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Diverse effects of Khat on Somali families

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Abstract

This study identifies the associated effects of khat use on Somali families living in Sweden. In total, five interviews and a focus group were conducted. The sample was composed of people with experience of khat: divorced women, ex khat users, khat users and psychiatrist were among them. Findings indicate that chewing has negative social, economical and medical/psychological impacts on families. It was pointed out that Khat was impeding integration of Somalis into the Swedish society, as khat users are often isolated. Although it was not the scope of the study it was found out that there is only one khat clinic in Sweden, thereby exposing the lack of help available for khat users. It was recommended that culturally-sensitive counseling, recreational centers like sports grounds and more khat clinics to be established. The findings are preliminary but are there to lay foundation for future research and intervention.

Key words: Effects, Families, Integration, Khat, Somalis.

The preamble

We thank Stig `Roffe` our supervisor for guiding us throughout this study. Special thanks to Halima Ali who was helpful in finding Interview persons and all those who participated in this study. We also acknowledge the support of our families and friends for their support throughout the study.

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Introduction

Khat or qat (*Catha edulis* as the scientific name), is a plant whose leaves or twigs are chewed for its stimulant and euphoric qualities (see Beckeleg, 2008; Anderson et.al.2007:5). Khat is said to share the same chemical structure to that of amphetamine. Both Khat and amphetamine affect the central and peripheral nervous systems in more or less similar ways. The use of khat is common among the Somali people; an in-depth discussion will be given on the link between Somalis and the use of khat as the paper and the subject unfolds.

The authors of this paper are immigrant Somalis whose interest in the subject arose from pure curiosity. In Swedish media, it has become so common that Somalis are often mentioned in connection with khat use giving a picture of an immigrant group that is trapped in a traditional drug. In our eyes, Somalis are portrayed as an immigrant group with difficulties in adapting to the new way of life in Sweden. This is often believed to be connected to khat use. With all the upheaval about khat, we were wondering if khat use within the Somali community has such a negative effect on their lives as the media shows or if khat is just a leisure substance as it was/is in Somalia.

Different countries have set different regulations on Khat. For instance, Sweden has imposed a ban on the grounds that khat has harmful effects on the individual and the society as a whole. As a result, khat crime rate has been ever-increasing. Due to migration of Somalis and other khat consumers to the Diaspora, the misuse of the drug has gone global. Approximately twenty thousand Somalis live in Sweden. Since khat-occurrence statistic is hard to get, there are no exact figures of the number of the drug users. However, it is known that Somalis are one of the major consumers of khat. Police seize large number bags of khat at Swedish borders, and the common culprits are usually Somalis.

The use of khat or any other substance does not automatically mean that the user is subjecting him or others into harm. However, there are substantial numbers of Somali people who have contacts with the social services for various reasons. The use of khat; a substance that most Somalis perceive as a leisurely substance, has been associated with the social problems suffered by Somalis in Sweden.

One of the aims of social work is to improve social conditions and to enhance social functioning of individuals, families, and groups (R. Green, 2009:1).Khat is unofficially blamed for problems with families, integration, and poor relation with the authority among others. By identifying the connection of khat use and the purported social problems that are associated with this use would be helpful for social workers working with Somali groups. Also, issues associated with drug or substance misuse is of big concern for social workers worldwide, especially empowering of drug users who as a result of their misuse, end up in crisis.

While we try to focus on the impacts of khat upon Somali families in Sweden, we will also mention things about inevitable topics like the legal status of khat and perceptions of khat by the Somali users. Additionally, we will not let ourselves involved in the debate of whether khat is a used or misused drug. While reviewing the literature about khat, we understood that leading writers about the topic use both the use and misuse discourse at the same time while explaining khat use. Therefore, the use/misuse concepts will inter-changeably be used in this paper.

Prior understanding

One of the authors of this paper, who worked as an interpreter at the local social service authorities, has realized that significant number of Somalis were in touch with the social services. Common issues that were discussed during the meetings with the social workers were unemployment, investigation of children who might have been neglected, among others. Discussions between fellow students, of what could be the possible reasons behind these problems, had come up. In the process, we came across a documentary film (find the film on the literature section) that showed a Somali woman whose husband spent most of his time obtaining and using khat at the expense of his family. The couples who had children together later divorced after the wife could not handle the long absence of the man from home. She explained how the man failed all his family responsibilities hence causing stress on her. We then speculated that maybe Somali men who might use khat in an attempt to forget problem (trauma from the war in Somalia), might turn to khat which in turn might lead to dysfunctions in the family. This later became the hypothesis of this research; there is a connection between khat use and social, economic and psychological problems in Somali families in Sweden.

Also, as Somalis we knew about Khat from a Somali perspective, but due to the new setting, we suspected that khat might have lost all or some of the qualities as a social substance. In

our childhood, family members and friends would sit on traditional mats while listening to the afternoon BBC Somali news bulletin. We could vividly recall that khat chewing did not involve late night sittings, except for truck drivers who used the substance to stay awake under their duties. However, in Sweden, by legalizing the drug, the social-nature of khat has been destroyed. Especially when sensation TV footages of women crying foul at their men`s diminished responsibilities due to khat use. Apart from the negative image by the media, our knowledge of effects of khat use was limited. We hoped that this study will help us increase our knowledge about khat use.

Aim and research question

The main research question and the sub questions flow directly from the stated aim of the research as stated above and ask if Khat impact on Somali families socially, economically and psychologically.

Khat – what is it and how is it used?

Prior to the study, while presenting the study topic to the class, we realized that khat was not known to many students and some of the teachers. Therefore, assuming that khat might be unknown to future potential readers, we dedicate this section to defining /explaining more about khat.

While we write it as khat in this paper, it's worth mentioning that the drug has other names among different people: the Swedes mispronounce the original qat and calls it *Kat*, Somalis like the Yemenis call it *qat*, the Ethiopians chaat and *Miraa or murungi* is the common name in East Africa.

To begin with, Khat is mainly cultivated in Ethiopia and Kenya, grows wild over much of Africa and Asia, favouring altitudes of between 5,000 and 6,500 feet above sea level, a good altitude for coffee and tea production. It is often exported to Europe, mainly the UK and Holland where it is then smuggled to other European countries with significant immigrant populations from Eastern Africa (Beckerleg, 2008:751).

Khat has traditionally been used in East Africa and Middle East, especially Yemen, where it's branded "flower of paradise" in Arabic. (Anderson et.al.2007:1). Khat production has been a part of social life in these countries for at least a millennium. The linguistic evidence that the Ethiopian name *chat* derives from the Yemeni name *qat* shows that Yemen was the earliest region where khat was used. However there are other claims that khat originates from the Ethiopian highlands and the chewing habit later crossed the Red sea. In these countries Khat has significant ritual and social significance. For instance, in Yemen chewing starts after a good lunch, and among Kenya Somalis, who adopted khat as a leisure pursuit, chewing can start anytime. (Anderson, Beckerleg, Hailu and Klein, 2007, cited in Beckerleg, 2008:751).

