilaa shan sanno	In ka badan shan sanno	Halkan ku dhashay

Magaalada aad deggantahay

Xaaladda shaqo (mid goobaab)

Aan shaqaynin	Shaqo waqti dhiman ah	Shaqo waqti buuxa ah
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*Using khat*

1. Have you ever used khat? Yes/no If no, go to question 14

2. Have you given up using khat? Yes/no

3. If yes, why? \_\_\_\_\_ Go to question 6

4. How frequent is your khat use at the moment?

Occasional                      More than once a month      More than once a week      Most days

5. Is your use going up/staying the same/going down?

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---

6. How much do/did you usually use per session?

---

---

7. Where do/did you usually buy or get it from?

---

---

8. In what setting do/did you usually use khat (e.g. alone or with others, at home or in a cafe, what time of day and how long does/did sessions typically last)?

---

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9. Do/did you ever use khat together with other substances (e.g. alcohol or other drugs)? If so, what?

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10. Do/did you ever use other substances separately from khat? If so, what?

---

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*Isticmaalka (cunitaanka) qaadka*

1. Weligaa qaad ma cuntay? Haa/maya Haddii aad ku jawaabtay  
maya, u gudub su'aasha  
14aad
  
2. Miyaad iska deysay cunitaanka qaadka? Haa/maya
  
3. Haddii aad haa ku jawaabtay, waayo? \_\_\_\_\_ U gudub su'aasha 6aad
  
4. Hadda immisa cisho ayaad qaadka cuntaa?  
Mar mar In ka badan hal  
mar bishii In ka badan hal  
mar toddobaadkii Maalmaha badankooda
  
5. Miyuu cunitaankaaga qaadku kordhayaa/sidii hore weli yahay/hoos u dhacayaa?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Immisa minjood ayaad sida caadiga ah cuntaa markaad fadhiisataba?  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Halkee ayaad sida caadiga ah ka heshaa ama ka soo iibsataa?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Meeshee ayaad sida caadiga ah ku cuntaa qaadka/ku cuni jirtay (tusaale ahaan kelidaa ama dad kale adiga oo la cuna, guriga ama makhaayadda, waqtigee ayaad maalintii cuntaa muddo intee le'eg ayaanaad cuntaa)?  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Miyaad/weligaa qaadka ku cuntay maandooriyeyaal kale (sida aalkahool ama maandooriyeyaal kale)? Haddii ay haa tahay, maxaad ku cuntay?  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Miyaad weligaa maandooriyeyaal kale gaarkooda u isticmaashay? Haddii ay haa tahay maxaad isticmaashay?  
\_\_\_\_\_  
\_\_\_\_\_

**Khat use in Somali, Ethiopian and Yemeni communities in England: issues and solutions**

11. What do/did you like about khat?

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12. How much do/did you spend on khat in an average week?

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13a. Are/were there any disadvantages to using khat?

*[Prompt if necessary for health issues: hard to sleep/tired or depressed when you stop/paranoid feelings/anxiety or panic attacks/irritability/loss of appetite/weight loss/mouth infections]*

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13b. If you have had health problems, are/were your symptoms mild or strong? Would you like/have liked, or did you get, help with them? If so, what kind of help?

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---

14. Do you know anyone [else] who has had any of the above problems (or any other ones) linked to their khat use?

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---

15. Have you/they had any arguments with friends or family about using khat? If so, what about?

*[Prompt on whether it is difficult to talk openly and honestly about khat within the community or family]*

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16. Would you like [them] to stop or use less khat? Why?

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17. If you would like [them] to stop or use less, what would help?

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11. Maxaad ku jeceshahay qaadka?

---

---

12. Celcelis ahaan toddobaadkii immisaad ku kharas garaysaa qaadka?

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13a. Miyay jiraan/jireen faa'iido darro uu qaadka cunitaankiisu leeyahay?

