

KHAT – WHICH WAY NOW?

BY

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A. CHEMICAL NATURE - A PSYCHO-STIMULANT

B. PRODUCTION AND CONSUMPTION

- 1) Kenya – In a particular area around Mt. Kenya region in Kenya. A little grows in the Kyulu mountains of Ukambani area. Market for Kenya khat:
 - i. Kenya urban (mainly) and rural (less common), with a predominance of the Somali community.
 - ii. Somalia, specially Southern Somalia where it is air lifted n daily basis
- 2) Ethiopia – where it is not widely consumed and is mainly exported to the Puntalnd and Northern Somalia states and Yemen.
- 3) Khat is also increasingly being chewed all over the world, especially amongst the Diaspora from the Somalia community.



C. LEGAL STATUS

i. Varies from country to country: -

- In Kenya it is legal and its production promoted officially as a cash produce.
- In Tanzania, next door neighbour of Kenya, it is illegal.



D. CULTURAL/SOCIAL USE VERSUS ABUSE

- i. Culturally prescribed traditional use
- ii. Increasingly a social pass time activity like in khat cafes
- iii. Abuse for its psycho-stimulant activities – long distance drivers, students studying long hours.
- iv. Abuse - ? dependence



E. ECONOMIC ASPECTS

- i. A cash crop to the producer
- ii. A major business for the middle man/woman – this is where the big money is
- iii. A cash drain for the consumer - family finances, personal finances.



F. SOCIAL COMPLICATIONS

- i. School drop out for the youth involved in picking the shrubs (child labour) e.g. the Meru experience with highest school drop out rate in Kenya
- ii. High levels of Alcohol abuse because of cheap liquid cash e.g. Meru experience where they have won several awards from a local alcohol industry for the highest level of beer consumption.
- iii. At the level of consumers – family fiancés; away from family, marital issues, effects on children



G. PSYCHOLOGICAL AND MEDICAL COMPLICATIONS

- 1) Most of the psychological complications related to the social complications
- 2) Psychiatric complications – khat induced psychosis very much like amphetamine induced psychosis
- 3) Effects at cellular level in the brain
 - ? dependence
 - ? brain damage



4) Dental Problems – cited amongst heavy and long term use of khat (Photos shown in the next slides)

Note: These photographs have already been accepted for publication
Substance Abuse who own the copyrights



5) Co-morbidity

- Poly-drug use – diazepam, heavy doses of caffeine; heavy use of sugar with all its complications
- With other psychiatric conditions complicating each other



I. ETHICAL ISSUES IN COMBATING KHAT USE

If they stop abusing khat, what else might they abuse instead of khat?



J. WAY FORWARD

- 1) Khat use is no longer a localized issue – with increase in global migration and travel – It therefore requires a global response
- 2) It would appear there is much more we do not know than the little we know
- 3) Therefore the need for evidence based response to the growing use of khat globally
- 4) This requires better organized and synthesized research on khat to address its various aspects and how they singly and collectively impact on the disease burden of the individual, families and communities
- 5) This conference, focused a khat, is move in the right direction



FUTURE RESEARCH

- 1) Delineate brain more precisely the neuro and physio and anatonal aspects of khat on the brain
- 2) Delineate more precisely the mental and physical health aspects of khat
- 3) Delineate more precisely the collateral damage of khat and the burden of khat to individual, fairly and the society
- 4) All the time take into cognition the possibility of substitution drug abuse



THANK YOU ALL
FOR YOUR ATTENTION!!!