In Yemen, where the khat discourse existed hundreds years ago, its largely believed that khat `draws` one closer to Allah, although scholars are divided on whether khat should be placed under the category of *haram* (forbidden substances in Islam), along with alcohol and hashish, as some argue that the conscious-altering nature of khat like that of alcohol was the basis for the prohibition of alcohol by the prophet. Others, argue that since khat, unlike alcohol was explicitly mentioned in the Koran, it should not be forbidden (See Kennedy1987; Anderson et.al. 2007:3).

In Somalia, although it's widely claimed that Khat is not connected to religion and culture, khat use was the centre of controversy between religious groups in Somalia hundred years ago. So, khat use/misuse debate had long existed. Somalis in the Diaspora have taken up khat chewing as a badge of identity (Beckerleg, S. 2010:10).

In Sweden, a number of immigrants from Somalia use the substance despite being classed as an illegal drug by the Swedish authority. This has caused limbo on both sides; the Swedish authority who want to protect its people from a harmful drug and the Somalis who chew khat for social/cultural reasons.

Khat is used or chewed differently depending on its type. The type that is used (or imported from) in East Africa (e.g., Kenya) involves the peeling of the bark from the twigs and chewing it (often taking along the bud with). The Khat from Ethiopia involves the chewing of the leaves. The juice that comes out of the chewed Khat is then swallowed. Because of the bitter taste, chewers often use sugar, sweet drinks and chewing gum, among others to neutralize its bitterness. While chewing, it's often chewed in groups and the setting is usually chatty.

In the markets, khat is sold in banana wrapped bundles (*Marduuf*), which weighs an average of 200 grams and the price vary from place to place. In Sweden, according to the police, it is estimated that a Marduuf can cost between 150-400 SEK depending on the availability or the quantity in the market. There is also a market for old khat, at 50 SEK a bundle which is suggestive of a strong placebo effect working on regular users (Anderson et.al. 2007:200). The banana wrapping is meant to maintain the `freshness 'of the substance as khat is highly perishable. Normally, the banana wrapped bundles are put in sewed cotton bags directly after harvesting, and throughout the transportation process.

Previous research

It found out that a lot has been written about khat in different contexts. However, the existing literature on khat is narrow and has mainly local focus. However, these articles pay little attention to the effects on the family. When discussing the medical, psychological and socio-economic effects of khat, there are no much research on this area as far as the level of harm is concerned (i.e. some researches play down khat as a harmful substance, while others propose khat to be harmful).

In Sweden, in terms of research khat has a low priority, as Khat use is only limited to Somali immigrants thus not an attractive research area. However, the organization: Swedish and Immigrants against Narcotics (SIMON), is an organization that was founded in 1990 by immigrants and Swedes as professional and volunteer work against drugs. This religiously and politically independent organization produces documentary films, reports and published articles all in the aim of informing about khat and narcotics in general. Indeed, Simon is biggest front-runner in addressing the khat issue. In search for information about khat, Simon was helpful in providing films or links that could deliver as far as the research questions were concerned.

According to information from Simon`s documentary films and leaflets, it was found out that doctors in parts of Sweden are connecting young Somali`s heart problems to khat. According to drug news: a newspaper that is a collaboration between the temperance movement (IOGT-NTO), National Association of Drug Free Society, A Non-smoking Generation and Freelance Group, Rasp, researchers said that of the nearly 7400 patients with cardiovascular problems(heart problems), 19 percent who chewed khat in were generally in worse health conditions. They had more severe infections, more chest pains; irregular heart beat and had higher risks of cardiac deaths and stroke than other patients that did not use khat.

Medical and psychological effects (empirical studies)

In a study that compared the health of ‘light users’ and ‘heavy users’ of Khat it was found that there were some negative health effects as a result of heavy use (Kennedy (1987) cited in Beckerleg, 2010:235).

A qualitative study on 37 patients of severe mental disorders in Ethiopia has shown that patients who used khat had their illness exacerbated by the use of it. The study, with the aim

of knowing about khat from the patients and the care-givers` perspective; found out that the reasons of khat use given by patients as well as caregivers were more or less similar: social pressure, a mean for survival by improving function, combating medication side effects, to experience pleasure and curbing appetite. (Teferra et al.2011). Regarding the role that khat might play in causation of Severe Mental Illness (SMI), few participants believed that khat was a direct cause of mental illness, although some did attribute their illness onset to khat (pg 468).

In the UK, where the misuse of the drug is common among the Somali and Yemeni population, social-economic and medical effects of khat have been highlighted by many. For instance, the characteristics of psychosis as a result of khat misuse is explained in *the journal of continuing professional development (a journal based on previous empirical studies)*, where psychosis is said to come in two forms; a paranoid or schizophrenic where the symptoms are similar to that of amphetamine-psychosis and a manic psychosis (Cox G & Rampes H, 2012).

In the same tone, another research on the trans-cultural pattern of drug use, khat in the UK, highlighted effects of the misuse of the drug. Interviews were conducted with 207 Somalis in London, with the aim of knowing the psychological effects of khat, dependant issues and use pattern. The study showed that there were adverse psychological effects in form of sleep problems caused by the drug (Griffiths at al 1997). The participants explained how the prolonged disrupted sleep patterns led to psychological problems like paranoia.

Furthermore, a recent study conducted in Somalia, a connection between psychosis and khat use was found. 135 ex combatants were randomly picked for assessment of post-traumatic stress disorders. The study showed that in an attempt to self-medicate posttraumatic symptoms the combatants used more khat more often thus leading to the development of khat-induced psychotic symptoms. Also, it was concluded that early onset and excessive use of khat might be risk factors for the development of psychotic disorders of the schizophrenia spectrum (Odenwald, M: 2006).

In the book, *Khat controversy, stimulating the debate on drugs*, the medical and social harms of khat is being put on the spotlight (Anderson *et al*, 2007: 206). Psychological effects of khat like paranoia, cravings and depression are said to be symptoms that are associated with post-traumatic disorders contracted during conflict situations as in the case of Somalia's infamous

civil war hence casting doubts on the claims that the symptoms are typical effects of khat chewing. Despite this argument, the author recognises the negative medical and psychological effects of khat.

Social effects

In addition, based on an empirical study conducted in Djibouti in 1984, it is stated that in communities where khat was used regularly, it was said to have negative impacts on health and social life. Loss of work hours decreased economic production; malnutrition and spending of money on khat at the expense of basic family need like clothing and food, were among the social effects of khat mentioned.

Although it was also argued that moderate use of the drug increases production as it enhances performance by keeping hunger and fatigue at bay, in other countries like Kenya, Somalia and Ethiopia low productivity was related to khat. Moreover, it is estimated that one third of all wages were spent on khat. Many men were said to use a portion of the family budget on khat at the expense of vital needs. Family life is harmed as a result of neglect; indulgence of family income hence a main factor in family arguments, actually, one of two divorces were said to have resulted from khat misuse (Kelix and Khan 1984, cited in Cox G & Rampes H, 2012).

