Khat use in East Africa – psychosocial effects

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Background

• Khat
  – Endogenous to East Africa
  – Kenya: legally cultivated in Kenya, mainly around Mount Kenya in Meru district: main cash-crop
  – Variety grown in Kenya said to contain the highest amount of cathinone
  – Uganda: grown legally
  – Tanzania: illegal

• From Kenya it is mainly exported to the Somali and other countries in the region
Khat farmer
Khat bundles
Packaging and sale

- 30 tonnes of khat harvested daily in Meru district, Kenya.
- Harvested every 20 – 28 days from the same plant
- Pick-up vehicles driven at high speeds through the 200Km winding road to reach Nairobi with fresh products
- 3,000 Kg of khat flown to Somali capital everyday from Wilson airport, Nairobi
- Petty trade in the drug occurs throughout the country and is especially prominent where there are populations of Somalis – hence found in all major towns of the Kenya
- Sold in bundles of 10 x 20 shoots (kilo) in roadside stalls
- Locally a low potent kilo costs US $ 5 rising to US$15 in the high potency variety
- Amount spent per month by a khat user in Nairobi (KES 6,000 – 12,000 (US$ 75 – 150)
Prevalence of khat use

- Studies from Nairobi and surrounding districts: the third commonest psychoactive drug after alcohol and tobacco but with a much lower prevalence rate
- Use not widespread but confined to certain groups of people (80% in Ijara, North Eastern Kenya)
- Low prevalence in most of the studies done in learning, institutions, health facilities (some instruments not designed to pick up khat use)
- Recent PRA work in a community at Kariobangi, Nairobi did not show khat to be problem (alcohol is the main problem especially in PLWHA)
- Other workers have found high rates of use in Somali communities within Nairobi
Main consumers

- In Kenya: mainly Somali and Muslim community members
- In Uganda (Thunwo et al., 2004 report high use among students, transporters, and law-enforcement officers)
- Its use has spread outside the traditional society to include young Muslims who combine its use with alcohol and other drugs (Boasher 1980, and Haji 1985)
- Long distance lorry drivers
- Night shift workers (watchmen, commercial sex workers in urban areas)
- The youth in the urban areas also use it mainly for recreational purposes and often combine it with alcohol.
- Studies suggest that it is the drug commonly used by the 10 - 14 years age group in Kenya.
- Street children have higher incidence of use - 12% of children sampled used khat (Othieno et al., 2000).
- A recent study in the slum community found that the main abusers of khat are youth who have nothing to do
- Low use among University students
Khat uses

• Socialisation
  – Use in ceremonies
  – Recreation

• Medicinal properties
  – To treat influenza, gonorrhoea, and asthma

• Wood for fuel and for fencing as it is resistant to termites
Effects of khat

• Psychostimulant
• Alleviation of fatigue and reduction of depression
  - Euphoria, excitation, high activity and mood
  - Increasing levels of alertness and ability to concentrate.
  - Increasing of confidence, friendliness, contentment and flow of ideas
    – Users claim khat lifts spirits, sharpens thinking.
      - Increases motor activity
      - Positive sexual effects (regarding the desire and duration of sexual intercourse according to the type and source of khat).
      - Dispel feelings of hunger
      - Advocates of Khat use claim that it eases symptoms of diabetes, asthma, and stomach/intestinal tract disorders.
• Socially: promotes communication, as it's used to meet people, socialize, communication problems solving.
Psychological effects

- Psychological
  - Intoxication
  - Withdrawal
  - Depression
  - Irritability
- Psychotic reactions (personal views, case reports)
  - Paranoid psychotic states
  - Khat induced psychosis
## Diagnosis among patients referred for psychiatric assessment at Kenyatta National Hospital, Kenya

