Finding the right regulative framework for the latest (last?) globally consumed psychoactive substance – an opportunity for a new approach

Last year in a rare seizure at Barcelona airport Spanish police confiscated several boxes of khat while in transit to the US. Spanish newspapers were excited about this 'new' drug described as addictive and dangerous, and more evocatively as *Khat: la 'coca' del Africa oriental llega a Espana* (La Opinion de Malaga, 13/02/08)

In the UK, national and local newspapers have been running khat stories for over a decade. Undeterred by the gathering volume of scientific evidence, the topic is sensationalised as an urgent, and pressing problem, and with the editorial flourish expected from the British press, dressed up with puns like 'Khat out of hell' and 'The new khatastrophe'. It is self evident that title and content reflect the ignorance of journalists rather than the state of knowledge in the field. We know that khat use has a proud history in the Horn of Africa and Yemen, documented in prose, verse and song. And we also know far more about the plant itself, the chemical make up of its psychoactive ingredients, the harms suffered and benefits enjoyed by the user, and the social context of its production and use.

Our state of knowledge particularly on the social context of khat use owes everything to the legal status of the substance. In the most important producer countries as well as in the UK and the Netherlands khat is not under control - for the moment.

<u>Laissez faire at home, stern masters abroad – the enigmatic legacy of Britain's colonial adventure</u>

The current legality of khat in the UK is perhaps an afterglow of what once characterised British attitudes to government intervention. The medical historian Roy Porter described the Victorian approach to drug control as one of extreme reluctance, the intrusion of the state into areas such as medicine and pharmacy smacked of the authoritarianism familiar from continental Europe. In Britain such issues were left to civil society.

To come back to the issue at hand, in one of the first published deliberations on the subject, the 1990 report by the National Drugs Intelligence Unit concluded that there was very little to fear from khat "owing to its unattractive mode of administration." Subsequent pieces of research by the Home Office concurred that there was little danger of khat emerging from its particular cultural niche and going mainstream.

These conclusions, and the policy recommendations to leave the status untouched, have since been interpreted as evidence of racially motivated indifference. "If it was white people who were chewing away", I have heard from activists campaigning for a ban, "the government would take a very different line." Some informants have gone beyond this, attributing the availability of khat to the malevolence of the

British, the former colonial power that had always been intent on destroying the Somalis!

The comment can also be read as an unintended testimony to the benevolent paternalism of British and French colonial administrations. Because in the first half of the 20th century these self styled colonial masters did issue bans on the khat trade in the territories under their control, though they refrained from interfering with production

French Djibouti (1956-57), British Somaliland (1921-57),
South Yemen (1957-58) Kenya (1945 – 1956)

The telling story behind these datelines is that each experiment was temporary. Khat bans were lifted, not because of new evidence had emerged about the wholesome properties of khat or governments taking a cynical view on the tax take they could gain. Policy shifts were made following the realisation of failure, encapsulated by the efforts of Sir Gerald Reece, (1948-54), one of the last British governors of the Somali Protectorate. Sir Gerald enjoyed Somaliland, and in contrast to some of his predecessors, held the traditional Somali culture in admiration. He was therefore alarmed at some of the changes taking place in the country during his tenure, particularly urbanisation. Reece despaired at the lethargy and dissipation that was setting in among vigorous and healthy nomads once they had settled down. Chewing khat was one of those indulgent vices, so the governor worked hard to try and stem its usage. Eventually, he all but abandoned his anti-khat efforts when he discovered that all along his driver had been transporting khat around Hargeisa in the boot of the Governor's car.[1]

The reason then why colonial administrations stepped away from the khat bans they had decreed was that they were to all intents and purposes unenforceable. With no domestic constituency to have to play to, no concern over the ways in which any decision could be interpreted by an opposition or critical media, the colonial administration could simply reverse a decision and revert to the status quo ante. In some cases, laissez faire gave way to measured regulation, the most of enduring of which may have been the ordinance introduced in Aden, where khat selling was restricted to the weekend. A regulative model that managed to survive first independence and then socialist experimentation, but that was swept away in the aftermath of unification.

What the history of colonial khat bans illustrates, however, is how difficult any such controls are to enforce effectively. The independent government of Somalia under Siad Barre paid no heed to the dismal failure of its colonial predecessor and declared its very own ban in the early 1980s. Carried out with the strident disregard for private property and local traditions, this particular campaign did combine a crackdown on consumption venues with the eradication of khat farms. To what extent it contributed to the outbreak of hostilities within the country remains a

[1] Charles Geshekter, personal communications

subject for future historians. I suggest that the war on khat was a contributory factor to the civil war that led to the collapse of the Somali state.

It is equally unfortunate that the memory of British Somaliland (and Kenya, Djibouti and South Yemen) has had little if any bearing on the policy discussions in the UK. This is regrettable as we could learn valuable lessons about finding the balance in the promotion of public health and the protection of civil liberty, about the level of control that governments can effectively achieve over the behaviour of their citizens.