On the wider context khat use can be a central conflict zone between the natives and the immigrant population. In a case study conducted in Streatham neighbourhood (UK), it is described how a certain native residents lodged complaints to the local authorities calling for the ban of khat and closing of the khat cafés. The research was one of the attempts by the local authorities to diagnose and understand the truth on the information given by the lobby groups pertaining to khat use in the area. Residents said that the rowdy environment that is created while trading the substance might lead to gang crimes. They also associated khat to nuisance offences like burglary and mugging. Other issues of concern were the claims that khat could be the responsible for unemployment and family break ups within the Somali communities. However, after interviewing khat users, traders, local authority, native residents and religious leaders, the study argues that it is important not to frame khat use as a `drug problem` but as a wider public health issue, for which appropriate solutions can be developed (Klein, A, substance use & misuse: 2008).

Another study made in Sheffield, UK, shows that the informants recognized khat as problematic among the Somali community, and that it has some negative social and health

impacts like oral cancer and sleeping problems (Nabuzoka D & Badhadhe F, 2000). The study; use and perception of khat among young Somalis in a UK city, has concluded that khat has a social dimension and takes a big deal of one's time. However, although the study sheds light on effects of khat use, it was just limited to those who admitted the misuse of the drug and does not represent those who did not participate in the study.

The fact that khat destroys families was backed up by a film (produced by Simon) that depicted family situations of Somali khat users. In the film a collection of people who had knowledge or experience about khat were being interviewed. A part from the general agreement on Khat's negativity by all the interviewed, the tragic story of a young mother whose family broke up because of khat became centre of discussion. The woman explained how her husband took up the habit of khat misuse in Sweden, thereby neglecting his wife and children. Finally the stressed wife could not stand it anymore and this led to their divorce. (Simons Khat filmen, 2010)

Positive effects of khat?

In the previewed literature, the negative effects of khat were put forward. Arguments that khat might have positive effects were hardly mentioned. For instance, in the book; 'ethnic identity and development', evidence are presented that khat brings about harmony between people of diverse cultures. Even so, the negative effects did not go unmentioned. Long-term users expressed their negativity towards khat; they spoke about how the use of khat destabilized their economic standing as their business collapsed and even lead to family break ups (Beckerleg,S.2010:196). This sheds light on the claims by anti-khat campaigners that khat hampers personal developments.

Theoretical perspective

The misuse of khat can hardly be approached in the same way as other misuses in Sweden because reasons of misuse and the settings in which khat is used varies from the traditional drug misuse in Sweden. Therefore, in this paper, the personal construct theory is presented as a suitable approach to khat misuse. The personal construct theory is divided into three stages; the fundamental postulate, the construction corollary and the experience corollary. The fundamental postulate says that a person's processes are psychologically channelized by the ways in which he/she anticipates events; the construction corollary says that a person anticipates events by interpreting their replications while the experience corollary explains how a person's construction system varies as he/she successively interprets the imitation of events (Kelly, 1955).

As the personal construct theory is too wide to fit into the content of the research question, we take an overview look at how individuals interpret and make meaning of situations. To start with, according to the construction corollary, we strive after meaning to make our social world more predictable. It is in this sense that we are what kind of persons we are. Understanding this point of the theory is supposed to give a starting point in understanding the habit of khat users. Moreover, the fundamental postulate explains how individuals are different as a result of how they interpret and predict the events that affect them. Kelly called this personal constructs, saying that individual gather information from the world and develop ideas based on their interpretations. In general, George Kelly, the proponent of the personal construct theory believes that anticipation and prediction are the main drives of our minds; for Somalis the anticipation and prediction of the `good life` of migrating into a foreign country (here in Sweden).

Being displaced by wars in Somalia, Somalis try to approach life in a way that it will be predictable in the future. From own experience, feelings of uncertainty are not uncommon in my thoughts. For instance, in reflection to what had happened in Somalia, one so often believes that what happened in Somalia is possible to happen elsewhere. This is the kind of interpretations and predictions that might loom in many immigrants `minds. Therefore, to overcome these feelings of uncertainty, khat becomes an attractive option, as the euphoric effects of khat might help one to fantasise of a predictable life. Many khat chewers took the habit of khat misuse in order to live `a liveable life` (Odenwald, 2009).

Moreover, the theory gives an understanding of how the habit of khat use found its way to Sweden. However, as this paper focuses on khat users who started using the drug in Somalia, the theory does not cover the possible reasons why people who have never been in Somalia take up the khat habit.

Khat has acquired strong symbolic significance as a badge of identity as in the case of Somalis and Yemenis in the Diaspora (Klein and Beckerleg: 2007). Once khat use has been made accessible by the older Somalis, the younger generation may take up the habit for identity reasons. It has earlier been assumed that Somalis born in Europe may be involved with khat as another form of substance use like alcohol and other drugs. (Nabuzoka D & Badhadhe F, 2000)

Methodology

This paper is a qualitative interview study, with the aim to gather informative knowledge. Flexible design was the preferred choice for the study as a great deal of flexibility was predictably needed. Due to the sensitivity of the research topic and the cultural background of the research subjects (i.e. khat being illegal and Somali culture not allowing one to reveal about one's family affairs), we also felt that the flexible design would allow us the freedom to change the research procedure if the need arose.

Normally, Somalis are not overly concerned with the western concept of time; Somalis usually don't view sluggishness as a show of disrespect. As a matter of fact, a Somali might utter, `see you after this afternoon` leaving a big sense of uncertainty in the exact time of the meeting. Not only the perception of time, but also the structure of which the questions were set needed a cultural adjustment. For instance, as we understood the culture of the participants, informal and natural conversations were the preferred way of inquiring about the research issues. To counter any misunderstanding or uncertainty around the planning of the interviews, a great deal of flexibility was needed.

Literature selection

Prior to the study, literature search was conducted using Libris the university data base search engine, with the search terms 'Khat' or, and 'effects'. 36 hits were found. We then chose recently published books and journals which had dealt with the effects of khat. It is from these books that guided us on the empirical researches that were made on the topic. For instance, we searched for the studies that we found to be constantly referred to by the authors of the books that we read. After going through three books that we chose earlier, we then chose seven more journal articles. Our choice of these articles were based on the fact that they focused on the effects of khat; thereby suiting our study best.

Study design

Two unstructured interview techniques of open-ended characters were used and this gave the interviewees the chance to choose how to approach the study subject. In total, five interviews and a focus group was conducted.

Data collection methods

In the study, a non-probability sample method was appropriate. Purposive sampling was most suitable for our investigation, because it enabled us as researches to find participants that

fitted the specific needs in the project. According to Robson (2011), this method is commonly used in flexible designs.

Being unable to predict how many people that would volunteer for the interview, we decided to identify the first interviewee and then see the possibility of getting more. This method is called snowball sampling, where a participant is first identified and then used him/her to identify further informants. The snowball sampling is commonly used in flexible design especially when dealing with participants from the so-called hard to reach population (Robson, 2011, Pg 275).

