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Khat: A Somali Perspective

by:

Ebyan Salah, B.A (Honours).

A thesis submitted to
The Faculty of Graduate Studies
and Research
in partial fulfilment of
the requirements for the Degree of

Master of Arts
Department of Sociology and Anthropology

Carleton University

Ottawa, Ontario

January 1999

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and Research acceptance of the thesis

Khat: A Somali Perspective

Submitted by Ebyan Salah ,B.A (Honours)
in partial fulfilment of the requirements
for the Degree of Master of Arts.

Thesis Supervisor

Chair, Department of Sociology and Anthropology

Carleton University.
January 15, 1999

ABSTRACT

Khat (*Catha edulis*) is a green leafy plant that is traditionally chewed for its mainly mild stimulant effects throughout East Africa and the Arabian Peninsula since the 11th century. Khat leaves contain the active compound known as cathinone, which is structurally and chemically similar to d-amphetamine, and cathine, a milder form of cathinone. Fresh leaves contain both ingredients.

This research examines cultural perspectives of Khat, focusing specifically on the Khat consumption and experience of the Somali Community in the Ottawa-Hull region. A group of 25 people, ranging in age from 19 to 60 plus, were interviewed with a focus on three specific areas. Interviews were selected based on contacts within the community and a sample consisting of twelve women and thirteen men. Each interviewee followed open-ended questions.

The first level of questions is concerned with the experience and the reasons for continuing the habit of chewing Khat. Questions involving what do chewers believe about Khat and what is its perceived role in health; what is its social status and social activities and the physical or medical complications as a result of Khat use were asked. The second section level of the questionnaire attempted to take into consideration the social effects of Khat and the impact on the household. Finally, the third section emphasised the legal consequences of possessing Khat in Canada and how does it compare to common drugs? What can we learn about the symbolic category of drug use and notion of addiction from the way it is used and the prospects for future changes of Khat use.

The analysis is based on the perspective of the Somali community in the Ottawa-Hull region. The sample is focused on age groups in order, to specifically explore differences among the people in relation to their marital, socio-economic status and education with respect to Khat.

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I dedicate this thesis to my parents Mr. Mohamed Salah Ladane, Mrs. Maryan Dore Gulled and my three daughters Fowsia Ali, Maryan Ali, and Aisha Ali.

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INTRODUCTION

Khat chewing is an insidious habit that affects many aspects of life. With its adverse social, economic and medical consequences it has become a problem of grave international concern. (United Nations, 1987:2)

Khat has, until recently, remained a relatively unknown substance in Canada. However over the past decade, the issue of Khat use has received increasing exposure from the United Nations and its agencies including the World Health Organisation and other international organisations.

Khat has been transported not only from one country to another, but also from one continent to another, and there is no doubt that modern methods of travel and communications have had a profound impact on Khat use because the physical transportation of Khat is so much easier and speedier.

Immigrants from Middle Eastern and African regions to Canada have steadily increased their Khat use since the early 1980's. As immigrants carried their culture through migration, chewing Khat is now affecting the cities where most Somalis live such as Toronto, Ottawa, Montreal, Vancouver and Calgary. The Canadian Charter of Rights and Liberties and Multiculturalism programs protect the rights of ethnic groups in the conservation of their cultural and their ancestral language; oppose all forms of discrimination; and segregation of citizenship (Ali 1995:29). For Somali refugees who are already trying to cope with a host of cultural differences,

the particular stigma associated with Khat such as drug addiction and violence becomes one of their most acute problems.

Somalia: Historical Background

It is important to review the Somali background in order to understand the history of Khat from the Somali perspective. Somalia, located in northeastern Africa, has a population of about 9.6 million, with an urban population of 26% (*The World Factbook 1996*). Somalia covers 638,000 square kilometres and has a coastline of 2 000 miles (Salah 1997:1). British Somaliland gained its independence on June 26, 1960 and Italian Somaliland became independent one week later. They were unified July 1, 1960 to form the Somali Republic (Salah 1994:17). The major ethnic and linguistic group in Somalia is Somali (*World Factbook: 1996*). Somali remains a vital force in sustaining the uniqueness and integrity of Somali culture (Geshekteer 1979:31). Furthermore, 99% of Somalis are Sunni Muslim and have strong ties with the Muslim world, within Africa and the Middle East (Salah 1994:18). In addition, more than 60% of the Somali population are nomadic and semi-nomadic pastoralists.

The roots of the present political and tribal crises in Somalia can be attributed to the segmentary nature of their kinship, owing stronger allegiance to clan and community than to any wider ethnic group or government (Ali 1995:3). I. M. Lewis summarised the early European ethnographers' perceptions of the traditional Somali character and behaviour:

The first thing to underscore about the Somalis is that they are not as other men. Richard Burton, the famous Arabist and explorer who trekked across their land in the 1880's called the Islamic Somali nomads as "fierce and turbulent race of republicans". More pungently, a Ugandan Sergeant with the British forces fighting the "Mad Mullah" went on record as telling his officer: "Somalis, Bwana, they no good each mans his own sultan." In the other words, they take orders from no body, and their sense of independence is matched by a supremely un-centralized and fragmented degree of political organisations a kind of orderly anarchy. The basis of political allegiance is blood kinship or genealogy. Children learned their ancestors' name by heart back to twenty generations and more. A Somali does not ask another where he is from but whom he is from strangers who meet recite their genealogies until they reach a mutual ancestor. The more closely they are related, the more readily they unite, transiently against others. Myself against my brother, my brother and I against my cousin; and my cousin and I against outsider. (Ali, 1995:3).

The unity of the Somali society has been maintained by the relative homogeneity in the civil society rather than a centralised state. The traditional clan or sub-clan customary laws delineated directives that managed conduct in intra-lineage and inter-kin relations (Ali 1995:4).

The root causes of the present Somali dilemma lie in the missed opportunity to facilitate a smooth transformation of the traditional socio-cultural and political norms and institutions (Ali 1995:4).

Professor Ali argued that the absence of genuine capitalism, industrial urbanisation and relatively developed individual rights, leaves the individual to be an active member of micro-social units existing in between his family and the nation state and *clan* division. Constant killings, rape, robbery and looting have replaced the rule of law, the system of governance, the customary laws which acted as the safety-nets in times of hostilities and the mutual respect within society (Ali 1995:2). According to Professor Ali, today four out of five Somalis are estimated to be displaced

inside the country and up to two million more turned into refugees in the neighbouring countries and the around the world (Ali 1995:2). Most of these refugees suffer from destitution, insecurity, despair and tremendous cultural alienation. Similarly, About 70% of some 40,000 Somali graduates are living abroad as refugees or as immigrants. An estimated 13,000 of these graduates are presently residing in North America mainly in Canada. Another 15,000 are scattered in the Middle East, Europe, Australia and neighbouring countries (Salah 1994:36).

Reasons for Immigration

The Somali immigrants in Canada are different from “traditional Somali emigrants.” Somalis never left their country in such large numbers seeking asylum from their homeland. During the oil boom in the seventies and the eighties, many Somali men left their home seeking employment in the Middle Eastern countries. For example, 300,000 were working in the Middle East and repatriating income for their families in Somalia (Ali 1995:24). This job-influenced migration was due to proximity to their homeland; the Islamic culture and strong trade links that continue even today in turbulent times. Those Somali workers were mostly young able-bodied men. In contrast, the immigrants seeking a safe haven in North America consist of older people and young men, women, and children who fled the civil war in 1991. Their departure from home was influenced by disaster and crises, unlike the departure of immigrants from stable South Asian countries like India. Most of the Somali immigrants were dislocated from their families. It is

normal to see one family, with the husband in Canada, and the older children either in England or Holland, and the younger children with their mother in refugee camps in Kenya. Their separation was due to immigration policies and crises intervention, which makes them difficult to get them together. Canada is a safe haven for asylum seekers and immigrants. A country made of immigrants, Canada is looked upon as a country that offers vast opportunities in its provinces and territories. Canada offers to new immigrants, housing at affordable levels, access to social service programs including free education for language skills, day-care services and health care (Ali 1995:31).

Within the current increase in non traditional immigration there is a social distance between minority groups such as Somalis and the local Canadians whom have been settled for decades (Ali 1995:29). The different lifestyle and customs of new immigrants are not in accordance with the well-established social environment of the Canadians.

Integration is a form of acculturation, which seeks equilibrium between conservation of cultural identity and characterisations and the positive relationship with other groups.

Over all, the factors that contribute to integration are language proficiency, in English and French, socio-economic class of parents, extent of culture shock, influence of youth organisations, stereotyping and identity problems and racial the hostility of the community where they live (Ali 1995:30). The basic problem in integration is lack of communication and this is aggravated by

lack of language skills, a problem being resolved with active enrolments of Somalis in English as Second Language (ESL) programs.

The Somali settling in Canada have found on arrival the need to adapt, adjust and integrate with Canadian society, and many are increasingly becoming integrated into the Canadian life style. Ali in his research study on the Somali integration in Canada, stated:

Among the Somali households contacted, the senior citizens men and women over fifty, felt that they would like to return to their country, if the situation improves, while the youth in the Somali communities are getting adapted to the Canadian living conditions and will think twice to return back home. The Somali youth are increasingly in favour of pursuing education in Canadian institutes to qualify themselves for job opportunities in Canada. (Ali 1995:31)

Somalia is one of "the least researched areas of Africa" (Salah: 1997:6). In Canada there are few documented sources on Somalis and none on Khat. There has been no assessment done on the impact of Khat, which was banned in Canada on May 14, 1997.

Khat is mostly chewed communally at social gatherings, which take place on weekends in cities such as Toronto and Ottawa. The focus of this research project will be to attempt an initial assessment, from the Somali community's perspective, on the impact of Khat use, more importantly to hear what Somalis say about Khat and the sociological significance of Khat use.

The study will also attempt to examine aspects of the cultural history of Khat. Since Khat is used for social and recreational purposes, it is this use of Khat that has provoked so much controversy when compared to other banned drugs.

All respondents have granted the author permission to use the information they provided, but have requested that their identities be not revealed. Thus the information supplied by the respondents in the form of direct quotations are given with a pseudonyms to ensure confidentiality. Simply getting the respondents to discuss the tradition of Khat was an important aspect of the interview process. In this way, the information provided is very valuable. I am impressed and grateful to the group of Somalis who agreed to speak with me on this issue. I went to these groups with an introductory letter, consent form, and a list of questions as required by the University ethics regulations. I set up the meetings with help from friends and families who are living in the community and involved in activities around the issue of Khat. During conversations, I went with the flow, so to speak, and put aside my prepared material. However I was able to introduce my questions to the group during the discussion that followed, and received appropriate response. I met the group at the participants' home, and the meeting could be described as an informal discussion group with five, seven, five, three, and five individuals during the two-hour session with each group. I was able to randomly introduce the questions (Appendix I), that I had drawn up during the discussion period, and received good responses from all the participants. Again, it is important to keep in mind that the primary purpose of this research was to explore issues

concerning Khat according to the opinion of the people involved, rather than to arrive at any definite conclusion. The overall goal of this study is to encourage further research in areas of concern expressed by the people interviewed.

Interviews were conducted using two methods. The first technique involved four groups selected by age, lasting approximately one and half to two hours. Because of the sensitive nature of the topic under research, the second technique involved individual interviews with Somalis, who naturally were uncomfortable, as it is believed that this type of exchange would be more fruitful. Individual interviews lasted approximately one hour. Both types of interview consisted of a set of six basic questions designed specifically for each group (Appendix II). All interview questions were open-ended. Open ended questions are used extensively in interview because they give greater freedom for respondents to answer in their own terms rather than within the tramlines of set alternatives in closed questions (Robert 1985:49). The interview method is preferred because it is particularly useful in gathering information about stigmatised, uncomfortable or difficult circumstances in which subjects live particularly with subjects, such as Somalis, about whom there has been little or no formal research conducted.

The intention of this study is to eliminate the illusionary notion that Khat is a drug. What this thesis proposes to explore is whether and why Khat use has increased in all generations and classes of Somali society? How has Khat consumption developed? The specific research

questions, which this project addresses, can be summarised as: What do Khat chewers believe about Khat? What is its perceived role in health? How the Khat use symbolizes social status and social community activities?

Chapter One deals with the history of Khat, focussing on Khat in general, its historic, cultural and religious role in Somali society and the effects and impacts on Somalis in the Ottawa-Hull region. Chapter Two examines the methodology used in this study. The research methodology employed consisted of an interviewing process that was designed to explore the reasons for the persistence of Khat use. Issues of data availability and reliability will certainly factor into this research process.

Much of the data is qualitative, based on the personal interpretations of the Somalis in Ottawa-Hull region. I met four groups at participants' homes, Carleton University and the office of Som-Can Institute for Research and Development. With individuals, most interviews were conducted in their homes and one participant in a playground (Cosmo Adventure). One of the best meetings could be described as an informal discussion group with seven women participating during the one and half-hour session. The experience that Somalis encountered for overcoming crises from war, to displacement and unemployment will be discussed later on in the research, which considered the main factors that contribute to Khat use

Chapter Three provides an examination and an analysis of the findings gained through the interviews. Due to displacement, immigration and integration related issues, many Somalis have undergone tremendous problems. Many of these problems mentioned in the interview process have manifested themselves in the form of Khat use or other related problems.

Chapter Four is the conclusion and discusses the future implication of Khat laws in Canada. Most of the recommendations are focused on prevention and awareness about Khat issues. There are valid recommendations for further research, because my research is explanatory research and the goal is to formulate more precise questions that future researches can answer. In terms of Somalis, this topic is the first stage in a sequence of studies.

Chapter One

Literature Review: History of Khat

In Somalia, references to the utilisation of Khat in early historical sources, has not gone beyond the anecdotal. However, according to Weir, a researcher on Khat, Khat is an evergreen shrub of the family *Celastraceae* and was its first name described botanically by Per Forsskal, the Swedish botanist who died in Yemen in 1763 (Weir 1985: 27).

Although, there were arguments about the discovery of Khat, the use of Khat as a stimulant appeared during the 13th century in Arab medical books (Kalix 1986:1), but Khat was first recognized and cultivated by the 9th century in Yemen (Weir 1985:27).

Forsskal Latinised the Arabic name "*qat*" to "*Catha*" and added the second term "*edulis*" because it was eaten and now Khat's scientific botanical name is *Catha Edulis* (Weir 1985:27). It is important to note that Khat has also different names such as *Qat*, *Kat*, *Kus-es-Salahin*, *Mirra*, *Tohia*, *Tschat*, *Catha*, *Quat*, *Ticise*, *Gisibum*, *Harari*, *Abyssinian tea* and *African Salad*. In Somalia, Khat from Kenya is known, as "*miroow*" while Khat from Ethiopia is called "*Harare*" and one from Yemen known as "*Ticise*". For the purpose of this research project, the term Khat will be used.

Khat (*Catha edulis*) is a green leafy plant that has traditionally been chewed throughout Eastern Africa and the Arabian Peninsula since the 11th century because of its mainly mild stimulant effects. The leaves of Khat contain the active compound known as cathinone, which is structurally and chemically similar to d-amphetamine, and cathine, a milder form of cathinone. Fresh leaves contain both ingredients (Kalix 1997). Khat grows as a tree. Its appearance depends upon the plant's age (Tutwiler and Carapico 1981:53). In addition, according to Schopen (1978:71, Weir 1985:27) the plant can reach five to ten metres within two to four years. There were also other reports that Khat can continue producing marketable leaves for decades, and leaves can also grow up to ten centimetres long, (Weir 1985; Kopp 1981:236). Most of the Khat chewers prefer fresh, young leaves that are only days old and for full efficiency and flavour. Some of the stimulant chemicals in Khat deteriorate quickly once the leaves are picked, diminishing its effects (Weir 1985).

