

## Briefing Paper 2: Khat

March 2007

The purpose of this briefing paper is to provide information and promote discussion on tobacco related substances used in Leicester, current approaches to tackling the issue and to highlight areas for further action.  
This briefing arose out of a series of workshops, which sought to add clarity to the current situation regarding the use of tobacco related substances.

### The Issue

**The evidence of harm resulting from khat use is not sufficient to recommend its control. (Advisory Council On The Misuse Of Drugs, 2005)**

Khat is plant grown in the Horn of Africa and the Arabian Peninsula, which is imported for use/ misuse as a stimulant drug within the Somali community in Leicester. Khat has a long history and tradition of use within the Somali, Yemeni and Ethiopian cultures but since its recent expansion into a global market, it has prompted a great deal of debate.

Opinions amongst key stakeholders in Leicester's Somali community range from: "We need a total ban on khat – simply because a lot of Somali young people are dropping out of school because of it. It's also an acute problem and chronic problem for the community simply because a lot of elderly people are either spending a lot of money on it or suffering depression after using it." (Abdurahman Samatar, Somali elder)

To, "Khat is not much worse than alcoholic beverages like whiskey or vodka. It is the underlying social problems related to it that I want to address – like isolation and economic deprivation." (Isaak Abdi, Somali community advice worker).

<http://news.bbc.co.uk/1/hi/england/leicestershire/3118024.stm>

The khat debate calling for the prohibition of the substance in the U.K., centres around the following:

- **Erosion of social structure.**

To what extent, if any, is the "irresponsible" use of khat, especially amongst Somali men, responsible for family breakdown, domestic violence, disempowerment, relinquishing of family and social responsibility, unemployment and poverty.

Or is misuse of khat a consequence of the crises, that this population has experienced and is experiencing?

- **Amphetamine psychosis.**

Does the use of khat lead to mental health disorders?

- Religion

The different attitudes to khat use between the Islam practised by the Somalis and that of the U.K. mosques, which are dominated by Saudis and Pakistanis .

The debate within the UK's Somali population, regarding the alleged detrimental effects of khat use and the calls for its reclassification under the Misuse of Drugs Act, 1971 has been reflected in government and scientific reports. In February 2005, the Minister responsible for Drugs asked the Advisory Council on the Misuse of Drugs (ACDM) to advise the government on the current situation in the UK and the risks associated with khat use. After detailed scrutiny of the relevant scientific literature and consideration of the current level of khat use in the UK, the health risks from using khat and the harms to society as a consequence of khat use, the ACDM concluded that:

“The evidence of harm resulting from khat use is not sufficient to recommend its control.”  
(The Advisory Council on the Misuse of Drugs [ACMD], Khat: Assessment of Risk to the Individual and Communities in the U.K., 2005.)

## The Product

- Khat is a herbal product consisting of the leaves and shoots of the shrub *Catha edulis*. It is cultivated, chiefly in Ethiopia, Kenya and the Yemen.
- In the UK, Khat is not currently controlled under the Misuse of Drugs Act 1971, but the two main psychoactive component chemicals, cathinone and cathine, are classified as Class C drugs under the Act. Whilst khat can be legally imported and used in the UK, it is illegal in the US, Canada and most of Europe.
- Khat is also known as ghat, quat, qat, qaadka, chat, Abyssinian tea, African salad, African tea, Arabian tea, Bushman's tea, Somali tea, Boesmanstee. Its leaves and/ or stems are chewed for their stimulant effect, which has been described as similar to the effect of caffeine or mild amphetamine. The leaves can also be used to make tea.
- There are two main types of khat available in the UK:  
Mirra (Kenyan khat), which is usually described as having the stronger effect. Sometimes the stems are chewed as well, in order to enhance the potency.  
Herari (Ethiopian khat) is thought to have a milder effect and typically only the leaves would be chewed.
- Khat is usually sold wrapped in banana leaves, in order to preserve its freshness.
- Khat loses its potency within 36 - 48 hours of being picked and for this reason people prefer to chew it while it is still fresh.

## Cultural Values and Perceptions

References to khat use can be found in Arab journals from the 13th century. It has a long tradition of being used to treat depression and for use as a stimulant when coping with long periods of manual work and hunger. In some Muslim countries, where alcohol is banned, khat is commonly used in social situations, though it is often condemned on religious and cultural grounds.

Since the 1990's, with khat having become available for mass consumption, a diversity of opinions regarding the use of khat has grown up within the Somali communities. It can be seen as the "glue for community gatherings" or a "drug" "causing severe problems among married couples". (Leicester City PCT Community Health Development worker)

### **The perceived benefits of khat include:**

- Chewing khat increases alertness and concentration; makes people more talkative and suppresses appetite.
- Khat has traditionally been used as a remedy for venereal disease, asthma, lung diseases, colds, fevers, coughs and headaches. It has also been used to prevent epidemics of pest and malaria. (UN 1956:12; Hill, B.G. 1965, 'Catha Edulis Forsk), Journal of Ethiopian Studies 3 (2): 13-23.

