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Chewing over Khat prohibition

The globalisation of control and regulation of an ancient stimulant

By Axel Klein, Pien Metaal and Martin Jelsma [1]

In the context of a fast changing and well documented market in legal highs, the case of khat (Catha edulis) provides an interesting anomaly. It is first of all a plant-based substance that undergoes minimal transformation or processing in the journey from farm to market. Secondly, khat has been consumed for hundreds if not thousands of years in the highlands of Eastern Africa and Southern Arabia.[2] In European countries, khat use was first observed during the 1980s,[3] but has only attracted wider attention in recent years.

Discussions about appropriate regulatory systems and the implications of rising khat use for European drug policies[4] should take cognizance of social, demographic and cultural trends, and compare the existing models of control that exist in Europe. Khat provides a unique example of a herbal stimulant that is defined as an ordinary vegetable in some countries and a controlled drug in others. It provides a rare opportunity to study the effectiveness, costs and benefits of diverse control regimes. As long as khat is legally produced and traded, it also allows for the views of stakeholders such as farmers and traders to be included in policy discussions.

KHAT - WHAT IS IT; WHAT DOES IT DO?

Khat is a naturally occurring stimulant that has been compared to coca leaves, coffee and amphetamine. It is consumed by plucking off the leaves of the khat tree and rolling them into little balls that are pushed into the side of the cheek, where they form

CONCLUSIONS & RECOMMENDATIONS

- Where khat has been studied extensively, namely Australia, the UK and until recently the Netherlands, governments have steered clear of prohibition because the negative medical and social harms do not merit such controls.
- Strict bans on khat introduced ostensibly for the protection of immigrant communities have had severe unintended negative consequences.
- Khat prohibition has failed to further the integration, social incusion and economic prosperity of the Somali community.
- Assumptions about causal relations between khat use and the problems of a vulnerable minority with untreated mental health conditions need to be dealt with carefully and should not be used as a pretext for criminalising khat.
- Migrant communities and problematic users need a constructive engagement and targeted interventions. The criminalisation of a cultural practice will only intensify the problem that community leaders are seeking to address.

a large bolus (soft mass of leaves). The practice is usually referred to as khat chewing, but in fact the leaves are simply kept in the side of the cheek to masticate over time. When the juice (and the psychoactive alkaloids it contains) has been extracted, the detritus is either swallowed or spat out. Because of its astringent taste, khat users often use sweet drinks or chewing gum.

According to pharmacologists, cathinone, one of khat's psychoactive chemicals, affects the central nervous system "*like a mild amphetamine*".[5] The classical khat 'high' goes through a number of stages, that all have different names in Arabic. Some ten to fifteen minutes into the process of mastication, the first wave of euphoria known in Yemen and Somalia as 'mirquaan' washes over the user. This is a point of excited conversation and much planning, where users are prone to build 'their castles of spit'.[6] It is followed by a quieter and introspective phase, where users would traditionally play music, recite poetry or read the Koran. Towards the end, the 'haddaar' or comedown sets in, leaving the user restless, irritable and melancholic. Depending on the amount of khat consumed, the entire experience typically lasts between four to six hours, but can drag on for longer.

Traditionally, khat has been chewed communally, after work, on social occasions, in public spaces or dedicated rooms in private houses. It is used as a marker to distinguish leisure time from work, and was built into the rhythms of the day. The traditional after-lunch chewing session is called 'barje or 'quayil' and lasts until evening prayer around 6pm. Sessions outside this time frame scheme are indicated by their names, such as the pre-lunch 'xareedin' or luxury chew, or the all night 'qarxis' or explosion.[7]

Both men and women chew in Ethiopia and Yemen, though they are usually segregated on social occasions. In the khat cafes or 'mafrishes', customers buy khat and drinks on the premises, then sit down on cushions or divans to lay out their 'marduuf' or bundles. These bundles are the unit of account, made up of the leafy stems of the khat tree, about 150 to 300 grams in weight, rolled tightly into banana leafs to preserve moisture. In the United Kingdom (UK), where khat is consumed in commercial establishments, these venues also act as communal centres where food and drinks are served, the television is often tuned into Arabic news channels or Somali music is played. They are subject to local licensing, health and safety regulations, and have to ensure that there is no nuisance for local residents.[8]

THE GLOBALISATION OF KHAT

In contrast to other psychoactive substances, khat undergoes minimal processing or refinement. It has to be brought to market before the active alkaloids disintegrate, within 48 to 72 hours after harvesting. Speed is therefore of the essence, and explains why khat could become a global commodity only after production areas were linked up by road, rail and airports. The khat producing regions of Ethiopia, the Kenyan highlands and Yemen are now supplying consumers in Europe, North America, India and even Australia. Over the past twenty years, a global khat market has come into being, providing significant regular foreign exchange earnings for the exporting economies.