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol related disorders</td>
<td>157 (28.86%)</td>
<td>21 (5.20%)</td>
<td>178 (18.78%)</td>
</tr>
<tr>
<td>Acute and transient psychiatric disorders</td>
<td>96 (17.65%)</td>
<td>80 (19.80%)</td>
<td>176 (18.57%)</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>50 (9.19%)</td>
<td>70 (17.33%)</td>
<td>120 (12.66%)</td>
</tr>
<tr>
<td>Dissociative and conversion disorders</td>
<td>26 (4.78%)</td>
<td>47 (11.63%)</td>
<td>73 (7.70%)</td>
</tr>
<tr>
<td>Dementia</td>
<td>31 (5.70%)</td>
<td>23 (5.96%)</td>
<td>54 (5.70%)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>27 (4.96%)</td>
<td>20 (4.95%)</td>
<td>47 (4.96%)</td>
</tr>
<tr>
<td>Delirium</td>
<td>16 (2.94%)</td>
<td>10 (2.48%)</td>
<td>26 (2.74%)</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>5 (0.92%)</td>
<td>19 (4.70%)</td>
<td>24 (2.53%)</td>
</tr>
<tr>
<td>Childhood disorders</td>
<td>11 (2.02%)</td>
<td>3 (0.74%)</td>
<td>14 (1.47%)</td>
</tr>
<tr>
<td>Cannabis related disorders</td>
<td>11 (2.02%)</td>
<td>1 (0.25%)</td>
<td>12 (1.27%)</td>
</tr>
<tr>
<td>Unspecified organic psychoses</td>
<td>3 (0.55%)</td>
<td>9 (2.23%)</td>
<td>12 (1.27%)</td>
</tr>
<tr>
<td>Bipolar disorders (mania)</td>
<td>8 (1.47%)</td>
<td>2 (0.50%)</td>
<td>10 (1.05%)</td>
</tr>
<tr>
<td>Other somatoform disorders</td>
<td>2 (0.37%)</td>
<td>6 (1.49%)</td>
<td>8 (0.84%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3 (0.55%)</td>
<td>0 (0%)</td>
<td>3 (0.32%)</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1 (0.18%)</td>
<td>0 (0%)</td>
<td>1 (0.11%)</td>
</tr>
<tr>
<td>Anorexia nervosa</td>
<td>0 (0%)</td>
<td>1 (0.25%)</td>
<td>1 (0.11%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>92 (16.91%)</td>
<td>53 (13.12%)</td>
<td>145 (15.30%)</td>
</tr>
<tr>
<td>Mental disorders not elsewhere classified (NEC)</td>
<td>5 (0.92%)</td>
<td>39 (9.65%)</td>
<td>44 (4.64%)</td>
</tr>
</tbody>
</table>
## Substance use among patients with schizophrenia at Mathari Hospital, Kenya (2004)

<table>
<thead>
<tr>
<th>Substance use</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>48 (35)</td>
<td>7 (8)</td>
<td>131 (58.5)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>46 (33.6)</td>
<td>14 (16.1)</td>
<td>60 (26.8)</td>
</tr>
<tr>
<td>Cannabis</td>
<td>32 (23.4)</td>
<td>4 (4.6)</td>
<td>36 (16.1)</td>
</tr>
<tr>
<td>Opiates</td>
<td>9 (6.6)</td>
<td>2 (2.3)</td>
<td>11 (4.9)</td>
</tr>
<tr>
<td>Sleeping pills or sedatives</td>
<td>4 (2.9)</td>
<td>1 (1.2)</td>
<td>5 (2.2)</td>
</tr>
<tr>
<td>Amphetamines/stimulants</td>
<td>4 (2.9)</td>
<td>1 (1.2)</td>
<td>5 (2.2)</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1 (0.7)</td>
<td>---</td>
<td>1 (0.4)</td>
</tr>
</tbody>
</table>
Physical problems associated with khat use

- Heavy khat users have more medical and psychological problems than non–khat users (Haji, 1985)
- Constipation
- Dental caries (tooth decay)
- Gastritis
- Impotence in men
- Loss of weight
Adverse psychosocial effects

- Psychological
  - Intoxication
  - Withdrawal effects

- Physical
  - Decreased libido
  - Spread of diseases due poor handling and hygiene conditions
  - Loss of weight.

- Marital problems

- Socio-economic problems such as
  - family discord
  - economic drain (a user may spend £60 to 120 per month)
  - prolonged absence of father from the family, malnutrition and poor educational performance in children.
  - Waste of productive time
Adverse psychosocial effects cont.

• Family neglect and low libido among men leading to marital discord reports from local media

• Children also abandon school to harvest the khat or to trade in it
  – Children are used to harvest the crop since they are agile and light and will not break the fragile branches
Benefits

- Cash crop
  - Better alternative compared to coffee or tea; less input and ready market and good price
- Income generation
- Source of foreign exchange
- Employment
- Wilson airport in Kenya handles most of the khat traffic
- Recreation
Associated problems

- **Crime**
  - Sale in premises likely to harbor criminals
  - Antisocial activities
  - People from the Meru said to have quick tempers: relationship to miraa not clear
- **Security and terrorism concerns**
  - Trafficking of humans and guns into the region through planes flying into and out of conflict areas in the horn of Africa
- **Road traffic accidents**
  - Speeding the drug to the market
  - Fatigue among long-distance drivers using the drug
- **Increased use of other drugs (especially tobacco)**
- **Increased Alcohol use**
  - Increase in disposable income (Meru district has one of the highest beer sales in Kenya)
Associated problems

- Sexual promiscuity (? Cause or co-occurrence)
- Mental illness
- Diversion of family income
- School dropout (boys work in the farms; small and agile and can easily harvest the twigs)
- Increased road traffic accidents
Control of khat use

• Ban of use from certain social places including bars – largely confined to the suburbs and Eastleigh area with high population of Somalis
• Ban of sale in certain municipalities - tried unsuccessfully
• Taxes levied on transporters
• Conflicts between traders
Conclusions

• More studies needed to monitor the use of khat
• Disadvantages and the benefits of khat differ depending on individuals and interests
• Efforts to limit its use in Kenya have been met by strong opposition from the farmers who see it as more valuable than even coffee as a cash crop
• More research is needed to document its use and psychosocial effects
Thank you