Khat leaves are plucked from the twig and chewed; the juice is swallowed and the leafy residue is kept in the mouth (Ghodse 1995:97). Khat is also enjoyed with accompanying drinks such as a special tea with ginger and lots of sugar, soft drinks like Coca-Cola and cigarettes are smoked (Salah 1996:35).

In Somalia, during the 1960s to early 1980s, Khat chewing spread from a limited area in the northwest of Somalia to the whole nation (Samatar 1988). The reasons that the use of Khat had

spread to north Somalia in the first place is due to the fact that north Somalia has boundaries with Ethiopia and is close to Yemen where Khat is cultivated. The second reason was that Khat's popularity was enhanced by being used by religious groups, such as the "*Wadaads*" (religious men) to keep them awake during long religious rituals. There are conflicting opinions on the use of Khat from a religious perspective. For example, those against the use of Khat have claimed it brought confusion, intoxication and insomnia, reduced desire for food, increased dehydration and spermatorrhoea.

Regarding Khat, Abdi who was one of interviewees, and considered himself a very religious man stated that:

I believe that it is the right of God, the one who created human being and bestowed innumerable gifts on them to legalise or prohibit, as He deems proper, and to place obligations and responsibilities upon them as He sees fit. In Islam, Allah (God) has permitted everything that is pure, and prohibited everything, which is impure (Abdi Interview).

Abdi also went on to cite from the Qur'an:

Although, what is pure and impure depends on one's choice, it is very clear Allah (God) said in His Koran "Oh You who believe! Eat of good things that we provided for you, and be thankful to Allah (God) it is He alone whom you worship" (Abdi Interview).

Khat is said to interfere with the efficacy of ritual ablutions before prayers (Salah 1996:34).

However, those in favour of Khat have argued that it has stimulating and pleasurable effects, and

that by its use they achieved closer communion with God (Salah 1996:34).

The Quranic definition of what is prohibited includes *Riba* (interest) (Qur'an 1:275-276), *Zina* (sex before marriage and adultery) (Qur'an 4:15-25) and alcohol, which are prohibited (Qur'an 4:43-56). Khat, can therefore, be both prohibited and allowed at the same time, and it depends on individual's perspective and their interpretation of the Qur'an. Islam generally favours anything that is of benefit to the society. If there is a disagreement as to whether it is good or bad, it is then up to the individual to decide whether to use it or not. However, Islam forbids anything that is harmful to one's dignity, wealth and mind. Majority of the people, Khat falls in a grey category and it is therefore up to individual interpretation of the Qur'an (Salah 1996). The dialogue about whether Khat is prohibited in Islam or not has continued among Somali scholars and religious groups, with health and economic considerations becoming of increasing concern. Some pedagogues, particularly religious believe that Khat should be considered a doubtful substance, and should be avoided.

In north Somalia, Khat use remained confined to the mystics and Sufi circles, who use Khat to avoid sleep during Qur'anic recitation sessions, until the 1950s when new urban and secular populations took up Khat use. As Geshekteer explains:

In the town, traders, coffee shop owners, personal servants of British government officials, truck drivers, and young townsmen began chewing Khat in 1928, approximately 750

bundles were identifiably imported into the protectorate, and by the 1936 the "known" amount had increased five fold to 4,000 (Geshekte 1985:32).

The increasing popularity of the usage of Khat resulted in the establishment of Khat houses, which soon became meeting places for the intellectuals. Moreover, the social setting of Khat houses similar to café spread from north Somalia to the south except in rural areas (Samatar 1988). Older men socializing with others of the same age group, status or profession increased the use of Khat (Jama: 1995:9). In addition, Khat use became important in social and political gatherings and business transactions. It increased the political dissent expressed towards the government. Despite clear traditional practices of Khat use being limited to older men, Khat had become part of many households, and was increasingly being used by youth who chewed it more than food. Women started to sell Khat in order to get "quick cash", and this eventually led to wide usage, because of the perceived benefit of being able to work hard and not feel tired. According to Aden, Khat chewing has become recognised as a real problem with adverse consequences for the health and socio-economic development of north Somalia (Jama 1995:9). In this respect, the following section illustrates the view and opinion of legal and international aspects of Khat.

Legislation and International Aspect

The question of whether legislation is appropriate in dealing with the issue of Khat use is still debatable in some countries. Khat use was rare in Somalia until after the Second World War (Joyce 1994:228) and was backed by the social pressures of religion, community conformity and urbanisation. A research study done in South Africa by Macdonald stated that the recent Somali diaspora has reportedly led to an increase in Khat production and distribution in Kenya, Tanzania and Zambia. It is a legal substance in Kenya, as well as in neighbouring Ethiopia and Somalia, it is illegal in Tanzania and Zambia (Macdonald 1996:136, Thony and Sethna, 1995).

From 1921 to March 18, 1983 laws prohibiting the use, importation, cultivation and trade of Khat were established in Somalia (Samatar, 1988), and it was made a felony punishable by imprisonment. The laws were ineffective and counter productive as it resulted in a backlash by the northern Somalis against colonial control. The people, in their struggle for independence and freedom of choice, opposed the law.

Gesheker explains:

Chewing Khat became especially popular among small groups of poets known alternatively as the "buugaan buug or qaraami", who emphasised social solidarity and community of purpose through their poems (often recited with instrumental music); their themes included romance, extra-marital flirtations, consumer expectations, and political matters. Chewing Khat for hours became an important ritual of friendship and mutual trust, which engendered social cohesion through the custom of chewing together from a common bundle of twigs. By late 1940s, when Governor Gerald Reece tried to proscribe Khat chewing, his effort simply stimulated its consumption as "chewing became symbolic of one's refusal to accept colonialist authority" (Gesheker 1985:7).

Only in 1988, there was an attempt made by the government in Mogadishu to stop the use of Khat and to ban it altogether in Somalia (Samantar 1988). However, this new law was interpreted in the northern region of Somalia as a cultural and economic attack on a flourishing cash crop. Other hidden political reasons were thought to motivate legislation against Khat. The reality is that people cannot be forced into social change by passing laws, as history has already shown (Salah 1996:40).

After the civil war in 1991, Khat became one of the single most vital businesses in Somalia both in terms of monetary volume involved and its coverage of the country from the largest cities to the remotest villages (Abshir 1997). The estimated cost to Somalia is over US\$250,000 daily in cash transfers to Ethiopia and Kenya from where it is imported to all regions of the country by air and road (Abshir 1997). For instance, in Somalia, about 29,000 bundles or "*marduuf*" are imported into Somalia from Ethiopia and Kenya. Stevenson who wrote an article titled "Crazy Khat" stated that in the area called K-50 which is outside Mogadishu as many as ten planes carrying Khat from Kenya into Somalia daily. Most of them belong to warlords (Stevenson 1992). The real beneficiaries of the Khat trade are the Warlords. For the individual consumer, one bundle or "*mijin*" contains 15-20 twigs and sells in retail between Somali Shilling 25,000 to 40,000 depending on the remoteness of the retail area (Abshir 1997). Both Ethiopia and Kenya defend Khat as a harmless crop and promote its export to Somalia and Djibouti.

In Somalia, there are different opinions among people regarding Khat. For example Jama, who is a businessman and imports Khat into north east Somalia, argued that Khat contributes to social stability and lessening of tension as it "calms the nerves" and provides employment and business occupation to thousand of families (Abshir 1997: 23). However, the northeast regions are in the process of controlling Khat importation, and tax it at a rate between 25% to 50% (Abshir 1997). In the 1980s, all of these attempts at prohibition eventually failed, and most Somalis in Somalia heavily used Khat after 1989 (Salah 1996:37). Khat trade greatly exceed imports of any other commodities, including food and weaponry.

The use of Khat may cause health problems for individuals, and has important social and economic consequences for the countries concerned. Therefore, the problems related to Khat use have repeatedly attracted the attention of international organisations and were discussed as early 1935 by the League of Nations at the level of an Advisory Committee on the Traffic of Dangerous Drugs (League of Nations 1936). The Institute for the Study of Drug Dependence, reported that, the main problem related to the use of Khat in Africa is that plants are increasingly grown using a range of chemicals and fertilisers that may be unfamiliar to local farmers, thus raising the risk of chemical poisoning among users (Macdonald 1996:136).

Khat is categorised as a drug of abuse by the World Health Organisation (WHO), yet it is legally sold and openly used in many countries including the United Kingdom (Kalix, 1988). It has also

been banned in the United States and more recently in Canada where it is categorised in the schedule of drugs as a Schedule IV (Appendix III), subject to the same restrictions as other drugs.

In a study by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) in 1958 on the social, economic and health effects of Khat in Djibouti, the author concluded that:

In all human health, happy family relationships and economic Productivity, Khat is a scourge to eradicate (UNESCO 1958)

A similar position was taken in the Abshir report on the north east regions:

Khat is the most expensive and destructive sector of business for the short, medium and long-term economy and the health of the nation (Abhsir 1997:33).

In contrast, Halima, one of the respondents' in my study disagrees with the above statements:

I have experience of chewing Khat for past 18 years, and I consider it neither a drug nor comparable with intoxicating liquor. I encourage many of my friend to stop drinking, and substitute for Khat (Halima Interview).

Khat in Canada

Immigration to Canada from Middle Eastern and African countries where Khat is commonly used has been on the increase since the early 1980s. Within the Canadian context, Khat has been seen as a very problematic issue, and was banned in Canada on May 14, 1997.

The particular stigma associated with Khat as an addictive, abused drug is problematic and creates a lot of stress for Somali immigrants in Canada. To date, there is no detailed research on the

Canadian experience in dealing with Khat. However the following are the reasons why Canada banned Khat. Cathine and cathonine are the two components of Khat, which are on the List of Psychotropic Substances under International Control. Canada is signatory to the United Nations International Convention on Psychotropic Substances, 1971, which Canada followed before passing the new law of Khat. Although, before the law banning Khat was passed, the Federal Ministry of Bureau of Dangerous Drugs would not issue letters of permission for shipments of Khat into Canada. The importation of Khat would contravene Division 8, Section C.08.001 of the Drug Regulations under the Food and Drugs Act (Intelligence Bulletin 1991:13).

In the early stages, during the 1980s, Health and Welfare Canada noticed increases in the importation of Khat, which is believed to be related to the arrival of refugee claimants from countries where Khat was used. Since, Khat was not part of Canada's Criminal Code legislation, before May 1997, customs officers across the country who encountered Khat were detaining the shipments and advising the importer that an authorisation letter was required from Health and Welfare Canada. The shipment could then be re-exported; or the importer could grant permission for the disposal of the shipment (Bulletin report 1991:13).

The Custom detention is in accordance with Section 101 of the Customs Act, which states: Goods, that have been imported or are about to be exported may be detained by an officer until he is satisfied that the goods have been dealt with in accordance with this Act, and any other Act of

Parliament that prohibits, controls or regulates goods, and any regulations made thereunder.

(Intelligence Bulletin 1991:13)

The Bureau of Dangerous Drugs seizes the Khat on behalf of Health and Welfare Canada. Their authority for the seizures (Division 8, Section C.08.001 of the Drug Regulations under the Food and Drugs Act,) states the following: C.08.001 For the purpose of the Act and this Division "New Drug" means:

- a) a drug that contains or consists of a substance, whether as an active or inactive ingredient, carrier, coating, excipient, or other component, that has not been sold as a drug in Canada for sufficient time and insufficient quantity to establish in Canada the safety and effectiveness of that substance for use as a drug;
- b) a drug that is a combination of two or more drugs, with or without other ingredients, and that has not been sold in that combination or in the proportion in which those drugs are combined in that drug, for sufficient time and in sufficient quality to establish in Canada the safety and effectiveness of that combination and proportion for use as a drug;
or
- c) a drug, with respect to which the manufacturer prescribes, recommends, proposes or claims as a drug, or including dosage, route of administration, or duration of action and that has not been sold for that use or condition of use in Canada, for sufficient time and in sufficient quantity to establish in Canada, the safety and effectiveness of that use or condition of use of that drug.

While the debate was going on about Khat, Health and Welfare Canada restricted the importation of Khat, which was categorised as a new drug for which legislation had been tabled before the House of Commons. After the Legislation was introduced to ban Khat, Intelligence and Interdiction Information, revealed that shipments of Khat increased in the Montreal, Ottawa, and

Halifax areas in order to avoid detection by Canada Customs at Toronto airport. The Intelligence and Interdiction Information office in Toronto has been receiving information regarding the Somali community, developing profiles, educating their officers and detaining several shipments of Khat (Intelligence and Interdiction Report 1991:14).

In Canada, the shipment of Khat can range from 200 to 400 pounds, and contain an average of 400 to 800 bundles with a market value of \$35 to \$60 Canadian dollars per bundle. This could represent an income anywhere from \$12,000 to \$40,000 dollars (The Intelligence and Interdiction 1991:15) and some individuals both men and women are importing this commodity weekly.

The following are the examples of Khat detention made by Canada Custom for the period of 1989-1991. According to the Intelligence Bulletin from May 1989 to May 1990 the total number of detentions were 78, with the total quantity detained at 1,855 kilograms. Ottawa International Airport reported eight detentions totalling approximately 450 kilograms from July 11th, 1990 to August 1st., 1991 (The Intelligence and Interdiction 1991:11). The Ottawa Post Office detained three shipments of Khat sent through priority post and weighing approximately 45 kilograms during June, July and August 1991. On August 9th and August 31st, 1991 two Khat shipments were detained at Halifax International Airport weighing approximately 68 and 47 kilograms each (Features article, issue 91/03 Intelligence Bulletin).

In addition, the Intelligence and Interdiction office in Toronto reported 39 Khat detentions at the three international airports for the period of April 1 to August 1 in 1991 with an approximate weight of 858 kilograms (The Intelligence and Interdiction Report 1991:11).

On May 24th, 1994 Bill C-7 was proposed, an Act respecting the control of certain drugs, their precursors and other substances and to amend certain Acts and repeal the Narcotic Control Act Bill C-8, the Controlled Drugs and Substances Act. The House of Commons passed it on 6 March 1996. The Bill was previously introduced in the first session of the 35th Parliament as Bill C7, and was under review by the Standing Senate Committee on Legal and Constitutional Affairs when Parliament postponed its discussion on 2 February 1996 (Allain 1996).

As I mentioned earlier, the enacting of Bill C-8 would fulfil Canada's international obligations under the Single Convention on Narcotic Drugs (1961). The Convention on Psychotropic Substance (1971) and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance by including Khat in Schedule IV of the legislation. Despite these significant amendments, many outstanding critics have not been addressed. Such witnesses as the Addiction Research Foundation and the Canadian Foundation for Drug Policy, demanded that precise and rational criteria, based on public health and safety concerns should govern the scheduling of drugs, particularly new ones such as Khat (Allain 1996).

In the two months after the law was passed, Royal Canadian Mount Police (RCMP) at Toronto Lester B. Pearson Airport made 25 seizures totalling 749kg of Khat, arriving mainly from the United Kingdom of England (U.K) where the plant is legal. It has also entered the country through Ottawa and Halifax. At press time, Toronto police said arrests for possession were imminent (Dubey 1997). The RCMP (Drug Section) reported that in Montreal the amount of Khat seized from August 28 to October was 65kg, of which 18.5kg were transported through Canada Postal Services. The biggest quantity seized in Toronto airport was 6,000 kg in 1998. Most of the people who bring Khat into Canada are non-Somalis, normally over 21 years of age. Unfortunately, enforcement of the law can become an issue of community relationship for police, said Pat Erickson, senior scientist at the Addiction Research Foundation (ARF), as drug laws may be misused, though not necessarily with bad intentions on the part of police (Dubey 1997).