Global markets are driven by demand from diaspora populations, particularly from Somalia. There has been little cross-over from migrants to mainstream, and there are indicators that khat use falls dramatically among second-generation immigrants. Estimates of khat use, published in the UK, report 0.2% of respondents admitting to khat use in the last year.[9] At present, then, khat use is strongly associated with first-generation immigrants from Eastern Africa, many of whom acquired the habit prior to their migration.

Within Africa, however, khat use is spreading fast. Markets have developed in Eritrea,

Young man with two bundles of khat

Sudan, Uganda, Rwanda and South Africa. While traders from Yemen or the Swahili coast have played an important pioneering role, the habit is quickly catching on in many of Africa's fast growing cities. In rural areas farmers are benefiting from a new cash crop.[10] Without the know-how or resources to assess the associated risks, African governments rely on partners in Europe or international organisations for advice on regulation.

KHAT HARMS

Two of the psychoactive ingredients, cathine and cathinone are scheduled substances under the 1971 United Nations (UN) Convention on Psychotropic Substances, but not the vegetable matter of khat itself, though some countries have interpreted the convention that way. Recent assessments by the World Health Organisation (WHO) Expert committee on Drug Dependence (see text box: Khat and UN drug control), the UK Advisory Council on the Misuse of Drugs, and expert councils in the Netherlands and Australia all found that the potential for misuse was low.[11]

By distinguishing khat as a plant product from the synthesised extract of cathine and cathinone, governments legally distinguish between different risk ratios. A bundle of 100 grams of khat leaves may have a cathinone content of between 30 to 200 mg, 90% of which is extracted by mastication. This corresponds to a low to medium dose of amphetamine, but the slow and laborious mode of ingestion restricts the cumulative dose and peak plasma levels. In other words, because khat leaves are chewed over time, the psychoactive ingredients are extracted slowly so that the build up of toxic and intoxicating chemicals in the body is moderate.[12] There is only limited evidence that intensive use over a period of several years can exacerbate coronary conditions and produce tachycardia (increased heart rate), reduce appetite, and affect the respiratory, hepatic, reproductive and central nervous systems.[13] While it may also complicate pre-existing chronic psychotic disorders, and has been associated with hyperactivity, insomnia, anxiety and irritability,[14] the evidence is clear that the physical and mental health risks of khat remain very low.[15] Excessive users and vulnerable individuals suffering from post traumatic stress disorder are more exposed to harmful consequences, but this is only partially related to khat use.

Legislative controls have been advocated as a precautionary measure[16] in order to prevent khat being taken up by mainstream populations,[17] and from fear of khat production becoming established.[18] The most trenchant critics refer to reports of shifting consumption patterns, with a growing incidence of regular and possibly dependent use reported from the very different settings of Somaliland and the UK.[19] They argue that this results in a number of social harms, including the diversion of scarce resources, domestic violence and family break-up. Combined with pressure from conservative Islamic clergy following the

Khat and UN drug control

Khat is not subject to international control at present. The Advisory Committee on the Traffic in Opium and Other Dangerous Drugs of the League of Nations first discussed khat in 1933 and it has appeared on the international agenda several times since then. At the request of the Commission on Narcotics Drugs (CND), the WHO Expert Committee reported in 1962 that clarification on the chemical and pharmacological identification of the active principles of khat was needed before a sound medical appraisal of the chronic use of khat could be made. Several studies, including by the UN Narcotics Laboratory, subsequently identified a number of phenylalkylamine alkaloids as the major psychoactive compounds in the khat plant: cathinone and cathine (norpseudoephedrine), and to a lesser degree norephedrine. Cathinone is unstable and undergoes decomposition rapidly after harvesting and during drying of the plant material, which is the main reason why fresh khat leaves are preferred by chewers. The content of cathinone can vary between 78–343 mg per 100 gram fresh leaves. For example, analysis of khat confiscated at Frankfurt airport in 2003 found 114 mg cathinone, 83 mg cathine and 44 mg norephedrine in 100 gram of fresh leaves. Dried leaves, with much lower levels of cathinone, are more often used to make tea, known as Abyssinian or Arabian tea.