*[Xusuusi haddii ay daruuri noqoto dhibaatooyinka caafimaadka: hurdo la'aan/daal iyo isku buuqid markaad joojiso/dareeno cabsi ah/qabatino iyo diiqad/abateetka oo luma ama xumaada/miisaanka oo dhaca/xanuuno afka ah]*

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---

13b. Haddii ay ku haysataan dhibaatooyin caafimaad, miyay calaamadahaagu ahaayeen fudud mise waxay ahaayeen qaar aad ah? Miyaad jeceshahay ama aad jeclaan lahayd, ama miyaad caawimo iyaga ka heshay? Haddii ay sidaas tahay, caawimo nooc ee ah ayaad heshay?

---

---

14. Miyaad garanaysaa qof [kale] oo ay haysteen dhibaatooyinka sare (ama qaar kaleba) oo la xidhiidha cunitaankooda qaadka?

---

---

15. Miyaad isku dagaasheen qoyska ama asxaabtaada cunitaanka qaadka? Haddii ay sidaas tahay, maxaa isku dagaasheen?

*[Xusuusi bal inay adagtahay in si daacad ah looga hadlo qaadka beesha ama qoyska dhexdiisa]*

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16. Miyaad doonaysaa inay iyagu joojiyaan qaadka ama yareeyaan? Waayo?

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---

17. Haddii aad doonayso inay iyagu joojiyaan ama yareeyaan, maxaa taas caawin kara?

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18. Do you feel you know enough about what the health risks might be of khat use?

*[Note any comments]*

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19. Do you feel well informed generally about the effects of khat?

*[Note any comments]*

---

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20. Do you think khat use is linked to, or affected by, other problems that you or others might have – for example, not having a job, or feeling isolated in the city where you live? If so, how?

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*Services*

21. Have you used or do you know anyone who has used drug treatment services (not necessarily for khat)?

Yes/no                      If no, go to question 23

22. If yes, what did you or they think of the services?

---

---

23. If no, would you ever think of using them if you needed to? If not, why not?

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---

24. How could they be improved?

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---

25. Have you, or do you know anyone who has, talked to your/their GP about problems with khat or any other drug use?

Yes/no                      If no, go to question 27

18. Ma dareensantahay inaad in kugu fulan ka ogtahay waxa ay khataraha caafimaad ee cunitaanka qaadku yihiin?

[Qor wixii ra'yi ah]

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19. Miyaad dareensantahay in guud ahaan si fiican laguugu sheegay saamaynta uu leeyahay qaadku?

[Qor wixii ra'yi ah]

---

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20. Miyaad u malaynaysaa in cunitaanka qaadku uu xidhiidh la leeyahay, ama saameeyo, dhibaatooyin kale oo laga yaabo adiga ama dad kaleba inaad leedihiin – tusaale ahaan, shaqo la'aan, ama ka qoqobnaan magaalada aad ku nooshihiin? Haddii ay sidaas tahay, sidee?

---

---

### Adeegyada

21. Miyaad isticmaashay ama garanaysaa qof isticmaalay adeegyada daaweynta maandooriyeyaasha (daruuri ma aha inuu noqdo mid qaadka u gaar ah oo keliya)?

Haa/maya                      Haddii aad maya ku jawaabto u gudub su'aasha 23aad

22. Haddii ay haa tahay, maxaad adiga ama iyagu u malaynaysaan adeegyada?

---

---

23. Haddii ay maya tahay, ma u malaynaysaa inaad weligaa isticmaali doontid haddii aad u baahato? Haddii aanad u malaynayn, waayo?

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---

24. Sidee ayaa loo horumarin karaa?

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---

25. Miyaad dhakhtarkaaga guud (GP) kala hadashay ama garanaysaa qof kala hadlay dhibaatooyinka qaadka ama isticmaalka maandooriyeyaal kale?

Haa/maya                      Haddii aad maya ku jawaabto u gudub su'aasha 27aad

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26. If yes, what did you or they think of the services?

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---

27. If no, would you ever think of talking about drugs to him/her if you needed to? If not, why not?

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28. How could your GP service be improved?

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29. If you, or anyone you know, did have a problem with drugs, who would you be most likely to go to for advice or help, if anyone? Why?

---

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30. Have you, or anyone you know, had any other health problems for which you have gone to your GP, hospital or other services?