This literature review has illustrated the social influences of Khat from many different perspectives. It is hoped that such a multi-dimensional analysis of this issue will contribute to more appropriate and effective and preventive action regarding Khat, based on a better understanding of its cultural and social value in Somali society.

Chapter Two:

Research Methodology

In Canada, there is very limited documentary information relating to Khat and the Somali experience. The Somali population in Ottawa-Hull is about 20,000, but compared to Toronto and Montreal, it is a small community. This study is based on interviews. For the twenty five interviewed, the sample was divided into four groups, and five individuals, ranging from 19-60 plus years of age, with different respondents representing each group. Interviewing people one at the time, the sociologist can talk to them in groups. As they talk to each other they can provide detailed feedback which allows them to discover points of agreement and common experiences- feedback that would be impossible for the interviewer to provide (Schwartz, Jacobs 1979:45). This strategy is especially provocative when studying groups who may have individual ways of dealing with common problems but have never talked about this among themselves (Schwartz, Jacobs 1979:45). The purpose of the age group division was to observe and analyse attitudinal differences and generational gaps among the various groups of Khat use. The study sought to report on the experience of Khat from perspective of adult Somali refugees.

The selections of the respondents were very specific because all 25 respondents were ethnically Somali, now living in the Ottawa-Hull region. This work is presented as a qualitative study. The criteria for inclusion as a potential participant to this study were both men and women, who came to Canada in the last ten years, in order to limit the effects of acculturation; their age range was

between 19 to 60 plus because, it was very difficult to locate and interview those who are under 19 years of age. Another important factor for these interviews was the language. Most participants spoke Somali language and sometimes English. Another vital factor was the status of the participants, refugee, landed Immigrant or Canadian Citizen. This was a very important factor for the later analysis, because Khat is illegal in Canada and that can affect the Khat user if convicted for possessing Khat. For instance, he/she could be deported.

Twenty-five Somalis from Ottawa-Hull region were asked a set of questions and encouraged to provide detailed responses. The questionnaire was conducted orally, by taking into account the oral tradition that many Somalis are familiar with. In the process, we overcome possible problems relating to differing literacy levels and language barriers. All interview questions were expressly formulated to be open ended in order to obtain as much information as possible from the viewpoint of these Somalis. This work is an exploratory study and presented as a qualitative study. Interviews lasted approximately one hour and thirty minutes. Each interview consisted of a set of twelve questions posed to each respondent (Appendix I). The point of this study was not to arrive at more generalisations regarding Somalis, but rather to explore their ideas, motives and attitudes and to incorporate these into the research process.

Questions were asked pertaining to the reasons for the continuation of Khat consumption, its perceived role in health, its symbolic quality and social status, notions of addiction and the pattern

of the effects and legal consequences of possessing Khat in Canada, as well as the prospects for future changes.

The study attempted to determine whether, in this sample, Khat had an effect on the Somali community living abroad. The researcher met with participants' in-groups of five, seven, five, and three; and five individuals. The total participants consisted of twelve men and thirteen women who were friends, family, neighbours and acquaintances. Each theme was introduced with open-ended questions to elicit description responses. For instance, respondents were asked direct questions and direct answers might be given, but more often interviews began with a general discussion of extended family networks and continued with follow up question such as, "Does anyone in your family chew Khat"? In the open-ended questions, broad terms were used like family, culture, and religion. These terms were not defined for respondents, they were interpreted by the respondents.

Answers to the open-ended questions were clarified and verified using scrutiny questions to follow up on subjects of interest. Closed-ended questions were also used to gather further details and specific information. Qualitative responses were recorded in note form. Most data from the interview was collected through hand-written notes with the help of two friends who were with me with large group interviews (group 7, and group 5). During interviews, it was noticed that the utilisation and display of a cassette recorder disturbed respondents. Therefore, interviews were

not taped.

Participants were reluctant to sign a written consent form and were given an opportunity to verbally consent. This consent explains that the participant had been notified of the nature of the research, understood what involvement entailed, the purpose of the study and any risk involved in participation. The written consent indicated that the participants agreed to participate and understood that they are free to withdraw from the study at any time (Appendix IV). The intention of the researcher was not to jeopardise the participants, since Khat is illegal in Canada.

Ten participants in this study spoke English fluently, the other fifteen participants who did not normally speak English, reported that they gained their English from English as Second Language (ESL) class. However, in large, all participants in this study communicated in Somali language, and few responded in English language. Seven women out of 12 were single mothers either left their husband behind in Somali or divorced. Employment status varied among the participants with the majority being unemployed. Only three participants were full time workers in the government. Ten participants were students either in high school or college and university. And only four participants were over sixty years of age. This description is presented to conceal the identity of those who participate.

Interviews were conducted in different places. The first group met in one of the participant's

home (groups of five). I knew only one participant, the one who put together the meeting. The other four were friends of the first participant. The second group was seven women, and I knew three of them, and the other four were their friends from the neighbours. All of them were divorced and they were raising between one child to six children each. Group of five male students was also interviewed in Carleton University study area. One of the participants arranged this meeting. They understood the importance of this kind of research and agreed to participate fully. I knew all the participants and the majority were engineering and math computer students. Another small group of three men was also interviewed at the Catholic Immigration Centre. Finally, five individuals were interviewed in different places such as their home, Som-Can Institute for Research and Development office, and

the Catholic Immigration Centre. Most of them were over sixty years of age. One individual was a chance encounter. The researcher had brought her three children to the playground in Gloucester and participants' four children were also in the playground. I observed that he was chewing Khat and asked him if I could interview him about Khat issue. Normally, when someone chews Khat, the best thing that can happen to him or her is to get someone to listen to what they have to say. The researcher sat with the participant and conducted the interview in this strange environment. In conclusion, most interviews took place during the weekdays and the rest were conducted on the weekends. Interviews were conducted at the participants' convenience, in their home, at their place of employment and any place that was agreed on. Therefore, it was a very

flexible procedure in line with the population and topic under study.

Many were very comfortable in giving detailed accounts in the interview. Respondents were generous in bringing up issues themselves and leading the flow of conversation. The following section will analyse the questionnaire response. It is important to note that the order of the discussion of the topic throughout this research is not necessarily the same order in which the questions were administered.

Research Design

The exploratory interview encompassed three discussion topics comprising of a variety of questions including:

1. What is the particular nature of your experiences of Khat? What kind of Khat are you familiar with? Were there any effects or health implications? Did an effect happen to you or is this something you have heard?
2. What is good or bad about Khat in your experience?
3. Why are Khat so popular and a widespread habit mostly in Muslim countries?
4. To what extent does Khat affect a Somali household?
5. Do you consider Khat as a drug? How does it compare with common drugs?
6. Are you aware of the legal consequence of possessing Khat in Canada? Do you think Khat use should be controlled or banned?

The first section (questions 1,2,3) concerning the experience of Khat chewers and the reasons for its continuation in the Somali diaspora, focused on establishing a correlation between social influences and the social practices about Khat. In other words, this research explains and concentrating on religious and cultural impact, and the relations with Khat, which majority of Khat users were their primary excuse for the persistence of Khat consumption in diaspora..

The second set of questions (question 4) attempted to examine the social effects of Khat and the impact on the Somali household? The discussion was designed to explore the immediate complications and the consequences of Khat in the lives of both men and women in relationship with children. This section clearly identified the impact of Khat on households particularly on the diaspora community where many members of the community are unemployed or most of them live with social assistance. The final sections (questions 5,6) deals with whether Somalis view Khat as a drug and strategies for the awareness and educational process of Khat and the legal consequences. The discussion was designed to explore and to establish the views of respondents regarding prospects for change with regard to this issue. This section of the interview sought to explore whether Somalis would be willing to change their opinion about Khat and how effectively widespread was legal information concerning the Khat issue in Canada.

Rather than focusing on a specific hypothesis, this study sought to give the Somalis interviewed the opportunity to express their concerns and opinions about Khat. It is hoped that this analysis will be beneficial to future studies on this subject,, in that it attempted to explore the most appropriate approach to discussing with members of the Somali community on the particular issues of Khat.

The respondents were asked what type of Khat they usually use; *Mirra* (from Kenya), *Ticise* (from Yemen), *Harare* (from Ethiopia). The type of Khat varied with the different areas or regions in Somalia the respondents came from and depending on which country shared the closest border, Ethiopia or Kenya. The purpose of this particular question was to establish whether the respondents were aware of the variety of types of Khat or if it made any difference to use one in particular and their reasons for choosing that variety. It also explains what type of Khat is more commercially come to Canada. The third question related to the reasons for the continuation of Khat in Muslim countries as well as in the diaspora community. This question sought to determine whether respondent's attitudes toward Khat had changed since their emigration to Canada. The second question pertained to perceptions about what is good and bad about Khat. Other questions sought to determine whether the thinking that promotes that Khat is acceptable in the Qur'an has changed or not.

The section dealing with the social effect of Khat sought to ascertain whether respondents had

experienced either psychological or physiological difficulties related to Khat use. The question queried about whether their regular use of Khat had led to health complications, either immediately or after Khat use, or later in the life of the respondents. The respondents were asked to relate their knowledge regarding Khat chewing. They were also asked, given their present level of knowledge regarding Khat, “To what extent does Khat affect Somali households”? This question sought to establish whether the respondents felt comfortable with the effects created by Khat upon Somali households and attempted to determine whether respondents would take action for or against Khat. The overall purpose of this section was to explore whether the respondents were truly affected by difficulties caused by Khat use, and to highlight the beliefs of respondents concerning Khat use in Somalia and the diaspora.

The section on prospects for change was introduced by asking how respondents might feel about control of or ban of Khat. This section attempted to determine whether, in the opinion of the respondents, attitudes were changing regarding Khat use primarily because of the legal and or health issues, or for other reasons. The respondents were also asked whether they considered Khat a form of drug abuse? The responses given were in contrast to the general perception of non-Somalis with regard to Khat use. The respondents did not consider it a form of drug abuse.

In the final section, respondents were asked whether they were aware of the legal consequence of possessing Khat in Canada. This question attempted to further ascertain whether the respondents

were aware of the legal consequences of possessing Khat in Canada (Appendix III). This further established their commitment for or against Khat after asking whether they thought Khat use should be controlled or banned? It should be clear that making interviewing recursive allows the researcher to treat people and situations as unique and to alter the research technique in the light of information fed back during the research process itself (Schwartz, Jacobs 1979:45).

Limitations of This Study

The respondents interviewed were chosen on the basis of accessibility rather than by random selection. The number of respondents was limited to 25 from the Ottawa-Hull region for the sake of convenience and to limit expenses. However, the research will suggest that the results obtained be not only representative of Ottawa-Hull, but are also comparable to any city in the province of Ontario where Somalis live.

Differences in age, education and status were taken into consideration as this could influence the findings of the interview process. The research only served to collect the opinions of a small group of Somali people in the form of an exploratory study towards understanding the Khat issues. As a Somali woman, who had never chew Khat but observed others or relatives chewing it, conducting this research was not an easy task. Most of the respondents knew that I do not chew Khat. For that reason, one group was uncomfortable with me being there and had initially cancelled their session. Later on, they rescheduled their session and allowed me to present my

research. Another group requested that I pay the cost of the Khat (\$400) for five women during that session which I refused on the basis that it is against my principles. Unfortunately, that group cancelled. It was also felt that obtaining a sample group of this kind would be difficult, if not even impossible. In addition, this is a sensitive subject that is rarely discussed openly by men and women together. This also places an additional barrier to achieving respondent's input into this research.

Similarly research questioning and interviews can be UN familiar process due to cultural reasons, and might be perceived with suspicion by those not familiar with this method of obtaining information. At one point, I was asked if I am working with the police and other law enforcement agencies in order to give more information regarding Khat and how to deal with it.

Finally, respondents refused to have their discussions recorded; and this was stressful, because taking hand written notes during interviews became the only solution. One friend and my sister helped me to take the notes. All the interviews were conducted in Somali, as the language was not significant barrier because I speak both languages English and Somalia, and this possibly made it more comfortable for the respondents, and limited the possibilities of concepts being lost in translation

Chapter Three

Result of Exploration:

This chapter analysis the direct responses from the participants of this research, and this chapter divided into three sections. The first section addresses the respondents' experiences of Khat and the specific justifications that have permitted the continuation of Khat use in the diaspora community. The second section deals with the participants' response regards to social impact of Khat on the Somali diaspora community, particularly Somalis in the Ottawa-Hull region. The final section considers the legal consequences of possessing Khat and the recommendations from the community for further research and improvement.

This chapter also consults with theories of culture, migration, dependence and addiction in order to analyse the interviewees' responses. The exemplificatory data used to describe the institutional characteristics of the Khat complex are also drawn primarily from theorists such as Weir, Ghodse Nancini, and Kalix who have expressed their concern over its critical social and cultural dimensions.

The data indicates that there was a significant age gap among the respondents. 20 percent of respondents were in the first group interviewed and they were high school students, mixed of male and females. 28 percent were in the second group and they were only women; 20 percent were in the third group and they were university male students; 12 percent were in the fourth group

interviewed Finally, another 20 percent of individuals interviewed. In the analysis of the 25 respondents, the data depicts that 52% percent of the interviewees were male and 48% percent female. The following section provides the words of expression with greater open-endedness, more capacity for connecting various realms of arguments and experience, and more capacity for reaching intellectual audiences (Collins 1984:353).

Reasons for Khat Continuation

There are various reasons that the use of Khat continues in the Diaspora, particularly among Somalis in Ottawa-Hull. These reasons are drawn from the questions asked in this research. The questions put to participants were:

What is the particular nature of your experience of Khat?

What kind of Khat are you familiar with?

Were there any effects or health implications as a result of your use of Khat? Or is this something you have heard about?

These questions were aimed eliciting respondents' experience of Khat and to explain the reasons of its continuation of use in Canada. However, before we discussed the reasons of Khat continuation, respondents presented the history of Khat introduction to them and their friends.

At the beginning of the interviews, it was difficult for most participants to describe their own experiences, although they found it relatively easy to talk about other people's experiences.

Therefore the question, (“Discuss your experience of Khat?”) was repeated several times in order to get more data on their experience of Khat.

In this study, 90% of male respondents reported that their friends, mainly from northern Somalia, introduced them to the chewing of Khat, (which is normal for adults), and they introduced them during their school years between the ages of 16 and 18. It was very interesting to find out that 10 out of 13 (77%) of the adult men between the ages of 25 and 60-plus began Khat chewing at between 16 and 18. In contrast, 8 out of 10 (80%) of women started in their late twenties and early thirties, and it is worth noting that (88%) of women started after they came to Canada and had been divorced. Only one female respondent began Khat chewing as a teenager.

All the participants in the study spoke about their first use of Khat. One respondent, Ali, clearly captured the views of the others:

The major factor for starting to chew Khat was curiosity and the influence of significant others, for instance friends, and relatives, etc.
(Ali Interview).

Ali explained that curiosity was the main reason for his first Khat use at the age of sixteen.