The focus group

The technique of focus group discussions was used as part of the data collection. Here, a cafeteria owned by a Somali, where Somalis socialize was visited. A group of Somali men were approached and asked if they could attend the discussions on khat. Ten men turned up for the meeting, but because of limited space (the interview room was little) and the hesitation by these men in changing the location for a bigger area, the number was eventually reduced to eight. Discussions set off with the interviewer presenting the topic and asking the group to express their view on the topic. This not bearing any fruits, the interviewer, started off the interview with main questions like, `how are Somalis families coping with khat?` the interviewer presented what the literature says about hat`s impacts on families. It was at this point when the participants, one after the other, opened up to the discussion. This was followed by heated debate on the misuse of khat and its effects on families. The men declared their stand on the Khat; some giving their experience as chewers, while others basing their arguments on experience from friends who chewed khat. Despite the heated argument, the interviewer had made sure that the discussions remained within the interview topic. It was a highly efficient method, since discussions between the participants was used to complement the information given by the interviewees. It was also helpful in the sense that the participant`s discussions had answered to most of the research questions and brought the controversies surrounding the substance to the surface. The interviews were recorded and later fed to a computer for transcription.

Unstructured Interviews

Those interviewed are two women who once were in a marriage relationship with khat users, two male khat users and a psychiatrist who runs a khat clinic was also interviewed.

The reason why we chose the divorced female participants (single mothers) was due to the fact that getting married women for the interviews was difficult (see the problems section).

Secondly, after meeting the first interviewee, we got the feeling that these single mothers gave independent and honest answers to our question, something that we still believe to be the case. The other reason why we chose the single mothers is that we were curious to know if khat played a role in their broken marriage. On the contrary, we interviewed married male chewers, in order to get a picture of how they are handling family life and khat together. Then we interviewed a psychiatrist as an expert who could answer questions on the professional level, like psychological and medical effects and also as an experienced person on khat from both a Somali and Swedish perspective.

The interviews were more or less like natural conversation, where we let the participants freely talk about the effects of khat on families. This proved effective as the participants appeared to be able to discuss freely despite the sensitivity around the research topic.

Interview questions were the same for all the participants, but some questions were scrutinized in more depth with some participants than others. For instance, for obvious reasons, like culture, the women would give little information when asked about issues pertaining to their sex lives, but they could be more informative when discussing about other social issues. On the other hand, male khat users might shy away from revealing some of the negativity of khat use. In other words, the questions were set in a way that the male and female participants could supplement each other's short comings in relation to answering to the questions. Topic guides were prepared to facilitate the discussions in the interviews, but participants were encouraged to speak freely and initiate discussion about those issues most relevant to them. These topics were: effects of khat on health (psychological included), Economy and social life. The interviewer used follow up questions in case the participant was seen to diverge from the topic or the answer was not relevant to the research question. The interviews took between thirty minutes to an hour, while the focus group discussions took two hours.

Methodological problems

As explained above, khat is an illegal drug in Sweden. Therefore, there was a big sense of sensitivity around the topic. Due to the relationship between the Somalis and the police (lack of good cooperation), some of the people approached for interviewing thought that this was a tactic by the police to identify khat users, as the interviewers were perceived as people sent by the authority with a mission of identifying the khat dealers. This was surprisingly, a general view of many of the Somalis that were approached. Consequently, finding interview

persons was difficult. Even after getting some participants, we still feared that some interviewees might conceal matters that had to do with the law, in fear of being followed up. This was complicated by the fact that we were using recorders in the interviews. This made people even more suspicious. However, we dealt with the issue of trust by getting help from religious leaders who explained to the people the importance of the study.

Secondly, due to cultural reasons, our language use was restricted while interviewing female participants, as it is taboo for women to discuss family affairs with foreigners especially men. Therefore, the female participants either avoided questions surrounding this issue or gave shallow description of it.

Furthermore, it was hard to plan the interviews, since the participants could cancel our meetings because of other `more important` appointments with the authority. For instance, we had three interviews cancelled a day, and that made the planning more messy. Despite explaining about the significance of the study, some of the participants viewed the interviews as a time-wasting activity. Also, since most of those approached were registered with the social services, they spent the days doing activities that were arranged for them by the social services, and when they came home in the afternoon, they hardly had time or the energy for our interviews. In the beginning of the data collection process, it at times seemed impossible to get people for the interviews, as all the approached had given the understandable reason that they were too tired for the interviews. We later handled this problem by waiting for the Easter holidays when families were expected to be home.

In addition, due to cultural problems, for the married women, the notion of being alone with a male stranger (i.e. us; the interviewers), did not sit well with them; therefore this limited our choice of informants to `independent single` mothers, as we believed that this would yield independent findings. However, we successfully had few who volunteered for the interviews with the presence of their male partners, due to validity issues we declined to have them as participants.

Besides, meeting people with important information about khat often involved long journeys. For instance, the only khat clinic of its kind is situated in Stockholm (the capital city); almost two hours drive away from Gavle (where we live). Therefore, interviewing the psychiatrist involved time and expensive journeys to the city.

Tool of analysis

It is generally said that there are diverse approaches to analysis. In this paper, thematic coding analysis was the preferred choice of analysis. Thematic coding, which is known to have a central role in qualitative analysis, was used to interpret the ways in which the participants described their experiences of the research problem (Robson, 2011:474).

Once the transcribed interviews were read in their intact, recurring topics were identified. This is one of the techniques for identifying themes (Robson, 2011:480). From here, four themes, namely: family conflicts, medical/psychological effects, Effects on Children and integration & Khat. Here these themes were compared by the authors in order to find comparisons between different parts of the collected data.

Moreover, the authors independently reread the themes to counter-check if themes fully captured the collected data. Sometimes, some extracts were re-coded once they were found to be in a wrong theme. Once these themes produced logical relationships between them, it became easier to make sense of the collected data. Then, the result and the theory had been raised to give it more applicability. After moving from data, personal construct theory was the framework used in preceding analysing process.

Issues of Generalizability, Validity and Reliability of the study

As the study population was small and non-random sample was chosen, generalising of the study finding was impossible. Also, the use of the snow ball method in getting interview persons reduced the representativeness from the perspective of statistical generalisation as there was in-built biasness. (Robson: 2011)

Furthermore, validity which is a kind of verification process built into the entire research process with continual checks on plausibility of the findings (Kvale & Brinkman, 2009:250). Striving to have validity in the research, the research questions were designed in a way that they flowed directly from the aim of the research thereby giving a straight-forward research structure. Besides, the flexibility of the study design enabled the interviewers to follow up participant`s statements with validating questions in order to clarify participant`s statement meanings. (Kvale, Pg, 96). Also, the participants were allowed to speak freely and candidly as much as was possible. This is said to increase validity according to Patton (2012).

Moreover, as Robson explained, the inaccuracy of data can be a threat to a valid description of what one finds out from the interviews, Robson (2011). Therefore, all proceedings were

conducted in Somali language and tape recorded, with supplementary handwritten notes taken as needed. Transcription and translation of the recorded material was carried out by the second author as the study progressed. A total of forty pages of translated material resulted from the interviews and focus group discussions. Then the two authors did an independent comparison between the different English translations against the original Somali transcripts. Disparity that arose from the comparison prompted further checking against the data; this was done in order to get rid of invalid findings. However, there were no significant differences between the authors in the overall meaning of the translation. Both authors have a good command of English and Somali languages. Both have lived in Somalia and in Sweden, and this was vital as knowledge of both Swedish and Somali cultures gave a broader understanding of the research problem.