*[Prompt to say what kind of health problems – they don't have to say exactly, but just whether it was physical or mental]*

What was your experience like?

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31. Is there anything else you'd like to say about khat or health or drug services?

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END OF INTERVIEW

26. Haddii ay haa tahay, maxaad adiga ama iyagu u malaynaysaan adeegyada?

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27. Haddii ay maya tahay, ma u malaynaysaa inaad weligaa kala hadli lahayd maandooriyayaasha isaga/iyada haddii aad u baahato? Haddii ay maya tahay, waa maxay sababtu?

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28. Sidee ayaa adeegyada dhakhtarkaaga guud loo horumarin karaa?

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29. Haddii adiga, ama qof aad taqaan, ay haystaan dhibaatooyin ah maandooriyayaasha, ayay ugu badantahay inaad talo u raadsatid ama caawimo, haddii ay noqoto inaad cid u raadsatid? Waayo?

---

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30. Miyaa adiga ama qof aad garanayso ay haysteen dhibaatooyin caafimaad oo kale oo aad u tagteen dhakhtarkiina guud, cisbitaalka ama adeegyada kale?

*[Xusuusi nooca caafimaad ee uu ahaa – ma aha inay magacaabaan, laakiin inuu ahaa mid jidhka ah ama maskaxda ah]*

Maxay ahayd khibrada aad kala kulantay?

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31. Miyaad doonaysaa inaad wax kale ka sheegtid qaadka ama adeegyada maandooriyaha ama caafimaadka?

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DHAMMAADKA WARAYSIGA

# Appendix Two: Research participants and their roles

## Bromley

- Said Warsame – Carried out the interviews/questionnaires with people from the Somali community.
- Faiza Mohammed – Set up the Somali women’s focus group.
- Ahmed Madal – Set up the Somali men’s focus group.

## Ealing

- A Dalmar Jama – Carried out the interviews/questionnaires in Hounslow with people from the Somali community.
- Mahmoud Ali, Medina Jeilani, Mariam Yusuf, Anissa Hareed, Fatama Hassan, Laila Abdulkadir, Ahmed Yassin and Amina Mohammed – Assisted with interviews/questionnaires, translating and focus groups with people from the Somali community.

## Birmingham/Sandwell

- Nuha Kassin – Carried out the interviews/questionnaires in Birmingham with people from the Yemeni community.
- Saba Salam – Assisted in focus groups and setting up the groups with people from the Yemeni community.

## Sheffield

- Faisal Abdi – Carried out the interviews/questionnaires and focus groups with people from the Somali community.
- Dr Abdul Shaif – Ran the Yemeni Association and liaised with Saba Salam to get people together for the focus group with people from the Yemeni community.
- Saba Salam – Set up the focus groups with Dr Abdul Shaif for people from the Yemeni community.

## North London

- Henok Neguisse – Carried out the interviews/questionnaires and set up the focus group with people from the Ethiopian community.

# Lifaaqa Labaad: Dadka ka qayb qaatay cilmibaadhista iyo doorarkooda

## Bromley

- Said Warsame – Oo waraysiyada/su'aalaha laga qaaday dadka ka tirsan beesha Soomaaliyeed sameeyey.
- Faiza Mohammed – Oo samaysay kooxda xallinta ee haweenka Soomaaliyeed.
- Ahmed Madal – Oo sameeyey kooxda xallinta ee ragga Soomaaliyeed.

## Ealing

- A Dalmar Jama – Ayaa waraysiyada/su'aalaha laga qaaday dadka ka tirsan beesha Soomaaliyeed ku sameeyey xaafadda Hounslow.
- Mahmoud Ali, Medina Jeilani, Mariam Yusuf, Anissa Hareed, Fatama Hassan, Laila Abdulkdir, Ahmed Yassin iyo Amina Mohammed – Ayaa iyaguna waxay taageero ka geysteen waraysiyada/su'aalaha, turjumidda iyo kooxaha xallinta ee dadka ka yimid beesha Soomaaliyeed.

