Consultation with the Victorian Somali community on Khat

Attitudes, impacts and ways forward

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1. Introduction

> *"We have been arguing about it for years, whether here or in Somalia, but khat effects every family whether in Somalia or here in Australia, they are all divided into "against" or "for". It's a debate we have never had a resolution to*".
> Male 36-50, Non User

a. Background

This report is a documentation of the findings and recommendations from a joint community project by the Centre for Culture, Ethnicity and Health (CEH), The East African Women's Foundation (EAWF), The Somali Community of Victoria (SCV), the Victorian Department of Human Services (DHS), with advice from the Victorian Multicultural Commission (VMC). The project was initially conceived in response to concerns expressed by community groups with regards to the consumption of Khat within the Somali community in Victoria (Moonee Valley Community News 2008; Aden et. al 2003; The East African Women's Foundation, 20081). Initial work undertaken in this area was commissioned by the Centre for Culture, Ethnicity and Health to highlight the contemporary evidence of any harms related to Khat consumption. This project is a direct result of the in-depth review of national and international literature undertaken by Associate Professor John Fitzgerald (2009)[2].

The primary finding of the Fitzgerald review (2009) was that there was little evidence to support direct causal links between psychiatric illness or criminality and khat use. Further it was found that 'there is an emerging consensus among international health authorities that Khat has low abuse potential' (Fitzgerald 2009, p.24). He noted that the questions that are worth considering should be framed around deeper issues such as community building capacity, reducing family disruption and addressing mental health problems rather than on khat in and of itself….(p.26) Further, he notes that potential legal and regulatory options could be considered that reflect on "safe khat consumption."

Following the Fitzgerald review (2009) this report does not attempt to quantify broad aggregate market demand nor significantly focus on supply side issues outside of personal consumption within the community. Rather, it attempts to capture community consumption patterns, settings, attitudes and recommendations to try to resolve tensions and find acceptable community-based approaches to managing the social underpinnings and context for khat consumption.

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[1] The East African Women's Foundation's Parliamentary Petition (2008) http://www.aph.gov.au/house/committee/petitions/roundtables/30oct08/khattranscript.pdf (22 September)

[2] Fitzgerald, J. (2009) Khat: A Literature Review, http://www.ceh.org.au/downloads/Khat_report_FINAL.pdf, accessed 1/7/09.

b. What is khat?

According to Fitzgerald (2009) "Khat (Catha edulis) is a large green shrub that grows at high altitudes in the region extending from eastern to southern Africa, as well as on the Arabian Peninsula. Originating in Ethiopia, khat now also grows in Somali, Kenya, Malawi, Uganda, the Congo, Zambia, Zimbabwe, Afghanistan, Yemen and Madagascar" (p.4). The Khat leaf is chewed but not ingested by users. The stimulant effect of Khat has been attributed to the cathonine content of the leaves. In the dried leaf the Cathonine is metabolized to Cathine and norephedrine, which posses significantly weaker stimulant properties. Khat goes by a number of names, in the communities involved in this study, khat, qaat and jaad are most often used though for the purposes of this paper Khat will be adopted.

c. Regulation of khat in Australia

Under regulation 5 of the Customs (Prohibited Imports) Regulations 1956, the importation of Khat is prohibited unless an importer holds a licence issued by the Office of Chemical Safety and Environmental Health. An import permit provided by the Australian Quarantine and Inspection Service is required prior to application for any license and is valid for up to two years. The maximum importation quantity per month is held at 5kg per license, with no differentiation applied as to whether this amount is dried or fresh. Current processes allow for a single permit/license for importation of up to 5kg on a one off basis, as well as an annual licence which allows importation of up to 5kg per month for the duration of the license. To obtain the license (in addition to proof of permit from AQIS) a simple form must be completed with evidence of age (18+) and residence being provided.

Current arrangements allow for customs agents to pick up multiple orders on behalf of importers/users. The evidence relating to verification of ownership of goods will depend on the individual freight company contracted.

d. The Somali population in Victoria

Data on the Somali Population in both Australia and in Victoria is inconsistent. According to ABS Data[3], in 2007 the Somali population was approximately 5,286. According to the Department of Immigration and Citizenship[4] (DIAC) in 2007 the population of Somali's in Australia was only 4310.

In Victoria, the census data used by DIAC (also based on country of birth) indicated that the Victorian population was approximately 2,620.

[3] Estimated Resident Population, Country of Birth, ABS Cat no. 3412.0 Migration, 2006-2007, Australia
[4] http://www.immi.gov.au/media/publications/statistics/comm-summ/summary.htm

According to the Victorian Somali community the numbers are significantly larger than this estimate and closer to 10-11,000. The explanations for this discrepancy are as follows:

- a significant number of Somali's immigrate to New Zealand and then to Australia (thereby not being included in DIAC data),
- Somali's that move interstate to Victoria would not be included (this is particularly likely in terms of the large presence of the community in Victoria),
- those that were born elsewhere but lived in Somalia for the greater part of their lives (and hence identify as Somali) would not be included, and,
- the DIAC data would not capture the children born to Somali parents in Australia (who would also identify with the Somali community).

With respect however to formal statistics, the 2006 Census showed that

- The median age of the Somali born in Australia was 29.3 years compared to 37.1 years for the Australian population.
- Forty eight point one percent of the Somali born population in Australia were men and 51.9 per cent were women.
- With respect to stated religion, 95.2 per cent of the Somali born population noted that they were Muslim with the remainder unknown or unstated.
- The median weekly income for the Somali born in Australia aged 15 years and over was $214, this compares to $466 for the total Australian population.
- Of those aged 15 years and over, 39.9 per cent had some form of higher non school qualifications compared to 52.5 per cent of the Australian population.
- Among those aged 15 and over the employment participation rate was 41.7 per cent compared to 64.6 in the total Australian population.
- Among those aged 15 and over the unemployment rate was 30.8 per cent compared to 5.2 per cent in the total Australian population.

e. Methodology

As identified above, this project was community led with each step in the process defined by consultation with the communities involved. A series of issues were broadly elaborated in a discussion paper drawn up from findings from both national and international literature with a particular focus on the issues for consideration noted in the Fitzgerald (2009) report.

After consultation with the community groups involved, the issues identified were then developed into a series of questionnaires (see attachment A) that were then commented on and vetted by members of the project management group, which included DHS, CEH, EAWF and SCV and

VMC. In light of the limited time involved, no pilot interviews were undertaken, however, the open ended nature of some of the questions allowed further interrogation of issues that arose.

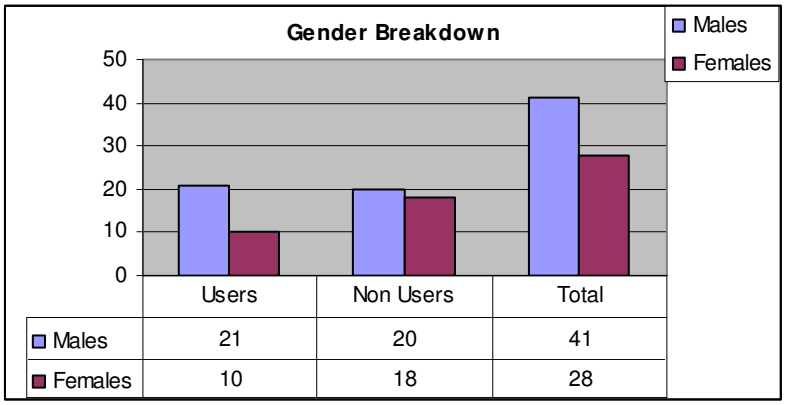
In total there were 12 in-depth interviews and 9 focus groups, with each community group responsible for the organisation of four or five of these focus groups (an additional focus group was requested for khat users to allow the women to be interviewed separately).

The in-depth interviews were held with community leaders in the following categories:

- Community leaders/Business Leaders
- Women
- Youth
- Elders
- Religious

Each community group nominated six individuals from within these categories, with at least one from each category.

In addition to the in-depth semi-structured interviews with the community leaders, focus groups were organised according to age, to try and capture any generational variation in attitudes, knowledge and consumption. The age groups were 18-24 yrs old, 25-35 yrs old, 36 - 50 yrs and 50+. The gender breakdown was as follows:



Whether the gender split for users is representative of the broader population of khat users is uncertain due to the lack of any population studies in this area in Victoria.

f. Limitations of this study

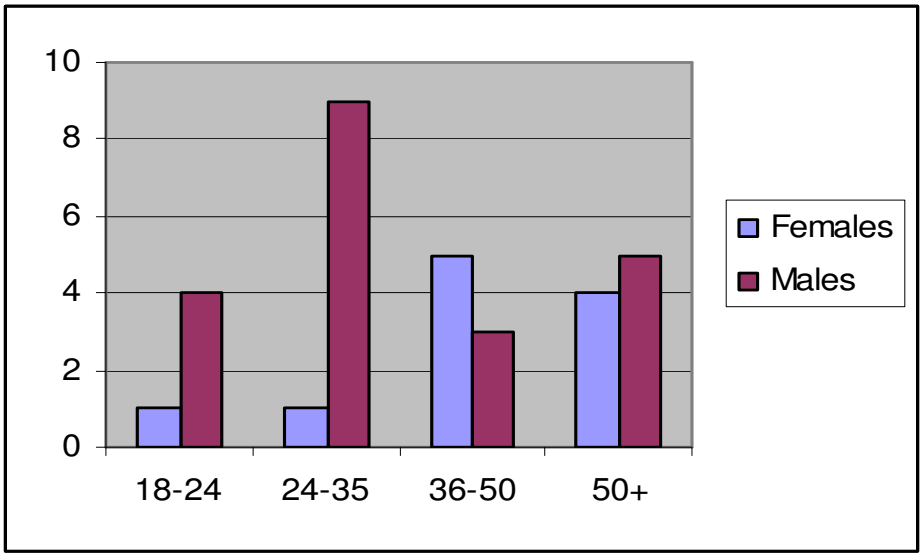
It should be emphasised at the outset that this report attempts to capture the Somali community's attitudes and behaviours with respect to khat. It is a reflection of the opinions and beliefs of those surveyed. As such this report is intended to provide only a rough indication of consumption patterns and attitudes in the Somali community to khat.

With respect to the regulation of khat importation, these findings, while being a valuable input into any consideration of regulatory change, should be considered a single contribution to what must be a far wider interrogation. Informed regulatory change needs to take into account; outcomes of international and national regulatory frameworks, contemporary health paradigms around harm minimisation, the need for further research into the prevalence of khat use in Victoria, and, importantly, more robust evidence of any deleterious health effects.

2. Consumption patterns and license holdings[5]

The following data relates to the consumption patterns of the 31 khat users that were interviewed either individually or within one of the nine focus groups. In total 10 females and 21 males were included in this data. Their ages are displayed below.

Table 1: Ages and Gender Breakdown of Khat Users Surveyed.



It should be noted that perceptions and concerns with regard to consumption are addressed in section 4 below.

a. Quantity consumed

Based on the survey data, average consumption per session is roughly 380g. Sixty percent of users in this sample, however, use approximately 125g per session, while 28% use 250g. Of those consuming 250g or more, only one was unemployed or not studying. The maximum consumed in any one session was 500g of which only 3 out of the 31 surveyed consumed.