Politicians can disregard the colonial experience because historical experience, cultures of consumption and social contexts of drug use do not provide points of orientation for policy making. The arguments factored most prominently into the debate about classifications derive from different academic disciplines and fields of professional endeavour, including chemistry, pharmacology, the various schools of medicine and mental health, and oddly but predictably, law enforcement.

Classifying khat – who is invited to the consultation table

Oddly because the police have little to contribute about what khat or any other drug is or does. All they can comment on is the association of khat with other activity as they experience it in the course of their duties and investigations. What the involvement of the police implicitly confirms is that the control of production, distribution and consumption is the natural status for the substance. And that the association with crime is a logical consequence, that simply serves to screen a politically determined process – the criminalisation of certain forms of behaviour. By focusing on the criminality itself, this procedure sidesteps questions arising over one recurring structural feature: that much of the associated criminality is a consequence of and determined by the legal status, and not a cause.[2]

Involving law enforcement, then, in the assessment of khat related problems after the ban, provides the bone dry considerations of status with narratives and human interest stories, issues that are left out of discussions of molecular structure and the impact on the central nervous system. The contributions that law enforcement agencies can make in countries like Sweden, the US, or France is in the description of trafficking routes and ruses, or the distribution of khat among Somali immigrants, in the backstreets of inner city boroughs.

Law enforcement descriptions of the crime perpetrators are followed by accounts by the victims of crime. Pole position in the ride towards khat control has been taken by women's groups, who have managed to organise, consolidate and campaign around the issue of khat. This is part of a long tradition in North America and parts of Western Europe, where women's movements took a political stand on another psychoactive – alcohol. Indeed, the very stories told today about khat are identical to those circulated by anti alcohol campaigners at the end of the 19th century, be this the US Temperance movement or the British Salvation Army.

[2] Law enforcement played a key role in the discussion leading up to the ban on |khat in Canada, Anderson et al 2007, Grayson 2008.

- The male head of the household is wasting his time in the mafrish or saloon instead of working or finding work
- Precious funds are diverted from feeding/clothing/schooling children to feeding an addiction
- Having spent up, the intoxicated man returns home in a dangerous state of mind and inflicts domestic violence upon the woman and children

The conclusion drawn is that the problem lies in the substance itself. By a series of small steps the problems are identified with substance, eliding any distinction between moderate, controlled and excessive use, to the deprecation of use itself.

We have a rich body of texts from the campaign leading up to alcohol prohibition in the US, and can plot the shifts in position among leading figures. Hence we move from the presentation of alcoholism as an individual failure of the weak willed individual as espoused by Benjamin Rush in the early 19th century, to the denunciation of the demon drink at the beginning of the 20th. After a century of activism the movement had come to believe the propaganda of its extremist wing, and maintained that all alcohol use would lead to alcoholism because "the idea of moderation is a lie".

Many current campaigners are presenting khat also as a substance which cannot be controlled. The problem, so runs the argument, does not lie in the surrounding social conditions, in the economic deprivation, the isolation, the traumatic individual history or the uncertainty in the lives of individual users. All this is dismissed as secondary and the problem located in the substance. Once the substance is banished, then the problems will be resolved.

A claim that is reminiscent of the municipalities in the southern states of the US, which closed down their city gaold after the passage of the Volstead Act prohibiting the sale of alcoholic beverages – on the assumption that now that alcohol had gone crime had been abolished. We perceive here, as in much of the anti khat propaganda a mixture of political Utopianism fired up by a millenarian hysteria.

By contrasting the campaign against khat to the Temperance Movement that lead to the bitter policy failure of alcohol prohibition – with all its dire long term consequences of embedding organised crime, extending government corruption, and displacing the less potent, quality beverages of beer and wine, with far more powerful and dangerous alcoholic spirits, many of them moonshine, I do not mean to deny the very real problems associated with khat misuse.

What we can learn from alcohol prohibition, however, is the importance of understanding the full context of the problem that we are seeking to solve, and to ensure that we find the right policy response. For that we need to include in our assessment a range of voices which are typically left out of all policy deliberation: the users and the producers of khat.

Reference is made once more to the long history of khat use in southern Arabia and the Horn of Africa. There is a rich tradition of sociability, music and poetry described by travellers from Richard Burton to Kennedy, and is richly documented in many Turkish and Arabic sources. We find references to a culture of consumption that ensures refinement and moderation, is integrated into the rhythm of a working week, and helps mark time between work and rest. Khat – like beer and wine in Europe – provides a focal point for communal life, its consumption is a platform on which society can construct itself.

Khat critics argue that the customs of old and the very protective features built in by conventions and habit, have been washed away. The khat today is often said to be stronger in potency and more readily available and cheaper. All this has affected the way people chew, pushing consumption from the functional to the dysfunctional. These claims are plausible given the various processes of commodification and globalisation impacting on khat production and use in recent years. But with a view of khat chewing cultures as documented from Eastern Africa and the UK, these sweeping generalisations have to be re-calibrated.

Khat consumption has changed indeed under the onslaught of the market economy, the rapid growth of urban markets and social fragmentation. Modernity has had an impact in the khat belt as well as among chewers in the diaspora, but many of the problems that have been pinned on to the leafy bundle of khat, are the outcome of wider processes. In many cases the use of khat can be a complicating factor, in others it alleviates the very problems that are blamed upon it.