Similarly, Other respondents added other factors including social pressure. The interviews revealed that,, male bonding, easing emotional pains, generation to generation influences, passing time and having one’s own space are other reasons that Khat users continue their habit. Here are some of our respondents’ comments on Khat continuation. Muumin, a community activist,

provides a commentary for Khat use:

I started Khat in Kenya during the civil war (1991). I never liked it in the first place, but social pressure from my friends was the main reason I started. Men do this, and its men's pleasure were the main words associated with Khat, and being a man, you must act like a man (Muumin Interview).

A very important reason for experimenting with Khat use was the gaining of social status with the peer group. Feldman (1968) has offered a fascinating explanation for this phenomenon in use of narcotics arguing that the only way to gain status within their own group they had to face down all dangers.

Other respondents also reported other reasons for Khat use. Apparently, the first experience may serve, as Weir argued that Khat use carries other values of considerable sociological significance on the level that using Khat is considered by the young male as almost a rite of passage, an audacious act signifying transition from adolescence to majority (Weir 1985). Hassan, who stopped using Khat a little while ago, described what others claimed as easily emotional pain: Some of my other friends who became regular Khat use always say that, although we are young, we have no future in Kenya's' refugee camps so Khat is helping them to forget that ordeal (Hassan Interview)

Xandulle who is a married man and has four children, stated his reasons for his use of Khat as follows:

I use Khat regularly, because it is a good plant, which my father used to chew all the time. Now I am in the play ground with my children for almost six hours, I do not feel tired and I am happy to let them play as much as I can. My wife does not like this, but I think it is a general thing that most Canadian women hate men that spend more time on sport.
(Xandulle Interview)

Weir (1985) who is a Khat researcher, specifically on Yemenis, mentioned that:

Khat, like most substance consumed socially, is an emblem of social interaction, a simple shorthand way of talking and thinking about something of greater complexity and social importance than bodily satisfaction. (Weir1985: 150).

Weir's comments certainly coincide with one of the respondents' explanation of his use of Khat:

Often if I am troubled about something, chewing Khat can be a time for me to really think. It's something really comforting about making space and where I can quietly think through a problem that I have (Burhan Interview).

An interesting comments which goes against the general view on socialising with others during Khat chewing came from Zakaria (one of the respondents) who do not like to eat Khat with others. As Zakaria put it, when you sit with others to chew Khat:

One who is a taxi driver will talk about fairs, places and the passengers. One who works with computers, will discuss computer software and the Internet conversations even if he knows that you do not know anything about computers. And finally, those who believe tribalism talk about the warlords: Aydiid, Ali Mahdi, Abdulahi Yusuf and Egal (basically the four claimed to be presidents of Somalia after the civil war in 1991). Women talk about their beauty. Those who are married always are comfortable to talk about their sex life, therefore... I rather eat Khat alone (Zakaria Interview)

The above samples of responses indicate individual experiences arising from their cultural background in various regions. A culture is the entire set of customs practiced by the particular way of life learned, shared, and transmitted by members of the society bearing that culture (Goodman: 1967:32). A society consists of a considerable number of people who regard themselves, as a unit, tribes or a nation internally organized and persisting through time. Each of the many such units, past and present, has developed its own distinctive cultures. It is a way of life (Goodman: 1967:32).

Somali culture is not monolithic but is made up of several socioeconomic complexes. For analytical purposes, Somali culture can be divided into roughly three sections: the predominantly nomadic cultures of the north and central regions, the sedentary herding culture of the south, and the coastal city cultures. Khat is predominately used in northern Somalia and some Somali diaspora communities, but it is very important to acknowledge that Khat does not symbolize the emblem of the Somali nation.

However, with respect to my research on Khat usage in Ottawa-Hull, I agree with Kennedy's conclusions on Khat utilization generally:

Most people easily classify themselves as to too much and how often they chew; without hesitation they say that they chew Khat once a week, three times or more. They also make

decisions based upon a number of factors such as income, etc. The vast majority of Khat chewers seem to easily control their intake according to rational criteria, which again supports the perception that people try... (Kennedy et al. 1982, Weir 1985:50).

Omar, a college graduate and unemployed, in Ottawa classifies himself as one of those who controls his intake and his the lack of job for this Khat chewing habit:

It is very difficult to sit around and do nothing the whole day. I tried to get a job, not any kind of job, but any job that related to high technology fields. I believe that the lack of experience is the main thing that denies entry in the labor market for many people. My point is that I wouldn't have time to eat Khat if I am working. I believe the reason I chew Khat is not that I liked it so much. Instead, it helps me to lower my frustration of being in Canada as a graduate from college and unable to practice my skills over long period of time. I see that I wasted all my effort and spend time chewing Khat. As a result that deteriorates my ability to use my skills, and my potential productivity. But, I say this thing (Khat) must be good, I started to use it every weekend (Omar Interview).

Unemployment is one of the key problems that Somalis in Canada face, and that strengthens the bonds of friendship among Khat users. It is also a means by which individual men assert their manhood relative to each other, and it symbolizes male culture. Nevertheless, that kind of bonding can be broken as Ahmed explains:

I used to chew Khat with my friend, but then I stopped when I get married for two reasons one is that my wife opposes of this habit and I respected her wishes although I still smoke. Another reason is that Khat is getting expensive every day, and we cannot afford it with two young children. I was a Khat user for almost 20 years, and I stopped few months ago. That is why I believe it is not addictive (Ahmed Interview).

A point is to observe is that the frequency and quantity of Khat use cannot be conditioned by

economic factors alone. For instance, during the periods of unemployment or higher costs of Khat due to supply shortage, this research found that individuals develop other habits far cheaper than spending considerable sums of money on Khat. Our finding has shown that 70 percent of the respondents of high school students preferred to smoke and drink alcohol. One of the young women expressed different a perspective than males in this group Xadiyo at 19 years of age, still in a high school and the youngest in this study explained what Khat meant for her:

As far as I remember, mother and her friends use Khat all night long.
Khat is for elders who have nothing to do in Canada, just for socialize and enjoy, listening to old music and poetry. My age has nothing to do with that.
(Xadiyo interview)

This perspective can be drawn from the ways Somali culture prevents or pressures women to socialize through Khat consumption, and that is why, during this research it was very difficult to interview women at younger age.

Muxubo also 19 and in adult high school, commented on the impact of acculturation in Canada on Somali youth such as herself and the pressure she is under:

Well, My parents are totally very strict and oppose the Western life style, smoking, drinking and even going to the nightclubs. But, my father spends more than \$100 per week, to eat Khat with his friends, in our home or their home. I don't think it affects his performance because he uses only on the weekends. Myself, I tried once and didn't like it. It's bitter, it takes long hours to chew and honestly it is boring stuff. But I smoke and my folks don't know that (Muxubo Interview).

Another respondent who favored Khat use is Gulled, an undergraduate student favor Khat and gave reasons for continuation of Khat:

For me, I use Khat for two reasons: One is to study and concentrate for exams because I am a kind of person who just studies last minute. Basically, Khat helps me to concentrate and remember things I forgot. Sometimes I chew before the examination and I do well. The other reason is that since we (Somalis) are Muslim, I know what Islam prohibits and Khat is not one of them. So, in order to socialize and have some kind of relationship with my friends I chew Khat to kill the stresses from school (Gulled Interview).

Therefore, Gulled's statement demonstrates that the main reason for his continuation of Khat is the enhancement of memory and relaxation as the situation requires. On the other hand, Halima, a single mother with one child, said that:

I started chewing Khat when I visited Yemen about 12 years ago, but most of the Khat I consumed in Ottawa in last seven years. As an older person I am less likely to use alcohol or any other drugs which is prohibited in Islamic law, but not Khat. There is no evidence stating that Khat is prohibited like any other substance, from my experience. I use small portions. In fact we buy Khat to share, and each of us pay \$30 which is half of the price in the market. I spend approximately about \$120 per month regularly (Halima Interview).

Halima openly stated that one of the problems she encountered with the use of Khat is hallucination. Personality and the quantity of Khat used her trigger this. Halima also added:

I felt like some one is suffocating me, shortage of breath and sometimes it feels that I am drowning in an ocean and trying to survive. She included that, when I wake up, I sweat a lot, and sometimes I cannot recall what happened to me (Halima Interview).

Besides the experience and reasons for Khat use, respondents were also asked to identify the kind

of Khat they are familiar with Eighty percent of the respondents reported that they had chewed the *mirra* type. *Mirra* is derived from a shrub, whose top soft stems are cut and chewed. It grows in the eastern provinces in Kenya. Somalis call it *miiroow*. It is transported from Kenya to Canada via England. Only three respondents preferred the *harare* type, which comes from Ethiopia.

These three respondents explained that the

harare type is much better than *mirra*. Only two respondents had no preference on the type of Khat, and the reason being that they started chewing Khat after they arrived in Canada. This also explains that *mirra* is the one its trade increasing daily into Canada.

Khat Experience: Women's Perspective

Khat culture is absolutely and exclusively a male domain. In Canada widespread Khat use among women has become a new phenomenon among Somalis in Ottawa-Hull as respondents agreed. Before discussing the findings of this research, it is imperative to understand the background of Somali women who have been distinguished by their absence from the literature on Somali studies (Salah 1997:36). Somali history has excluded women because of the patriarchal structures that have been endorsed and perpetuated on behalf of men. Likewise, the language, which makes women, visible to history are not coincidence but part of their real situation in a society and in a movement, which they do not control (Rowbotham 1981:24). Furthermore, in

advanced countries such as Canada, gender has historically been very much neglected within migration literature. Neoclassical economic theory explains migration as free choice exercised by a subject to take advantage of actual or perceived economic or social opportunities outside their area of habitual residence (Beyani 1995:29).

Migration itself may affect gender relations as both men and women, whether they migrate or not, are exposed to new socio-economic and cultural forces that moderate or structure the patriarchal system. For instance, according to Monahan, to date no comprehensive global information or analysis has been made available regarding refugee women. When describing refugee population's distinctions have been made between adults and children, but rarely has any mention been made of women as a separate category deserving special attention (Monahan 1989:33).

Until recently, women were virtually invisible in studies on migration. The point is even if they did appear as objects of study, that they tended to be viewed as dependence or adjunct of male migration. From this perspective, lack of this literature, no synthesis based on existing theory would pay sufficient attention to the inter-linkages between migration and gender relation. Therefore, the neglect of past studies on women's use of Khat is understandable. Traditionally, Somali women have played a vital role in the family. In nomadic families, women occupy a very active role and share in many duties which includes responsibility for the care of children and the maintenance of the household, (Salah 1994:8) However, their patterns of speech, demeanor or

shame, and sexual behavior are characteristically those of subordination. Under this patriarchal family system, male circles of social control enclose and encapsulate women. Goffman makes the point with flair.

The expression of subordination and domination through this swarm of situational means is more than a mere tracing of symbol or ritualistic affirmation of the social hierarchy. These expressions considerably constitute the hierarchy; they are the shadow and the substance (Goffman, 1979:6).

In fact the task of breaking through this obstacle in this cycle is an enormous responsibility. But as we learn and become aware of women's history, women' culture, and the nature of women's social contribution, we observe the role Khat use as a response by women against male domination. This can be discerned in the response from Hawa, a single mother, caring for two children:

I have known that most of our women use Khat passively reacting to social and cultural pressure, to actively resist patriarchal inequalities or a combination of both (Hawa Interview).

In contrast, being in Canada, which is a less patriarchal system, it is possible for women to envision and to struggle for a different kind of future, however, social change comes slowly as

Maqsuud, a divorced mother of 5 children stated:

Women, using Khat or the other substance are perceived as polluted women. Somalis do not respect any women who use not only Khat, but smoke, or drink alcohol because they believe that woman's responsibility is her children, and that she has to sacrifice in order to teach her children better ways of life (Masque Interview).

As mentioned previously, religion has been cited as one of the justifications for the continuation of Khat use. The majority of the respondents believed that Islamic precept does not prohibited Khat as specifically as alcohol. For instance an unknown women argues through a poem that Khat is not prohibited. She advocates Khat chewing as a good thing:

Jaadka barakeysan buuq ha galin
Sidii biirta (beer) iyo xaaraanta howga baqin
Dunkii awliyada weeyee ee ilaah ku bari
Quraankeenaa baneeyee cilmiga ku baro.

Do not confuse the use of blessed Khat
 With Beer and other forbidden substance
 Do not be afraid of it
 It is of the saint's, use it to beg God
 It is allowed by our Qur'an, use it
 to increase your knowledge.

During the interview, a question of why Khat is so popular in some Muslim countries was discussed with the participants; the increase of Khat in social parties and gatherings is not insignificant. It is also very interesting to know that in the past, Khat users were considered to be Muslim, however, there is nothing intrinsically Islamic about Khat chewing. For example, in Ethiopia, it never, became a symbol of religious identity. Now Ethiopian Jews chew Khat as much as Ethiopian Muslim and Christians, and Jews who immigrated to Israel continue effect of recent social change but an integral part of it (Weir 1985).

Every culture, Khat users develop their own socio-cultural justifications for their actions. Certain general justifications and myths about Khat benefits can be summarized as follows: Khat promotes relaxation, energetic and workable. It cannot be compared to alcohol and other drugs. It is believed to be not addictive; it elevates sexual desire. Khat is not associated with aggressiveness or loss of control (violence) and preserves cultural and traditional belief systems.

The respondents were asked questions that related to the first section. That was “if they experienced difficulties or physical or medical complications due to their Khat use”. The following section will look at the social effects of Khat. Is Khat use a habit that produces socio-economic problems, which are detrimental to the individual and to the community, such as diversion of income and loss of productivity? And to what extent does Khat affect Somali households were discussed.

Effects of Khat:

What society selects as crucial to perceive about drugs, and what it ignores, tells us a great deal about its cultural fabric (Smith 1970:171).

In any given society, the extent of use of a particular substance is determined not only by its range of pharmacological effects, but also by factors such as its cost, availability and social acceptability. For example, Khat has been and still is being employed as an important component

of ceremonies, mood enhances and as an aid in attempts to achieve self-insight and personal pleasure. The use of Khat consumed by individuals within the Somali society has created many concerns about Khat use, because of the high incidence of Khat users in the Somali Canadian population. The belief is that the effects of Khat have contributed to preeminent economic, social and health problems for Somalis.

According to Schopen, Khat chewers go through three different stages. First stage, people feel awake and alert their thoughts are clarified, memory flow, loquaciousness increases, and communication and a sense of community are enhanced. At the second stage, people feel in harmony with themselves and others and may be transported to a more religious or philosophical plane of contemplation where countless projects seem attainable and problems solvable. The final stage is characterized by temporary sadness and spiritual uneasiness as the effects of the Khat wear off to the end of the session (Schopen 1978:93-95).

Medical authors such as Kalix state that in the first stage Khat creates hyperactivity, excitement, euphoria and alertness as well as a sense of well being. In the second stage, the effects on Khat users are lack of fatigue, consumption increases pulse and blood pressure, impaired judgement, increased sexual arousal. In the third, the worst stage, people may become insomniac and experience hallucinations. As Ghodse a researcher on drugs and alcohol reports:

Khat is chewed because of its ability to produce cerebral stimulation. Because of this tribal people

traditionally consumed it when travelling, and nowadays is taken by long distance lorry drivers and by students preparing for examinations. It produces a general sense of well being and when taken in a group setting (as it traditionally is) it elevates the mood of the group and promotes social interaction (Ghodse 1995:98).

