

ECCV Position Paper on Restrictions of Khat imports to Australia

Subsequent to the Government's suspension to import up to 5kg of Khat per month for personal use in favour of a permit of Khat for medical and/or scientific use in November 2013, the Ethnic communities Council of Victoria (ECCV) has developed a position paper to present its official stand on this issue.

Background

As early as 2007, in the Victorian Government's *Towards a New Blueprint for Alcohol and Other Drug (AOD) Treatment Services*, it was recognized that there is a need for support for those people going through withdrawal from Alcohol and Other Drugs (AOD) and their family members. More recently in the Victorian Government's *Whole of Government Alcohol and Drug Review (2012)*, this policy was further strengthened as a result of several publications advocating better support for those experiencing the effects associated with alcohol and drug withdrawal and their families (Dawe et al, 2006 & Stenton et al, 2014).

Despite improved provision for access to both withdrawal services and support for family members, ECCV believes that the uptake of such services by culturally and linguistically diverse (CALD) communities is still low. Several factors including cultural attitudes and English language proficiency were identified as hindering their access to these services (Drug and Alcohol Multicultural Education Centre (DAMEC), 2010).

Therefore, in line with all of the above, plus the Whole of government Victorian alcohol and drug strategy, *Reducing the alcohol and drug toll Victoria's plan 2013-2017*, the ECCV would like the Victorian Government to consider the following:

1. Khat is grown and extensively consumed daily in countries such as Somalia, Ethiopia, Djibouti, Yemen and parts of Kenya. The practice of khat chewing continues as people from these countries make their homes in Western countries.
2. ECCV understands that khat consumption is reported to be more common among men than women. The use of khat among women used to be socially unacceptable. However, a shift in attitudes over the last two decades has seen an increase in its usage by women.
3. This leafy plant (khat) is used as a stimulant and contains several chemical elements, including cathinone and cathine.
4. ECCV is aware that there is a lack of clear consensus data about the addictive potential of khat but evidence suggests that long-term use of khat can contribute to a person developing tolerance of and dependence for the drug.

5. Khat can lead to health problems, such as sleep disorders, worsening of pre-existing mental health problems, gastrointestinal disorders, dental issues and certain chronic diseases.
6. ECCV believes that in Victoria khat is primarily consumed by members of the Horn of Africa communities, some of whom experience social disadvantage and unemployment.
7. Community feedback to the ECCV indicates that some Victorian people from culturally diverse backgrounds use khat to cope with stress associated with their migration, settlement issues and alleviate social isolation.

Policy actions

8. ECCV suggests that in consideration of the restrictions to import khat, this should be accompanied by culturally pertinent detoxification and substance abuse treatment programs to help those who are experiencing or at risk of experiencing withdrawal symptoms.
9. ECCV recommends that the Victorian Commonwealth provides grants and funding to relevant community organisations to offer culturally appropriate social support and alternative recreational activities for former khat users.
10. Victorian government provides additional funding for assistance and resources to address social issues arising from the recent Australian Government restrictions on the import of khat. This includes funding the relevant community organisations to conduct khat awareness sessions for members of the Horn of African communities, focusing on its impacts on the individual, the family and provision of information about alternative social activities.

References:

Drug and Alcohol Multicultural Education Centre (DAMEC) (2010) *Making treatment services and prevention programs accessible for culturally and linguistically diverse clients*. Australian Drug Foundation, Fact Sheet, No. 5.5 June 2007 revised 2010. DrugInfo Clearinghouse, Melbourne, Vic.

Dawe, S., Fry, S., and Moss, D. (2006) *Drug use in the family: impacts and implications for children*. Australian National Council on Drugs (ANCD) Research Paper No. 13

Department of Health (2012) *Whole of Government Alcohol and Drug Review*, Victorian Government, Melbourne, Australia

Department of Health (2013) *Reducing the alcohol and drug toll Victoria's plan 2013-2017*. Victorian Government, Melbourne, Australia

Department of Human services (2007) *Towards a New Blueprint for Alcohol and Other Drug (AOD) Treatment Services*. Victorian Government, Melbourne, Victoria

Stenton, J., Best, D., and Roberts, B. (2014) *Social Support, Group Involvement and Well-being among the Family and Friends of Problem Drinkers*, *Journal of Groups in Addiction and Recovery*, 9:3, 199-221.