However, few of the health benefits attributed to khat in folk medicine have been investigated, as medical science has concentrated on identifying the health hazards.

### **The perceived risks of khat:**

Research evidence shows that amongst the Somali, Ethiopian and Yemeni communities in Britain, there is a perception that khat is associated with a wide range of problems (Turning Point, 2004), including:

- Constipation and appetite loss.
- Cigarette smoking.
- Family breakdown and arguments.
- That khat use will lead to young people "experimenting with illegal drugs" (Somali resident, St. Matthews)
- Khat has been linked to depression and other mental distress, such as low motivation, anxiety, paranoia and sleep disturbances. However, it is generally held that mental health issues associated with khat are inextricably linked to other factors, such as isolation and low motivation caused by marginalisation and unemployment.

## Availability

- The UK is a base for khat distribution to many countries. Approximately 6 tons of khat arrive in the UK per week, mostly by air from Kenya. The bulk of this is in transit for supply to the USA, where khat is illegal. (ACMD, 2005).
- There is an efficient distribution network to the khat using communities across the UK.
- In the U.K., khat is a licit substance, which is imported as a vegetable and sold in greengrocers, specialist health food shops, some “head” shops, from markets, unlicensed street vendors/ ‘mobile traders’ and in various locations in the community.
- In 2003, a box of 40 khat bundles could be bought for £80 in London. Individual bundles were then being sold on for £3 - £5 (approx. £15/ kg), depending on freshness, quality and availability. In the US, where khat is illegal, the street price is \$400/kg.
- In Leicester most users buy khat at the mafresh (a meeting place where khat is bought and chewed). It is reported that in St. Matthews there are currently between 3 –5 mafreshi, where khat, along with cigarettes and soft drinks are bought and consumed. These are not commercial businesses but rather local venues, which allow for social interaction without compromising traditional values.
- Mafreshi are subject to health and safety requirements, as they are public places where a product is sold and consumed, however many are unknown to the local authorities and standards of cleanliness and safety vary. (ACMD, 2005).

## Consumption

Information regarding the use of khat in the UK is derived from reports into the communities that traditionally use khat. However, such reports are subject to sampling bias due to the way interviewees are recruited. The largest epidemiological survey of drug misuse in England and Wales, the British Crime Survey, does not include khat as one of its reference drugs. (ACMD 2005).

- In the U.K., khat is almost exclusively used by people originating from Ethiopia, Somalia and the Yemen. According to ACMD (2005) “there are no reports of khat use in the UK outside of the communities that traditionally use khat”. However, there is local anecdotal evidence of young people from other communities using khat as a “cheap alternative.”
- Khat is used predominantly by men, but Patel and Murry found 14% of Somali women interviewed had chewed khat in the month before interview. It is generally held that the social stigma surrounding khat use by Somali women leads to their using it “in an isolated manner, at home alone and at night” (ACMD, 2005). “It’s O.K. for men to chew khat, not for women unless she is of a certain status, eg a grandmother. You don’t see

them using it; would only happen behind closed doors,” (Leicester Community Health Development Worker).

- According to the ACDM'S 2005 report, khat use appears to be less prevalent among the Somali community living in the UK, than the population living in Somalia. However, members of Leicester's Somali population have reported that khat use in Leicester is more widespread and more frequent than in Somalia.
- Prevalence data from the Advisory Council on the Misuse of Drugs' report, Khat: Assessment of Risk to the Individual and Communities in the U.K., 2005 suggest that 34% of the UK's Somali community identify themselves as current users of khat. On the assumption that Leicester's Somali population is between 10,000 and 12,000, this would mean that there are approximately 3,500 khat users in Leicester. However, according to a BBC news report of 2003 (<http://news.bbc.co.uk/1/ha/health/5021210stm>), it was estimated that only 10% of the 10,000 (approximate figure) Somalis living in Leicester, were regular users of khat. The same report also claimed that usage was on the rise amongst the young, which is a concern that has been expressed by Somali parents in St. Matthews, “We need a total ban on khat – a lot of young people are dropping out of school because of it.”
- As with most drugs, consumption is determined by cultural preferences changing over time and the interplay of supply and demand. Initially, khat distribution and use reinforced the values and cohesion of the Somali community. It was originally the preserve of high status males: the older and wealthier.
- However, with improved transportation, khat prices have fallen and its status has changed from being reserved for special occasions with ritual and ceremony, it has now become relatively mundane and a regular past time.
- Research by Patel and Murray (Khat use among Somalis in four English cities) amongst 602 Somalis, found average length of khat sessions to be 3 hours; that the average frequency of use was three times a week, although 10% were using khat daily at the time of the interview. The ACDM (2005) reported that that most people who use khat, chew it once or twice a week, with the average chewing session lasting six hours using 1 or 2 bundles of khat on an average.
- Regular khat users are more likely to be smokers than less frequent or non-khat users.