## Birmingham/Sandwell

- Nuha Kassin – Waxay waraysiyada/su'aalaha kaga qaaday magaalada Birmingham dadka ka tirsan beesha Yamaanida.
- Saba Salam – Waxay taageero ka geysatay kooxaha xallinta iyo samaynta kooxaha dadka ka tirsan beesha Yamaanida.

## Sheffield

- Faisal Abdi – Ayaa sameeyey waraysiyada/su'aalaha iyo kooxaha xallinta ee dadka ka yimid beesha Soomaaliyeed.
- Dr Abdul Shaif – Wuxuu maamulayay ururka Yamaanida wuxuuna xidhiidh la sameeyey Saba Salam si dadka la isugu keeno kooxda xallinta ee dadka ka yimid beesha Yamaanida.
- Saba Salam – Waxay la samaysay kooxaha xallinta Dr Abdul Shaif ee dadka ka yimid beesha Yamaanida.

## Woqooyiga London

- Henok Neguisse – Wuxuu sameeyey waraysiyada/su'aalaha, wuxuuna sameeyey kooxda xallinta ee dadka ka yimid beesha Itoobiyaanka.

# Appendix Three: Professionals' interview/discussion format

## Phone/email format for DAT commissioners/providers

Name \_\_\_\_\_

DAT area \_\_\_\_\_

Job title and brief description of role \_\_\_\_\_

### *Perceptions of service use and need among khat users*

1. Do khat users make use of your services? In what ways?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you think they get a good general service locally?

\_\_\_\_\_  
\_\_\_\_\_

3. Do you think there are khat users in the community who might need help but do not use your services?

\_\_\_\_\_  
\_\_\_\_\_

4. If yes, why do you think they might not be accessing services?

\_\_\_\_\_  
\_\_\_\_\_

# Lifaaqa Saddexaad: Qaabka doodda/waraysiga shaqaalaha xirfadda leh

Qaabka telefoonka/emailka bixiyeyaasha/guddida DAT

Magaca \_\_\_\_\_

Aagga DAT \_\_\_\_\_

Magaca shaqada  
iyo sharaxaadda  
doorka \_\_\_\_\_

*Afkaarta isticmaalka adeegga iyo baahida ee dadka qaadka cuna*

1. Miyay dadka qaadka cunaa adeegaaga isticmaalan? Siyaabahee?

\_\_\_\_\_  
\_\_\_\_\_

2. Miyaad u malaynaysaa inay mandaqadda ka helaan adeeg guud oo wanaagsan?

\_\_\_\_\_  
\_\_\_\_\_

3. Miyaad u malaynaysaa inay beesha ku jiraan dad qaadka cuna oo laga yaabo inay caawimo u baahanyihiin laakiin aan adeegaaga isticmaalin?

\_\_\_\_\_  
\_\_\_\_\_

4. Haddii ay haa tahay, maxaad ugu malaynaysaa inay adeegyada u soo doonan waayeen?

\_\_\_\_\_  
\_\_\_\_\_

*Issues of 'cultural competence' (i.e. the ability to meet the different needs of a community)*

5. What do you know about your local Somali/Ethiopian/Yemeni communities (e.g. numbers, older and newer communities, family structures, patterns of drug use and cultural role of khat, other issues such as employment and housing, awareness of community groups or centres)?

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6. Do you have any specifically Somali aspects to your service (e.g. Somali staff, leaflets in community languages, posters)?

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7. Do you provide/access training for staff on cultural awareness, particularly its role within counselling and therapeutic techniques?

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8. If you provide general training and service sensitivity around BME issues, are the needs of the Somali community covered within that?

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9. Do you have links with Somali community groups and/or BME drug or general advisory services serving those communities?

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10. Do you have links for (Somali) users to holistic services (e.g. around housing and employment)?

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*Dhibaatooyinka 'awoodda dhaqan' (sida awoodda lagu daboolayo baahiyaha kala duwan ee beesha)*

5. Maxaad ka taqaanaa beelahaaga maxaliga ah ee Soomaalida/Itoobiyaanka/Yamaanida (sida tirooyinka, beelaha cusub iyo kuwii hore, qaababka qoyska, hababka isticmaalka maandooriyeyaasha iyo doorka dhaqan ee qaadka, iyo dhibaatooyinka kale ee shaqada iyo guryaha, ka warqabka xarumaha iyo kooxaha beesha)?