Western health experts have translated Khat as an unhealthy product and blame it for a variety of specific illnesses and diseases and the generally poor condition of the people using Khat (Weir 1985). Research conducted on the psychological and emotional consequences of Khat is very rare, purportedly due to insufficient statistical data. There are other similar interpretations of Khat use from women's perspective. During the interview process for this analysis, respondents described some of the effects of Khat, by sharing their memories through poems, explaining some of its difficulties and the behavioral symptoms that are commonly experienced by Khat chewers.

The following is a popular poem about Khat among Somali women:

*Saan u diirahayey (mirow) dibnihii may go'een
Dawada meeshii aan ka rabey dhagihii ma i dam baa
Danqashadi laabta weli ma is dabiibayaa
Mayga daateen cidiyahaan xinaha darsadey
Dabar ma iga fuuley ilkihii la daawan jirey
Ma daaleen tobanka gowsood oo hilbaha dilaa
Danteytii iyo howlaheygii ma ka dibjirey
Dayaca waa laga xishoodaaye darinkorkeed
Dukaan dabadiisa gabalkii ma iigu dumey
Anigoo daan daan ah gurigii ku daah ma iri
Docna ma qaban waayey hurdadii sidii aan dilanahay
Daakiraada aroortii dan may qabsatey
oo da'a deyda iyo ceebta rabi caawa mayskay dul dhigey*

It can be loosely translated as:

I slashed my lips, while peeling the leaves of Khat
 I lost my hearing, hoping for cure from Khat
 I increased my pain and the soreness of my chest, while consuming Khat
 I lost my henna covered nails and discolored my shining white teeth
 I tired my ten meat-eating molars with the continual chewing of Khat
 I neglected my work and responsibilities
 I wasted my time, shamefully sitting on a mat behind my store chewing Khat
 I told myself to stay home and sleep longer, unable to do so because of hallucination
 I been punished by God for failing to avoid shameful activities at my old age with the arrival of
 dawn (Anonymous)

This is a popular poem among Somali women, revealing the difficulties and the behavior symptoms that women commonly experience by the poetess in the Khat use.

According to Kalix, the effects of Khat are difficult to quantify since the leaves are a non-standardized material the potency of which depends on freshness and origin, and there are certain differences between chewers in the efficiency of the mastication process (Kalix 1997:1).

By examining the perception of the members of the Somali community in Canada, this thesis explores many of the issue described in this chapter on the potential use, misuse and social

consequences of Khat use. Some of the respondents talked about minor effects such as discolored teeth. But the majority of the respondents could not answer if Khat has long-term effects, or if it increases other illness. In response to the question of what is bad or good about Khat, there are statements associated with the mood conditioning effects of Khat. Most respondents associated the use of Khat with clear thinking, concentration, good feeling and self-assertion. In addition, young men in their early twenties reported that consuming Khat enabled them to reflect on their past and future and gave them insight into the problems of life. In fact, both sexes reported experiencing sensations of well being and sociability. Yet, there are lot of people who chew Khat by themselves and it is a personal choice. However, Somali society generally considers it normal for married men to consume Khat and to socialize with in the session with others who are married. The study found out that eight out of 13 male were married while seven out of 12 women were divorced. Chewing Khat does not cause their divorce.

Maymuun Jamac in Toronto summarized the negative impact of Khat use in her poem:

*Qasaaraha bulshada geeskaya, qaranka naafoobey
waxaa qaala taal iyo waxaa, hawl la qaban waayey
waxaa quban caruur iyo waxaa, qoys la kala daadshey
waxaa qaylo joogtiyo waxaa, xaas la qabi waayey*

Khat: is responsible for:

The loss of our people and destructed nation

The remaining work and not finishing any work

Affected the loss of household responsibility...

Constant arguments and divorces (Appendix VII).

Most of the respondents agreed that using Khat is one of the reasons contributing to the increasing

divorce rate in our society, particularly affecting married men whose wives do not chew Khat. The main concern is over the economic links associated with Khat and divorce. One respondent related to that is Halimo:

I know a couple who married four years ago, with one child. Her husband (who is my cousin) becomes unemployed for sometime, and he started chewing Khat outside home, either in the Somali restaurants or friends' houses. , He comes back in middle of the night, sleeps all day, and basically does nothing. In the afternoon he starts again his wife gave him after a long discussion and patience two choices: either Khat or the family. He did not stop or reduce and they ended up divorced. What they experienced is common in many families (Halimo Interview)

As a result, in Canada Somali women have been forced into a new role. since single women lead the majority of Somali households.

The process of conducting interviews and developing a theory is a story in and of itself. My interest in this research project was to offer an alternative view of Somalis; in a sense to help understand the Khat consumption in this community. But how do these findings compare to the results of other studies on Khat? The earliest work by Nencini focused on 20 Somalis in Rome. In that study, the researchers situated users on a continuum from traditional to modern and found out that 70% of the Somalis interviewed positively claimed Khat as harmless. In the study 35% used Khat only on weekends, and 65% whenever possible. In addition, 60% claimed to eat with friends and 85% of the respondents stated the beverages drunk with Khat were soft drinks. That was the first report about Khat use in Italy. The report also stated that Khat use

remained a social event and is one way for the participants to keep their ethnic identity. These researchers did not explain what they meant by ethnic identity.

In contrast, my study in Ottawa-Hull revealed that Khat, according to the interviewees is not an original part of Somali culture but a part of the socialization of Somalis after the 1960s. Twenty two out of 25 (88%) agreed that Khat is not Somali culture citing these reasons: Khat is not cultivated in Somalia; Khat cultivation requires loose, volcanic soil and high altitudes not found in Somalia; Khat is imported from Kenya and Ethiopia, Khat is not used in rural areas and small cities. Lewis argues that Khat conserves its stimulant powers only when leafs are fresh and for this reason was not chewed in the most of Somalia which is too far distant from the centre of production for the leaf to arrive in a fresh condition. (Lewis 1988) Another important major research project on Khat consumption was undertaken in Yemen under the direction of Kennedy who studied over eight hundred people within a social and cultural context. He found out that in Yemeni culture that Khat is considered harmless within their social context.

The Legal Consequences of Khat:

aad inta aan cunayo nolohseyda jahawareer
iyo xanuunka jirkeygu saasuu u jiidayaa
ee dawlad iga joojineysaa miyey jidhaa?

While I chew Khat, my life is confused
And the pain of my body continues
Is there any country that bans me to eat Khat?

This third and perhaps most important section addresses the legal consequences of Khat in Canada. This section attempts to determine whether the respondents consider Khat a drug, how it compares to common drugs, and the legal consequences of possessing it? Ultimately, the question asked is whether Khat should be controlled or banned?

It must never be overlooked that drug dependence is not a new phenomenon. The use of drugs is probably as old as the existence of mankind and its incidence has been recognized for thousands of years. It occurs in every culture, and the theory of drug dependence should be sufficiently general to encompass the vast range of dependence behavior that exists today, such as the Middle Eastern and Chinese opium smoker, the Jamaican cannabis smoker, and the North and South American free base cocaine user. To mention a few, it is perhaps not surprising, that there are almost as many theories about dependence and its causes as there are types of substance dependence behavior. It is generally accepted that substance related behavior is the consequence of an interaction between the drug, the individual, and society. The key word in this well-worn

phrase is interaction. None of the component factors alone are sufficient to cause drug dependence and their relative importance varies in different circumstances (Ghodse, 1995: 11).

Generally, during the last few decades there has been a lively trade of Khat by trucks from Ethiopia and Kenya to Somalia (Brooks, 1960: Hjort, 1974: 17-26). Ethiopian Khat is imported by air to London, New York, Canada and elsewhere for consumption, exclusively by Somalis, Ethiopia and Yemenis immigrants (Weir 1985). The adjustments and transformations which are taking place in Somalia, Yemen, and Ethiopian under the impact of civil wars, economic change, and famine are occurring in part through the medium of the Khat party the central social ritual of everyday life. Whatever new structures and categories are emerging, and these undoubtedly differ from one community to another, the increase in certain type of Khat consumption reflects a society's form and time of socialization in terms of status, class etc.

Schoper who supported that observation pointed out that different quality of Khat corresponds to different status in a society. In the case of Yemen culture, only the upper classes dedicated whole afternoons to Khat parties, while most of the lower classes are restricted to short sessions and then return to work. The lowest groups gather to chew Khat only on feast days, Fridays, (Fridays is weekly off-day), and important social occasions when [to] copy the style of the upper classes (Schoper 1978:84,103).

In contrast, it is quite different in the Somali society. Socialization of Khat depends only on affordability. In Somalia, Khat participants are equal regardless of their status, economy or prestige. Most of their conversations are based on social life, politics and marriage proposals etc.

In response to the question whether Khat is considered to be drug, the majority of the respondents did not believe Khat is a drug and went so far as to differentiate it even from liquor intoxication. Only less than 2% considered Khat a harmful crop and insisted that it should be made illegal, especially in England and other countries that permit the trade and consumption of Khat. The international media has supported this argument.

Mass media play an important role in publicizing the aims and activities of any social movement. But the way Khat has been presented specifically during the civil war in Somalia has nothing to do with the way it is used. Karch, M.D, from the *Journal of American Medical Association (JAMA)*, refuted recent mass media reports ascribing a causal relationship between the pharmacological properties of Khat and violence in Somalia. There is nothing in the history books, or in the past literature, to suggest that Khat chewing generates this sort of violent behavior. It is generally very benign (Karch 1993). Karch pointed that, the distribution of Khat by Somali warlords to energize soldiers has a historical precedent, and can be compared to the distribution of

Amphetamines to Allied and Japanese troops during World War II. This view, supported that trade in Khat in Somalia is fueling violence, caused by economic competition and anarchy, not the stimulant effects of the Khat.

Similarly, Weir (1985) who examined the sociological literature of Khat use found support for his own view on the importance and nature of Khat addiction. He found in his research in Yemen that there is a correlation between a society and addict role requirements. Persons committed to Khat addict role are more likely to be regular users of Khat, people who live in express lifestyle which gives dignity, sense of belonging and success to [those] with alienated and disfranchised lives (Weir 1985).

In this perspective, Ghodse (1995), who is a researcher in drug treatment, mentioned that an individual's drug history could be classified in three stages.

First step is the “use” of drug, characterized by low or infrequent doses and can be considered experimental, occasional, or social; damaging consequences are rare or minor. Second step is “abuse”, which is described as higher doses or frequencies that are usually sporadically heavy and intensive; effects are unpredictable and sometimes severe; and third step is “dependence” which defines the addiction to drugs and is associated with high or frequent doses, compulsion, craving

and withdrawal. Although the character of addiction in general is controversial, recent studies indicate that psycho- social and biological factors play a role in drug addiction, similar to that found in alcoholism (Report 1987:33).

According to Ghodse, the drugs with a long history, such as opium, cannabis and alcohol, were often the whole reason for a group coming together; the drug became the very substance of communication, and the dynamic of the group activity. He said that alcohol continues in this role today, in public houses, nightclubs, cocktail parties and so on.

Khat has been classified as an amphetamine like drug, a view substantially confirmed by evidences that both structurally and pharmacologically the main active principles of Khat, cathinone and cathine, belong to the amphetamine class. There is no evidence of a clear-cut abstinence syndrome and thus no evidence of physical dependence on Khat. Psychological dependence does develop, and in cities in Somalia and Yemen it is estimated that a consumer may spend 25% of his daily earnings on Khat, thus causing financial hardship to his family (Ghodse, 1995:98).

Although, the problems associated with the use of Khat may seem minor in comparison with those of other drugs, Khat should not be ignored (Ghodse 1995: 98). That also means Khat is characterized by low or infrequent doses and can be considered experimental, occasional, or

social, and it is widely believed that its damaging consequences are rare or minor. In addition, since Khat takes place in specific social contexts, for specific groups and for cultural and social reasons, most of the researchers consider it as a weak substance.

Kalix, concerned about, an active ingredient of Khat, cathinone, has now been isolated, and in experiments on laboratory animals, has been shown to have primary reinforcing properties similar to those of cocaine. If pure cathinone were to become available on the streets, it is possible that it would cause severe psychological dependence and be extensively abused (Ghodse 1995:98). For this reason the legal restrictions regarding punishments for Khat possession and trafficking, currently enacted in Canada against Khat may be justified.

However, it is unfortunate, as this study reveals that 99% of Somali Khat consumers Ottawa-Hull are not aware of the harsh punishment for Khat possession in Canada (Appendix III). The main reason is that there was little or no information, and no awareness about the legal aspects of Khat in Canada by either the judicial system or the media, which often picks up sensitive issues, related to immigrants.

Regarding the new laws against Khat, conviction for a possession of Khat leaves by any refugee claimant in Canada could lead him or her to deportation. Similarly, landed immigrants convicted of crimes such as Khat possession might delay their status to become a Canadian citizen for at least five years.

Chapter Four

Conclusion:

This study of Khat is based largely on logical reasons. First, this research is the first, assessment done in Canada regarding Khat issue. Second, lots of refugees and immigrants in Canada are using enormously and have encountered lots of problems because of Khat use. Finally, Khat was banned on May 14, 1997. Those concerned see this as a beneficial development about Khat issues.

When I was conducting this research, I focussed on four components in order to explain Khat from the perspective of the Somali community in the Ottawa-Hull region. First, the research examined how the international community perceives Khat. For example, the study reviewed the literature of Khat in different countries such as Yemen, Ethiopia and Kenya.

In recent years, increasing popular and scientific attention has been focused on Khat use and its results, and the phenomena have been systematically studied in only a few countries such as Yemen. Predictably, bulks of the literature deals with the Khat (e.g. Weir, 1995 Dowden, 1992, Kalix, 1996, 1988, Lancaster 1997, Korikorian, 1983, Samatar, 1984, Mohamed 1994, Nencini, 1994). The United States, Somalia, and Italy also did other reviews on Khat. A concise but thorough review of the subject written from

an Islamic perspective is also available in Somali language (Warsame 1997). Although, these authors presented only a general view of the subject, this study is different from them because it focuses on a specific group of both men and women in the Somali diaspora. The result is quite surprising, and some findings are different from other views.

In addition, this study emphasizes how Khat came to Somalia, which was by trade from Kenya and Ethiopia. This thesis also examined how Khat was interpreted, how popular and widespread it became, and its impact on Somalis. It also discussed how the experts, elite's and others reacted to this over view.

This research found that reasons were ingrained for continuing the use of Khat among Somalis, because most of the Somalis interpret Khat use as correct and healthy. The main reason is the misconception that Khat is not prohibited by Islamic religion as clearly, as alcohol is forbidden.

As a result, many people felt using Khat is an appropriate socialization, and its influence on other social practices, contributed to the creation of market and advertising for importation, adding more to the number of people using Khat. For instance, Khat dealers in Ottawa create a relationship of trust with the Khat users by extending them a credit account by collecting the money on a monthly basis after the Khat has been consumed. That is why some of the people who are not able to buy it, still can get it. One of the participants, a former Khat user described

this situation more clearly:

The regular Khat users, who are married and do not have the confidence of their spouse, lie to them about how they get it. They always use the statements like; “friends gave it to me as a gift, I did not pay a penny”. Sometimes they chew Khat outside the home and hide it from their spouses. Therefore, this is an alternative, and an easy way to get it if you have been trusted (Ciise Interview).

In addition, the respondents reported that education is not a significant factor in Khat use. People who are well educated and the less educated are equally using Khat for same purpose. However, my findings has shown that age is a significant factor when it comes to Khat settings, For instance, usually, older people prefer to sit together because they have same ideologies and interests. Khat settings during ceremonies and weddings are also essential. Nevertheless Khat is an element that changes in Canada due to acculturation. Many young Somalis are not enthusiastic about Khat use, and feel they have many alternatives such as smoking, drinking alcohol and going to nightclubs etc.