Cathinone and cathine are alkaloids with effects on the central nervous system similar to amphetamine, though weaker. Since, in the early 1980s, all amphetamine-like substances were placed as a group under international control, cathinone and cathine were – based on a 1985 recommendation of the WHO Expert Committee (22nd report, TRS 729) - added to the list of controlled substances of the 1971 UN Convention on Psychotropic Substances, respectively to Schedule I and III. Norephedrine was subsequently included in the list of precursors controlled under the 1988 UN Convention against Illicit Traffic of Narcotic Drugs and Psychotropic Substances, as it was often used in the illicit manufacture of amphetamine.

In 2002 the WHO Expert Committee undertook a pre-review of khat and concluded that there was sufficient information to justify a critical review on whether the plant itself needed to be placed under international control. The WHO concluded in 2006 that scheduling was not required: *"The Committee reviewed the data on khat and determined that the potential for abuse and dependence is low. The level of abuse and threat to public health is not significant enough to warrant international control. Therefore, the Committee did not recommend the scheduling of khat. The Committee recognized that social and some health problems result from the excessive use of khat and suggested that national educational campaigns should be adopted to discourage use that may lead to these adverse consequences."* [20]

The conclusion of the WHO Expert Committee blocked the option of bringing khat under UN control, clearly to the frustration of the International Narcotics Control Board (INCB). The Board, mandated to monitor compliance with the 1961 and 1971 Conventions, had started to report on khat under the heading of "*substances not under international control"* in its Annual Reports, expressing concern and calling on the WHO to expedite its review to determine whether it recommended placing khat under international control (INCB Report for 2005, Recommendation 45).

After the WHO recommended against it, the INCB continued to call "upon the authorities to consider taking appropriate measures to control its cultivation, trade and use" (INCB Report for 2006, §556). Most recently, in a special topic on "Plant material containing psychoactive substances" (INCB Report for 2010, §284-287) the Board draws attention to the fact that "*although some active stimulant or hallucinogenic ingredients contained in certain plants are controlled under the 1971 Convention, no plants are currently controlled under that Convention or under the 1988 Convention*". This, the Board argues, is in contrast to the 1961 Single Convention under which "*plants that are the sources of narcotic drugs, such as cannabis plant, opium poppy and coca bush, are subject to specific control measures*". Many inconsistencies can indeed be pointed out in the scheduling logic of the UN treaty system, but the default response of the INCB always seems to opt for the most stringent levels of control without any clear argumentation. Aware that recommendations for scheduling under the UN Conventions is a unique mandate given to the WHO, the Board instead "*recommends that Governments should consider controlling such plant material at the national level where necessary*", thereby contradicting the outcomes of the WHO expert review which favoured educational measures over criminalisation.

Saudi Arabian wahabist tradition which determines khat use as 'haram' and un-Islamic, they have swayed policy makers in several European countries as well as Canada to treat khat as a drug and bring it under control.

KHAT CONTROL

As khat remains outside the classificatory system of the UN drug conventions, it falls into a grey area where it is controlled in some countries but legally traded in others. In the EU, khat is on the list of controlled substances in 14 countries: Belgium, Denmark, Germany, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Norway, Poland, Slovenia and Sweden. In none of these countries is there a legislative distinction between different types of drugs akin to the UK system of classes (A,B,C) or the five schedules created by the Controlled Substances Act in the United States (US). Guidance from senior criminal justice officials suggests that high thresholds are in use to distinguish between khat for personal possession (Norway 5 kg, Denmark 1 kg) and for the purpose of distribution and supply.[21] In Sweden, prison sentences apply for traffickers caught with more than 200kg in their possession.