## Risks to Health

Research spanning several decades has generated a body of data, but it is difficult to draw clear conclusions as to the exact causal relationship and the particular impact of the substance itself. There are few indications that moderate use is particularly harmful. With most of the following conditions the causal relationship between khat use and symptoms is approximate:

### Khat And Mental Health

- Many authors have reported links between khat and psychosis symptoms (Giannini and Castellani 1982) (Gough and Cookson 1984). However, the ACDM'S 2005 report points out that as yet there are few controlled studies investigating the possibility of a causal link between khat use and psychosis and goes on to say that: "Evidence points to social stress, such as the effects of war on the Somali population mixed with the misuse of khat can increase the likelihood of the development of psychotic symptoms."
- As yet there is insufficient evidence to say whether khat is causing psychosis or exacerbating the symptoms in vulnerable individuals. The ACDM states that available evidence suggests that khat use is not a causal factor for the development of psychosis.
- Though concerns have been raised by members of Leicester's Somali community regarding dependency on khat, the ACDM, 2004 reports that this "is more like the type of dependency seen with caffeine. The vast majority of people who chew khat do not use it in a dependent fashion".
- Regular use may lead to sleep problems; anorexia and anxiety (Drugscope, 2004)
- Khat is always associated with smoking, coffee, tea and soft drinks. In addition some chewers counteract the insomniac effects of Khat by using alcohol or tranquillizers. It is not fully understood the role these substances play in mood disturbances.

### Khat And Respiratory Problems

- While there is no direct link between khat chewing and respiratory problems, the setting and circumstances of khat use are often hazardous. Many Mafrishi are poorly ventilated. As many khat users smoke intensely, there is a severe risk from both active and second hand smoking.
- Where water pipes are used and mouthpieces are shared, smokers have been shown to be susceptible to TB infection (Kalix 1987)

## Khat And Cardiovascular Problems

- Chewing khat leads to an increase in blood pressure (Hassan et al 2000), (ACDM, 2005). However, it is difficult to tease out the specific risk factor of khat for heart disease as most users almost smoke tobacco during a khat session. (ACDM, 2005)

## Khat And Oral Problems

- Dental caries resulting from the sugary drinks used to counteract the astringent taste of khat.
- There is evidence that khat is a risk factor for the development of oral cancers. (Hill et al 1986, Al Sharabi 2002); (ACDM, 2005).

## Khat And Liver Problems

- Concerns for diabetic khat chewers drinking sugary drinks during khat sessions. (Saif et al 2003)

## Khat And Infection

- Studies by Mahmoud (2000) and Salam 2004 identified the problems of infection in the unhygienic conditions of use. As most users do not wash khat, the possibility of transmission of parasites was identified.
- As khat chewers frequently share the same cups to drink and to share the same toilets in places lacking appropriate hygiene, there is the risk of infection.
- With the increase of khat production and the use of pesticides over recent years, residual pesticide is a cause of concern for khat chewers. Research is being carried out by Paul Bremner, DMU to determine pesticides levels, social impact and health effects of khat use in Leicester within the Somali community.

## What's Currently Happening

Paul Bremner, Mounir Maafi and Rasha Salama, School of Pharmacy at De Montfort University are undertaking research, "Evaluation of khat composition and public health impact. The case of the Somali community." This research intends to deliver the first quantified information of pesticide exposure to khat users.

## Recommendations

The ACDM believes that it would be inappropriate to classify khat under the Misuse of Drugs Act 1971 and that the evidence of harm resulting from khat use is not sufficient to recommend its control. (ACDM, 2005).

### Public Health Measures:

- Health education and khat information programmes regarding the health risks associated with khat use. (ACDM, 2004).
- Risk reduction and safer khat use, such as encouraging the sellers and users to wash the leaves before consumption would minimise the risk from pesticides. (ACDM, 2005):
- Raising awareness of the risks associated with khat use, such as:
  - smoking and second hand smoke;
  - poor ventilation and unhygienic Mafreshi.
- Encouraging Government/ local relevant authorities to explore voluntary agreements amongst retailers of khat on excluding sale of khat to under 18s. (ACDM, 2005).
- Awareness raising campaign of health and safety implications of chewing khat in Mafreshi (e.g. – health implications from poorly ventilated, smoky environments; associated use of sugary drinks and cigarettes ), and a voluntary undertaking from community leaders and Mafreshi owners to adhere, wherever possible to current health and safety regulations on ventilation, lighting, fire escapes, etc. (ACDM, 2005)

### Khat Workshop Members, December 2006:

|                |  |
|----------------|--|
| Paul Bremner   | De Montfort University   |
| Michael Cox    | Specialist Registrar in Dental Public Health, Leicester City PCT   |
| Hashim Duale   | Community Health Development Worker, Leicester City PCT            |
| Muj Rahman     | Health Promotion Specialist, Leicestershire County and Rutland PCT |
| Pam Rees       | Smoking and Inequalities Manager, Leicester City PCT               |
| Louise Ross,   | Manager, <b>STOP!</b> Smoking Services, Leicester City PCT         |
| Saeed Malek    | <b>STOP!</b> Smoking Advisor, Leicester City PCT                   |
| Abdikayf Farah | BSc Student Placement, De Montfort University.                     |

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