Thirdly, this thesis analyzed the internal structures, patterns and symbols embodied by Khat. This research places Khat in the context of what is already known and compares similarities and differences about the Khat issue. Finally, the research also examined the legal aspects of Khat in Canada and its connections to the other countries that deal with it.

This thesis has also taken into account the perception of the police and the other agencies such as Customs Canada that are responsible for the enforcement of the new laws against Khat. Haji who is one of the participants talked about the first time he came to Canada and the incidents with Khat.

When I came into Canada via London, I had one bundle of Khat. When I was waiting the officer to accept my refugee claimant, I started chewing Khat to kill the time since the fear and anxiety that they may send me back home was overwhelming. The officer came and saw me chewing Khat. He said what the hell you think you doing? Very calmly I said, I am chewing Khat, do you want some, it is really good. Try it. He told me that Khat is illegal in Canada and I could face deportation to where I came from (Haji Interview).

This research has encountered some limitations. Certain groups of people, such as women with postgraduate education, religious leaders, and young people under the age of 19 years were not present in this study. However, it is to be noted that Khat is a new phenomena experienced by the majority of Somalis, particularly after the civil war in 1991. The fact remains that, Khat is not considered a forbidden stimulant since it is not disapproved by the Qur'an, therefore, we should look more deeply and sensitively into the matter of Khat and take into consideration the opinion of those most concerned.

Future Implications of Khat Laws in Canada:

The focus of this research is to study of Khat from Somali perspective in Canada. In the interviews, respondents expressed a genuine concern about the experience of using Khat every weekend or second weekend. The remedies offered by society encourage Somalis to alter themselves in order to suit their ideal traditional values or customs.

Since the Khat problem has been recognized, the focus of the research and activism should be placed on formulating ways in which Somalis can become their own agents of prevention and change. For that purpose the Somali-Canadian Institute for Research and Development (SCIRD) organized in Ottawa a roundtable discussion about the Khat issue in Canada, on May 7, 1998. Representatives from the Somali community, Royal Canadian Mount Police (RCMP), Customs Canada, and individuals who were interested in the issue of Khat came to the meeting. The purpose of the discussion was to inform the community about the new laws and the consequence of possessing Khat in Canada.

It was shocking for the community representatives to learn about the harsh punishment of the new laws. They perceived the law as another form of discrimination towards the Somali community. As one participant put it “this is the fourth struck from the government to the Somalis. First in 1992, when the Canadian doors were open for Yugoslavian refugees, the doors were closed for Somalis. This had an enormous impact on Somali refugees. Second, in 1993, the incident of

Canadian peacekeeping in Somalia did not help the immigration situation of Somalis in Canada. As result, that worsened the relationship between Somalis and Canadians. Third, Canadian immigration regulations were amended in 1993, and passed Bill C-86, which requires refugees who can not produce identity documents to wait five years for qualifying permanent residence status. Forth, in 1997, Khat was banned in Canada without consulting the communities concerned. Somalis have perceived all these steps as a systematic barrier and it impacted their settlement and integration in to Canada.

In addition, during the meeting, the Canadian officials were surprised to learn that most Somali communities including the representatives of the meeting were not aware of the severe punishment of the new laws. They agreed to reach out the community. Somalis are an oral society, and the best way to reach the community is through the Somali Language branch on Sunday by CKCU radio in Ottawa, which the SCIRD ultimately used to inform the community about the new law and its impact.

Further, a working group was formed consisting of representatives from Somali organization, RCMP, Customs Canada and other organizations that work with the Somali community in Ottawa. The mandate of the working group is to “Reduce demand and availability of Khat in Ottawa”.

Kennedy, of the Royal Canadian Mount Policy (RCMP) with whom I had a personal conversation

with about Khat, indicated that, since the new laws of Khat was broadcasted in the Somali radio program, the volume of incoming Khat in Ottawa area has declined. "The word is out". That was a crucial step for community outreach.

In conclusion, this thesis, also clarified that Khat does not symbolize the emblem of the Somali nation because, not all Somalis use Khat. The most interesting information to emerge from this study is that among the sample interviewed 13 men and 12 women, 95% believed Khat is not prohibited in the Qur'an, the Holy book of Islam. Data also shows that only 3% of the respondents were heavy consumers. Overall, the Somali respondents in Ottawa are considered moderate consumers by this study.

Recommendations

As a result of the research and survey interviews, I would make the following recommendations regarding Khat use within the Somali community in Ottawa-Hull:

The research demonstrates that there is a need for programs that respond to the issues of Khat.

There must be public awareness, education and prevention initiatives about Khat. For example, a Khat awareness campaign should be developed and it should include all the private and public institutions with an interest in solving the Khat problem.

There must be a prominent sign stating that “Khat is illegal in Canada” in order to inform refugees and immigrants coming to Canada.

All agencies that prosecute Khat offenders should receive special training and be educated on cultural awareness about the dynamics of Khat.

More information should be provided to teachers, school administrators and counselors, community leaders and parents on the issue of Khat.

Doctors have to evaluate their patient’s health record for long term effects of Khat.

Families and law enforcement agencies should work together for successful prevention programs targeting the concerned communities. Activities including the design, development and production of information tools such as videos and radio spots would be beneficial to the community concerned.

Empirical studies should be conducted regarding Khat use.

Concerned communities should be informed and encouraged to take part in implementing these recommendations.

Bibliography:

- Ali Mohamed
1995 The Somali Integration in Canada. Carleton University, Ottawa.
- Beyani, Choloke
1995 "The Need For Refugee Women: A Human Right Perspective" Gender and Development.
32 June 29-35
- Blackwell, C. Judith
1988 "Addiction Research" In Netherlands Journal culture, Medicine and Psychiatry; 4
(4):311-344. Brooks University and Patricia G Erikson,
- Branner Julia
1992 Mixing Methods: Qualitative and Quantitative Research Alder shot: Avebury Press
- Brooke, Clarke.
1960 Khat (Catha-edulis): Its Production and Trade in the Middle East, In the
Geographical Journal. Vol CXXVI , P1
- Burton, Richard.
1966 The First footsteps in East Africa: Medical aspects of the chewing of Khat leaves.
Bulletin of the World Health Organization Vol 47 1972 pp 2129.
- Creswell, W. John
1994 Research Design: Qualitative and Quantitative approach. Thousand Oaks: Sage
Publication
- David E. Smith
1970 Cultural, Medical, and legal Perspectives On Marijuana, In The New Social Drug
Prentice-Hall, Inc. Englewood Cliffs, N.J.
- Elmi, A. S.
1984 Khat :Spreading, epidemiology and problems in Somalia, In Proceedings of the
Second International Congress on Somali Studies. T. Labahn, ed. (Humburg,
Helmut buske Verlag) pp. 271-286.
- 1983 The Chewing of Khat in Somalia, in Journal of Ethno pharmacology Vol 8, pp.
163-176.

- 1983 Khat consumption and problems in Somalia In Proceedings of the International Conference on Khat : the Health and Social Economic Aspects of Khat. Antananarivo International Council on Alcoholism and Addictions. pp. 75-86.
- Feldman, Harvey,
1968 "Ideological Supports to Becoming and Remaining a heroin Addict." Journal of Health and Social Behavior 9(2):pp131-139
- Flinders, J David and Geoffrey E. Mills
1993 Theory and Concepts in Qualitative Research Perspective From the Field. New York, Teachers College Press.
- Geshekte, Charles
1985 "Anti-Colonialism and Class Formation: The Eastern Horn of Africa Before 1950" International Journal of African Studies, V.18:1-32 Socio-Economic Development in Somalia Horn of Africa; (April-June), Vol.2.No.2.pp24-37.
- Goffman, Irvin L.
1959 The presentation of Self in Every day Life. New York: Anchor books
- Ghodse, Hamid
1997 Drugs and Addictive Behavior. Blackwell Science Publication
- Hassan .M. A
1984 The Social Effects of Khat: Studies of Khat: Its Social and Economic and Health Effects. Mogadishu, In Scientific Research Bureau pp. 26-42.
- Hughes P.H
1973 Khat Chewing in Yemen. Proceedings of the Fourth International Institute on the Prevention and Treatment of Drug Dependence. Lausanne, International Council on Alcoholism and Addictions. pp. 32-46.
- Jama, Zeinab
1994 Khat Eats Away at the Heart of Somali-land life. London. Panos International, Inc.
- Joyce Hilary
1994 "Khat" In the Journal of Forensic Psychiatry. Vol.5, No. 2

Kalix Peter

1986 "Chewing Khat In World Health Organization, June 1986.

1988 "Khat A Plant with Amphetamine effects. In Journal of Substance Abuse-Treatment, 5 (3) pp. 163-169.

Kennedy,-John-G., Teague,-James; Fairbanks, Lynn.

1980 "Qat Use in North Yemen and the Problem of Addiction: A Study in Medical Anthropology", In Culture, Medical and Psychiat, 4:31-44

Krikorian, A. D.

1983 "Khat and Its Use: An historical perspective" In Shahandeh.

Lancaster, John

1997 Chewing the Khat: A lumpy Dud, Washington Post, May 12, 1997

Lewis Ioan M,

1988 A Modern History of Somalia: Nation State in the Horn of Africa. Boulder; West View press.

Macdonald Dave

1996 Drugs in Southern Africa: an overview. In The Journal of Drugs: Education, Prevention and Policy. 3(2), July, pp127-144

Marshalm, Catherine and Gretchen S. Rossman

1989 Designing Qualitative Research . Newsbury Park: Sage publication.

Merton Robert K and Paul F Lazarsfeld

1979 Qualitative and Quantitative Social Research. New York.The Free Press

Mohamed Osman Omar

1992 The Road To Zero: Somali's Self-destruction. Haan Association, London.

Mohamed Bali

1997 Chewing Khat: Reflection on the Somali Male Food and Social Life. In Somali Alternative Letter. Issue Number 6, September/November.

Mohamed, Omar.

1994 Nomads and Women Carry the Burden of Qat, Panoscope, April .

Nechama Tec

1974 *Grass is Green in Suburbia: A Sociological Study of Adolescent Usage of Illicit Drugs*. Libra Publishers Inc. New York.

Nencini, Paola .

1989 *Khat Chewing Spread to the Somali Community in Rome* In *Pharmacology*, 23(3) June, pp. 255-258.

Opoku Dapaah, Edward

1995 *Somali Refugees in Toronto: A Profile*. Toronto: York Lanes Press.

Richard, C. Stephens

1991 *A Theory of Heroin Addiction*. State University of New York Press.

Robert, Walker

1985 *Applied Qualitative Research*. Gower Publishing Company, England.

Salah, Idil

1997 *Gender Planning within Non-Governmental Organizations in Somalia*. M.A Thesis, Carleton University. Ottawa, Canada.

1994 *Somali Women's Education and Development Under Siad Barre, 1969-1990*. Carleton University (Unpublished)

Salah, Ebyan

1996 *Khat: Literature Review*. Carleton University (Unpublished).

Scarpa, Antonio

1992 *The Role of Ethno-medicine in the Fight Against Drug Addiction*. 15(4) pp 241-244

Schopen, Armin.

1978 *Das Qat: Geschichte und Gebrauch des Genusmittels Catha edulis Forsk. in der Arabischen Republic Jemen*, Wiesbaden: Franz Steiner.

Samatar, I. Ahmed

1994 *The Somali Challenge: From Catastrophe to Renewal*. Lynne Rienner Publishers, Inc. London.

Samatar M. S. and Bullaleh, M. .E.

1984 *The effects of Khat on the National Economy*. In *Studies of khat: Its Social, Economic*

and Health Effects In Scientific Research Bureau. Mogadishu .
pp 43-53.

Shelagh Weir

1985 Qat in Yemen: Consumption and Social Change. British Museum Publications
Limited.London.

Taylor J. Steven and Robert Bordon

1984 Introduction for Qualitative Research: The Search For Meaning. New York: John
Wiley and Sons.

Wolcott, F. Harry

1994 Transforming Qualitative Data: description, Analysis and Interpretation
Thousand Oak: Sage Publications.

Reports and Documents

Dubey, Anita

1997 "Khat" In Ottawa Sun p.4

The Word Fact Book United Nation 1996.

Bill C-8: The controlled drugs and substance act; Legislative summary; Jane Allain; Law and
Government Division 20 March 1996; Library of Canada Foundation Illicit Drugs in Canada "

Risk Business Nelson Canada. World Health Organization WHO Experts Committee on
Addiction-1964 Producing Drugs: Khat

United Nations: Review of the pharmacology of Khat. Report of a WHO Advisory Group 1980
Bulletin on Narcotics. United nations Publication, Vol. 32. Pp. 83-93.

Intelligence Bulletin: Analytical Services Section. Enforcement Directorate, Ottawa, 1991/03

Appendix I

Questions:

1. What is your status?
Single/ Married/ Divorced or Widowed?
2. What level of education did you complete in Somalia?
Primary/secondary/ University? Islamic schooling?
3. Do you go to school here in Canada? Y / N
4. How many people are in your family?
5. How many live in your house?
6. Do you have a job outside the house? Y / N
7. What is your occupation?
8. What is your role in the household here in Canada?
9. Do you chew Khat regularly?
10. Describe your main concern, of Khat?
11. Since your arrival in Canada, have you experienced problems finding Khat compare to
Somalia?
12. Have you ever convicted possessing Khat?

Appendix II

INTERVIEW QUESTIONNAIRES

NAME _____ AGE _____

I KHAT EXPERIENCE:

1. Discuss the particular nature of your experience of Khat? What kinds of Khat are you familiar with? if any effects and health implications ? Did it happen to you or is this something you have heard?
2. What is good or bad about Khat in your experience?
3. Why Khat is so popular and widespread habit mostly in Muslim countries?

II. SOCIAL EFFECTS OF KHAT:

4. To what extent does Khat affect Somali household?

III. LEGAL CONSEQUENCES:

5. Do you consider Khat as a drug? How does compare to common drugs?
6. Are you aware of the legal consequence of possessing Khat in Canada? Do you think Khat should be use controlled or banned?