There are also controls on khat in Canada under the Controlled Drugs and Substances Act of 1996, and in the US where the Drug Enforcement Administration classified the drug as a Schedule 1 controlled substance in 1993. The reasons for these policy decisions vary widely. In Canada there was concern over the welfare needs and family cohesion of Somali immigrants,[22] while in the US khat became associated with Somali fighters in the botched operation by US Special forces in Mogadishu.[23]

THE CONSEQUENCES OF KHAT CONTROL: CRIME NETWORKS

Legal restrictions on khat imports into Scandinavia and North America have provided opportunities for trafficking groups. For the past decade or so, there has been a regular 'suitcase' trade from London and Amsterdam. UK authorities have, on occasion, offered their US and Canadian counterparts information on incoming deliveries. Law enforcement and border control in North America for the most part ignore it, for reasons that were made clear by a senior border control officer in Ottawa. He was concerned that every time khat was detected, one or even two officers were taken off the line to process the case. This would take up several hours while the suspect was being interrogated and possibly kept in custody. All the while, staff time and agency resource was taken away from intercepting cocaine or heroin shipments, or other more serious crimes.[24]

Where action is taken, however, khat couriers can be arrested, their property seized, and charges of drug trafficking brought against them. To escape detection, khat distribution networks typically recruit couriers from the 'mainstream' population, hoping that they will not attract attention.

There is little information on the trans-Atlantic khat trafficking networks, their organisational structure and links with other organised crime groups. The trade in khat is facilitated by the dispersal of Somali populations and the enduring clan structure, which have created relationships of trust on which information networks and banking systems, like the Hawala[25] are based. The regular movement of people across the diaspora, including large scale migrations recorded from Denmark and the Netherlands to the UK, create a backdrop for the movement of commodities but also changing markets.

Since the construction of the bridge linking southern Sweden with Copenhagen, the Scandinavian suitcase trade has been replaced by a more regular overland supply from Amsterdam. Traders set out in cars or vans from Amsterdam, dropping off khat in Denmark and Sweden on their way to Finland. Amsterdam also supplies markets

in Germany, the largest source of khat seizures, where khat consumption has grown in several large cities, including Frankfurt.

Swedish police have noted shifts in the cargo composition over the years. In 2004 a vehicle was stopped carrying both khat and cannabis from the Netherlands. Subsequently vehicles were stopped with shipments of khat, cannabis and cocaine. Somali traders have reacted to the increase in penalties by diversifying their drug imports into drugs with a substantially higher profit margin.

While this is a logical progression in terms of economic rationality, it has serious implications in terms of crime control and public safety. The prohibition of khat, in other words, has created an opportunity for the formation of transnational crime groups, with consequences for migrant communities and wider drug markets.

POLICE - COMMUNITY RELATIONS

Where khat is a controlled substance, khat markets function very differently from the 'mafrishes' in London or Sheffield. In Sweden, the centre of the Somali community is Rinköping, a few underground stops away from the centre of town. Most of the enterprises, including supermarkets and retail outlets appear to be run by ethnic minorities, but none by Somalis. There are none of the cafes, shops, and telephone call centres that mark Somali communities in the UK.

One of the few economic activities controlled by Somalis is retailing khat when shipments come in. The rapid decay of khat combined with the fear of arrest make for a frantic atmosphere. Traders sell off the backs of vans parked in side streets to customers informed over the grapevine. Given the illegality, traders protect themselves by expediting sales giving their customers only minimal face time – money is taken, the bundle handed over and the customer moved along. Consumers have no time to inspect the quality of the product, haggle over the weight of bundles or the price. There is no social intercourse, no community building, but all the alienation and disruption of a drug market.

Many customers live in shared accommodation with compromised privacy. Their khat use is often a solitary exercise; some report that they chew as they walk around town, always on the lookout for the police. For a few kroner more they can buy a temporary respite inside private flats rented out by some Somali women with council flat tenancies. In these makeshift 'mafrishes', people gather to chew, drink tea and chat. Informers are a constant threat, however, and police officers report being tipped off before raids on private apartments.

In the ethnically diverse public housing project, informers can come from anywhere, but police cultivate their sources within the Somali community. In Copenhagen (Denmark), where attitudes to khat are equally draconian, all Somali social clubs are believed to include people who report regularly.

In Toronto (Canada), relations between the Somali community and law enforcement came under serious strain during the late 1990s after a number of raids on Somali homes, in which a number of people were injured and property damaged. Somali men were reportedly stopped in the streets and searched for khat, and some police officers even visited known community centres and cafes, asking older men to open their mouths and show that they were not chewing khat. Tensions came to a head when a group of Somalis were arrested for khat use inside a disused shopping centre, with an excessive use of force, prompting retaliation.