[5] The following data is likely to contain some self reporting bias.

b. Frequency of use and employment

According to those surveyed, 68% of those who consumed khat did so only on weekends and on public holidays. One hundred per cent of the women surveyed (10) only used khat on weekends. Only two men were chewing khat 7 days a week both of whom were over the age of 50, one of whom was working part time. Of those using khat, 15 were employed, 6 were studying, 5 were retired (4 of which were full time carers), and only 5 were unemployed.

c. Duration

The average duration for a sitting for those surveyed was between four and five hours. Nine hours was the longest time for a respondent to use khat. This nine hours was reported by one respondent, a younger khat user who used khat only on Friday nights. Interviews highlighted that khat areas (separate rooms designated solely for men) in cafes tend to open and be populated between 3-4pm and 12am in the evening.

d. Smoking and khat use

Of the 31 khat users interviewed, 20 smoked cigarettes. Of those 20, 10 were regular smokers and the remaining 10 smoked only when they used khat. It should be noted that smoking indoors is unlikely to occur where khat users chew in café areas and public spaces. In this sample, 19 out of the 31 khat users noted a café as their primary venue to chew khat, if not one of their preferred venues.

As an aside, it is worth noting that in light of the Islamic prohibition on alcohol, khat users were adamant that alcohol was never consumed either in conjunction with khat or separately.

e. Dry versus fresh khat

While the data from Fitzgerald (2009) shows an increase in the importation of fresh khat, the majority of khat users interviewed largely consumed dry khat and only occasionally chewed fresh khat (with one user suggesting dry khat use was 80-90% of the khat chewed by most people). Users noted that that they were able to obtain fresh khat infrequently. There did, however, appear to be greater access and use of fresh khat by those that had licenses possibly suggesting that fresh khat was less likely to be shared. The majority of users preferred the fresh khat though a few said that they preferred the dried variety. Surprisingly, however, when asked why they preferred the fresh khat none of the users referred to the increased potency of the leaf in its fresh form. When asked what the difference was they primarily referred to the texture rather than the effects and the obvious preference of anything fresh over something that is dry.

f. Licenses

It is interesting to note that of the population surveyed (41) only ten had a license of which eight were women. All of those that had licences were 36 years or older and had been in Australia for at least 12 years. It was also clear from the interviews that the unemployed or younger people were not expected to have licenses and that there was an expectation that they would receive khat from family and/or friends. License holders noted that custom dictates that those that import khat share it with those close to them.

g. Estimate of the population of khat users in Victoria

If the data from those interviewed can be extrapolated to the broader community (including users from other communities) then based on the average use determined from this sample and the imported volume of khat reported by Victoria police and noted by Fitzgerald (2009), there would have been approximately 1760 khat users in 2007. If there is significant bias in the self-reported data (with users under reporting amounts consumed and/or frequency) then the population of users would be reduced. It should also be noted that even if 1760 users is a relatively accurate estimate of the total population of khat users in Victoria, the population of Somali users would be less. This is, of course assuming that khat was not obtained from home grown plants or through illegal means.

h. Perceptions of the prevalence of khat use in the Victorian Somali community and the role of networks

The above estimate is interesting in light of perceptions in the community. There is very little consensus in the community as to whether the Somali population are predominantly khat users or whether the majority of the population are non users. This uncertainty occurs across both users and non users. A group of elder non users believed that khat users are the overwhelming majority of the population. Younger users concurred. One male elder noted that he believed that only 10% of the male population used khat. Young non-users thought that 50% used while 50% didn't use, but noted that they were uncertain. As one non user noted:

> *"It is difficult to say whether more people use khat or more people don't use khat because when I grew my family never used it so I thought, its taboo, its bad and only bad people use it. When I grew up and became more involved in the Somali community I found it very surprising how large the population is who are public users. That tells me that it could go both ways"*
> Female 18-25, Non User

The data from the interviews and focus groups appear to indicate that khat as a social/cultural phenomena is self perpetuating through the immediate family with the overwhelming majority of users coming from families that have traditionally used khat. Conversely, those that don't use and are opposed to khat largely come from families that do not use khat. This may appear to be obvious, however, it is interesting to make the distinction between the immediate family and the

clan. While most non users had “uncles” that they knew that chewed khat, only 4 out of 41 non users had immediate family that used khat.

This has two important implications. In the first instance, it underlies that, at minimum, for many of the anti-khat advocates contained in this study, exposure to khat users and their impacts was not in their own homes nor in those of their immediate family or close friends. This partially explains the uncertainty with respect to the prevalence of khat use in the community. Close friends and immediate family are likely to be of the same belief system with respect to khat use and hence knowledge of the networks of those of differing beliefs is likely to be limited. This uncertainty is reinforced by the absence of any population data on khat use in Victoria and indeed in Australia. The second implication is that it reinforces the socialisation of khat as will be explored in the following section on “initiation and use”.

3. Initiation and Use

a. Initiation

Users and non users alike were largely in agreement that Somali youth in Australia take up khat use through the socialisation process with peers or family. The process of testing and trying khat occurs after the youth turns 18. As noted by one younger male:

> *"My whole family does it, I was the next in line. I started with mates. My mum found out and didn't mind…Better than doing other things".*
> Male Youth 18, User.

A similar perspective is held by non users:

> *"Usually it starts with imitation, it is very common in our country, young people they see it, they start chewing. It usually starts with peer group pressure."*
> Female 36-50, Non User.

> *"He uses it and then his son will use it, when he is 18 years he will start using khat,"*
> Male 36-50, Non User.

There is a strong belief in the community that prior to 18, the culture does not consider it appropriate for youth to use khat. There is, however, a degree of emphasis on using khat to increase concentration when studying. It was not stated whether this was limited to those over the age of 18.

When interrogated about whether trying khat was related to depression or a response to trauma pre or post migration, the community was adamant that while these experiences may increase consumption or frequency, they would not be the initial impetus to commence using khat.

> *'It's once you start, and you know the feeling it gives you, you may use it when you are down."*
> Female 18-25, Non User

It is also interesting to note that khat chewing appears to be something adopted when the community surrounding the potential user deems it appropriate, ie at 18 rather than later in life. There were no examples given where individuals had taken up khat later in life.

c. Use

The following sections examine explanations provided for ongoing khat use.

1. Socialisation

The overwhelming response to the question regarding why users chew khat, is the social aspect of its use. Users see khat chewing as time specifically allocated to being with friends and family.

While some of the older khat users may use khat alone at home or occasionally with a partner, for the most part users chew khat as an integral part of the social experience.

> *"We wouldn't use khat by ourselves,"*
> Male 18-24, User.

> *"If I am unhappy I will call a friend and I will go around and talk and use khat, but if they are not home or are busy I will not use khat on my own.."*
> Female 36-50, User.

Khat chewing is perceived as an antidote to loneliness, with the socialisation process being inextricably tied to chewing khat.

> *"With khat you feel very happy, when you eat khat you are with your friends."*
> Male 70+, User

> *"Loneliness is a bad habit, so let him come to the community and socialise and eat khat".*
> Male 70+, User

Some khat users argue that they are more content than non users because they socialise more as a direct result of khat.

> *"Those that use khat socialise more than others."*
> Female 50+, User

2. Khat and Culture

The Khat users interviewed argued that socialisation around khat use is a cultural phenomenon imported from their home country.

> *"We use it here just like we did in Somalia,"*
> Female 36-50, User

"In Somalia, we were chewing, women were chewing. I don't know what the problem is, it is part of our tradition".
Female 50+, User

"Older women…know that back in Somalia there was no problem with Khat".
Male 70+, User

A number of non users argue that khat has no cultural connotations, though definitions of culture vary between notions of tradition and identity.

"There is no cultural aspect of Khat, for culture you need to be proud, but that is not the case, people are ashamed."
Female 36-50, Non User.

Khat, Culture and Women

The cultural aspects of khat are strongly debated. For some of the elderly khat users, though contrary to the majority of khat users, khat as a cultural phenomenon is exclusive of women.

"In our culture, women especially are not allowed to eat Khat because they are vulnerable, because they have children it is not good for them to waste their time on Khat".
Male 50+, User

As noted by the female khat users, perceptions differ on this issue, however, there remains some recognition of a distinction between men and women users.

"Women, it is a cultural thing, they don't use khat in public. But in their own private time, in their own friends place, there is no problem. But if you go to where men are sitting around having khat, I would then have a problem with my male relatives. But we respect our culture. Our grandmothers, our mothers they all chew but they chew with other women."
Female 36-50, User.

Khat and Culture in Australia

For non khat users, it is living in Australia that has changed the culture of khat.

"Years ago, it was taboo for women to use khat, but unfortunately it has changed, the culture is changing, women are no longer hiding it, they confronted us that they are chewing khat in Australia".
Female 50+, Non User.

"In Somalia it is very unacceptable for a woman to use khat, but here everybody is free, everybody smokes, it has changed".
Male 36-50, Non User.

What is agreed upon by both users and non users is that Australia has, to some extent, impacted on relationships to khat. It was noted that khat provides a central point around which friends gather and seek the support and companionship of friends and family that once came from living in close proximity in villages.

"But being away is the hardest, back in Somalia the women would have support from other villagers, but here she is more lonely,"
Male 36-50, Non User.

"We come from far to be together, and when I do I am happy to see them because I cannot see them all the time."
Female 36-50, User.

Many khat users perceive khat as being a means to hold on to cultural roots while being a part of the broader Australian community.

"Australia is our home, none of us wish to go back, most of us have been here for a long time, for us this is home we want to retain our tradition our culture as well be a part of wider society and be good citizens, this is our home. With khat it is also part of our lives."
Female 36-50, User.

Khat is also seen as a natural adaptation to contemporary Australian culture. In light of the fact that Somali's are 99% Muslim which requires abstinence from alcohol, many khat user's feel that khat socialisation provides an alternative to Australian pub and bar culture.

"It gives us an opportunity to talk, to come together, if you see other people, they can go out and drink wine after work, this is equivalent, this is like the rest of the population who socialise and have barbeques, as they have in the Australian culture, sitting around and chewing khat is our barbeques".
Female 36-50, User.

"Like you like to go out and socialise and drink, we like to go out and socialise and use khat,"
Male 24 -36, User

The women also noted that this is a far cheaper alternative to alcohol.

"Compared to our friends that go out on a Friday night and spend $150, we stay at home it is much cheaper,"
Female 36-50, User.

The costs of khat is not an insignificant issue in light of average incomes in the community, and evidence which will be explored below of emerging tensions arising from financial concerns.

Khat, Culture and Youth

Khat is also seen as a culturally appropriate and safer alternative to drug taking. It is viewed as a means of deterring and preventing youth from being pressured or socialised into using hard drugs.

> *"Khat means that young people don't go to things like alcohol and drugs. It is better for the young ones - not the school age but 20 year olds, it is good to use khat, because they will use khat instead of going to something worse than that. I will tell them if you can't give up drugs or alcohol, then use khat."*
> Male 70+, User

Some non users argued that youth would not use drugs irrespective of the availability of khat. Unsurprisingly there is no consensus as to whether youth would choose abstinence or choose to rebel against religious precepts if khat were unavailable.

3. Community leaders

Within the Somali community, amongst khat users it is argued that khat plays a pivotal role in gatherings of community leaders/elders. A number of those that do not generally use khat will chew khat specifically and solely within the context of a community meeting or mediation.

> *"When we are making reconciliation, or dealing with arguments [I use]"*
> Male 49, User

> *"When there are issues to talk about [I use khat]…[We come together when]..We are consulting with youngsters, if there is confrontation in a family we discuss this too."*
> Male 70+, User.

Interestingly, a female elder noted that the only time that she used khat in the company of men was when she was in one of these community leaders' meetings. It is clear, however, that this association is contingent on the leaders involved and their sphere of influence.

