Britain is to criminalise the distribution and consumption of the chewable leaf khat - a mild stimulant imported from Kenya and Ethiopia. This follows the Home Secretary Teresa May’s decision in July 2013 to introduce legislation classifying khat as a class C drug, with possession resulting in a maximum two year prison sentence (or fine) and up to 14 years for supply related offences under the 1971 Misuse of Drugs Act. The pending legislation will bring the UK into line with European and North American countries, and is being introduced on the basis that: a) use of khat among the Somali migrant community has detrimental impacts on health and family life; b) the UK has become an international distribution point for khat; c) khat use and the proceeds from the sale of khat contribute to criminal and terrorist activity.

Adverse consequences should be anticipated from the criminalisation of the shrub.

Impact

• A ban will not terminate demand, but generate an illicit market functioning at elevated prices. In the US, the price per kilo of khat rose from $12 to $500 following criminalisation.

• The price premium attached to illegal supply will incentivise criminal organisations to enter distribution activities.

• Civil liberties groups and the UK’s Home Affairs Select Committee warn that the policing necessary to enforce the ban will ‘drive a wedge’ between authorities and minority Muslim migrant communities (particularly of Somali and Yemeni origin) and exacerbate existing problems of marginalisation, disadvantage and sympathy to extremism.

• Criminalisation overlooks the long standing social and cultural significance of khat use. On these grounds, the Home Secretary’s decision will be challenged under Article 14 of the European Convention of Human Rights by a UK based khat trader with support from the Kenyan government.

• The loss of the £15 million pa khat export market to the UK will be deleterious for khat farmers in East Africa, for bilateral UK-Kenyan relations, and it will be destabilising in Kenya, where authorities are under domestic pressure to challenge the UK decision.

• The process by which the UK legislation has been introduced raises concerns as to the role of experts and evidence in drug policy, with the Home Secretary acting against the recommendations of the UK’s Advisory Council on the Misuse of Drugs (ACMD), the Home Affairs Select Committee and in the absence of research among khat users. The decision follows the Home Office’s Drug Strategy 2010 Evaluation Framework - evaluating costs and benefits that acknowledges ‘little robust evidence’ the £3.6 billion spent annually on drug enforcement is successful.
Background

Khat has been grown and consumed in countries of East Africa and the Arabian Peninsula for centuries, principally Kenya, Ethiopia, Eritrea, Djibouti and Yemen. Its leaves and roots contain active ingredients that include cathinone and cathine. These produce a mild stimulant effect when chewed.

Khat has acquired cultural significance due to its association with traditional rites and customs such as marriage proposals, wedding celebrations, reconciliation processes and social gatherings, with group consumption predating the communal drinking of coffee in social contexts.

In the 1970s, khat use spread into south Somalia and among Somali refugees displaced by conflict into neighbouring East African states. Migrants transferred the culture of khat chewing to North America and Europe, supporting a vibrant export sector in areas such as Meru County, Kenya, where 60% of local income is generated through contribution to the export of an estimated 6 tonnes per week of khat to the UK.

Khat is most usually inter-planted with coffee or maize, reducing the risks associated with mono-cropping and food crop production. The drought resistance, low start-up costs and price stability associated with khat cultivation are linked to income and food security among poor rural households in Ethiopia and Kenya (also see Box 1).

According to scientific sources, including the World Health Organization’s Expert Committee on Drug Dependence and most recently the UK’s ACMD (January 2013), mortality related to khat use is negligible and the potential for dependence and abuse is low. This contrasts with the findings on regulated intoxicants such as alcohol and tobacco. In relation to the UK’s proposed legislation, the ACMD found ‘the harms of khat are not commensurate with class C drugs and [do] not reach the level required for classification’.

Khat prohibition: An anti-immigrant move?

Analysts of the move to ban khat point to a history of legislative action against intoxicants associated with immigrant communities, dating back to alcohol, opium and cannabis linked to Italian, Chinese and Mexican migrants in the late nineteenth century. The cultures of incoming groups can cause suspicion, with problems of integration focused around the ‘habits’ of foreign arrivals. This is reinforced where that community is associated with political violence and terrorism.

For immigrant communities, maintaining traditions and social customs based around communal activities (the saloon, opium den or mafrish – cafes where khat is chewed) is a means of rebuilding community and providing social support in a new and alien environment.