Appendix III

16. 1-(1-Phenylcyclohexyl)pyrrolidine and any salt thereof
17. Mescaline (3,4,5-trimethoxybenzeneethanamine) and any salt thereof, but not peyote (lophophora)
18. 4-Methylaminorex (4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine) and any salt thereof
19. Cathinone ((-)- α -aminopropiophenone) and any salt thereof
20. Fenetylline (d,l-3,7-dihydro-1,3-dimethyl-7-(2-[(1-methyl-2-phenethyl)amino]ethyl)-1H-purine-2,6-dione) and any salt thereof
21. 2-Methylamino-1-phenyl-1-propanone and any salt thereof
22. 1-[1-(Phenylmethyl)cyclohexyl]piperidine and any salt thereof
23. 1-[1-(4-Methylphenyl)cyclohexyl]piperidine and any salt thereof

SCHEDULE IV

(Sections 2 to 4, 5 to 7, 29, 55 and 60)

- I. Barbiturates, their salts and derivatives including
 - (1) Allobarbitol (5,5-diallylbarbituric acid)
 - (2) Alphenal (5-allyl-5-phenylbarbituric acid)
 - (3) Amobarbital (5-ethyl-5-(3-methylbutyl)barbituric acid)
 - (4) Aprobarbital (5-allyl-5-isopropylbarbituric acid)
 - (5) Barbital (5,5-diethylbarbituric acid)
 - (6) Barbituric Acid (2,4,6(1H,3H,5H)-pyrimidinetrione)
 - (7) Butabarbital (5-sec-butyl-5-ethylbarbituric acid)
 - (8) Butalbital (5-allyl-5-isobutylbarbituric acid)
 - (9) Butallylonal (5-(2-bromoallyl)-5-sec-butylbarbituric acid)
 - (10) Butethal (5-butyl-5-ethylbarbituric acid)
 - (11) Cyclobarbital (5-(1-cyclohexen-1-yl)-5-ethylbarbituric acid)
 - (12) Cyclopal (5-allyl-5-(2-cyclopenten-1-yl)barbituric acid)
 - (13) Heptabarbital (5-(1-cyclohepten-1-yl)-5-ethylbarbituric acid)
 - (14) Hexethal (5-ethyl-5-hexylbarbituric acid)
 - (15) Hexobarbital (5-(1-cyclohexen-1-yl)-1,5-dimethylbarbituric acid)
 - (16) Mephobarbital (5-ethyl-1-methyl-5-phenylbarbituric acid)
 - (17) Methabarbital (5,5-diethyl-1-methylbarbituric acid)
 - (18) Methylphenobarbital (5-ethyl-1-methyl-5-phenylbarbituric acid)
 - (19) Propallylonal (5-(2-bromoallyl)-5-isopropylbarbituric acid)

16. (1-Phenyl-1-cyclohexyl-1-pyrrolidine) et ses sels
17. Mescaline (triméthoxy-3,4,5 benzèneethanamine) et ses sels, sauf le peyotl (lophophora)
18. Méthyl-4 aminorex (dihydro-4,5 méthyl-1 phényl-5 oxazolamine-2) et ses sels
19. Cathinone (1- α -aminopropiophénone) et ses sels
20. Fénétylline (d,l-dihydro-3,7 diméthyl-1,3 [(méthyl-1 phényl-2 éthyl)amino]-2 éthyl-7 1H-purinedione-2,6) et ses sels
21. Méthylamino-2 phényl-1 propamone-1 et ses sels
22. [Cyclohexyl (phénylméthyl)-1] pipéridine-1 et ses sels
23. [Cyclohexyl (méthyl-4 phényl)-1] pipéridine-1 et ses sels

ANNEXE IV

(articles 2 à 4, 5 à 7, 29, 55 et 60)

- I. Barbituriques, ainsi que leurs sels et dérivés, notamment :
 - (1) allobarbitol (acide diallyl-5,5 barbiturique)
 - (2) alphénal (acide allyl-5 phényl-5 barbiturique)
 - (3) amobarbital (acide éthyl-5 (méthyl-3 butyl)-5 barbiturique)
 - (4) aprobarbital (acide allyl-5 isopropyl-5 barbiturique)
 - (5) barbital (acide diéthyl-5,5 barbiturique)
 - (6) acide barbiturique ((1H,3H,5H)-pyrimidinetrione-2,4,6)
 - (7) butabarbital (acide sec-butyl-5 éthyl-5 barbiturique)
 - (8) butalbital (acide allyl-5 isobutyl-5 barbiturique)
 - (9) butallylonal (acide (bromo-2 allyl)-5 sec-butyl-5 barbiturique)
 - (10) butéthal (acide butyl-5 éthyl-5 barbiturique)
 - (11) cyclobarbital (acide (cyclohexène-1 yl)-1-5 éthyl-5 barbiturique)
 - (12) cyclopal (acide allyl-5 (cyclopentène-2 yl)-1-5 barbiturique)
 - (13) heptabarbital (acide (cycloheptène-1 yl)-1-5 éthyl-5 barbiturique)
 - (14) hexéthal (acide éthyl-5 hexyl-5 barbiturique)
 - (15) hexobarbital (acide (cyclohexène-1 yl)-1-5 diméthyl-1,5 barbiturique)
 - (16) méphobarbital (acide éthyl-5 méthyl-1 phényl-5 barbiturique)
 - (17) méthabarbital (acide diéthyl-5,5 méthyl-1 barbiturique)
 - (18) méthylphénobarbital (acide éthyl-5 méthyl-1 phényl-5 barbiturique)

(20) Pentobarbital (5-ethyl-5-(1-methylbutyl)barbituric acid) (21) Phenobarbital (5-ethyl-5-phenylbarbituric acid) (22) Probarbital (5-ethyl-5-isopropylbarbituric acid) (23) Phenylmethylbarbituric Acid (5-methyl-5-phenylbarbituric acid) (24) Secobarbital (5-allyl-5-(1-methylbutyl)barbituric acid) (25) Sigmodal (5-(2-bromoallyl)-5-(1-methylbutyl)barbituric acid) (26) Talbutal (5-allyl-5-sec-butylbarbituric acid) (27) Vinbarbital (5-ethyl-5-(1-methyl-1-butenyl)barbituric acid) (28) Vinylbital (5-(1-methylbutyl)-5-vinylbarbituric acid) 2. Thiobarbiturates, their salts and derivatives including: (1) Thialbarbital (5-allyl-5-(2-cyclohexen-1-yl)-2-thiobarbituric acid) (2) Thiamylal (5-allyl-5-(1-methylbutyl)-2-thiobarbituric acid) (3) Thiobarbituric Acid (2-thiobarbituric acid) (4) Thiopental (5-ethyl-5-(1-methylbutyl)-2-thiobarbituric acid) 3. Chlorphentermine (1-(p-chlorophenyl)-2-methyl-2-aminopropane) and any salt thereof 4. Diethylpropion (2-(diethylamino)propiofenone) and any salt thereof 5. Phendimetrazine (d-3,4-dimethyl-2-phenylmorpholine) and any salt thereof 6. Phenmetrazine (3-methyl-2-phenylmorpholine) and any salt thereof 7. Pipradol (α,α-diphenyl-2-piperidinemethanol) and any salt thereof 8. Phentermine (α,α-dimethylbenzeneethanamine) and any salt thereof 9. Butorphanol (1-N-cyclobutylmethyl-3,14-dihydroxymorphinan) and any salt thereof 10. Nalbuphine (N-cyclobutylmethyl-4,5-epoxy-morphinan-3,6,14-triol) and any salt thereof 11. Glutethimide (2-ethyl-2-phenylglutarimide) 12. Clotiazepam (5-(o-chlorophenyl)-7-ethyl-1,3-dihydro-1-methyl-2-H-thieno[2,3-e]-1,4-diazepin-2-one) 13. Ethchlorvynol (ethyl-2-chlorovinyl ethynyl carbinol) 14. Ethinamate (1-ethynylcyclohexanol carbamate)	(19) propallylonal (acide bromo-2 allyl-5 isopropyl-5 barbiturique) (20) pentobarbital (acide éthyl-5 (méthyl-1 butyl)-5 barbiturique) (21) phénobarbital (acide éthyl-5 phényl-5 barbiturique) (22) probarbital (acide éthyl-5 isopropyl-5 barbiturique) (23) acide phénylméthylbarbiturique (acide méthyl-5 phényl-5 barbiturique) (24) sécobarbital (acide allyl-5 (méthyl-1 butyl)-5 barbiturique) (25) sigmodal (acide (bromo-2 allyl)-5 (méthyl-1 butyl)-5 barbiturique) (26) talbutal (acide allyl-5 sec-butyl-5 barbiturique) (27) vinbarbital (acide éthyl-5 (méthyl-1 butényl-1)-5 barbiturique) (28) vinylbital (acide (méthyl-1 butyl)-5 vinyl-5 barbiturique) 2. Thiobarbituriques, ainsi que leurs sels et dérivés, notamment : (1) thialbarbital (acide allyl-5 (cyclohexène-2 yl-1)-5 thio-2 barbiturique) (2) thiamylal (acide allyl-5 (méthyl-1 butyl)-5 thio-2 barbiturique) (3) acide thiobarbiturique (acide thio-2 barbiturique) (4) thiopental (acide éthyl-5 (méthyl-1 butyl)-5 thio-2 barbiturique) 3. Chlorphentermine ((p-chlorophényl)-1 méthyl-2 amino-2 propane) et ses sels 4. Diéthylpropion ((diéthylamino)-2 propiophenone) et ses sels 5. Phendimétrazine (d-diméthyl-3,4 phényl-2 morpholine) et ses sels 6. Phenmétrazine (méthyl-3 phényl-2 morpholine) et ses sels 7. Pipradol (α,α-diphényl (pipéridyl-2)-1 méthanol) et ses sels 8. Phentermine (α,α-diméthylbenzèneéthamine) et ses sels 9. Butorphanol (1-N-cyclobutylméthyl dihydroxy-3,14 morphinane) et ses sels 10. Nalbuphine (N-cyclobutylméthyl époxy-4,5 morphinanetriol-3,6,14) et ses sels 11. Glutéthimide (éthyl-2 phényl-2 glutarimide) 12. Clotiazépam ((o-chlorophényl)-5 éthyl-7 dihydro-1,3 méthyl-1 2H-thiéno[2,3-e]diazépine-1,4 one-2) et ses sels 13. Éthchlorvynol (éthyl chlorovinyl-2 éthynyl carbinol) 14. Éthinamate (carbamate d'éthynyl-1 cyclohexyle)

15. Mazindol (5-(*o*-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-*a*]isoindol-5-yl)
16. Meprobamate (2-méthyl-2-propyl-1,3-propanediol dicarbamate)
17. Méthypylon (3,3-diéthyl-5-méthyl-2,4-piperidine-dione)
18. Benzodiazépines, their salts and derivatives, including:
 - (1) Alprazolam (8-chloro-1-méthyl-6-phényl-4H-5-triazolo[4,3-*a*][1,4]benzodiazépine)
 - (2) Bromazepam (7-bromo-1,3-dihydro-5-(2-pyridyl)-2H-1,4-benzodiazépin-2-one)
 - (3) Camazepam (7-chloro-1,3-dihydro-3-(*N,N*-diméthylcarbamoyl)-1-méthyl-5-phényl-2H-1,4-benzodiazépin-2-one)
 - (4) Chlordiazepoxide (7-chloro-2-(méthylamino)-5-phényl-3H-1,4-benzodiazépine-4-oxide)
 - (5) Clobazam (7-chloro-1-méthyl-5-phényl-1H-1,5-benzodiazépine-2,4(3H,5H)-dione)
 - (6) Clonazepam (5-(*o*-chlorophenyl)-1,3-dihydro-7-nitro-2H-1,4-benzodiazépin-2-one)
 - (7) Clorazepate (7-chloro-2,3-dihydro-2,2-dihydroxy-5-phényl-1H-1,4-benzodiazépine-3-carboxylic acid)
 - (8) Cloxazolam (10-chloro-11b-(*o*-chlorophényl)-2,3,7,11b-tétrahydrooxazolo[3,2-*d*][1,4]benzodiazépin-6(5H)-one)
 - (9) Delorazepam (7-chloro-5-(*o*-chlorophényl)-1,3-dihydro-2H-1,4-benzodiazépin-2-one)
 - (10) Diazepam (7-chloro-1,3-dihydro-1-méthyl-5-phényl-2H-1,4-benzodiazépin-2-one)
 - (11) Estazolam (8-chloro-6-phényl-4H-5-triazolo[4,3-*a*][1,4]benzodiazépine)
 - (12) Ethyl loflazepate (éthyl 7-chloro-5-(*o*-fluorophényl)-2,3-dihydro-2-oxo-1H-1,4-benzodiazépine-3-carboxylate)
 - (13) Fludiazepam (7-chloro-5-(*o*-fluorophényl)-1,3-dihydro-1-méthyl-2H-1,4-benzodiazépin-2-one)
 - (14) Flunitrazepam (5-(*o*-fluorophényl)-1,3-dihydro-1-méthyl-7-nitro-2H-1,4-benzodiazépin-2-one)
 - (15) Flurazepam (7-chloro-1-[2-(diéthylamino)éthyl]-5-(*o*-fluorophényl)-1,3-dihydro-2H-1,4-benzodiazépin-2-one)
 - (16) Halazepam (7-chloro-1,3-dihydro-5-phényl-1-(2,2,2-trifluoroéthyl)-2H-1,4-benzodiazépin-2-one)
 - (17) Haloxazolam (10-bromo-11b-(*o*-fluorophényl)-2,3,7,11b-tétrahydrooxazolo[3,2-*d*][1,4]benzodiazépin-6(5H)-one)
 - (18) Ketazolam (11-chloro-8,12b-dihydro-2,8-diméthyl-12b-phényl-4H-1,3-oxazino[3,2-*d*][1,4]benzodiazépine-4,7(6H)-dione)
15. Mazindol (5-(*o*-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-*a*]isoindol-5-yl)
16. Meprobamate (dicarbamate de méthyl-2-propyl-2-propanediol-1,3)
17. Méthypylone (diéthyl-3,3-méthyl-5-pipéridinedione-2,4)
18. Benzodiazépines, ainsi que leurs sels et dérivés, notamment :
 - (1) alprazolam (chloro-8 méthyl-1 phényl-6 4H-5-triazolo[4,3-*a*]benzodiazépine-1,4)
 - (2) bromazépam (bromo-7 dihydro-1,3 (pyridyl-2)-5 2H-benzodiazépine-1,4 one-2)
 - (3) camazépam (diméthylcarbamate (ester) de chloro-7 dihydro-1,3 hydroxy-3 méthyl-1 phényl-5 2H-benzodiazépine-1,4 one-2)
 - (4) chlorodiazépoxide (chloro-7 méthylamino-2 phényl-5 3H-benzodiazépine-1,4 oxyde-4)
 - (5) clobazam (chloro-7 méthyl-1 phényl-5 1H-benzodiazépine-1,5 (3H,5H) dione-2,4)
 - (6) clonazépam ((*o*-chlorophényl)-5 dihydro-1,3 nitro-7 2H-benzodiazépine-1,4 one-2)
 - (7) clorazépate (acide chloro-7 dihydro-2,3 dihydroxy-2,2 phényl-5 1H-benzodiazépine-1,4 carboxylique-3)
 - (8) cloxazolam (chloro-10 (*o*-chlorophényl)-11b tétrahydro-2,3,7,11b 5H-oxazolo [3,2-*d*] benzodiazépine-1,4 one-6)
 - (9) délorazépam (chloro-7 (*o*-chlorophényl)-5 dihydro-1,3 2H-benzodiazépine-1,4 one-2)
 - (10) diazépam (chloro-7 dihydro-1,3 méthyl-1 phényl-5 2H-benzodiazépine-1,4 one-2)
 - (11) estazolam (chloro-8 phényl-6 4H-5-triazolo[4,3-*a*]benzodiazépine-1,4)
 - (12) loflazépate d'éthyl (carboxylate-3 d'éthyl chloro-7 (*o*-fluorophényl)-5 dihydro-2,3 oxo-2 1H-benzodiazépine-1,4)
 - (13) fludiazépam (chloro-7 (*o*-fluorophényl)-5 dihydro-1,3 méthyl-1 2H-benzodiazépine-1,4 one-2)
 - (14) flunitrazépam ((*o*-fluorophényl)-5 dihydro-1,3 méthyl-1 nitro-7 2H-benzodiazépine-1,4 one-2)
 - (15) flurazépam (chloro-7 [(diéthylamino)-2 éthyl]-1 (*o*-fluorophényl)-5 dihydro-1,3 2H-benzodiazépine-1,4 one-2)
 - (16) halazépam (chloro-7 dihydro-1,3 phényl-5 (trifluoroéthyl-2,2,2)-1 2H-benzodiazépine-1,4 one-2)
 - (17) haloxazolam (bromo-10 (*o*-fluorophényl)-11b tétrahydro-2,3,7,11b oxazolo[3,2-*d*] (5H)-benzodiazépine-1,4 one-6)
 - (18) kétazolam (chloro-11 dihydro-8,12b diméthyl-12b phényl-4H-oxazino[3,2-*d*]benzodiazépine-1,4 (6H)-dione-4,7)