4. Stimulant

One often-repeated advantage of khat use was its stimulant effects. As highlighted above, this was largely attributed to the dried khat (being the predominant source of khat for the community). Younger users compared it to caffeinated energy drinks, noting that it was more

potent and contributed to a greater capacity to focus. The increased energy and/or focus was seen as positively contributing to both work and study. With study it was seen as a motivating factor:

> *"It motivates you, it helps you to study,"*
> Female 50+, User.

Similarly for housework. As one female interviewee noted;

> *"I like it when my husband eats Khat at home because he helps doing cleaning and cooking that he normally doesn't do. My other friends told me that their husbands also clean when they chew Khat at home."*
> Female 24-36, User.

It should be noted that this inclination towards housework by husbands, though mentioned by a few female users, is vehemently denied by non users. Non users attribute the lack of support users give to their partners directly to khat use. While this will be explicitly addressed in section 4, it should be noted that the reason for the discrepancy may be two fold. In the first instance, differences in individuals and their relationships may give rise to different responses to the khat. In the second case, the location for using khat would certainly impact on the contribution to the household and child raising.

These issues aside, the stimulant effect of khat is certainly acknowledged by both users and non users. It is somewhat reluctantly noted by users that khat may cause a degree of insomnia, though this is argued to be mild.

> *"It may keep you up for a bit, but after an hour or two you will sleep."* Male 24-36, User

Khat users, however, predominantly view this effect in a positive light maintaining that it not only helps motivation but also provides the energy to undertake long hours of work.

> *"With Khat you are alert and can drive a taxi, more than usual because you are alert and happy".*
> Male 70+, User

Khat was often specifically mentioned in the context of taxi driving. The actual hours that the taxi drivers are working is uncertain. However, it appeared to be considered common knowledge by those interviewed that a number of taxi drivers use khat to undertake longer shifts.

> *"I know taxi drivers that use the khat to do 24 hour shifts, because it keeps them awake"*
> Female 18-25, Non User

It should be noted, however, that comments regarding driving and khat use were not expressed by the taxi drivers themselves.

5. Therapeutic

Khat as a therapeutic substance is derived from perceptions that it alleviates stress, promotes relaxation while also and importantly, promoting dialogue between users. In the first instance, users regularly noted that it had a calming effect and that it enabled users to relax .

> *"It makes me relaxed, calm",*
> Male 50+, User

For many interviewed this khat induced relaxation was inextricably linked with being social.

> *"We work 5 days a week, after work we shop, after we shop we cook, after that we want to relax, we want to socialise with other people."*
> Female 50+, User.

> *"and when you have stress especially you eat khat once, it is a good stress relief. Those that use khat socialise more than others."*
> Female 36-50, User

One of the other critical advantages of Khat use was perceived to be its ability to facilitate open and honest communication between users. The gatherings to chew khat are seen as forums for discussing problems or issues with friends, family or elders. Quite a few young people noted that it *"helps you communicate with friends*" (Male 18-24, User).

Khat sessions are viewed as forums for dealing with frustrations and consulting others to seek advice or to just be heard.

> *"If someone is frustrated, to forget the frustration they may get khat and chew in order to forget all the problems that he accumulated. If he is alone the frustration will increase if he eats khat and comes to friends by that time he will forget those frustrations. He can discuss with his good friends the problems and they will consult with him [while chewing khat]".*
> Male 70+, User

Many khat users noted that they use khat sessions as their primary outlet for discussing and dealing with their day to day problems. An interesting aspect of this use of khat sessions for discussing and dealing with problems was surprisingly highlighted by non khat users. A number of them noted that khat users and particularly older khat users spend sessions discussing Somalia and their experiences. This was viewed as being consistent with wasting time and dwelling on the past:

> *"These people have been connecting to their background. Some people are talking about the war, news, they are pontificating. Someone who sits for 12 hours has to be doing something so this is what they do".*
> Male 25-35, Non User

Many non users appeared to view time spent reflecting on Somalia as unproductive. Hence, khat sessions appear to be the only forum where the past and contemporary concerns about Somalia can be discussed openly without criticism.

> *"The issues discussed are mainly Somali politics. That will give them some kind of illusions they are dealing and solving problems, in reality they are increasing the mental disorders, depression, it is a temporary relief".*
> Male 25-35, Non User

In a community that observes *that "Culturally we don't do the Australian type of counselling" (Female 36-50, Non User),* gatherings for khat use may be argued to provide some sense of identity and recognition of the past and its experiences, particularly for the older generation.

6. As escape

The two most common explanations provided by non users to explain ongoing khat use were addiction and escapism. Addiction will be explored in detail in section 4 which highlights community concerns. With respect to escapism, a number of non users explained ongoing khat use as a perceived palliative for trauma, dislocation, frustration, social exclusion (particularly as pertains to the labour market) dissatisfaction, boredom and, in a few instances, indigence.

While users did acknowledge that khat sessions were used to discuss problems and frustrations, the exact nature of these problems, however, were not disclosed and there was no explicit mention of khat being used specifically to address the post- or pre-migration experience. It was primarily the non khat users who viewed khat as an "escape," they noted:

> *"These people are traumatised, because they come from civil war and once they have that state of mind and they come to countries like Australia, they are unable to lift themselves in terms of education and employment, so they need to be busy with something, the result is that when they chew khat…..in reality they are increasing the mental disorders, depression, it is a temporary relief".*
> Male 25-35, Non User

This reference to khat as "something to do to keep busy" is a common theme highlighted by non users and attributed to the unemployed and the elderly.

> *"unemployment does play a part, because it gives him more time, he has to kill the time. If he is offered a job, or employment they will never take the opportunity*".
> Female 36-50, Non User.

It is highly conceivable that khat use may be linked to pre or post migration experiences and the experience of unemployment or social exclusion. It is difficult, however, to ascertain the degree to which these claims are reflective of the khat chewing community. Those interviewed did note that they may marginally increase their consumption of khat if they were unemployed but noted that they would not use khat before the afternoon or evening as this was the time that they could use it socially. Khat users did not talk about trauma or the post migration experience. This issue remains difficult to explore because of the cultural reluctance to talk to a stranger from outside the community about personal issues. It also should be noted that of the 31 khat users interviewed, 21 had jobs or were studying and four were retired full time carers. It is uncertain if this population is representative of the broader khat using community.

4. Concerns

The following sections highlight concerns of both non users and users around khat consumption, its impacts, perceptions and tensions in the community.

a. Health

To determine the critical concerns of non users with respect to khat use, non users were asked what they thought were the biggest issues affecting the community with respect to khat. They were asked to choose from:

1. The time spent away from family
2. Aggressive behaviour
3. They become lazy
4. The health risks
5. They smoke too much
6. They waste money.
7. Other.

While non users generally identified that all of the above were issues, the majority chose either health risks or time spent away from the family as their key concerns.

With respect to health, non users believed that there was an extensive list of health risks associated or directly caused by khat. The emphasis on health issues, however, was slightly less pronounced in older (50+) and younger (18-24) non users. As noted by one woman and reflected in the general responses of these groups;

> *"Research shows that it can impact on almost every system in the body."*
> Female 24-36, Non User.

The list of health problems perceived to be caused or contributed to by khat is extensive. It included;

Affecting the nervous system, cardio vascular system, gastrointestinal system, reducing oral health, leading to liver problems, causing impotency, oral cancer, constipation, insomnia, elevated blood pressure, anaemia, anorexia, loss of teeth, kidney failure, diabetes, heart failure and involuntary ejaculation,

With respect to mental health, perceived impacts included; psychosis, paranoia, schizophrenia, increased aggression, hallucinations, erratic and restless behaviour.

One person also stated that khat may be used to mask pain and consequently prevent timely medical attention.

It should be noted that the distinction between causal and contributory factors were only occasionally addressed.

Any negative health impact of khat was largely denied by users. In some instances khat was seen as positive for blood pressure and for diabetes and for increasing the libido. Most khat users denied any impacts on sleep patterns and most noted that there were no "hangover" effects the next day with functioning as normal after a khat session. The general consensus with a few exceptions was that there weren't any health risks to general khat use. As noted by one user;

> *"I have been chewing for 20 years, and my friend for 40 years, there are no health problems caused by khat,"*
> Male 36-50, User

There were only a few acknowledgements that khat use could have negative side effects. One youth stated;

> *"Occasionally [I] get a stomach problem the next day so you take [medicine] liquid for the stomach ache,"*
> Male Youth 18-24, User

Another user acknowledged that there may be impacts on sleep;

> *In terms of keeping you awake it depends, sometimes its only for an hour or two, if you eat or drink you will sleep straight away, it usually depends on the individual."*
> Male 24 -36, User

The overwhelming response to the question as to whether khat users knew of any health impacts resulting from khat was that they didn't believe that there were any. While most khat users denied any negative health effects they did acknowledge that the effects of khat likely differed for different people.

> *"The effects differ for everyone, some people it makes them feel sexual, for others the opposite, how it affects you is individual."*
> Male 36-50, User

> *"Some people have told me, we are not eating much when we are eating khat. But that is not me".*
> Male 70+, User

The critical argument for users was that they believed that unbiased and rigorous evidence did not exist supporting any negative health effects of khat. Users clearly noted that if this evidence was available they would consider it and possibly change consumption if not quitting outright.

> *"When they did research into smoking they found it was harmful, they had signs and Quit lines. If the government was to find out absolutely that there is something wrong with this let them provide some information, so we can make an informed decision. We only want real information that has been*

established and proven, and this information should be provided to our younger generation or to anyone who doesn't have any idea. However, if it is found any real information that khat leads to health or behavioural problems, then people need to be informed, so that they can make their own choices. If the government and the scientists find real proof then they need to provide us with it. But if there is nothing conclusive then why should we stop?"
Female 36-50, User

There did, however, appear to be some agreement amongst those holding less extreme positions on khat that physical and mental conditions could possibly arise from excessive and longer term consumption. Excessive use of khat for prolonged period was compared to abuse of drugs, alcohol and food. There was no indication of what excessive use might entail.

"Everything when you eat too much, like food or alcohol, it is the same like that, it is not good for you, but if you eat normally it isn't a problem."
Female 36-50, User

"If you use too much you can lose your commitment to other things. Its like when you go to the pub every morning every day, or to the pokies, addiction to anything is bad".
Female 36-50, User

The final concerns with regards to health were the community's attitudes towards informing doctors of khat use and, perceptions of knowledge of khat by local doctors. For older users (50+), khat use was not viewed as something that needed to be disclosed to doctors.

"I have gastric problems, but not related to Khat. My doctor asked me if I had ever taken drugs, because I occasionally got dizzy, but I would never do drugs because of my religion…we don't consider khat a drug, so I don't talk about khat [to my doctor]". "She never asks about khat, because it is not her business".
Male 50+, User

For younger khat users, there was a general consensus that if asked by a doctor if they were taking drugs, alcohol or any substance that may impact on their health that they would tell the doctor about their khat use. A few of them noted, however, that this would likely be redundant as the doctors would be unlikely to have any idea about what khat is and any potential impacts. Non users also concurred that doctors would be unlikely to know about khat. The only exception to this was two interviewees who noted that in psychiatric hospitals in the north and north west of Melbourne there did appear to be awareness and clear guidelines on khat use for patients.

b. Addiction

One of the themes that emerged from interviews with non users was the perceived problem of khat as an addictive substance. Khat and its assumed impacts were repeatedly linked to addiction and addictive behaviour.

More specifically, khat was often referred to as an addictive drug. Its effects were compared to marijuana, cocaine, ecstasy and methamphetamine "ice" largely by younger non users. In low dosages it was described as being like marijuana and in larger doses it was said to have "ecstasy like" effects.