Moreover, reliability; referring to consistency and trustworthiness of research finding, was considered in this study. As Kvale & Brinkman stated, to see if a study is reliable and reproducible, at other times by other researchers reliability has to be examined throughout all stages (Kvale&Brinkman, 2009:245).

In addition to that, reliability in this study is strengthened as an experienced third person (social researcher) transcribed and analyzed independently. Then, his analysis and those of the authors were later compared and the differences sorted. This strengthened reliability by triangulating the outcome.

Ethical Consideration

Prior to their participation, participants were informed of the aim, process, researchers and other necessary information concerning the study. This was to ensure that they fully understood the study and were able to make an informed decision about participation (Barsky, 2010). The literate participants were given written informed consent in English, Swedish and Somali, and those uneducated ones were orally informed of the study.

Confidentiality of the information obtained was assured and only the researchers shared this information for research purposes. We explained our approach to confidentiality and reassured the participants that they would not be identified, directly affected or used for commercial activities (SRA, 2003).

Furthermore, the literature review indicated that khat has a negative impact; therefore, it was anticipated that this might have caused the participants to experience emotions like guilt,

anxiety, embarrassment and frustration when talking about their past experiences of khat. Consequently, these feelings may have an impact on their lives, relationships or others (Peled & Leichtentritt:2002). To minimise such feelings or stress, a big deal of sensitivity was given to the way the interview questions were set.

Results and analyse

The study sought to explore how Somali families are affected by khat use. The general effects of khat use on families were identified. The results, infused with the analysis of what the participants had to say about their experience with khat use will be presented here. This section is divided in different themes, namely: Familial conflicts, Health and psychological problems, Khat's effects on children and khat's role in integration of Somalis.

Family conflicts

Khat was said to be a big factor in conflicts of families where khat is used. Prolonged arguments between the couples, is thought to be a factor in many family conflicts. In this section, khat's role in familial conflicts will be presented. These conflicts are said to come in two forms: aggression on the side of the husband especially after using khat, and as a result of arguments surrounding the financial implication of khat use.

Aggressions of the khat user

Usually tempers flare when the chewer comes home late into the night as he refuses to explain his long absence from home thus causes rift in the partners' relationship.

One participant explains,

“They behave aggressively: become angry and easy pick fights with their spouses.”

Frustrations of the chewer as a result of the little sleep he had, coupled with the tensions that resulted from the arguments on his late coming the previous night, leads to aggressions on the side of the chewer. As one can imagine, with the prolonged tension between the couples, the harmony in the family might be affected hence dysfunctions in the family.

Financial reasons

This is another form in which conflicts are created. Disagreements on the amount of money that are to be used on khat by the khat user, is often a centre of conflict.

As one a female participant mentioned,

“He would try to spend the money we needed for important expenses on Khat. This was of course the main source of our constant arguments and conflicts. I would say this eventually led to our divorce”

An ex-khat chewer from the focus group says,

“The business of chewing Khat is expensive;
it ruins one financially.”

Most of the participants had no job, and lived on social benefits; therefore khat use was understandably viewed as having a profound impact on the unlimited family finances hence laying foundation for arguments of the spouses.

A large portion of family benefits (e.g. social assistance) was often spent by chewers leaving the family struggling financially.

As one a female participant puts it,

“Khat destroys the relationship of the khat user
and the family in law”

The khat chewer does not want to be held accountable for the money he uses on khat. Unlike in Somalia where the budget was controlled by the bread winner of the family; the husband, In Sweden, the income of the family is controlled mutually by the partners. Therefore, arguments tend to flare during the family’s budget planning, with the woman presenting her case against the khat use and the man defending his substance use. This is viewed as one of the root causes of most of the family conflicts that are connected to khat use.

The Somali’s family system which is the extended family mode, further complicates the existing problem between the couples. The idea that, although married to a man the woman still is a daughter and sister of someone, might lead to the relatives intervening in case the chewing husband mistreats his wife. Usually, women share their familial crisis with close relatives, which in turn are expected to discuss the issue with the chewing man. In most cases, this involves complications like divorce. Asked if her relatives intervene during family arguments, one woman, who once married a chewer says,

“Of course they intervene.” She says that it was like she had been trapped in her previous relationship, and then her relatives came into rescue which she says is thankful for”

The economic effects of khat have been linked to the breakup of families by the participants. A Somali psychiatrist, who runs a khat clinic in Stockholm’s suburb town of Rinkeby, says,

“It is not uncommon for Somali khat chewers to be ‘kicked-out’ of their homes/apartments by their landlord because of being unable to pay the rents, thanks to khat.”

Divorce and Khat

Although the research participants pointed out that there is no definitive evidence (e.g., from any known research), they pointed out that there is a strong correlation between khat usage and family breakdowns/divorces among Somalis. As one research participants said:

‘If you were to ask Somalis, they would say it has a big impact on divorce’

The above claim is supported by the reviewed literature, where it is explained that Spouses where one of them chews Khat are more likely to separate or divorce than those who do not. The spending of the income on purchase of the drug, resulting in a neglect of the needs of the family, and the khat habit is frequently a factor in divorce (Kalix, P: 1987).

Health & Psychological Problems

There were various health problem issues that the participants interviewed associated with Khat. These were both physical and psychological.

The most recurrent ‘physical’ health problems that were associated with Khat misuse were ‘poor hygiene’ that caused various diseases. The ‘eating habits’, including, the ‘lack of appetite’ were also said to adversely affect the immune system of chewers, thereby, predisposing them to a range of diseases. Another aspect mentioned was the ‘inhibition’ of sexual ‘urge’ or ‘drive’ that chewers were said to suffer, as a consequence of their Khat chewing habits. Opinion was however divided here. This was because some were of the view that Khat actually had the opposite effect in that it does increase the sexual urge/drive of chewers. Actually a research done in Ethiopia had the same conclusion that khat had differing positive and negative sexual consequences (i.e. premature ejaculation, sexual desire, good/poor performance e.t.c).(Teferra at el:2011)

The ‘poor eating habits’ of chewers had a consequence on the chewers’ health. For example, it was not uncommon for chewers to ‘skip’ meals (i.e., breakfast, lunch or dinner or all of these regular meals) as they spend most of the day chewing Khat. Malnutrition was also

commonly mentioned since there was little nutrients that the body received while chewing Khat.

Khat also affected the appetite of chewers. Khat was said to suppress hunger and thirst (see Etkin, 2006). This was, however, contested by some participants, who argued that Khat had the opposite effect, namely, that of increasing the desire to eat more. To reinforce the latter, one participant said,

‘Nothing can satisfy the appetite of the chewers’.

Poor ‘hygiene’ and ‘diseases’ were other phenomenon closely associated with the ‘environment’ under which Khat was chewed. As pointed out recurrently, it was not uncommon for ten or twenty chewers may cram into a chewing parlour, commonly, known as *Marfish*, spending several hours in very close proximity to one another. Many of these chewers often shared drinks, thereby, increasing the likelihood for easily communicable diseases such as hepatitis, tuberculoses and other infectious diseases.