In the UK, by contrast, Somalis have been identified by senior police officers as less than average crime generators. Even though there has been an increase in offending behaviour among young men of Somali extraction, this is associated with

Khat prepared for export in Dire Dewa, Ethiopia

gang culture, educational under-achievement and high levels of deprivation rather than khat use. Indeed, second generation British-Somalis do not have a high level of khat use as their substance use patterns adjust to mainstream ones. There is even a reported increase in alcohol use.

KHAT ECONOMY

In the UK standard rate Value Added Tax has been collected on khat imports since 2007. In 2010, £2.9 million (€ 3.4 million) were raised on imports of 3,002 tonnes from Ethiopia, Kenya and Yemen, a sharp increase from the late 1990s when only seven tonnes per week (364 tonnes per annum) were entering the UK.[26] The leaves are imported in boxes weighing 5.5 kg (Kenya) or 9 kg (Ethiopia, Yemen) with an estimated retail value of £ 120 (€ 140). Kenyan imports of khat, amounting to 7,000 kgs per week were taxed at £ 35 (€ 41), while each box of fresh khat from Ethiopia and Yemen was taxed at £ 35 and dried khat at £ 40 (€ 47).[27]

For the producing countries, khat has become an important source of foreign exchange. In 2003/4, khat sales were estimated to constitute some 15 % of Ethiopia's export earnings, vying with coffee for the most highly valued cash crop. Khat is cultivated by small holders in both Ethiopia and Kenya, creating income opportunities for rural households in one of the poorest parts of the world. Given its drought resistance and low labour requirements, khat is an attractive choice for peasant producers. Compared to other commodities where prices are set by global markets, khat prices have shown only modest fluctuations, providing farmers with secure livelihoods. The transporting, processing, packaging and resale of khat have created employment opportunities across the region. At each stage along the commodity chain, and in sharp contrast to trade in coffee, flowers or vegetables, African farmers and traders are in control of the trade. More significant, this economic dynamo has been set in motion without any support from international development agencies or governments.

The khat debate in the Netherlands

In January 2012, the government of the Netherlands announced its intention to ban khat by putting it on List II of the Opium Law. List II contains drugs with "an acceptable degree of addictiveness or physical harm", such as cannabis. List I includes substances with an "unacceptable risk," like heroin or cocaine. The active alkaloids of khat, cathinone and cathine, had already been listed as controlled substances in the Opium Law due to the 1971 UN Convention.[28] Khat in its natural state, however, was legal, which was confirmed by a ruling of the Supreme Court in 1995. The scheduling of khat on List II will make the importation and distribution of khat illegal. It will still leave open the option to put khat use under a similar control regime as cannabis – the sale of which is tolerated in licensed coffeeshops – but the government has not made clear if it would allow the use of khat in this way.

Schiphol airport is the main point of entry of khat for the Netherlands, with four flights a week bringing in an estimated 25.000 kgs. a year. Most of it crosses the national border to supply other khat chewing communities worldwide. In the Netherlands, khat is used only by people of Somali, Yemeni and Ethiopian origin, who enjoy recreational chewing mainly in private homes. Distribution is through shops and street markets in marginal areas like parking lots and disused industrial estates. Khat is mainly sold in so-called khat houses, often located in socially vulnerable areas. A limited number of khat houses serves a large group of Somalis from the wider region, creating a large influx which sometimes causes public nuisance.

Previous calls for the ban of khat resulted in a risk assessment in 2007 by the Co-ordination Centre for the Assessment and Monitoring New Drugs (CAM), a government advisory body that assesses new drugs on the market.[29] "*The use of khat poses little risk to the health of the individual user, and it presents no appreciable risk to Dutch society as a whole. There is therefore no reason to prohibit its use in the Netherlands*," it concluded. Khat had the lowest overall ranking of risk among all of the substances subjected to such assessments and there was no evidence linking the use of khat with organised crime. According to the CAM, a ban would stigmatise the Somali community, without any prospects of a significant reduction in demand. Discouraging use through education was considered sufficient to increase the awareness to the potential negative social consequences and adverse health effects of excessive use.

A preliminary study by the Trimbos Institute in 2010 concluded that there were problems among a small group of users and that some in the Somali community, by far the biggest of the khat-consuming communities in the Netherlands, advocated a ban.[30] However, the study steered away from recommending one. In June 2011, the Garretsen Commission, which was tasked with a review of substance scheduling, recommended yet another assessment of khat. Particular attention was to be paid to the social and societal damage of khat and to the international context. The report failed to make clear what had changed since the assessments of 2007 and 2010.[31]

The Somali community is still divided on the issue. While some people feel a minority of khat users are causing a problem that jeopardises the whole community, others argue that criminalising the substance will only deepen the social problems. Most acknowledge the problems are mainly caused by a small group of recent immigrants that have arrived during the past four to five years, many of whom with serious war traumas that need special attention and treatment.