The move in North America, 16 European countries and Norway to ban khat follows from the sizeable number of Yemeni, but more specifically Somali, migrants and refugees resettling outside of their home countries and bringing with them cultures of khat use. Somalia’s history of conflict, particularly the civil war of the

---

Box 1 Khat Facts

- There has been a 13-fold increase in khat production between 1982 and 2012, with the area under cultivation increasing from 8,000 hectares to over 100,000 hectares.
- The UK export market generates an estimated £15 million pa and employment for 500,000 khat farmers in the Horn of Africa.
- Khat is Ethiopia’s third largest export after coffee and gold.
- Khat contributes £2.8m in annual tax revenues to the UK government.
- Until its ban on khat came into effect in January 2013, the Netherlands was a central distribution point for khat markets in Germany and Scandanavia, with approximately 843 tonnes of khat valued at Euros 14 million imported into the country.
1990s has generated a significant diaspora (and overseas khat market), with an estimated 108,000 first and second generation Somalis in the UK; 44,000 in Sweden; 35,000 in the Netherlands and 22,000 in Norway. Canada is home to the largest Somali diaspora, while in the US, there are an estimated 85,000 Somalis.

Critics of the khat ban maintain it is underpinned by racism toward Somali immigrants, reinforced by right wing and nationalist organisations, within the broader context of the ‘war on terror’. However in the UK, it is elements of the Somali community that have been pro-active in pursuing criminalisation. British based Somali TV talk show host Abulkar Awale has led a seven year campaign against khat, arguing that not banning the leaf is a sign of discrimination by UK authorities and their neglect of Somali immigrants. Awale has been highly successful in lobbying those (largely Conservative Party) MPs that have sizeable numbers of Somali residents with voting rights in their constituencies. The ACMD criticised Mr Awale as a zealot, and in an interview with one UK newspaper, Mr Awale acknowledged he linked khat use to terrorism in order to pressure the government’s hand: “This is the tool for me […] When this country hears terrorism, they will act.”

Absent an evidence base

The ban on khat has been premised on concerns relating to family breakdown, mental health issues, socio-economic disadvantage and social disorder among Somali immigrants. Opponents of the khat ban maintain these problems are linked to the experience of civil war, dislocation and resettlement - not the chewing of khat. Limited support services have been put in place to address these challenges to immigrant well-being other than the khat ban, and no empirical evidence to support the khat / family breakdown nexus has been presented. In the UK, the ACMD found household incomes were not being eroded by spending on khat, which averaged £24 per week, while ‘the majority of users moderate their consumption to fit in with work patterns’. Moreover,

- The ACMD found ‘no evidence’ to support alleged links between the legal and taxed khat market in the UK (where a bundle of khat currently costs £4) and serious or organised crime or ‘any evidence of al Shabaab or any other terrorist group’s involvement in the export or sale of khat despite consultation with national and international official bodies’. In addition, there was no evidence ‘suggesting that the UK is a landing point for the onward transportation of significant quantities of khat’. The Home Affairs Select Committee found criminalisation would ‘sow the seeds of illegal trade in these [immigrant] communities’ and create new crime structures.

- The WHO recommends that best practice in addressing problems of dependent khat use should focus on education campaigns. Khat use in the UK has been declining, and fell by 8.5% between 2005 and 2011.

- There are only two importers of khat in London, making a system for licensing as recommended by the Home Affairs Select Committee feasible.

What next?

Criminalisation of khat in the UK will generate an illicit criminal market, with the move contradicting counter-terrorism and international development objectives. There is a significant risk it will alienate minority male members of an immigrant Muslim community susceptible to extremist causes, while generating hardship and instability in the Horn of Africa. There is currently no plausible evidence base for the pending legislation.

1 See http://www.independent.co.uk/life-style/health-and-families/features/khat-fight-harmless-recreational-drug-or-a-recruit-ment-tool-for-terrorists-7893373.html
About the Global Drug Policy Observatory
The Global Drug Policy Observatory aims to promote evidence and human rights based drug policy through the comprehensive and rigorous reporting, monitoring and analysis of policy developments at national and international levels. Acting as a platform from which to reach out to and engage with broad and diverse audiences, the initiative aims to help improve the sophistication and horizons of the current policy debate among the media and elite opinion formers as well as within law enforcement and policy making communities. The Observatory engages in a range of research activities that explore not only the dynamics and implications of existing and emerging policy issues, but also the processes behind policy shifts at various levels of governance.

Global Drug Policy Observatory
Research Institute for Arts and Humanities
Room 201 James Callaghan Building
Swansea University
Singleton Park, Swansea SA2 8PP
Tel: +44 (0)1792 604293
www.swansea.ac.uk/gdpo

@gdpo_swan