As one participant puts it:

‘They often sipped from the same vessels which in turn increased risks of catching diseases’.

The chewing parlours’ themselves came into some sort of scrutiny. This was because these parlours often lacked adequate ventilation and lighting.

The continued intake of Khat has invariably an adverse impact on one’s health. Among the many of the health problems associated with Khat included stomach ulcers, heart burns and constipation. This corresponded with the reviewed literature in terms of the fact that khat was said to be having negative effects on the health.

Also mentioned were dental problems. Indeed, Khat was said to cause tooth decay and was a phenomenon clearly prevalent with one of the participants. There were a number of reasons that were raised that were said to increase the propensity for tooth decay among Khat chewers. Firstly, Khat contains chemical substances that help promote tooth gums to recede. Secondly, the piercing of gums by the twigs chewed also increases the process of tooth decay. Third and most decisively is the role played by sugar and ‘sweet’ drinks, chewing

gums, etc, used to neutralise the bitterness of Khat. These increases cavities that can contribute to tooth decay among chewers.

Psychological problems

Khat was also associated with a host of psychological health problems. The main themes that were associated with these psychological problems were ‘hangovers’, depression, hallucination, paranoia, and irritability and ‘withdrawal’ symptoms.

Amnesia and sleeplessness were said to contribute the psychological malaise of chewers. The ‘urge to sleep’ is directly tied to chewing ‘all-night’. This is reinforced by one woman, whose former husband chewed Khat,

‘All he wanted was to sleep all day. He hardly talked to us when he came home from his chewing sessions. There were no family discussion; not bothering how our day was... Simply put, he chose sleep over his family!’

She continues,

He wakes up in late afternoon, and all that was in his mind was Khat, how he could get hold of it, where he met his friends for another chewing session... that is it.

Depression was another aspect that was associated with the likelihood for ‘feeling down’, ‘worried and disappointed’, to borrow some of the terms used by the participants. Another closely associated phenomenon that was frequently mentioned was ‘hallucination’, a state where chewer ‘talked to himself’.

‘Paranoia was construed to mean suspicion over a wide range of issues, both at the personal and societal levels. The chewer was said to become ‘extra suspicious of everything’,

As one man participant from the focus group puts it,

Another man in the group reinforces,

` the chewer begins by ‘mistrusting others and his surroundings’, or ‘may think others talk of the negatively’.

Irritability and aggressiveness by chewers also figured prominently in the discussions with the interviewees. Chewers were said to become highly irritable.

As one interviewee reinforces,

‘All he wanted no one to talk to him as he was nervous and could explode easily when he felt offended`.

Indeed, many participants believed that wife-battering is common among Khat chewers for the mere reason that Khat was an element in the lives of chewers, and hence, their abusive relationships and aggressive behaviours towards their spouses.

Withdrawal` symptoms were often associated with the lack of interaction by chewers with his family. As one female interviewee puts it,

‘All the chewer wants is to be left alone when the hangover sets in’.

Khat`s effects on children

Khat was said to affect children in different ways. It is clear that the effects of khat on families and the users themselves (as is discussed in this paper) might have negative impacts on the children`s life.

One of the most recurrent effects of Khat on children, as highlighted by the participants was: ‘confusion for children’, i.e., where children often encountered ‘edgy dads’ with frequent ‘mood-swings’, as relayed by a female research participant. ‘Mood-swings’ connoted the ‘frequent’ intermitted moments of ‘irritability and joyfulness’ which caused ‘confusion’ in children. As asserted by these participants, children often had difficulties with the characters and ‘predictability’ of their fathers. Of the latter, said another participant, ‘the children were confused since they did not know what to expect’.

Moreover, by being ‘engaged’ with Khat, these men had little time for their children. They were said to neglect their children in their pursuit to ‘find’ and ‘chew’ the Khat. ‘Fathers

were hardly present in the lives of their children’, laments another of the participants interviewed in this study.

Moreover, children were often ‘exposed’ to the conflicts that ensued as a result of familial conflicts that stemmed from the Khat-chewing habits of their fathers. Psychologically, such ‘conflicts’ entailed enormous distress and insecurity on the part of the children. These children also felt neglected in that their fathers paid little attention to their needs, both materially and psychologically.

These above assertions were confirmed by a psychiatrist who works with Khat chewers in Rinkeby. He says, ‘children often feel insecure... and scared since they often witnessed their parents tearing themselves apart’.

In support of the above, psychologists had long known that the relationship between the parents and the child is vital in the child’s emotional development. New researches suggest that the relationship between the parents as important as that of the parents and the child. A new research was done on over two hundred children and their parents, in an attempt to look at how parents worked out their disagreements and measured the children's distress reactions and negative thoughts. It was found out that parental conflict wasn't a problem if the parents resolved their differences. But when these conflicts remained open, children responded with depression, anxiety, and/or behavior problems. (Cummings, E.M. & Davies, P.T, 2006)

When asked about other psychological effects, the participant continues,

‘Most of khat effects intertwine; the economical effects of khat might contribute to the issue of children being deprived of important ‘child needs’ like clothing and leisure. The child feels neglected especially when he sees fellow children who enjoy good parenting.’

Education of children

As explained earlier, khat users spend reasonable amount of time searching for the substance and using it. They then must meet the friends they chew with at the agreed ‘parlours, which are often located away from the home of the chewer. Indeed, as confirmed by a number of

participants, Khat users are often absent from their homes/families which means that these chewers have very little time to spend with their children (and spouses).

It is needless to say, children need their parents in their life for emotional, physical and developmental needs. They need encouragement and supervision as they grow up. More often than not, children of chewers lack the fatherly roles that other children whose parents do not chew Khat have. As one respondent puts:

Khat-chewers have no clue of how their children fare at school... what progress they make, whether they need assistance with their education and so on. The Khat-chewing father is either absent in pursuit of his Khat or has to nurse his hangovers when at home. When would he attend to his children and their needs?

Albeit exaggerated, many of the participants were of the view that Khat-chewing fathers hardly had the ability to fulfil the needs and or well-being of their children. Nonetheless, there were others who disputed this assertion and who argued to the contrary that Khat-chewers were, indeed, involved in the lives of their children. The latter is reinforced by the following opinion:

All Khat-chewers cannot be generalized as irresponsible. There are those fathers who chew at their homes and who very much involved in the lives of their families and children. There should be a distinction that should be made between those fathers who Khat in their homes and those who chew at the parlours.

The father as a role model:

Khat-chewing fathers were said to have failed in their function as 'role models' to their children, especially boys. These children would come to view Khat-chewing habit as a behaviour that is an anomaly, especially those who grow up in Sweden [where Khat is classified as an illegal drug and all that it entails]. There were also those who argued that fathers who chewed Khat had a negative and 'direct' impact on their children as the latter were often moulded after the 'character' of the former. It was, for example, 'normal' for children to become Khat chewers themselves as the habit of Khat chewing was a normal

practice or commonplace in their lives from the very early tender ages. As one respondent asserted,

‘Children will of course imitate their parents. There is a high probability that children of Khat-chewers would pick up the habits of their parents [here, fathers] by becoming chewers themselves’.