It was not just younger non users that described the response to khat as reflecting typical responses of drug abuse and drug addiction. References to "getting high," "becoming violent and aggressive," "psychosis" and living in a "fantasy world" were all used to described the state of the "addicted" user who chewed khat. As one non user observed;

> *"The health impacts are the same as a drug, like heroine or cocaine, people who use it, need it, it is an addictive drug. Similar to those who use cocaine or heroine they need it, so he will go and buy it and sit somewhere. It is a drug, it is not a food that you need for your body. When they use khat their brain works differently. They create a lot of fantasy, stories. He creates all these fantastic plans, yet when he wakes up all these plans are nothing".*
> Male 36-50, Non User

> *"There are mental health problem, it can lead to dependency, and it can affect their judgement. You are not really stable at that point".*
> Male 25-35, Non User

There were frequent references to addiction throughout interviews with comments made by non users suggesting that initial consumption inevitably increases exponentially. Further, they argued that other problems associated with the drug culture result. Problems referred to included; stealing to get money, taking money that should be used for family basics, disengagement with the workforce and lethargy.

> *"Once a week, leads to two times a week and that leads to everyday, this is an addictive drug".*
> Female 25-35, Non User

What is interesting is that there were users who also referred to excessive khat use as addiction.

> *"If you use too much you can lose your commitment to other things. Its like when you go to the pub every morning every day, or to the pokies, addiction to anything is bad".*
> Female 36-50, User

> *"When the government made it illegal in Somalia, more people became addicted."*
> Male 70+, User

There appears, however, to be some confusion in the semantics. While some individuals referred to excessive khat use (undefined) as addiction, others referred to addiction in the context of dependence, with connotations for cessation of use and withdrawal.

Conversely, however, there were a small percentage of those interviewed (both users and non users) who specifically denied that khat had any addictive properties as pertains to cessation of use and withdrawal.

> *" I don't believe that khat is addictive, people can stop easily",*
> Female 50+, Non User

> *"People are only claiming that they are addicted, but really there is no difficulties in stopping,"*
> Male 25-35, Non User.

Addiction to khat, however defined, is perceived as being inevitable by a significant proportion of non users. In the case of a small number of users khat was seen as potentially being addictive only in the context of the potential for excessive use. This potential for misuse is acknowledged by some elders, however, they claim that they try to address the issue when they see it occurring;

> *"Sometimes [when] I see people misuse Khat. I go to them and say to them this kind of behaviour is not good… sometimes you can have a bad time…someone can sit in a place and eat Khat for more than 24 hours. We say to them, eat the Khat but you have to find a job, eat the khat but if you are not eating this is not good for you"….They will never go to anyone [about their problems] but we go to them".*
> President Somali Community of Victoria

It is uncertain whether this is a pervasive response to "excessive" use, and whether addressing the "issue" is primarily limited to the indigent in the community.

c. Financial problems

For a smaller proportion of non users, financial issues were one of the key problems resulting from khat use. As noted above, financial issues are claimed to stem in part, from the addiction to khat. Non users stated that some khat users steal from strangers or used family money to pay for increasing amounts of khat. This was viewed as of particular concern in the context of limited family incomes.

> *"Financially, khat is not cheap, it therefore effects the family's economy, it takes money away from family needs".*
> Male 25-35, Non User

Financial issues are widely recognised in the community as a problem irrespective of perceived causal factors. One non user acknowledged that financial issues are a concern and result in significant family tension that khat would exacerbate but would not necessarily be the primary cause.

> *Somali's have a lot of family members back home [to Somalia] which they support, so the husband sends money to his family and the wife sends*

money to her family, so they start arguing over who to send the money to. A lot of the problems are financial. Khat could exacerbate it but originally its starts from the financial problems. Financial mismanagement.
Male 36-50, Non User

Khat users further argue that financial issues per se and not khat are the primary cause of family dysfunction;

"The women who…don't use khat and are complaining about their husbands that do, they are not looking at the underlying issues. This is not the cause of the family break down, it was an issue that was already there they are scapegoating khat. It is more than khat, it is the financial issues they break the family."
Female 36-50, User

Both average income levels and remittances are likely to place a strain on finances in the Somali community. The impact of khat use may increase financial difficulties for users and their families.

However, when asked if khat was considered expensive or affordable most users and non users said that it was affordable or relatively cheap. Rough estimates based on consumption data shows that khat, valued at approximately $35 per bag would cost (without taking into account any subsidisation of the khat use of others) $28 per week or 13% of average weekly income. This is not an excessive or an insignificant proportion of total average weekly income.

What became clear from the interviews, however, was that those that were unemployed or studying did not pay for khat but rather received it from friends and family. Whether this is reflective of a broader trend of providing those with limited incomes with free khat is uncertain.

d. Illegal activities

A lesser concern that was expressed by some of the non users was the selling of khat. It was noted that it was easy to obtain and that users and non users alike knew where it was available.

"You can get it everywhere, it is in the shops, people are selling it, everybody knows where to get some khat if they want it",
Male 50+, Non User

They noted that khat's only advantage was the money to be made from it. According to non users this created a disincentive for individuals to actually admit that it had negative impacts.

" There are no advantages except to make money".
Male 25-35, Non User

"They will admit that it has negative health impacts, but its always for someone else, particularly if they are making money on it".
Female 25-35, Non User

It was also noted that the selling was in violation of the importation of khat for personal use and therefore needed to be better monitored by the police.

> *"Given that it is only for personal use then the government should make sure no one is selling it, they should regulate better the selling of it, these people make a lot of money."*
> Male 50+, Non User

> *"There is alot of illegal activity in that people are getting friends who don't use and getting their licenses to bring more in and to sell. That is effectively trafficking so it should have the same rules as trafficking."*
> Female 18-25, Non User

The selling of khat was not really explored in any depth in this research. While some non users mentioned it as an issue that should be tackled, there was no sense of the scope of the market, nor demand. While it was clear that there were a significant number of users that did not have licenses, the contention was that they were given the khat from family and friends. It is impossible in the current study to make any assumptions about revenue or market size.

e. Religion

One of the more contentious concerns that was raised in the interviews was the role of religion in the khat debate. There were two related issues with respect to religion. The first issue centred around whether or not using khat was in contravention of the religious doctrine of the Koran. Many non users stated explicitly that khat use was against their religion. Khat users were emphatic that unlike alcohol and drugs there was no explicit mention of khat in the Koran, thereby making it acceptable as a Muslim to use. The khat users in the study were clear that they did not use alcohol and believed themselves to be practising Muslims. What is interesting is that there appears to be religious leaders on both sides of the debate.

The second issue that was raised by khat users was a perceived change in the nature of the Islam practised by various members of the Somali community. According to these individuals, anti-khat users were affiliated with a more extreme version of Islam that was not reflective of the historical cultural norms and traditions of the Somali people. They argued that the anti khat movement was reflective of a broader trend towards a more conservative practise of religion.

> *"Even the sheiks back home used to use khat. But since the war, there has been a shift. When people go through trauma they sometimes turn to religion, so women and men turned away from what we used to wear and men and women can't eat together. So there has been a big shift towards religion which was not there before. Somalis are mainly muslim but the way we lived has shifted, it is more religious. We love our religion, we practise, but we don't want anyone taking our freedom away from us, in terms of doing what we want to do as long as we are not crossing the boundary as it is written in*

the Koran. They are mixing khat and religion together, they are separate. They are two different things."
Female 36-50, User

They further argued that khat has been an integral part of their cultural and religious heritage:

"In Somalia, we were chewing, women were chewing. I don't know what the problem is, it is part of our tradition when a baby is born they put khat on its head and it is a blessing… they think they (religious Somalis against khat) can change 150 years of tradition".
Female 50+, User

When asked whether the debate had any relationship to clan adoption of khat, the responses were:

"Khat use is not about clans, it is about religion, the religion as they want it (anti khat users), it is only the extremists religious people who want you to stop khat."
Female 50+, User

Tied in to this debate around religion was the role of women. Here, notions of Somali tradition and gender roles emerged;

"The religious people, they don't want us to socialise, they want women not to use khat but rather be a slave to the men".
Female 36-50, User

A further argument presented by users is that the religious divide may be responsible for some of the tensions between husband and wives when the husband is a khat user and the wife is attached to the so called "extremist" religious community of Somali's.

Khat opponents are acutely aware of being labelled "extremists" and deny that they represent an extremist position on religion. Intra-marital problems attributed to a wife's devoutness were not raised. This is, however, yet again a personal issue that would not be discussed with an outsider.

The main reason for including religion as a concern is that it appears to be another source of tension for the community that has become intertwined with khat but may also reflect tensions arising from changing values and lifestyles post war and/or post migration.

f. Aggression and Domestic Violence

Aggression and domestic violence was one of the more concerning issues that was raised. It was seen as one of the main concerns for non users aged between 36-50, and for a few 50+ non users.

This demographic split may be at least partially explained by a possible vulnerability of women of this demographic, explained by their and their husbands' age at migration. The displacement and migration experience for this demographic may have created greater conflict around identity and gender due to their age when they left their homeland and the time spent in refugee camps. This is, however, speculative.

What is known is that domestic violence was raised as an issue for this demographic. Non users argued that khat was either causal or contributed to domestic violence, though this was not differentiated in discussions.

> *"We know plenty of people who have been hit and it's because of khat. Later the man will apologise".*
> Female 25-35, Non User

Amongst these non users, however, the majority were of the belief that khat use caused aggression. When elaborated upon the stories tended to focus not on aggression while using, but rather aggression and violence the following day when requested to help with the family responsibilities, or when arguments arose about the use and cost of khat.

Users argued that khat has a calming, not aggressive effect, making people relaxed and not violent. One woman compared khat to alcohol noting:

> *"Some men when they go to the pub, they have too much and then they go outside and fight, when they eat khat at the café they will never fight, they will just go home, because it doesn't activate violence."*
> Female 50+, User

Both sides highlighted that other issues contributed to the violence occurring in the community, with or without khat.

> *"Domestic violence happens in many cases not just khat."*
> Male 50+, Non User

> *"If you looked at it, the number of people who eat khat and have a family breakdown compared to those that have a family break down but do not eat khat, in my opinion those that don't, have higher rates of family breakdown. It is not khat responsible for the family violence or any other problem".*
> Female 36-50, User

Both sides identified financial issues as particular stressors leading to violence:

> *"Number one is the khat [as a cause of violence] when he can't find the money, he is under the impact of khat, firstly he hits the mother and then the children".*
> Female 25-35, Non User

> *"Not 100% related [khat and domestic violence], some of the issues are financial, I have seen a lot of cases where it is khat related, but a lot of the*

cases the violence was caused by how the income is used… a lot of the problems are financial. Khat could exacerbate it but originally its starts from the financial problems. Financial mismanagement."
Male 36-50, Non User

"It [Violence and family breakdown] is an issue that was already there they are scapegoating khat. It is more than khat, it is the financial issues they break the family."
Female 36-50, User

From those interviewed it appeared that any causal relationship between khat and domestic violence occurred consequent to social impacts like arguments over family responsibilities, finances and khat use, not the pharmacological impacts. Sleep deprivation appeared to be the only physiological impact of khat use mentioned as directly causing aggressive behaviour. Psychotic behaviour was mentioned but not directly in relation to domestic violence.

Irrespective of the source of the violence that is occurring both sides are in agreement that prevention and appropriate support is required to address this issue.

g. Social issues

"Unless we get the support of the government, the whole community will be single".
Male 50+, Non User

Social issues, and, more particularly, the time spent chewing khat away from the family and/or sleeping during the day was viewed as having the greatest impact on both families and the community. Non users saw this as directly causing social dysfunction through the increasing experience of family breakdown and unemployment.