As a result of complaints about public nuisance from mayors of several towns, the government requested the Trimbos Institute to expand its preliminary study. In January 2012, the government sent the study to parliament with the announcement that it intended to put khat on List II, even though the study did not make any such recommendation.[32] The study showed that about 10% of users develop problematic patterns that require attention and assistance. Of the 11 municipalities where khat is traded, six reported nuisance and public order problems and only three indicated to support a ban. Most did not have an opinion about a ban or preferred better regulation to address problems. One feared that a ban would focus too much on problematic khat use and would risk neglecting the social problems among Somalis such as unemployment, lack of education and welfare dependence.

Sufficient means are available to mitigate any possible public nuisance incidents through byelaws at the local level. The question to be addressed by the Dutch parliament should be how existing social and medical problems of migrant communities can be effectively met, while finding creative solutions to avoid public nuisance caused by khat sales. Experiences from North America and Scandinavia show that a ban will not solve these problems but tend to increase them.

While African farmers can create secure livelihoods cultivating khat, the imported produce is traded at moderate prices. Retail prices for bundles of khat in the UK are between £ 3-6 (€ 4.4-8.8) per bundle depending on freshness and quality.[33] As London and Amsterdam serve as entrepôts, some of these imports are repackaged and sold on to markets in Scandinavia, continental Europe and North America. Prices for khat vary accordingly, with bundles selling for € 14 in Denmark, € 21 in Sweden and C$50 (€ 33) in Canada.[34]

THE COSTS OF KHAT CONTROL – CRIME AND STIGMA

In countries where khat use is legally restricted, consumers pay significantly more for a poorer product. They risk the possibility of arrest and altercation, even violence, at the point of purchase. Unlike visitors to a London or Amsterdam 'mafrish', they are not valued customers under the protection of the law, but anti-social offenders. As they transgress from behaviour treated as mere cultural difference into behaviour that is proscribed by law, several aspects of their migrant identity coalesce to create a strong stigma. Muslim immigrants and asylum seekers from Africa, who are already marginalised socially, through engaging in 'drug abuse' become a focus of 'police attention', vulnerable to arrest and ending up in the criminal justice system. The legal status of a psychoactive substance can reinforce a collective sense of the 'spoilt identity' that comes from the experience of low status and social disapproval.[35] This process may be particularly pronounced among migrants who are suffering from post traumatic stress disorder. It is not a surprise that excessive khat use is reported most widely from among the Somali community, many of whom suffered significant trauma in that conflict-affected country.

The khat scene in Frankfurt (Germany) is reportedly based in community centres for different immigrant groups from East Africa. These are public spaces where members of the Eritrean, Somali and Ethiopian communities meet for cultural events, to exchange information and simply socialise. Khat is imported from Amsterdam, sold under the counter in restaurants and shops, and generally tolerated by the police. In the run-up to Valentine's Day in 2011, KLM was reported to have given all available cargo space to flower exports, prioritising above khat cargo. As a result, khat stock was left piling up at the African airport and arrived in European markets several days after harvest. In Frankfurt, several poor batches had even gone mouldy and were refused by most customers. Significantly it were the Somalis who decided to chew it, underlining the vulnerability of this population group.

KHAT AND SOCIAL PROBLEMS

In the UK, the Netherlands, Sweden and Denmark the argument for controlling khat has been partly driven by some members of the Somali community, and has been phrased in terms of family cohesion, cultural integration and economic development. These are genuine concerns as the Somalis constitute one of the least privileged population groups, with high levels of unemployment and poor education. While there are genuine issues around khat use, the suggestion that it is the cause of multiple deprivations simply diverts attention from underlying structural problems.