There was a kind of conviction that the children of Khat-chewers were bound to experiment on khat sooner or later, as they were exposed to an environment that normalized the habit of chewing Khat.

The whole habit of chewing Khat was said to cause ‘some confusion’ in children. This related to the ‘legality of Khat’. Seen from the perspectives of their chewing parents, Khat was ‘legal’. Conversely, seen from the wider Swedish society, to which these children were part, Khat was clearly an illegal substance that often led to repercussions such as fines or jail-terms for users and traffickers alike. As affirmed by some participants, children often wondered about the ‘rights’ and ‘wrongs’ of Khat, since it was somewhat accepted at home whilst ‘loathed outside’, to borrow the phrase of one of these participants.

Moreover, children often suffer from divorces. From the reviewed literature, a study conducted on psychology students in a university in the U.S showed that students who were relocated as a result of divorce were unhappier than those who were not. These students showed aggressiveness and hostility against their fellow students. The general health of the student who were relocated or lived an hour away from parents, was said to be worse (William V. Fabric us, 2003).

Integration & unemployment

Khat was said to be an obstacle to integration of Somalis in Sweden. The reasons were two-fold. Firstly, a connection is often made between the use of Khat and unemployment among Somalis in Sweden. Secondly, the use and selling of Khat is illegal in Sweden. This draws out the trouble of not only the law enforcing agents in Sweden but also members of wider Swedish society. Moreover, this contributes to some of the stigmatization of Somalis as a group in Sweden.

It is a common belief that unemployment is high among Somalis in Sweden. Few researchers have linked the unemployment of Somalis with the use of Khat. According to Ahmed (2012), for example, unemployment among Somalis was by a number of factors, which included the lack of education (i.e., the prevalence of illiteracy); unsuitable education (i.e., qualifications that cannot be easily transferable in the Swedish setting); and the prevalence of institutional discrimination (especially with regards to many recruiting organizations that give preference to native Swedes and other members from the more established immigrants groups) in Sweden. Nonetheless, many participants in this study were of the view that Khat did, indeed, played a role in the prevalence of unemployment among Somalis in Sweden.

Just like other drug users, Khat abusers would have difficulties in executing work duties or holding to their work. These were often attributed to a number of factors, from sheer negligence, from inabilities tied to the chewer's psychological or physical state, to the shunning of chewers by the fellow work mates

˘ The chewer simply had other priorities that 'drew him away from his work', as one participant put it. ˘

This opinion was reinforced by other participants.

The Khat chewer sleeps all the time... he spends most of his spare time nursing his hangovers... where does he get the energy to work or make a living like the others?'

The other participant in the group focus agrees

'Those misusing Khat hardly look for job, and this unfortunately, makes people [Swedes] to think negative about us, as Somalis.

Moreover, as mentioned in the literature review, Khat is/was a social substance that is culturally accepted by Somalis. Accordingly, many Somalis have a liberal view about Khat and its usage. Indeed, a number of respondents have tried to justify the usage of Khat arguing that Khat was a social drug that was in many ways similar to how alcohol was perceived in western culture, including Swedish. This liberal view on Khat coupled with the actual use and

selling of Khat thus brings some Somalis into an obvious and direct conflict with the Swedish law that classifies Khat as an illegal drug.

All in all, there was a widespread perception among the research participants that Swedish employers shunned to recruit genuinely qualified Somalis or discriminated them on the basis of their ethnicity because of (a) the prevalence of Khat among Somalis, and (b) because of the influence from the negative perception about Somalis in society. This in turn perpetuates the prevalence of unemployment among Somalis.

Discussion

There are several reasons for concern about the misuse of Khat in Sweden. The primary purpose of the study was to identify the effects of khat use on families; the study therefore contained a built-in bias towards finding people with khat experience, as the method used was not a random sampling. For this reason, cautions should be used when generalising from this study to the behaviour of the wider Somali community living in Sweden.

The results in this study indicated that the use of khat can lead to negative social, economical and medical/psychological effects on families. One of the main observations from the study is that all the participants' belief that khat either leads to dysfunctions or destruction of families as it often led to divorces. Dysfunctions are defined as families not functioning well; the participants defined dysfunctions as disharmony in the family that led to unhappiness of family members. Therefore, this supported our earlier speculations that there is a relationship between family problems and khat use.

The economical, medical and psychological effects of khat use was said to be the cause of the familial conflicts. This was consistent with the reviewed literature although there were arguments that these problems would not prevail in settings other than the Swedish setting due to the illegal status of khat in Sweden. For instance, there was an argument that the illegal nature of the substance had raised the prices of khat and made these khat users to spend a lot of time searching for the substance. There was also an argument that had khat been legal, the Khat users would be chewing khat at home thus spending time with their families rather than being in parlours. However, this argument is obscured by studies carried out in other settings where khat is legal. In England, where khat is legal, khat was said to have led to familial conflicts while in Djibouti there were reports of khat-related divorces. Whichever the way, as it has been vividly discussed by participants in this study, there is a reason why policies around khat should be readdressed by the Swedish policy makers.

Consistent with the reviewed literature, khat use not only causes depression and stress on the side of the co-dependents, but also leads to khat users suffering from psychological effects like paranoia. The respondents revealed how khat users suffered from paranoia and poor sleeping patterns coupled with nightmares.

Besides, although there was a general agreement among the participants about the psychological effects of khat, some of the reviewed literature showed that these effects could

resemble those effects suffered in civil wars, therefore there is an argument that the psychological effects (as mentioned by the participants) could actually be a reaction to the traumas of the ongoing civil war in Somalis rather than khat use. However, khat use is not just prevalent among newly migrated Somalis, but also Somalis who were born in Sweden. Therefore, the occurrence of psychological problems on both those who experienced post-war trauma and those who did not, shows that the participants' view that khat has psychological effects is something that is worth to be addressed.

Apart from the problems khat causes to families and individuals, it was also highlighted by the participants that khat use leads to marginalisation of Somalis from the mainstream society. This was partly connected to the isolation of Khat users, as this isolation had implications on the learning of the Swedish language (since they never spoke Swedish with each other) thus impinging the integration process. The exaggerated media images of Somalis as a problematic minority groups trapped in khat use, was said to have played a role in the joblessness of Somalis.

Majority of the participants believed that Swedish employers hesitated when it came to recruiting qualified Somalis on account of the negative perception of Somalis from the media. This perpetuates the prevalence of unemployment among Somalis. Here, the effects of khat use goes beyond the Somali families into the wider Swedish society. To add on the above problems, the participants raised concerns over the criminalisation of Somalis in Sweden. Most of the participants had the view that khat is a social drug that is in many ways similar to how alcohol was perceived in western cultures, including Swedish. This liberal view on Khat coupled with the actual use and selling of Khat consequently brings some Somalis into an obvious and direct conflict with the Swedish law that classifies Khat as an illegal drug.