Unemployment was seen to be a function of lethargy, sleep deprivation and unproductive time spent chewing khat with friends and family.

"it creates unemployment in the community because the person is not looking for work".
Female 36-50, Non User.

"Khat is bad for chewers, they become lazy, they don't keep time, they don't come to work on time. They are either looking for khat, or sleeping off the effects of khat because of the lost time of sleep".
Female 36-50, Non User.

"They become unsuccessful in their families, their work, their lives, because they spend their time eating. In this country time is money. If you use [khat] you can't go to work in the morning…"
Male 50+, Non User

The family breakdown was ascribed to a number of issues attributed to khat use. In the first instance, as identified previously, it was argued to create family difficulties by contributing or causing financial problems and depriving families of income for basic needs by spending money on khat.

> *"if someone has a few coins their main priority will be to buy khat, rather than buying food for himself and his family".*
> *Female 36-50, Non User.*

Second, it was seen, as noted above, to contribute to lethargy and unemployment thereby placing greater strain on the female and the family finances.

However, the greatest contributor to family breakdown was perceived to be the absence of the husband within family life. Non users argued that the absence of the father during khat use and when sleeping during the day implied that woman almost entirely carried the burden of child rearing, increasing both their stress and isolation. Further, this absence was said to deprive the children of their father as an active and engaged parent and provided poor role modelling for the children. As was noted;

> *"[Khat] [i]mpacts the family, they are not up to sharing the load with the wife. He spends most of his time with different groups of males chewing khat. Not in his house, in some other house. He is not aware of his kids situation, he is not helping his wife, or the kids when they need it".*
> Male 36-50, Non User.

> *"Their family responsibility is neglected, including the children, they are supposed to be role models…they are unproductive for the six hours that they spend chewing khat a day, at the end of this they are tired, they have mood swings which the khat created. By the time they come to the family they are either violent or reserved, because they need to sleep. It is either of these two states".*
> Male 25-35, Non User.

The women khat users countered these claims arguing that their khat use was not exclusive of their child raising or employment responsibilities.

> *"You can accommodate all the things that you want to do, there are no disadvantages. If your child comes to you and wants something to eat, you get up and make it for them, you still feed your kids, you still do everything you have to do. But khat is like having your own time."*
> Female 36-50, User

> *"The government should know that we have rights, we are citizens and tax payers, mothers and employees, we are not unemployed or not looking after our children".*
> Female 50+, User

"Let me give you an example, for almost 6 months after university I didn't get a job, I was so stressed, but that didn't mean that I used khat during the day, I didn't even think about it… I believe in Allah, I believe that Allah would tell me to be productive, to do, not to wait for a job to come to me. Khat has never made me stay at home and sleep during the day and not do anything."
Female 36-50, User

The users interviewed, as previously identified, were almost all employed or studying. They vehemently denied any impacts of khat use the following day and most claimed that khat use was limited to the weekends. It would be difficult from this study to determine the absenteeism of parents, or the prevalence, which if proved true would definitely present a problem to the community.

With respect to the causes of absenteeism, family dysfunction, single mothers, violence and unemployment, users argued that these were a function of non khat related social problems. They believed that khat had been used as a scapegoat. As briefly mentioned above by both users and some non users these issues stemmed or were exacerbated by post migration experiences (mostly experienced by men) which included; being deskilled or having qualifications and experience not recognised, undertaking unsatisfying unskilled labour, experiences of discrimination in employment and dealing with changing gender roles. As clearly articulated by one user;

"Lets be clear when they brought the refugees, so many were brought her under the women at risk programs, so many women and children without their fathers were brought here. That is one issue. The other ones that came, the couples and children if they have been separated here it is because of the adjustment to social life here, men losing their status in Australia, when they were someone back home and here couldn't find the job that he could have in Somalia.

There are language barriers and some of the women are working, they are more easily adjusting their lives into being part of the society and men are still standing where they used to stand back home, they don't share the chores at home, they aren't helping with the raising of the children, so there are a whole lot of issues. The men, they don't have the qualifications, their age and their experience, they want to be the managers and the doctors they were at home. Narrow minded people explain all the social problems as caused by khat. There are so many reasons besides khat for the social problems."
Female 36-50, User

There is no doubt that social problems exist in the Victorian Somali community. Employment levels are high and average incomes are low. The post-migration experience and adjusting to contemporary Australian life is inevitably going to be more difficult for some members of the community, while discrimination and language barriers are also likely to negatively impact some of its members. Whether divorce rates are higher or lower than the broader community is uncertain. What was noted by users was that in Somalia, divorce was not common and there was a stronger emphasis on families staying together.

In light of this, comparisons to current rates in Australia would be likely to fall short. This is not to undermine this very real problem, nor to state that khat does not play a role. Rather, it should be recognised that other factors are likely to be impacting on social cohesion and need to be addressed and, that solely addressing the khat issue would not address these other critical issues. The khat issue though is clearly having an impact on relationships, not least by virtue of its polarisation of the community and its emergence as a tension in familial relationships.

h. Youth

Despite the polarisation of the community around khat issues, the community appears to be quite united on the need to create a future for their children.

What was clearly viewed as being problematic for both users and non users was the absence of fathers and occasionally mothers from active engagement in the children's education.

> *"if this user has a child and the child has a parent teacher meeting, he will never take two steps to go to see the teacher. He has no involvement in the family'.*
> Female 36-50, Non User

> *"There was one woman who I counselled and she was about to leave her husband because of khat, and she said I only want him to answer one question, if he can answer that question I will forgive him everything. So she asked him "what year is your son in? and he said, I don't know, maybe grade 5, or maybe grade three, I don't know, that shows you he had no link to the family."*
> Male 36-50, Non User

Some users and non users attribute this absence, not to khat, but to language and educational barriers and to the changing roles of men.

> *"I believe that the social issues are caused by other things, not khat. In Somalia the men were supporting the women but now they are earning their own income, and sometimes the men aren't working but still the man believes that he has the same role he used to…"*
> Male 50+, User

The majority of those interviewed were concerned about youth. Users were all adamant that children under the age of 18 should not be given khat. Both sides clearly articulated that parents needed to be both encouraged and supported to participate more fully in their children's education, irrespective of the causal factors, be it khat or otherwise. The frequency with which members of the community referred to participation in schooling by parents is indicative of the concern that they hold for their children. This concern extends beyond schooling to their socialisation and their broader participation in the wider community. The Somali community is concerned that their children live a better, more productive life in Australia and that they are supported to actively contribute to the Australian community.

"When we came to Australia, we were given everything, food, shelter, but we were fleeing from the bullets, our country at that time had problems with khat, if the government doesn't do something our children they will be lost, and they will cause social problems. The only way to do this is to change the way of the khat".

Male 50+, Non User

5. Community-identified recommendations

The following are the recommendations provided by the community to address both the khat related and other social issues raised by both users and non users. Some of recommendations were canvassed and some were identified directly by the community itself.

It should be reiterated that these recommendations come from the community's perspective and hence little assessment and few references have been made to similar programs that might already exist. Any furtherance of these recommendations will therefore need to explicitly explore pre-existing programs and resources, where relevant, prior to implementation to determine whether these programs can be enhanced or whether pathways specifically for this community are required.

a. Community meetings

One possible means of addressing the khat issue and more particularly resolving the tensions and polarisation of the community resulting from khat that was canvassed was community meetings.

The preferred form for these community meetings, however, varied quite significantly. The older generation clearly believed that a meeting solely with community leaders would be a good way to address the issue. For younger users and non users a community meeting where all could attend was preferable.

The actual focus of the meeting also differed. For users, a meeting was to be a platform for resolving tensions, for non users there were two proposed purposes. For those that preferred a community leaders meeting, these meetings were to be a means to address the khat issue. For other non users who preferred an inclusive meeting, it was to be an educational forum to canvass the problems associated with khat. While some were sceptical about the likelihood of the success of the latter, they thought there was a possibility that it might be valuable for certain people:

> *"They are making their livelihood from it so talking to a man who depends on khat for an income, he will not budge from his stance but for those that are sitting on the fence a community meeting could be good educational tool".*
> Female 25-35, Non User

Some non users noted that an inclusive community meeting which included outside professionals may deter members of the community from using khat:

> *"Community leaders, religious leaders and health professionals would benefit from discussing this issue. A regular meeting where health professionals can*

talk about khat to the community, so they have awareness, the whole community".
Female 36-50, Non User

"Awareness of the khat's side effects needs to be known. Since khat has been allowed a lot of young Somali people have been using it. We need to increase the level of knowledge about the bad habits of khat, the health risks, family risks etc…It would be good to have a community meeting with everyone to raise awareness. We would particularly be targeting the young ones, to stop them picking up the habit. Women and men. We could get people to talk about it. But we need government backing for this to be effective. We need a mixture of people talking about it, community members, plus outsiders to reinforce these ideas, doctors, qualified people to explain that is no good for health reasons, psychologists, university lecturers".
Male 36-50, Non User

Others noted that an event that was solely about khat would not be an effective means of providing broad community education, and particularly not for khat users. They suggested that the best way to approach this issue would be to have a community event that included but was not exclusively, a khat education forum.

"Any meeting or information session could happen maybe in conjunction with some other community event, give them an incentive to be there"
Female 18-25, Non User

Challenges

i. One of the critical challenges of any community meeting would be the absence of female khat users.

"Remember they could never ask us about khat in public, if it is a public community meeting we would never attend because they have the advantage to humiliate us, to show that we are less than them because we do not, as women talk about this in public. This is a cultural thing. But if any of the government representatives wants to meet us, of course we would meet them".
Female 36-50, User.

The voice of these women is critical in any debate and/or any resolution of tensions. These women, however, would not have a voice within any public forum. It is possible that in a meeting of elders they may, but it is highly unlikely.

ii. A further challenge is the nature of any information that is provided at a community forum. The difficulty lies in the dearth of rigorous evidence of impacts. Also if the community meeting is to truly be accessible for all the community, the content would require a consensus of both users and non users. This in turn necessitates a community meeting of leaders to agree to the content to ensure that the event has broad support and interest.

There were, however, a few areas of agreement from both sides, these included; prohibitions on the provision of khat to those under 18, greater participation of both men and women in children's education and more broadly in child rearing, potential impacts of khat abuse and community condemnation of domestic violence.

b. Khat education

Both users and non users agree that education of some form is required and would be valuable.

1. Education and health practitioners

What is broadly agreed upon is the need for education of general practitioners and other health services providers about khat in areas where there are large Somali populations. This appears to be relatively important with respect to the trust and respect that the community has for doctors.

> *"I don't think that Australian GPs or doctors have any idea that their patients use khat, and they therefore don't take it into account in their diagnosis. There are only a few exceptions. In general GPs and dentists don't know about khat. We should educate them".*
> Male 36-50, Non User

> *"In terms of the health impacts it should definitely come from a doctor. Somalis value the status that doctors hold. It may be that a drug and alcohol counsellor would be better, but they don't value their opinions as much as a doctor. That would get through to them".*
> Female 25-35, Non User

Some non users have suggested that doctors should decide whether a person should be allowed to import and use khat;

> *"I think it is best if we transfer khat to the doctors first. So that only doctors can decide whether someone should use".*
> Male 36-50, Non User. (Religious leader)

The role of the doctor in influencing changes in the community was repeatedly highlighted. The doctor is seen as a respected external authority, which is absolutely critical in this debate. The doctor is perceived as being impartial as no member of the Somali community is perceived to be. Khat has a history of polarising the community to the point where no one within the community is seen to be absolutely objective with respect to its use. General practitioners, dentists, psychiatric staff and other health professionals are viewed as being integral to any educational strategy with respect to khat. It is worth noting that these practitioners would likely bring a more balanced view to the debate.