The changes in the pattern of khat consumption in Eastern Africa have given rise to concerns that echo the discussions in European countries. According to one epidemiological study, in Somaliland there is an association between khat consumption and psychosis, however the causality remains unclear. Furthermore, it is not khat *per se* that is related to psychosis but particular patterns of use. Such patterns include early intake in life, and excessive use (that is more than two bundles a day). This problematic pattern is found particularly among ex-combatants, including many former child soldiers.[36]

This raises basic questions about supposed causal relations between khat use and the problems of a vulnerable minority with untreated mental health conditions. There is a risk that the need for service provision for traumatised war victims is used as a pretext for criminalising khat. This would reduce the supply but exacerbate the condition, with khat users becoming exposed to criminal elements and police attention. Either case is prejudicial to their mental well-being and likely to contribute to, rather than reduce, the onset of clinical episodes. The khat bans in North America and Scandinavia have yet to prove effective in enhancing the integration of the Somali community. Emotional as the debate on khat is, the argument over efficacy of control policies can not be divorced from examining poverty, immigration and goals of particular interest groups.

Social problems relate largely to the greater availability of khat, in itself a consequence of transport improvements and commodification, and a loosening of social controls. In the Ethiopian highlands and along Kenya's coast, both regions where khat was not known until recently, use is spreading especially among young people. The moral ambiguity surrounding the substances creates stigma particularly for female users. In Kenya and Uganda for example, women chewing khat are often tarnished as prostitutes, even though only a minority of users identify their profession as sex-workers. Indeed, many women are working in the khat trade, involved in processing of khat for market, as traders or retailers.[37] The denigration of khat users by advocates of control measures is largely explained by a poor understanding of khat and its effects, and by alarm particularly in conservative social circles over young people's behaviour and female independence.

CONCLUSION

In several countries khat was prohibited after the active ingredients, cathine and cathinone were scheduled, without any investigation of feasibility, consequences or benefits of such a ban. Where khat has been studied most extensively, namely Australia, the UK and until recently, the Netherlands, governments have steered clear of prohibition. Not only does the evidence of khat related harm not merit such controls, but the negative consequences outweigh any benefits from reduced consumption.

The cost of khat controls can be summarized as criminogenic; reinforcing the isolation and vulnerability of immigrant populations, and impacting negatively on livelihoods and economic development in producer countries. The hoped for benefits of reduced khat consumption have not delivered social inclusion or economic prosperity in countries where khat has been banned. Indeed, migration patterns within the diaspora point towards movement from Scandinavia to Britain where opportunities are perceived as more promising. One of these is of course, the khat economy itself, with retail and catering providing a rare competitive advantage.

Khat related problems are tied to the underlying, structural vulnerabilities of the immigrant populations, and particularly the Somali community. This involves problems of cultural alienation, lack of professional skills and educational attainments, but also family fragmentation and poor mental health that resulted from the migration experience. These dovetail with the second dimension of problematic and intensive khat consumption by a minority of chewers. Post traumatic stress disorder, patterns of khat use in refugee camps, the ongoing crisis in Somalia as well as gender relations are important factors in this regard.[38]

What migrant communities and problematic users need is constructive engagement and targeted interventions. The wholesale criminalisation of a cultural practice will only serve to intensify the very problem that community leaders are seeking to address. ●

NOTES

1. Axel Klein is a lecturer in the Study of Addictive Behaviour at the University of Kent and has written extensively on the issue of khat. Pien Metaal is a researcher at the Transnational Institute (TNI) and Martin Jelsma is the coordinator of TNI's Drugs & Democracy programme. The photos are by Degol Hailu and Susan Beckerleg.

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Drug Law Reform Project

The project aims to promote more humane, balanced, and effective drug laws. Decades of repressive drug policies have not reduced the scale of drug markets and have led instead to human rights violations, a crisis in the judicial and penitentiary systems, the consolidation of organized crime, and the marginalization of vulnerable drug users, drug couriers and growers of illicit crops. It is time for an honest discussion on effective drug policy that considers changes in both legislation and implementation.

This project aims to stimulate the debate around legislative reforms by highlighting good practices and lessons learned in areas such as decriminalization, proportionality of sentences, specific harm reduction measures, alternatives to incarceration, and scheduling criteria for different substances. It also aims to encourage a constructive dialogue amongst policy makers, multilateral agencies and civil society in order to shape policies that are grounded in the principles of human rights, public health and harm reduction.

Transnational Institute (TNI)

De Wittenstraat 25
1052 AK Amsterdam
The Netherlands

Tel: -31-20-6626608
Fax: -31-20-6757176
E-mail: drugs@tni.org
www.druglawreform.info
www.undrugcontrol.info