Since there are not many studies about khat misuse in Sweden, problems were encountered in getting theoretical explanations for Khat use. For that reason the personal construct theory became an automatic choice in this paper. The approach of this theory is motivated by the view that Somalis are people displaced from their country of origin, whose search for meaning in difficult situations (both in the past and current) leads to problematic substance abuse. These problems vary from traumatic experiences suffered during the war in Somalia to adjustment problems like seeking job and learning new language here in Sweden. Coupled with the complexity in the changing roles in the family, the men are losing the 'leader' figure in the family. In Somalia, the man has the final say, as his role as the bread winner

automatically qualifies him to be a sole decision maker in important issues in the family. In order to make sense of these complex situations, the Somali men are susceptible to khat use.

Recommendations

A need for social intervention in the form of counselling, health education and rehabilitation centres was identified. Despite the unanimous acknowledgement of the problems of khat, almost all the participants had never considered seeking help. It was found out that there was only one Khat clinic in Sweden, this just showed how unprepared the Swedish social services are as far as dealing with khat is concerned. Therefore, it is recommended that Somali-oriented rehabilitations, with culturally sensitive counsellors to be established. For many Somalis, the above approach would be more effective than enforcing stricter laws. This is due to the fact that the lawlessness background of Somalis (Somalia as a failed state), has possibly contributed to some Somalis ignoring the laws of Sweden, especially those concerning their `beloved` khat.

Study limitations and future research

The main limitation of any qualitative study is the issue of generalizability, as the sample was selected with a non probabilistic sampling method, therefore may not be representative of the study population. In addition, the population was too small to represent the Somali population and khat use. Also, due to the illegal status of Khat coupled with the sensitivity around discussing family affairs with interviewers, there is a worry that the participants might have somewhat concealed the true views of the topic. On the other hand, those who dislike the substance might in a way have exaggerated their views thus giving inaccurate information.

Although, the authors had the advantage of sharing same background with the study subjects, there is a risk that some of the authors` views might have been biased.

Therefore, further studies would need to take on deeper stance on effects of khat on families. Issues that need to be investigated in future researches include the prevalence of female khat users, as Somali women are said to be taking up the drug. In the course of data collection, it struck the authors of this paper, if khat would have same effect on families if it was the woman was using rather than the man.

References

Advisory Council on the Misuse of Drugs (ACMD), 2005, *Khat (Qat): Assessment of Risk to the Individual and Communities in the UK*. (http://www.homeoffice.gov.uk/acmd1/khat-report-2005/Khat_Executive_Summary.pdf?view=Binary). 20th Apr.2012.

Ahmed, O. (2012) *Settling In? A Case Study of Somalian Refugees Living in Stockholm*, Birmingham: Univ. of Birmingham, (PhD thesis).

Anderson, David, Susan beckerleg, Degol Hailu, and Axel Klein, 2007, *The Khat Controversy, stimulating the debate on Drugs*. New York: Berg.

Barsky, A.E. (2010). *Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum*. NY: Oxford University Press. 83.

Beckerleg, S. (2008). *Khat special edition introduction, Substance use & Misuse*, 43(6), 749-761. doi:10.1080/10826080701739057

Beckerleg, S. (2010). *Ethnic identity and development: Khat and social change in africa* (1st ed.). New York: Palgrave Macmillan.

Bra.se, *Khat statistic*,

(<http://bra.se/bra/globalasidor/sok.html?query=khat&submit=S%C3%B6k>) 20th April,2011.

Cummings, E.M. *Child Development*, January/February 2006; vol 77. Davies, P.T. *Child Development*, January/February 2006; DOI: 10.1111/j.1467-8624.2006.00861.x

Glenice, C. Hagen, Rampes, R.(2012), *Adverse Effects of Khat review*, 9:456-463.

Green,R., *Human Behaviour Theory & Social Work Practice*.

Greene,R.,2008, *Human behavior theory and social work practice*, 3rd edition New Brunswick: US.

Griffiths, P., Gossop, M., Wickenden, S., Dunworth, J., Harris, K., & Lloyd, C. (1997). *A transcultural pattern of drug use: Qat (khat) in the UK. The British Journal of Psychiatry* : The Journal of Mental Science, 170, 281-284.

Jeanie L, Davis, *But Parents Can Lessen the Effects of Divorce on Children*,(
http://www.webmd.com/balance/news/20030625/post-divorce-move-can-be-bad-for-kids?src=rss_foxnews&src=rss_foxnews&redirect=/content/article/67/80074.htm&_referer_=foxnews.webmd.com&orig_qs=src=rss_foxnews), Retrieved, 1st may,2012.

Kalix, P. (1987), *Khat: Scientific knowledge and policy issues*. *British Journal of Addiction*, 82: 47–53. doi: 10.1111/j.1360-0443.1987.tb01436.x

Nabuzoka, D. and Badhadhe, F. A. (2005) '*Use and perceptions of khat among young Somalis in a UK city*', *Addiction Research*8 (1), pp. 5–26

Odenwald, M., Hinkel, H., Schauer, E., Schauer, M., Elbert, T., Neuner, F., & Rockstroh, B. (2009). *Use of khat and posttraumatic stress disorder as risk factors for psychotic symptoms: A study of somali combatants. Social Science & Medicine (1982)*, 69(7), 1040-1048. doi:10.1016/j.socscimed.2009.07.020

Osman, F. A., & Soderback, M. (2011). *Perceptions of the use of khat among Somali immigrants living in Swedish society*. *Scandinavian Journal of Public Health*, 39(2), 212-219. doi:10.1177/1403494810384908

Payne, M., 1997. *Modern Social Work Theory*, 2nd edition Palgrave Macmillan.Palgrave Macmillan, UK.

Peled E, Leichtenritt R. (2002). *The Ethics of Qualitative Social Work Research*. *Qualitative Social Work*. 1 (2), 145-169 .

Robson, C., 2011. *Real World Research: A Resource for Users of Social Research Methods in Applied Settings*. 3rd edition Padstow: Wiley. 3rd edition.

Robson, C., 2007. *How to do a research project: A guide for undergraduate students* Oxford: Blackwell.

Simon (Svenskar och Invandrade mot Narkotika), *Khat farligare än tidigare känt*,

<http://www.drugnews.nu/article.asp?id=7015>, 9th Jan 2012.

Social Research Association (2003). *Ethical Guidelines* . UK: Social Research Association, 38-40.

Teferra, S., Hanlon, C., Alem, A., Jacobsson, L., & Shibre, T. (2011). *Khat chewing in persons with severe mental illness in ethiopia: A qualitative study exploring perspectives of patients and caregivers*. *Transcultural Psychiatry*, 48(4), 455-472. doi:10.1177/1363461511408494

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Interview Guide

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(This was followed up with questions)

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(Follow up questions)

Questions to professionals

Can u explain to us the effects of khat on all aspects:

- **Psychologically**
- **Medically**
- **Socially on family level and the society as well**
- **Financially**

Focus group

Effects of khat on:

- Family
- Individual
- Society
- Family

How?

Pictures of khat



The so called *Marduuf* (bundles wrapped in Banana leaves), one wrap is the average a chewer takes per session



Wigs of freshly harvested khat