Challenges

i. The evidence of khat impacts is rarely definitive. This, however, does not prevent some form of awareness and education from being useful in a holistic assessment of a patient. The content of any educational information provided to doctors, however, would need to be clear on the actual evidence that does exist as well as potential confounding factors, such as the migration experience etc…

ii. Resources and Access: This type of education campaign would need to be appropriately designed to ensure the best possible and most effective means of accessing general practitioners and other health professionals and to tailor informational materials in a balanced way. This is not a small undertaking and requires resources, expertise and the support of the medical community.

2. Education in schools

Other suggestions provided by non users included tailoring drug and alcohol education to include education on khat in schools that are located in areas with high populations of Somali's. This suggestion has had a mixed response from both users and non users.

Challenges

i. Some of the community felt that the introduction of khat into school education could potentially stigmatise the East African community. Children and parents from the wider community are unlikely to be familiar with khat and its introduction into the curriculum may inadvertently encourage a negative perception of those from East African families.

ii. Informational content. As noted above the informational content for any type of campaign would need to be a balanced representation of the evidence. It is uncertain as to who could design this content incorporating a knowledge of khat and of prevailing school based educational pedagogies who was not of East African background (and therefore without prejudice on the issue). It must be emphasised that this information and its delivery would require a high degree of sensitivity by both the content provider and teachers to avoid any potential stigma and to ensure that the community were supportive of their children learning about khat within the school curriculum.

3. Education campaigns via other media

Other media platforms for broad education around khat use that were suggested were; posters and pamphlets in community centres and cafes with khat rooms, Somali radio (particularly for elder Somalis) and even television.

Challenges

The primary challenge for any community campaign would be an agreement on content. For broad community support, as noted above, leaders amongst both users and non users would need to be committed to the program and comfortable with its content. Consequently, the campaign would require the ownership of the community and broad responsibility for strategic planning of the community elements of the campaign. As noted above; prohibition on under 18 users and possible impacts of excessive use appear to be points of commonality that could be agreed upon.

Finally, as noted above, any education provided to health practitioners would need to be seen by the Somali community as coming from an objective source.

c. Information/education required for broader community issues

The interviews and focus groups clearly identified that information and support on other community issues that may or may not be related to khat use were needed.

1. Counselling services

> *"The new generation may see a counsellor but the older generation won't,"*
> Female 18-24, User

Counselling, as understood in western cultures, was largely viewed as antithetical to traditional Somalian culture. There was a consensus that most Somali immigrants would not utilise counselling services. It was clear that older Somali's were entirely averse to the idea of voluntarily sharing their personal and "private" problems with a stranger when traditionally this role was provided by elders and community leaders. In contrast, the younger generation and particularly those born in Australia were less averse and a number of users and non users, both young and old noted that acceptance of counselling as a valid and useful community service would come in time. Community members noted that the value of seeking counselling outside the community was that it afforded privacy that could not be guaranteed if provided by community members. As noted by one interviewee;

> *"If it is a counsellor then it is better that it is someone outside the community so they have privacy".*
> Male 50+, Non User

Privacy was viewed by many as a critical factor to be considered in talking about personal problems to members of the Somali community. Younger people particularly were concerned that any information discussed with a member of the community outside the immediate family and good friends would become common knowledge.

The cultural adoption of counselling as a valid form of health service may not be immediate, particularly by those who would require a community interpreter, however, it is an option that may be considered, at least by the younger generations and those that are comfortable expressing themselves in English.

Challenges

The most pressing obstacle to people within the community seeking out non traditional counselling was that they simply did not know where to obtain the information that they needed to seek out a counsellor.

> *"We as a community wouldn't know even where to go to see a counsellor, there is no information,"*
> Male 50+, User

Information on counselling services needs to be available in places where the community frequents but preferably in broader community settings such as local community centres and local medical centres and hospitals. The community was absolutely clear on the need for privacy. This type of information could also be provided to men and women participating in relevant short or one off courses provided by the local council (particularly those related to health).

However this information is distributed, privacy is required, and hence this information needs to be strategically placed or accessed. This is particularly true for counselling for victims of domestic violence.

2. Domestic violence

In a similar vein to general counselling, contact details and general information on services that provide shelter, counselling and other support for victims of domestic violence should be available from local community locations that the Somali community frequents. While many of those interviewed noted that these types of family issues are dealt with within the community, younger community members noted that this information should be available and accessible to give Somali women an option outside the community. What was concerning was that there appeared to be little acknowledgement that domestic violence was illegal.

Further to this, it became apparent in a number of interviews was that there were concerns with contemporary community means of addressing domestic violence. These concerns included possible pressure being brought to bear on the women to stay together for their family irrespective of their personal safety and the absence of longer term strategies to address the complex issues leading to the violence in the men.

> *"It shouldn't just be a matter of mediation where the wife and husband are told they need to stay together for the children no matter what "*
> Female 18-25, Non User

"Any system has to ensure that there are precautions to ensure the safety of the woman not just when she calls in help for an incident but also longer term."
Female 18-25, Non User

What emerged very clearly, particularly amongst the younger members interviewed is that an understanding of domestic violence, its impacts, its repercussions and how to manage and understand the complexities of the issue may not be fully comprehended by at least some members of the community.

Further, there did not appear to be a strong and unified voice coming from the men in the community about the responsibility of men to not only keep women in the community safe but also to condemn domestic violence irrespective of their position on the khat debate. This is not to say that the men interviewed condoned domestic violence in any way, rather, there was a sense that this was an issue that wasn't discussed and that was largely the responsibility of the women in the community.

"The best way is to have discussion for the women. This is our culture it is always the women who discuss together and with the husband and maybe he can listen sometimes".
Male 36-50, Non User

There were a small minority who were more adamant about their role in condemning domestic violence in the community as a priority, but they were not the majority. Greater information in the form of an education campaign was advocated, particularly by younger Somali's not only for victims but also for the broader Somali community. In light of responses to these issues it is also clear that male elders and particularly male community leaders and religious leaders need to take a pivotal and unequivocal lead in this area.

Challenges

The challenges of these type of community campaigns will be the resources required, the partnerships that will need to be established and the strategic planning involved. Partnerships would beneficially include agencies addressing domestic violence, possibly local doctors and health service providers, local government community centres and the Somali community. Further, these campaigns would not be successful without the male leadership taking a leading role.

3. Parental engagement in children's education and upbringing

As mentioned above, this was an issue that was universally perceived as a problem by both users and non users. The explanation for lack of engagement centred on khat use by non users. Users, however, claimed that lack of education, lack of connection to the broader community, and traditional gender roles were the more likely explanations. Irrespective, this is an issue that both sides perceive as problematic. Information regarding the importance of parental participation in children's lives and particularly in schooling was viewed as critical. Understandings of why

this is an issue, would significantly inform any information campaign, however, as a basic and initial step, leaders and elders clearly need to articulate the import of the paternal role in child rearing.

Further, in line with concerns expressed about education levels as a barrier to parental support, there were a number of advocates for the provision of free or subsidised education and particularly, literacy and numeracy courses. These would enable both parents to provide greater support to their children. This would also provide basic skills for women to be able to support their children independently if they had to.

> *"Give the woman the education, tell her how to deal, give her options, and if necessary provide her with literacy skills so that if they ever need to they can manage on their own, they can teach and help their kids with school"*
> Female 18-25, Non User

Challenges

There is clearly a lack of awareness of courses that do exist provided by community centres and other neighbourhood initiatives. Where these exist, they should be advertised as part of any education campaign.

These type of courses (parenting and literacy) may not, however, capture the male members of the community and hence, as with domestic violence, male elders and particularly male community leaders and religious leaders need to take a pivotal and unequivocal lead in this area. This is particularly important given the focus on paternal parenting and potential perceived shame attached to learning at a basic level.

d. Research

Objective research was directly and indirectly advocated by both users and non users. Research was viewed as necessary to determine:

1. The actual extent of khat use in the community

2. The prevalence of the family breakdown in comparison to other communities.

> *"Also lets have a look at the statistics, is the number of women who are single mothers in the Somali community any less than any other community, we need the information before it is seen as a very big issue caused by khat". Female 50+, User.*

3. The economic impacts of khat use

> *They should also research the evils of khat, the economic, medical – they should research this epidemic".*
> Female 25-35, Non User.

4. The physiological and psychological impacts of khat use in both the shorter and longer term.

A few non users argued that some research already currently exists about potential impacts of khat on mental and physical health and its addictive nature.

> *" Research shows that it can impact almost every system in the body. Its an addictive drug, hence it can impact your social life. It breaks down families, the social fabrics of society. It impacts your ability to concentrate, you can't work effectively, can't do school work effectively, can't get ahead in life, you become a hostage to this addiction. Eventually, it will get you like most drugs, it is against my religion and my beliefs. You will be ostracised by the much of the community so that's a negative too."*
> Female 25-35, Non User

> *There is also research that shows that it can have effects on your cardiovascular system in that it can lead to heart problems and heart attack and death.*
> Female 25-35, Non User

While some non users argued that the research already exists, they still recommended that further research be provided and that the impacts of khat on various systems be investigated.

Users were particularly adamant that objective and rigorous research commissioned by the government be provided before serious consideration of reducing or stopping khat use.

> *"When they did research into smoking they found it was harmful, they had signs and Quit lines. If the government was to find out absolutely that there is something wrong with this let them provide some information, so we can make an informed decision. We only want real information that has been established and proven, and this information should be provided to our younger generation or to anyone who doesn't have any idea. However, if it is found any real information that khat leads to health or behavioural problems, then people need to be informed, so that they can make their own choices. If the government and the scientists find real proof then they need to provide us with it. But if there is nothing conclusive then why should we stop?"*
> Female 36-50, User

> *"The government needs to do research to show that there are effects that the other group [anti khat] are saying. Is it really breaking down families? Are the health effects what they claim? If it is all these things then that is fine, but we need evidence that is not biased, we are completely open to look at these things".*
> Female 36-50, User

Challenges

The resources required to undertake this research would be significant. These types of studies require large populations over long time frames to ensure that the probabilities of correlation and/or causation between khat and mental or physical illnesses are sufficiently high, and that there aren't other underlying factors driving these relationships.

e. Regulation

This report has stated from the outset that it should only be considered as a contribution to the research that would be required for investigating a change to regulatory arrangements for khat in Victoria. However, the opinions of the community need to be presented and understood given that any change to khat regulation would likely have a significant impact on them.

Not surprisingly there was little agreement on changes to the regulation between users and non users. As such the next section will be divided between recommendations by those that use khat and those that do not use.

I. Non users

Non users were adamant that the only possible approach to addressing the khat issue was to have khat importation and production made illegal. References were repeatedly made to other countries that had banned khat. As highlighted throughout this report there was a fervent belief that khat was responsible for a range of social and health problems in the community and that banning khat would be a solution to many of these problems.

> *"It should be banned and harsh consequences for those that use or bring it in, like in a lot of countries that has made this decision. I don't think there is another option".*
> Male 50+, Non User

> *" What we want, what everyone who is sensible wants, is for khat to be banned. That is the bottom line… that it has to be stopped.".*
> Male 36-50, Non User

The only qualifications to this broad sentiment were a few individuals who identified the limitations and potential problems with making it illegal:

> *"We acknowledge that criminalising khat will not end all the problems but it will help many families".*
> Male 36-50, Non User

> *"In New Zealand they make it illegal but people are smuggling it in and now it is $120 per kilo",*
> Male 36-50, Non User

When asked what changes to the regulations should be made if banning wasn't a possibility, some users reluctantly suggested reducing the quota of khat imported per month.

