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Khat use in Europe: implications for European policy

Khat leaves are cultivated in the highlands of the Horn of Africa, Southern Arabia and along the East African coast. In parts of Ethiopia, Kenya, Somalia and Yemen, khat leaves have been chewed for centuries for their mildly stimulating properties and are for many a regular part of social life. Traditionally, khat was used mostly by men during highly ritualised communal 'khat parties'. Within about one hour, the user experiences physiological excitation and euphoria. This is followed by a quieter, more introvert phase, giving way to a gradual comedown, which may include restlessness, irritability and melancholia. Traditionally, culturally integrated

consumption patterns occurred adjacent to production regions, inspiring artistic expression in architecture, handicraft, poetry and songs. Since the end of the 19th century, successive improvements to the transport infrastructure have opened up new khat markets. More recently, the mass migration of people from the Horn of Africa has been associated with the spread of khat usage to neighbouring countries, Europe and the rest of the world. Contemporary patterns of consumption tend to be less formal and can be more excessive. This may be due to an erosion of protective cultural factors that previously helped regulate use. Exact numbers of regular khat users on a

worldwide scale do not exist, however estimates range up to 20 million.

Among migrant communities from sub-Saharan Africa, khat use is both common and commonly overlooked. We must ensure that people working with these communities are aware of the need to identify and respond to any negative consequences that can result from the use of this substance.

**Dr João Goulão,
Chairman of the EMCDDA
Management Board**

Definition

Khat refers to the young and tender leaves and shoots of the khat tree (*Catha edulis*). Khat has many names including 'qat' (Yemen), 'jad' or 'chad' (Ethiopia, Somalia), 'miraa' (Kenya) or 'marungi' (Uganda, Rwanda). The soft leaves and tender stems are chewed and kept in a tight wad in the cheek pocket.

Key issues at a glance

1. Khat contains stimulant substances that have amphetamine-like properties. In their pure forms, they are internationally controlled substances, but the leaves are not.
2. In Europe, khat is controlled in some, but not all, countries. This has resulted in both legitimate and criminal transportation networks. Although data on international trade, use and seizures are limited, they suggest that the EU khat market is growing.
3. Khat is mainly consumed by first generation immigrants from sub-Saharan Africa, with little evidence of crossover into other communities. Information on prevalence, patterns of consumption and the consequences of use is limited.
4. Khat is a contested topic within migrant groups. Some argue it supports cultural cohesion while others make objections on religious and social grounds. There is currently a lack of research data on the socio-economic consequences of khat use.
5. Over the last three decades, khat has become a major source of employment, income and revenues in producing countries around the Horn of Africa.

Excessive consumption can lead to dependence. It may also result in somatic and mental health hazards in otherwise healthy individuals. Persons with pre-existing mental disorders are likely to be particularly vulnerable.

1. Pharmacology of khat

The psychoactive agents contained in the khat leaves include cathinone (aminopropiophenone), cathine (norpseudoephedrine) and norephedrine, but the full range of compounds remain largely unstudied. Cathinone resembles amphetamine in chemical structure as well as biochemical and behavioural effects, though with about half the potency. Typically, 100–300 g of khat leaves are chewed during three to six hours. Cathinone content may vary from 30–200 mg per 100 g fresh leaves; up to 90% of it 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. As cathinone is highly unstable and decomposes within 72 hours of harvesting, khat leaves are preferred when fresh. Cathinone and cathine and some of their synthetically produced derivatives (e.g. methcathinone) are controlled substances under the International Convention of Psychotropic Drugs (1971), but khat leaves are not. Several attempts have been made to include khat in the international scheduling, but a recent comprehensive review by the World Health Organization's Expert Committee on Drug Dependence concluded that there is a lack of evidence to do so.

2. Legal situation and khat trade in Europe

The most recent data available show that controls on khat as an illegal drug have been imposed in 15 EU Member States and Norway (see map). Conversely, the Netherlands and the UK have adopted a laissez-faire regime, allowing khat to be imported, traded and consumed as a vegetable product. Recently, the UK Advisory Council on the Misuse of Drugs and experts in the Netherlands recommended maintaining the legal status quo. In the remaining 10 Member States, the status of khat is not controlled.

There is no reliable information on khat imports into the EU or on intra-European khat flows. The two main entry points are London, with an estimated 300 tonnes of mainly Kenyan and Ethiopian khat per annum, and Amsterdam. In some countries, khat seizures have nearly doubled in the last five years. For example, Germany and Sweden captured 30 and 11 tonnes of khat in 2008 alone, while Norway seized eight tonnes in 2007. Increasing amounts are seized on the road links between the Netherlands and Scandinavia. Khat has also been seized on flights to North America, indicating that the EU acts as a transit point to other destinations.