- (19) Loprazolam (6-(o-chlorophenyl)-2,4 dihydro-2-[4-methyl-1-piperazinylmethylene]-8-nitro-11H-imidazo[1,2-a][1,4]benzodiazepin-1-one)
- (20) Lorazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-2H-1,4-benzodiazepin-2-one)
- (21) Lormetazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-1-methyl-2H-1,4-benzodiazepin-2-one)
- (22) Medazepam (7-chloro-2,3-dihydro-1-methyl-5-phenyl-1H-1,4-benzodiazepine)
- (23) Nimetazepam (1,3-dihydro-1-methyl-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (24) Nitrazepam (1,3-dihydro-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (25) Nordazepam (7-chloro-1,3-dihydro-5-phenyl-1(2H)-1,4-benzodiazepin-2-one)
- (26) Oxazepam (7-chloro-1,3-dihydro-3-hydroxy-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (27) Oxazolam (10-chloro-2,3,7,11b-tetrahydro-2-methyl-11b-phenyloxazolo[3,2-d][1,4]benzodiazepin-6(5H)-one)
- (28) Pinazepam (7-chloro-1,3-dihydro-5-phenyl-1-(2-propynyl)-2H-1,4-benzodiazepin-2-one)
- (29) Prazepam (7-chloro-1-(cyclopropylmethyl)-1,3-dihydro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (30) Temazepam (7-chloro-1,3-dihydro-3-hydroxy-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (31) Tetrazepam (7-chloro-5-(cyclohexen-1-yl)-1,2,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one)
- (32) Triazolam (8-chloro-6-(o-chlorophenyl)-1-methyl-4H-s-triazolo[4,3-a][1,4]benzodiazepine)

* 19. *Catha edulis* Forsk., its preparations, derivatives, alkaloids and salts, including:

- (1) Cathine (d-threo-2-amino-1-hydroxy-1-phenylpropane)

20. Fencamfamin (d,l-N-ethyl-3-phenylbicyclo[2,2,1]heptan-2-amine) and any salt thereof

21. Fenproporex (d,l-3-[(α -methylphenethyl)amino]propionitrile) and any salt thereof

22. Mefenorex (d,l-N-(3-chloropropyl)- α -methylbenzene-ethanamine) and any salt thereof

23. Anabolic steroids and their derivatives including:

- (1) Androisoxazole (17 β -hydroxy-17 α -methylandrostando[3,2-c]isoxazole)
- (2) Androstanolone (17 β -hydroxy-5 α -androstan-3-one)
- (3) Androstenediol (androst-5-ene-3 β ,17 β -diol)
- (4) Bolandiol (testr-4-ene-3 β ,17 β -diol)

- (19) loprazolam (6-(o-chlorophényl)-2,4 dihydro-2-[4-méthyl-1-pipérazinyl-1-méthylène]-2-nitro-8-11H-imidazo[1,2-a]benzodiazépine-1,4 one-1)
- (20) lorazépam (chloro-7 (o-chlorophényl)-5 dihydro-1,3 hydroxy-3 2H-benzodiazépine-1,4 one-2)
- (21) lormétazépam (chloro-7 (o-chlorophényl)-5 dihydro-1,3 hydroxy-3 méthyl-1 2H-benzodiazépine-1,4 one-2)
- (22) médazépam (chloro-7 dihydro-2,3 méthyl-1 phényl-5 1H-benzodiazépine-1,4)
- (23) nimétazépam (dihydro-1,3 méthyl-1 nitro-7 phényl-5 2H-benzodiazépine-1,4 one-2)
- (24) nitrazépam (dihydro-1,3 nitro-7 phényl-5 2H-benzodiazépine-1,4 one-2)
- (25) nordazépam (chloro-7 dihydro-1,3 phényl-5 2H-benzodiazépine-1,4 one-2)
- (26) oxazépam (chloro-7 dihydro-1,3 hydroxy-3 phényl-5 2H-benzodiazépine-1,4 one-2)
- (27) oxazolam (chloro-10 tétrahydro-2,3,7,11b méthyl-2 phényl-11b oxazolo[3,2-d] (5H)-ben-zodiazépine-1,4 one-6)
- (28) pinazépam (chloro-7 dihydro-1,3 phényl-5 (propynyl-2)-1 2H-benzodiazépine-1,4 one-2)
- (29) prazépam (chloro-7 (cyclopropylméthyl)-1 dihydro-1,3 phényl-5 2H-benzodiazépine-1,4 one-2)
- (30) témazépam (chloro-7 dihydro-1,3 hydroxy-3 méthyl-1 phényl-5 2H-benzodiazépine-1,4 one-2)
- (31) tétrazépam (chloro-7 (cyclohexène-1 yl)-5 dihydro-1,3 méthyl-1 2H-benzodiazépine-1,4 one-2)
- (32) triazolam (chloro-8 (o-chlorophényl)-6 méthyl-1 4H-s-triazolo[4,3-a]benzodiazépine-1,4)

19. *Catha edulis* Forsk., ses préparations, dérivés, alcaloïdes et sels, notamment :

- (1) cathine (d-threo-amino-2 hydroxy-1 phényl-1 propane)

20. Fencamfamine (d,l-N-éthyl phényl-3 bicyclo[2,2,1]heptanamine-2)

21. Fenproporex (d,l-[(α -méthylphénéthyl)amino]-3 propionitrile) et ses sels

22. Méfénorex (d,l-N-(chloro-3 propyl) α -méthylbenzèneéthanamine) et ses sels

23. Stéroïdes anabolisants et leurs dérivés, notamment :

- (1) androisoxazole (hydroxy-17 β méthyl-17 α androstando[3,2-c]isoxazole)
- (2) androstanolone (hydroxy-17 β 5 α -andro-stanone-3)
- (3) androstènediol (androstène-5 diol-3 β ,17 β)
- (4) bolandiol (testrène-4 diol-3 β ,17 β)

KHAT

The plant (*catha edulis*) is listed in schedule IV of the Controlled Drugs and Substances Act (CDSA).

Here is a list of common offences and their appropriate sections as well as prescribed punishments as found in the CDSA.

Possession (seek to obtain or obtain) Sec. 4(2)

Punishment:	Indictable -	up to 18 months maximum
	Summary Conviction -	1st offence max \$1000 or 6 months
		subsequent offence max \$2000 or one year

Traffic Sec. 5(1)

Punishment:	Indictable-	up to 3 years maximum
	Summary Conviction-	up to one year maximum

Importation Sec. 6(1)

Punishment:	Indictable-	up to 3 years maximum
	Summary Conviction -	up to one year maximum

Cultivation Sec. 7(1)

Punishment:	Indictable-	up to three years maximum
	Summary Conviction -	up to one year maximum

	Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V	Schedule VI	Schedule VII	Schedule VIII
Common Drugs of Abuse	Cocaine Cocaine Demerol Dilaudid Heroin Methadone Morphine Opium PCP Percodan	Hashish Marijuana	Barbiturates Dexies Ecstasy LSD Majic mushrooms Mescaline Speed STP	Neuronal Seconal Tributal	Precursors	Precursors	Cannabis resin or cannabis (marijuana) 1 KG	Cannabis resin less than 1 gram cannabis (marijuana) less than 10 grams
Possession	4(1)	4(1)	4(1)	No offence	No offence	No offence	4(1)	Summary
Double	4(2)	4(2)	4(2)	4(2)	No offence	No offence	No offence	No offence
Manufacturing								
Possession for Purpose	5(2)	5(2)	5(2)	5(2)	No offence	No offence	Offence under II	Offence under II
Traffic	5(1)	5(1)	5(1)	5(1)	No offence	No offence	Offence under II	Offence under II
Definition of sell, administer, give, transfer, transport, etc.								

[illegible]

Appendix IV

KHAT RESEARCH PROJECT:
Interview Consent Form

I _____, agree to participate in the study being conducted by Ebyan Salah of the Carleton University, department of Sociology. I am aware that this study will examine my experience relevant to the cultural prospective of the habit of chewing the leaves of Khat plant (*Catha edulis*).

I understand that participation in this study will involve one interview of approximately 1 or two hours. The interview will be taped if permission is granted. In addition, notes will be taken during the interview. There are no anticipated risks involved in this study, participation is voluntary, and I may withdraw at any time. I understand that the results of the study may be published, and will be deposited in the Carleton University library. Lastly, I understand that my name and any identifying details will be kept confidential.

Signed: _____

Date: _____

(Researcher Copy).

Ebyan Salah
 Khat: A Somali Perspective.
 Master of Arts Research Project
 Sociology Dept, Carleton University
 Tell: 521-3018 or 232-5900 ext. 312.

Dear participant:

I am currently enrolled in the Master of Sociology program at the Carleton University School of Social Science. As part of the requirement for graduation, students are expected to complete a major research project.

My topic for this project is "Khat" in which I will focus on cultural perspective of Somalia community in Ottawa-Hull (Canada). Khat could be the next drug crisis, because it is the social glue that holds diaspora immigrant communities together and any interference would therefore be tantamount to racism.

My name is Ebyan Salah, I am writing to respectfully request your assistance in my research. Your ideas and knowledge are important, and they will help me to understand how Somalis see and evaluate the habit of chewing Khat.

If you would like more information about this research project, I can be contacted by phone, with voice mail, at Somali-Canadian Institute for Research and Development (SCIRD) at 232-5900 ext. 312. I am working under the supervision of Professor Rob Shields who can be contacted at 520-2600 ext. 2602.

Participation in the research will involve an interview, at place and time most convenient for you. During the interview you will be asked to talk about Khat, why it is so popular, effects of khat, if you think it is a drug or not, and other related questions.

The interview will be informal, and will usually last between one to two hours. Interview will be conducted in Somali and then translated to English.

If you agree to participate in the research, I ask that you sign the attached Interview Consent Form. Signing the consent form shows that you are willing to be interviewed and that you understand the information you give me will be treated confidentially. The form also indicates that you will be advised about the progress of the research and its results through focus group meetings. You have the right to withdraw from the interview at any time.

The purpose of this study is to view Somali perspective of Khat, while the media coverage of the civil war in Somalia has repeatedly described Khat as a highly addictive drug.

Thank you for your time and for considering this request.

Yours sincerely

Ebyan Salah.

Appendix V

Participants:

Name: Ali

Age 25

Marital: status single

Education: College

Status: Landed Immigrant

Name: Muumin

Age 23

Marital status Single

Education College

Status: Landed Immigrant

Name: Xadiyo

Age: 19

Marital status: Single

Education: High school

Status: Convention refugee

Name: Muxubo

Age: 19

Marital status: Single

Education: high School

Status: Convention Refugee

Name: Burhan

Age: 26

Marital status: Married

Education: high school

Status: Convention Refugee

Name: Omar

Age : 29

Marital status: Single

Education: College

Status: Landed immigrant

Name: Xadulle
Age 33
Marital status: Married
Education:
Status: Landed Immigrant

Name: ahmed
Age 29
Marital status: Married
Education: University Degree
Status: Canadian Citizen

Name: Gulled
Age 28
Marital status: Single
Education: University
Status: Landed Immigrant

Name: Cise
Age: 32
Marital status: Married
Education: University degree
Status: Canadian Citizen

Name: Halimo
Age: 39
Marital status: divorced
Education: Islamic School
Status: Convention Refugee

Name: Hawo
Age: 33
Marital status: Divorced
Education: High School
Status: Landed Immigrant

Name: Luul
Age: 35
Marital status: Divorced

Education: None
Status: Convention refugee

Name: Xabiibo
Age: 37
Marital status: Divorced
Education: None
Status: Landed Immigrant

Name: Dawo
Age: 36
Marital status: Divorced
Education: High school
Status: Convention Refugee

Name: Xiddo
Age: 39
Marital status: divorced
Education: None
Status: Canadian Citizen

Name: Asha
Age :35
Marital status: Divorced
Education: College degree
Status: Canadian Citizen

Name: Haji
Age:45
Marital status: Married
Education: Univeristy Degree
Status: Canadian Citizen

Name: Ilyas
Age: 53
Marital status: Married
Education: College Degree
Status: Convention Refugee

Name: Yacquub

Age: 38
Marital status: Married
Education: Phd,
Status: Landed Immigrant

Individual Interviews:

Name: Hodan
Age: 33
Marital status: Single
Education: University Degree
Status: Canadian Citizen

Name: Cosob
Age: 64
Marital status: Married
Education: None
Status: Convention Refugee

Name: Filsan
Age: 69
Marital status: Widowed
Education: None
Status: convention refugee

Name: Faarah
Age: 68
Marital status: Married
Education: None
Status: Convention Refugee

Name: Maxamuud
Age: 82
Marital status: Widowed
Education: None
Status: Canadian Citizen

Appendix VI

SOMALIA

Population:	9.6 Million
Urban Population:	26%
Major Ethnic and Linguistic Groups:	Somali, mainly Hamitic and Bantu
Languages:	Somali and Arabic (both official)
Religions:	Sunni Islam (99%)
Population Annual Growth Rate:	3.1%
Life Expectancy (at birth):	48 Years
Infant Mortality (under one):	125 per 1,000 live births
Under Five Mortality:	211 per 1,000 live births
Maternal Mortality Rate:	1,600 per 100,000 live births
GNP Per Capita:	\$120 USD
Percentage Adults Literate:	36%/14% Male/Female
Percentage Population With Access To Safe Drinking Water	31% Total: 28% Rural

*Population, Ethnic/Linguistic/Religion. Population Growth figures are for 1996, from *The 1996 World Factbook* (CIA); all other figures come from *The State of the World's Children, 1997* (UNICEF).

Appendix VII

POEM:

Qaadyahow ninkaad qaadataa qaaddan oo maqane
 Qoyskiyo ciddii uma tirsana , ruux ku qaayibe
 Qarowga iyo taahiyo wuxuu, qoomammo u liito
 Qaxar iyo dhib buu kugu qabaa, kaana qadi waaye.
 Misna qaaligaad kaga dartiyo, qaab xumoo idile
 Qasaaraha bulshada geeskaya qaranka naafoobey
 Waxaa qaala taal iyo waxaa, hawl la qaban waayey
 Waxaa quban caruur iyo waxaa, qoys la kala daadshey
 Waxaa qaylo joogiyo waxaa, xaas la qabi waayey
 Waxaa inan qurxoonaa wejiga, qiiq ka daxalystey
 Waxaa habar la qatey iyo gabadha,. qaar la xamanaayo
 Inta aad qaddiyad leedahaan qalinku koobeyne
 Qudhaadaannu kuu haysanaa, qoonta nagu taale
 Inaad qayb darooga ah tahaan naga qarsoonayne
 Quruumaha ku beeraa waqaad ka qallallaataaye
 Kuwa lacag qaataa waqay kugu qasaareene
 Flaydkii ku qaadiyo waqay dunida qaybshaane
 Waqow qaar ku joojiyo la helo qoon ku maanaca eh
 Qaaq baanu kaa taagannay, qaadirkey magane
 Poem of Khat By Maymuun Jamac

IMAGE EVALUATION TEST TARGET (QA-3)

APPLIED IMAGE, Inc
1653 East Main Street
Rochester, NY 14609 USA
Phone: 716/482-0300
Fax: 716/288-5989

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