> *"in the short term at least it has to be reduced…permits should be shorter …If and only if it isn't banned then it should be reduced to 1-2kgs".*
> Male 36-50, Non User

It should be noted that assuming that the estimates based on reported consumption calculated previously are relatively indicative, then current 5kg arrangements are in excess of personal consumption and reflect both individual consumption and provision of khat for family and friends. One individual user highlighted,

> *"Two or three kilos [per month] would be enough but I have to share with family and friends,"*
> Male 50+, User

Others suggestions included enforcing the illegality of sales (as noted previously).

> *"Given that it is only for personal use then the government should make sure no one is selling it, they should regulate better the selling of it, these people make a lot of money."*
> Male 50+, Non User

Recommendations were also made that khat be banned from public spaces;

> *"Given that khat is only to be used for personal consumption, it should only be used in homes, not in public and not in restaurants, cafes or community centres".*
> Male 25-35, Non User

Finally, a few non users mentioned that it should be more difficult to obtain a license. The only practical means suggested were requiring a health certificate to get a license and requiring that each person provide evidence (particularly of age) and pick up their assignment from customs personally. The logistics of this arrangement weren't explained in detail.

> *People who are addicted should get a certificate from the doctor allowing them to get a license. They have to have a health check in order to get a permit. The health check has to show that the person is addicted to get a license, and not be available to the younger people. Only 50+ age should be able to get it, and prove addiction".*
> Female 36-50, Non User

> *People should need permission from a doctor or a psychologist before they get a license. We need the government tightening the regulation and the government backing this regulation, enforcing it.".*
> Male 36-50, Non User

"More strict license regulations. People can apply so easily and can hold multiple licenses and people are making money".
Female 36-50, Non User

2. Users

Most users believed that the current system was relatively equitable. A few noted that it would be more convenient if the duration of the license was increased. Unsurprisingly, some also added that they would like the quota to increase to 10kg. When further questioned though, many noted that they had enough for personal consumption given the frequency and amount that they used per session.

"Yes it is a good system".
Male 50+, User

3. Tax

The only regulatory issue for which there was broad community consensus was that a tax on khat would not be to the benefit of the community. While a few users believed that it would result in smuggling, the primary concern was for the increased financial burden for families of Somali origin. Some users believed that they would reduce their consumption if a tax was imposed but the majority of users and non users argued that there would be little if no change in consumption levels by imposing a tax.

"I would use anyway, I wouldn't reduce the amount I use, there would be no impact of a tax,"
Male 24-35, User

"Increasing tax will just increase the burden on families, particularly on poorer families, there will be more pressure on the family".
Male 36-50, Non User

"It won't make any difference, it will increase the problem, people will still want it, they will need more money and that will cause more social problems, they will get the money illegally".
Focus Group, Male 50+, Non User

"Eating khat is good for the community, [a tax] would be bad for them socially, economically and physically".
Male 70+, User

f. Community Mediation

One of the recommendations provided by the community itself was for the support of community mediation mechanisms. A community-based approach is the traditional system for mediation within the Somali community. Within this approach elders provide support or guidance to individuals and families or mediate and manage family conflict. This approach is currently utilised by a majority of the community as an alternative to Western modes of counselling. The advantage of utilising this system to address social issues that may or may not have arisen due to khat is that the respect provided to elders and community leaders is relatively universal irrespective of age. The other perceived advantage was that this type of process may address the issue prior to it become a legal or criminal matter.

> *"The way it is in Africa whatever the elders say is law, here you would go to the counsellor or to court, this is very long and very expensive,"*
> Male 24 -36, User

One user described the approach that would be taken if he was to have issues with his partner.

> *"If my missus was angry at me she would go to the family and the elders and talk to them and they would then come to talk to me and tell me to pull my head in, and then pull me out of the house if I have to. They wouldn't jump to conclusions about who was wrong and we would listen to them because we respect them they are our elders "*
> Male 24 -36, User

An example of the operation of a community mediation mechanism is described in detail below by a community leader who is actively approached to intervene in family domestic arguments. The detail of how the intervention works is specifically included to provide a better understanding of the approach, the limitations and the possible advantages. What he describes is based on conflict around khat use though it could easily apply to other issues.

1. Pre-existing community mediation mechanisms: an example

> *" I am part of a group, and there are a lot of people that I have attended who have had problems using khat. A lot of them separated, so the family has broken down. I do attempt mediation for a lot of them.*
>
> *"The call [that a family is in trouble] comes to me, and then I call other elders, 2-3 people depends on what the situation is, we deal with family breakdowns, we talk to the husband, we talk to the wife, we try to mediate. Some are successful, some the husband promises to change the behaviour but many times he can't because of the drug, he continues. We explain what it is doing to the family, we tell them that they can choose between their family and khat. If you argue all the time with your wife you will affect your children. Does your family come first or the khat?"*

" If the situation is too difficult, if they need to be apart to cool down, we as mediators will ask the husband to stay with us for some time or take him to a friend or families house. A lot of them though we settle down on the first attempt, because they respect our attempts because we do it for the good will, we are not payed for it, we are just trying to help the community to be united, because there is nothing worse than having family break downs and the kids suffer. It would be good to have resources to train people to do this

"Not all the community know about me [and the mediation], because the Somali community is so wide. Because Somali culture is tribe based. The family will always try and communicate within the tribe."
Male 36-50, Non User

As can be seen, this approach removes the male from the home if necessary, not the female and the children. Further, it provides a clear point of contact for a female if she feels that she needs protection or intervention. Finally, it provides for on the spot mediation to address issues with members of the community that the male respects. The limitations of this approach, particularly in the context of domestic violence were mentioned previously. Firstly, there needs to be unequivocal support for a woman to leave if the threat of violence remains. Mediators must consider the security of the female and the children both in the long and short term with ongoing monitoring of the situation. Finally, mediators need to be clear that domestic violence once it has occurred is illegal and therefore is a police matter.

As the community leader noted though, this system works because of the respect that he is accorded within his clan and within the Somali community with which he is acquainted. The Somali community, however, is relatively large and geographically dispersed around Melbourne. The idea of replicating this system was, though with a few qualifications, welcomed by the community. As one individual noted:

"this is a good system, this is our system, our way of doing things,"
Male 50+, Non User

2. Supporting community mediation arrangements

When exploring in further detail how this arrangement could work, the general response was that community leaders (incl. religious leaders), wise and respected elders and, in the instance of khat abuse, ex users could all be provided with training to reinforce their roles as community mediators.

"The elders need to be trained to do effective mediation, as I think there is a tendency to side with the man,"
Female 18-25, Non User

While there was broad community support from those interviewed for community mediation mechanisms, a number of individuals noted that training was critical. As highlighted above training is required to address:

- concerns about traditional bias in favour of the family unit
- concerns regarding long term monitoring of domestic violence
- The importance of male leadership in highlighting the significance of paternal influence on children's lives
- recognition that khat users need to be provided with evidence of health impacts and behavioural impacts to be convinced to reduce or stop khat use
- recognition that broader social problems can cause social and familial dysfunction and that these could be the primary rather than secondary causes of conflict.
- Concerns around privacy within the community

Mediators

There was some concern expressed by some younger people about the role of the religious leaders in this type of mediation. A religious leader who was interviewed also noted that with respect to issues pertaining to khat they could only tell people whether it was hallal or haram. Regarding issues related to domestic violence, it was noted, (as highlighted previously) that this was perceived as primarily being the domain of women elders not religious leaders. This perception and concern regarding the use of religious figures as mediators was certainly not expressed by all those interviewed. Many people noted that the religious leader would be their preference for a community mediator. Further, in relation to specifically addressing domestic violence and more broadly addressing spousal conflict, both male and female elders would have to be trained.

> *"If it gets out of hand though we will go to our elders, elderly women we go to counselling to them, they give us their wisdom, they try to keep the family together, the men (elders) will talk to the husband, the last option is to split the family."*
> Female 36-50, User

> *"Sometimes the male elders can escalate the problem, I am not sure whether they understand that the first thing they need to do is make the woman safe,"*
> Female 18-25, Non User

Hence, any training of mediators would require sensitivity and diversity in the selection of respected elders and leaders to be trained.

Engagement with the Police

> *"A system where everyone has a mediator/s in their clans that the wife can call and can mediate with the husband, this is the best system, this is our system, but the mediator has to have some background, some authority, a leader who they respect, this is a good idea, or a group of elders who are assigned to mediate and deal with wife, husband and children this is good.*

But these mediators need to work with the police so that they know when their children or family have been arrested, they should work with the police but take the responsibility."
Male 50+, Non User

Despite lack of recognition of the illegality of domestic violence, it was noted by a number of individuals that there was a role for the police if community efforts failed to prevent domestic violence.

There is, however, a wariness in the community in bringing police in to address what are believed to be community issues. However, both younger and older members of the community acknowledged that a good relationship with the police was vital. It was suggested that greater ties with the police be established and, if possible, that the community could play a greater role in working and dealing with those individuals from the community who were brought into police custody. To this end, it was suggested that police have a list of elders and their contact details to be able to contact them if a member of the Somali community was being held in custody or being questioned.

Challenges

i. The first and one of the larger challenges for training mediators would be selecting these mediators from the community to ensure that they truly represent the breadth and geography of the community and were broadly respected within their clan or more widely. For appropriate representation to occur there would need to be geographical representation, appropriate clan representation, representation of both pro and anti khat elders and community leaders and appropriate proportional representation of genders. In a community that could be 11,000 strong, this is not an easy task.

ii. A further significant challenge would be that the mediation course would need to be designed and delivered by an organisation/individuals that could clearly take into account the specific issues facing the community. They would need to have an understanding or be thoroughly debriefed on; the cultural mores of the community, ways in which these have changed, and the tensions that may arise. Further they would need to be familiar with pedagogies associated with training adult migrants with a particular understanding of the East African community. This may be possible if the training design was overseen by a qualified member of the community.

iii. Creating better ties with the police is an ongoing process that is already occurring. Participation of the police in the training program could reinforce this relationship and allow for a dialogue with the police by a range of elders in the community.

g. Greater, more appropriate community services

When the community was asked what the government and broader community could do to help address tensions and issues arising in the community most non users noted that changing khat regulations would make a difference. However, the majority of the community, both users and non users noted that appropriate community services to help address some of the underlying social problems and to engage the community in recreational and education activities would be a tangible means of not only potentially reducing khat consumption but also increasing skills and engagement in the broader community.

> *"What we want from them [government] is to have some funding for this people [Somali]... Facilitating sports for the youth program, facilitating mothers to take them out from their house [to avoid isolation], facilitating other people and help them with employment."*
> Male 50+, User

As highlighted previously some of these services already exist. What is clear from the responses from the community was that the community may not be informed or accessing them. This suggests that pathways to these services targeted at the Somali community may need to be provided.

1. Employment

Better support for employment, qualifications recognition and reskilling was specifically mentioned in relation to potentially reducing khat use and/or addressing a critical problem faced by the Somali community, particularly for the men.

> *"Social issues around family breakdown could be supported by employment programs for men, getting their qualifications recognised, improve their skills, comprehensive short courses to help them here".*
> Female 50+, User

> *"Courses would be good to improve our skills, computer and technical courses as well as English courses would be good."*
> Male 36-50, User

With employment levels lower than the average for other migrant communities, employment is a critical issue that undoubtedly impacts profoundly on the lives of the Somali community. Its impacts are likely felt socially, economically and potentially physically in terms of its psychological impacts. This is an issue that is acknowledged on both sides of the khat issue. Greater support to secure employment, up-skilling or bridging courses for those with qualifications may have a profound impact on the lives of both the men and the women in the Somali community.