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6. Miyaad adeegaaga ku haysaa waxyaabo Soomaalida la xidhiidha (sida shaqaale soomaali ah, waraaqo ku qoran luqadaha beesha, waraaqaha gidaarada lagu dhejiyo)?

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7. Miyaad shaqaalaha u fidisaa tababar ku saabsan wacyiga dhaqanka, gaar ahaan doorkiisa hababka daaweynta iyo la talinta?

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8. Haddii aad bixiso tababar guud iyo adeeg ku saabsan dhibaatooyinka beelaha dadka madow iyo dadyowga laga tirada badanyahay, miyaa baahiyaha beesha Soomaaliyeed ay taas ku jiraan?

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9. Miyaad xidhiidh la leedahay kooxaha beesha Soomaaliyeed iyo/ama adeegyo ah talobixinta guud ama maandooriyaha ee beelaha dadka madow iyo kuwa laga tirada badanyahay oo beelahan u shaqaynaya?

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10. Miyaad dadka adeegyada isticmaala xidhiidho u haysaa (Soomaalida) (sida guryaha iyo shaqada)?

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*Needs assessment and management information*

11. How do you currently determine the need for interventions around:

- prevention;
- harm minimisation;
- treatment; and
- aftercare services?

12. Can you identify patterns of service use from Somali communities with your current data system?

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13. Can you track referral and treatment outcomes, including for offenders?

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14. Does your data system allow you to cross-reference ethnicity with multiple needs (e.g. dual diagnosis, housing and employment issues)?

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15. Does your data system and/or outcome measures enable you to capture evidence for 'what works' with khat users?

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16. Are there ways you think your methods could be improved?

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*Qiimaynta baahiyaha iyo macluumaadka maamulka*

11. Sidee ayaad imika u go'aansataa baahida loo qabo faragelinta ku saabsan:

- kahortagga;
- yaraynta dhibaataada;
- daaweynta; iyo
- adeegyada daryeelka dambe?

12. Nidaamkaaga macluumaadka ee hadda ma ka garan kartaa hababka isticmaalka adeegga ee beelaha Soomaalida?

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13. Ma raadin kartaa natiijooyinka daaweynta iyo gudbinta ee ay ka midka yihiin kuwa dembiyada galaa?

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14. Miyaa nidaamkaaga macluumaadku kuu ogolaadaa inaad kala saartid quruunta baahiyaha badan (sida baadhitaanka, guryaha iyo dhibaatooyinka shaqada)?

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15. Miyaa nidaamkaaga macluumaadka iyo/ama tallaabooyinka natiijadu kaa caawiyaan inaad ogaato wax muujinaya 'waxa ku shaqeeya' dadka qaadka cuna?

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16. Miyay jiraan siyaaabo aad u malaynayso in hababkaaga loo horumarin karo?

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*Effective intervention models*

17. What do you think works for khat users?

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18. What do you think are the relative advantages of generic and specialist services for your area?

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19. Do you have any examples of good practice to share and views on the sustainability/scaling-up suitability of such good practice?

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*In conclusion*

20. If you could choose one thing to change about your service to make it work better for khat users, what would it be?

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21. Any other comments?

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*Hababka faragelinta ee waxtarka leh*

17. Maxaad u malaynaysaa inay ku shaqeeyaan dadka cuna qaadka?

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18. Maxaad u malaynaysaa inay yihiin faa'iidooyinka adeegyada guud iyo kuwa takhasusiga ah ee aaggaagu?

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19. Miyaad haysaa tusaaleyaal ah waxqabadka wanaagsan si loo wadaago iyo aragtiyo ku saabsan waditaanka/kordhinta ku haboonaanshaha waxqabadkan wanaagsan?

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*Gebagebo*

20. Haddii aad dooran kartid hal shay inaad ka bedesho adeegaaga si uu si fiican ugu shaqeeyo dadka qaadka isticmaala, muxuu shaygaasi noqon doonaa?

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21. Wax rayi ah oo kale?

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