3. Khat use in Europe

Within the EU, khat use is confined to immigrants from the countries surrounding the Horn of Africa. The plant is sometimes available through the growing Internet-based trade in 'herbal highs', however the scale of use outside migrant communities is extremely limited. Studies on khat use have been conducted in Denmark, Germany, Spain, Italy, Sweden, the UK and Norway with use among Somali and Yemeni communities in the UK being described in most detail. European studies do not provide a robust basis for estimating prevalence rates, but can provide insight into patterns of use. Typically, studies report relatively high levels of current use (34–67%) with up to 10% daily users, many of whom meet some of the criteria for dependence. Knowledge gaps in this area remain considerable, and little is known about the social or health consequences of use. There is some evidence of khat tourism, with Somalis from Scandinavia and visitors from the Middle East consuming khat in London, for example.

Research data further suggests an emerging generational split in consumption patterns. Most regular khat chewers acquired their habit before coming to Europe. In second generation immigrants, khat use is less

common. This is an important factor when considering the potential for future diffusion, which is likely to be influenced by the numbers of first generation males from khat consuming countries in the population.



© Mara Truog

Khat leaves

In the Netherlands and the UK where khat is a legal commodity, consumption usually takes place in 'mafrish' cafes that serve as social centres, offering refreshments, television, food and khat. Mafrish cafes provide the opportunity for exchanging information, keeping abreast of news from countries of origin and for other community activities. Community halls or private apartments may also be used for khat sessions. Khat can be purchased from fruit and vegetable shops, convenience stores and even newspaper kiosks. In Sweden, by contrast, khat sales mirror other drug trades, taking place on the margins of public spaces such as car parks. In the winter, private homes are rented out for chewing sessions, whereas public parks are used in the summer. The cultural specificity of khat use has implications for policing and in some countries with rigid enforcement this has resulted in strained relations between the migrant communities and the police.

4. Health consequences of khat use

Numerous somatic and mental health problems have been associated with khat use. However, khat research is in its infancy and there is little robust information on the subject. Moderate

khat use is not generally considered noxious. Serious adverse effects, such as khat-induced psychotic states, are usually associated with excessive use. The dependence potential of the drug remains poorly understood, and although overall dependence appears relatively mild in comparison with some other psychoactive substances, some users do exhibit compulsive patterns of consumption similar to those seen in stimulant addicts. There is growing evidence that khat can exacerbate pre-existing mental health problems, as well as trigger psychosis and aggressive behaviour, particularly in predisposed individuals. Chronic khat use has been reported to be associated with serious health problems. However, it is often difficult to determine the relative impact of the drug itself in relation to other risk factors that may also be associated with consumption, such as tobacco smoking, poor diet or the residues from pesticides. The negative somatic consequences associated with khat use include: mucosal problems,

hypertension, cardiovascular complications, duodenal ulcers, sexual dysfunction, hepatotoxicity and reduced birth weight of infants born to khat chewing mothers. However, on the whole, the evidence does not permit conclusive statements of causality. By the same token, the argument for possible medicinal uses has not been explored in any detail. What is clear is that healthcare professionals who may be treating members of migrant communities often have little knowledge of the health problems that can be associated with the use of this drug.