2. Youth

Users and non users agree that the youth should be a primary focus for the community. Both sides stressed that youth needed to be occupied outside of school hours and that even those in their early 20's would benefit and be more motivated if they had more social activities to participate in.

> *"The government can… support sporting activities for youth, soccer clubs, to give young people something else to do rather than chewing khat".*
> Male 50+, Non User

> *"You can deter the younger ones with sports,"*
> Female 18-25, Non User

> *"There should be more recreational activities for children,"*
> Male 24 -36, User

Recreational activities suggested for youth by the younger Somali's interviewed included; soccer, camps (as holidays were likely unaffordable for many families), art classes/access to arts facilities and basketball.

In relation to education, it was mentioned that a number of youth from Somali families had no one at home to help with their homework, could not afford computers and had no networks to draw on for work experience.

> *"The government could provide for sports for young people in our community, help with apprenticeship and work experience, tutors, helping with scholarships to study, soccer, tennis, organising camps and trips, art, anything would be good that could occupy our time"*
> Female and Male 18-24, User

For these youth, community members argued that programs within schools or at community centres that provided homework support and computers and possibly provided opportunities for youth to take holidays would be invaluable.

As a final comment, it should be highlighted that one individual did note that these types of programs are already available in certain local government areas. She stressed that these programs are viewed as invaluable by the community and not only need to be initiated but also require ongoing support.

As highlighted by one woman:

> *"in our area there used to be programs for the children, there were sporting activities and computers for them to use to do their homework and other recreational activities. These programs and facilities were highly valued by the community. Then the government changed providers and the new provider that won the contract provides only counselling services for youth, which of course, no one uses. Now our children don't have the facilities and*

the activities to keep them occupied and that allow them to keep up with their homework and have an active social life. This has a huge impact on our children."
Female 35-50, User

3. Women

Services specifically targeted at women in the community were also advocated. These included services designed to reduce the burden on working mothers who were the primary carer. These included homework programs as noted above, arrangements to provide transport to take children to recreational activities, and to take and if necessary translate for parents at parent teacher interviews. A number of these activities could be undertaken by the community itself if resources were provided. As one woman noted;

"There should be support for women in the women's groups themselves, support for the children, they may need more community services to support, things like helping them with their homework and parent teacher interviews, taking them out to the soccer".
Female 25-35, Non User

As highlighted previously, literacy and numeracy courses were also argued to be invaluable for increasing women's independence, reducing their isolation and supporting them to be able to participate in their children's education.

4. Encouraging Somali people to train and work within mainstream health and Community services.

The final issue raised around community services was the importance of the presence of the Somali community in mainstream community and health services. It was argued that issues like khat could be better mediated by trained professionals from the community who would have a better understanding of both the issues and the community itself.

"It should be a Somali person working alongside the community, in the role of a community health worker, to minimise the tension".
Female, 35-50, Non User

"Let Somali people be trained to solve their own problems in their own community. From a community development point of view when people own their own community issues it is more valuable and useful than going into a foreign concept, or having people counselling or mediating who do not understand the culture."
Female 36-50, User

What became clear from the discussions with the Somali women was that they wanted to have people of Somali background working in mainstream health and community services in areas of

high concentrations of Somali people. Further, these women argued that there needed to be recognition both within the community and within the formal system of the value of having these people in mainstream services.

> *There are a lot of skilled people in the community, but they are seen as second class citizens, if you are not anglo saxon it is hard to get a job in this area."*
> Female 36-50, User

> *"There was this woman who had counselling qualifications and she went for a job and she was interviewed by four Anglo-Saxon women and she didn't get the job. In the end though she was always called up by this woman to help because this Anglo woman did not know how to deal with the community."*
> Female 36-50, User

In short there was significant support from women for scholarships, training and general encouragement of Somali youth to enter these disciplines and, for those within the system to be recognised for their unique knowledge set.

> *"Train Somali people….provide mediation in the Australian counselling system for those that speak English well."*
> Female 50+, User

Challenges

i. The primary obstacles to the implementation of any of these programs are the resources required and the co-ordination and accommodation within current service provision.

ii. Ensuring the recognition and support of people of Somali background working in the health or service fields requires a cultural shift both within the community and in the system itself. This is a likely issue for most minority migrant communities in a number of professions and requires concerted policy work and leadership at all levels.

6. Conclusion

The use of khat by members of the Somali community is historically a highly contentious issue that continues to polarise the community in Victoria despite a lack of awareness of its prevalence. It is a complex issue intimately intertwined with other social phenomenon and tensions resulting from the post and possibly the pre-migration experience.

From this report it is clear that khat use co-exists with high unemployment, low incomes, changing gender and cultural norms and religious tensions. Consequent to these issues, it is unsurprising that the community does not agree on causal factors for many perceived dysfunctions.

This report attempted to provide some insight into the often disparate perceptions within the community of khat use, its role, impacts and consequences. It also highlighted some of the challenges faced by the community as a relatively new migrant community and the sources of some of the tensions. More positively though, it presented community recommendations for changes to address some of these issues and to try and move the community forward. These recommendations are important considerations if programs are to have significant buy in from the community and hence to truly gain traction.

Finally and hopefully, this report also highlighted that the Victorian Somali community is a community that is united in its hope for its youth and its desire to maintain it's distinct heritage while contributing to creating a better future for themselves and for the broader community in which they live.

Attachment A

Questions for Khat Users (focus groups and in-depth interviews)

DEMOGRAPHICS

1. Age
2. Gender
3. When they left the country of origin
4. Why left country of origin
5. Employment status

USE

1. Do you have a license?
2. If yes, is your license for a single or 12 month permit?
3. Do you use all your amount in a month?
4. How many times have you renewed your license?
5. How frequent is your Khat use? Once a week? 7 times a week?
6. How much do you usually use per session?
7. When do you usually use Khat? (after work, beginning of the day etc…)
8. In what setting do you use Khat (e.g. alone or with others, in your home, in others homes, in social venues/places)
9. For how long does your Khat session usually last, or do you use it while you are doing other things?
10. Do you ever use Khat with alcohol, cigarettes or other drugs?
11. Do you ever use other substances separately from Khat incl. alcohol, cigarettes or other drugs?
12. Back in your homeland, did you use Khat? If no, how did you start in Australia?

ATTITUDES (USERS)

1. What do you like about Khat? What advantages do you see in consuming Khat?

2. Should everyone in the community be allowed to use Khat? If not, who shouldn't?

3. Do you think that khat is expensive, given how much you earn?

4. Would you reduce how much you used if a levy was taxed on the Khat imported making it more expensive, or would you find the money for it anyway?

5. Are there any disadvantages to using Khat?

6. Have you had any problems that you think might be linked to using Khat? Sleeping, irritability etc…

7. Have you had any arguments with friends or family about using Khat? If yes, how was it resolved?

8. Is it easy to talk honestly and openly about Khat with friends or family?

9. What do you think are, if any, the health risks of using khat?

10. Would you go to a doctor or a counselor if you thought you were having problems related to Khat use? (could include family problems etc..)

11. If not, why?

12. If you had problems with family or friends, who would you talk to? An Imam? An elder? A friend?

13. Do you think you think that how much khat you use depends on how good you are feeling?

14. Would you use more if you were unemployed?

15. Would you use more if you were unhappy?

16. What is your understanding of the permit system for Khat in Australia?

17. Do you think it is a good system?

WAYS FORWARD

1. Should the regulation for Khat licenses and permits be changed? If yes how?
   - Reduced, quantity per month?
   - Only dry? Only fresh?
   - Permits allowed only per household? Per adults per household?
   - Permits for only one year? Two years? More?
   - An additional tax on the Khat imported where proceeds contribute to community building?
   - What, if any other regulatory change would be acceptable?

2. Should more information about Khat be available in the community? What information would be useful?

3. If yes, where from? The Doctor? A community advisor? Drug and Alchohol counseling? Community counselors? Other places? A community campaign? In schools?

4. Should there be someone to talk to about this and related issues? If yes, who should it be the local Imam? Doctor? A trained community counselor? An elder?

5. Is there someone who you already go to for advice about this and other issues?

6. Do you have a good relationship with service providers and the broader community in your area?

7. Do you think there is anything that the government or the wider community could do to help address Khat issues in the community?
   For example:
   a. Information campaigns for children
   b. Greater support for the unemployed
   c. Providing more counseling services etc..
   d. Providing opportunities for greater inclusion in local activities for children for the elderly?
   e. Changing regulations

8. How do you think the community should deal with any cases of domestic violence?

9. How do you think the community should deal with fathers not supporting their families?

10. Do you think the community would benefit from having regular community meetings – that everyone could attend? Or - regular meetings of leaders from all the groups in the community?

11. Do you think that there are any personal changes that you can make that could help with (as a leader) tensions that may exist because of khat use?
    - Helping with information campaigns (for leaders)
    - Negotiating when and where and how often its used?
    - Talking more to partners and family etc…

Questions for Khat Non-Users (focus groups and in-depth interviews)

DEMOGRAPHICS

1. Age
2. Gender
3. What year arrived in Australia?
4. Why left country of origin
5. Employment status

PRIOR USE

1. Have you ever used Khat?
2. If you have given up using Khat, why?
3. How frequent was your Khat use?
4. If, yes, what was the attitudes of family and friends to your using Khat?

ATTITUDES

1. Do you think there are any advantages to using Khat for those that use?
2. What do you think are the disadvantages?
3. Do you know anyone that has had problems that you think are linked to using Khat? If, yes what were the problems?
4. Have you had any arguments with friends or family about using Khat? If so what about?
5. How did you deal with these issues?
6. Is it easy to talk honestly and openly about Khat with friends of family?
7. Do you think you know enough about what the health risks of khat use might be?
8. Who would you speak to if you were experiencing problems that you thought were related to a friend or family members using Khat?

9. Do you think that people use khat because it is what their friends and family do or because they are unhappy?

10. Do you think that khat consumption increases where there is depression or unemployment or trauma?

11. What is the worst thing about people using khat?

    a. The time spent away from family?
    b. Aggressive behaviour?
    c. They become lazy?
    d. The health risks?
    e. They smoke too much?
    f. They waste money.

12. Do you know about the permit system for Khat in Australia?

WAYS FORWARD

1. Should the regulation for Khat licenses and permits be changed? If yes how?
    - Reduced, quantity per month?
    - Permits allowed only per household? Per adults per household?
    - Only dry? Only fresh?
    - Permits for only one year? Two years? More?
    - An additional tax on the Khat imported where the proceeds contribute to community building?
    - What, if any other regulatory change would be acceptable?

2. If banning khat licenses was not an option, what type of regulation would you support?

3. Should more information about Khat be available? What information would be useful?

4. If yes, where from? From a community campaign? Leaflets? Posters? Radio? From a trained expert?

5. Would it be better having information provided by an expert from the community or outside the community?

6. Should there be someone to talk to about this and related issues? If yes, who should it be the local Imam? An elder? Doctor? A trained community counselor?

7. Is there someone who you already go to for advice about this and other related issues?

8. Do you believe you have a good relationship with service providers and the broader community in your area?

9. Do you think there is anything that the government or the wider community could do to help address Khat issues in the community?

   For example:

   - Information campaigns for children
   - Greater support for the unemployed
   - Providing more counseling services etc..
   - Providing opportunities for greater inclusion in local activities?
   - Changing regulations

12. Do you think the community would benefit from having regular community meetings – that everyone could attend? Or - regular meetings of leaders from all the groups in the community?

13. How do you think the community should deal with any cases of domestic violence?

14. How do you think the community should deal with fathers not supporting their families?

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