5. The khat debate in Europe

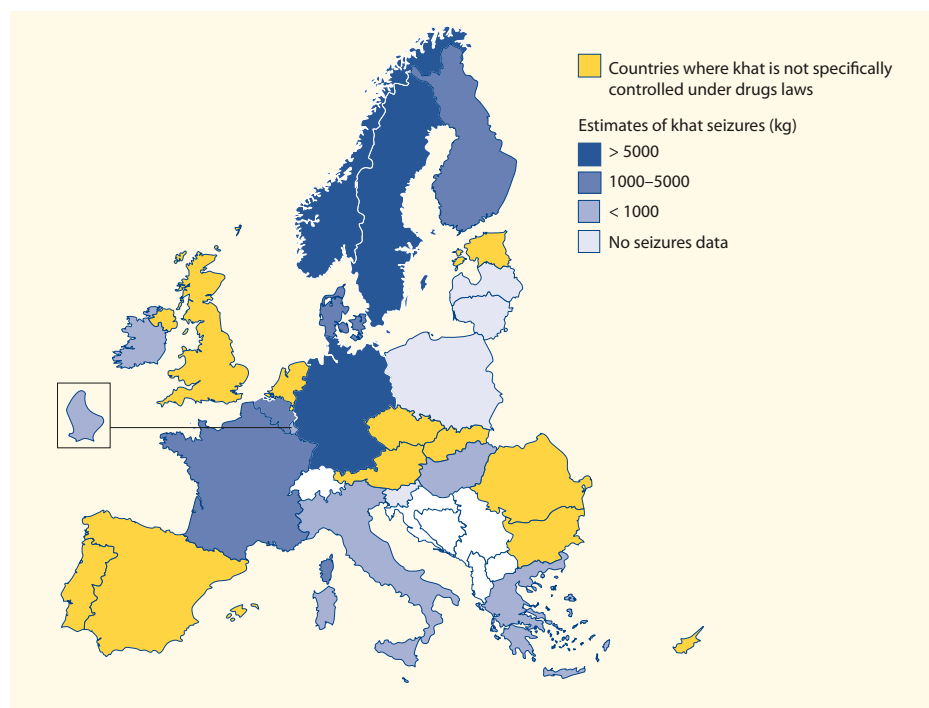
Since colonial times, khat use was seen by Europeans as having negative effects on health and productivity. A further concern, emerging after the appearance of the drug in European countries, was that its use might diffuse from migrant groups into the general population. Within migrant communities in Europe, khat has become a

contested issue, regarded by many as a part of their cultural legacy, while others object to it on religious grounds. While Islamic scholars have for centuries accommodated khat, the rise of Islamic fundamentalism has now produced an atmosphere of intolerance to this habit in some schools of thought. Protests against khat use have also been held by NGO campaigners, who attribute a range of social problems to its habitual use among men. This question is a difficult one to quantify. From a scientific perspective and with the data currently available, it is not clear to what extent family breakdown, high levels of unemployment, poor educational attainment and isolation are a product of khat use per se, or result from a structural vulnerability of disadvantaged and vulnerable migrant communities.

6. Economic boom and development in the khat belt

Khat producers in Ethiopia, Kenya and Yemen have experienced a dramatic expansion of domestic and export markets over recent years. In 2003/4, khat exports are estimated to have constituted some 15 % of Ethiopia's export earnings – around USD 413 million between 1990 and 2004 – edging it into second place among export commodities. In the countries of the khat belt, production, transportation, processing and sales are major sources of employment. Currently, khat cultivation is moving into non-traditional growing areas in Ethiopia, Kenya, South Africa, Sudan and Uganda. Unlike coffee, cotton and cocoa, khat prices have shown only modest fluctuations, providing farmers with secure livelihoods. Given its drought resistance and low labour requirements, khat is an attractive choice for peasant producers. In the producing countries, intensified khat cash cropping has led to severe environmental consequences and concerns over food security. Recently, khat demand reduction programmes have been suggested, but to date not widely implemented.

Legal status of khat in EU Member States and Norway and seizure figures, where available



Note: Hungary does not control khat, but has seizure data due to control of cathinones.
Source: Griffiths et al., 2010, *Journal of Ethnopharmacology* (updated with latest available data).

Drugs in focus is a series of policy briefings published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. The briefings are produced regularly in the 23 official languages of the European Union plus Norwegian and Turkish. Original language: English. Any item may be reproduced provided the source is acknowledged.

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Conclusions and policy considerations

1. Its bulkiness, instability of active substances and mode of administration make khat incompatible with the requirements of mainstream drug users in Europe. The potential for crossover to the wider drug market therefore appears limited.
2. European khat markets appear to be growing but data sources are weak, pointing to a need to improve monitoring. Better data would inform the debate on how to address issues such as cross-border trafficking, whilst avoiding criminalising an already vulnerable social group. This would also help improve our understanding of how to respond to drug use in migrant communities.
3. Khat is primarily used by migrant communities in Europe. These communities need to be better informed about its potential health, social and legal consequences.
4. Khat consumption may lead to health and social problems. European health professionals and social workers need to be able to identify khat-related harms and have strategies in place to protect vulnerable user groups.
5. The economic significance of khat in producing countries has increased, in part due to the growing trade to the EU. Development and drug control policies for such countries require coordination and an awareness of the potential impact of European control measures.
6. The number of khat users in Europe appears to be growing, yet the scale and nature of the problem is poorly understood. Research studies are therefore required to better assess the market for the drug, evolving patterns of use, as well as the extent of any socio-economic and health consequences.

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