The second group of people who are left out of policy deliberations are the producers of khat themselves. There is a very clear divide in this between producers of psychoactives in developing countries who have no voice – and this would include the khat farmers of Ethiopia, Kenya and Yemen, as well as the coca producers of the Andes, or the cannabis growers in the Caribbean – and the producers of psychoactives in western countries. As soon as any action is even mooted to restrict the availability of alcohol or tobacco an army of lobbyists swings into action to protest and modify the proposals.[3]

We have to ensure that as the future of khat is decided that heed is paid to the concerns and interests of rural producers in some of the poorest countries of the world. I have argued elsewhere that khat has the potential of functioning as a development engine in Eastern Africa, providing rural households with much needed cash income, engendering national and regional trading networks, a processing industry providing employment for tens of thousands in Dire Dewa and Nairobi, a foreign revenue earning cash crop, and finally a source of local tax income (Klein et.al. 2009). In several Ethiopian states khat accounts for a significant portion of locally collected revenue. Even in Somaliland, the bulk of government's internal revenue comes from taxes on the khat market.

[3] Cruickshank, Max, 2008, 'Alcohol policies cannot be reformed by 'partnerships' of the great, good and well meaning'. *Drugs and Alcohol Today*, vol 8, issue 4.

To my mind it is a matter of sound policy and principle that the voices of users and producers have to be incorporated into any deliberation of the future of khat. That they have not been consulted in policy deliberations at international level – and I refer to the Madagascar conference of 1983, the reviews by WHO, or the national policy decisions in the US, Scandinavia, the UK or Canada – is the upshot of the way in which the issue has been framed.

Early on during my research in different parts of London I noted that the way my informants would talk about khat had a lot to do with where they stood with regard to the politics of khat. Many who opposed any change of status would say that khat was part of their tradition, it was fairly harmless, it was not a drug like heroin, but more like beer and going to the pub (Klein, 2007). As a drug researcher I disagreed, but as a policy advocate I concurred with their perspective. The other set of informants would say that khat was a drug, a definition that I concurred with, but from which we drew very different inferences. If it was a drug, so came the argument, then it had to be controlled. What this meant in practice, however, was not something any single khat ban campaigner interviewed so far has paid much attention to.

Community activists have been supported and encouraged by a small group of drug control bureaucrats, who claim that the control is the only way to solve the problems associated with khat. The International Narcotics Control Board, an organisation within the United Nations Organisation tasked with policing the adherence of member states to the international drug control conventions that restrict substances like opium, cannabis and cocaine have repeatedly called for a review of khat. These calls, the latest was made in 2006, are in fact a euphemism for embarking on the process that eventuates in a formal ban. It involves a risk assessment based on medical risks, links with crime, and social problems associated with khat, but that gives no space to the livelihood needs of khat producers or the culture of khat consumption.

These key stakeholders can be excluded by the framing of khat control as drug control. Once defi**n**ed as a drug, and brought into concatenation with substances like opium and cannabis, the farmer transmogrifies into a drug producer, the trader into a trafficker, and the user into an addict. None of these have voice in the council of policy makers, none of them have rights to be defended, they have slipped below the law through an association stipulated by lobbyists, and supported by a literal definition of the term drug.

To be very clear, the usage of this terminology is of course highly inconsistent. In the UN family for instance, drug control is the responsibility of the INCB and the UNODC, but tobacco and alcohol fall into the remit of the WHO. But khat is only a drug in the same sense that both alcohol and tobacco are drugs – as mind-altering, habit forming substances. Yet, anti khat campaigners will adeptly slip from the scientific to the legalistic definition. Khat, they will claim is a psychoactive, hence a drug. But drugs are defined by legal control, so khat should also come under control.

A scientific definition should list khat as a drug, as well as alcohol, tobacco and coffee. But that does not translate into a call for a ban. A ban is of course what the framing of khat as a drug will lead to. 'Drug' in the language of the international agencies is coupled with the term 'control', and remits the bitter tasting shrub to the charge of interlocking bureaucracies and law enforcement agencies. Once established, the role of the pharmacologists, medical experts and civil society campaigners who first brought the issue on the policy agenda, and then legitimated the determination of status with their scientific expertise, becomes marginal. Their residual, post-prohibition function is to provide a humane gloss to a policy that inflicts high penalties on those caught in its maw.

The four conceits of the drug control claim

It may of course be worth the price – campaigners assert that that the evil of khat requires strong measures. This may well be the case – perhaps getting rid of khat could have positive consequences that outweigh its costs, but any consideration of stricter controls must look at the history of drug control with respect to other vegetable based drugs. It should first of all take note of the fact that the drug control as a political model advocated by international agencies and national politicians rests on a number of conceits. To understand these better, we must look both sides of the 'balanced approach' to drug control that was endorsed by the 1998 United Nations General Assembly Special Session on Drug in New York, namely demand and supply reduction. Once the gap between the ambitious claims and actual achievements has been recognised, an account has to be made of what the French sociologist Emile Durkheim once called the very stuff of social science – the unintended consequence of social action.

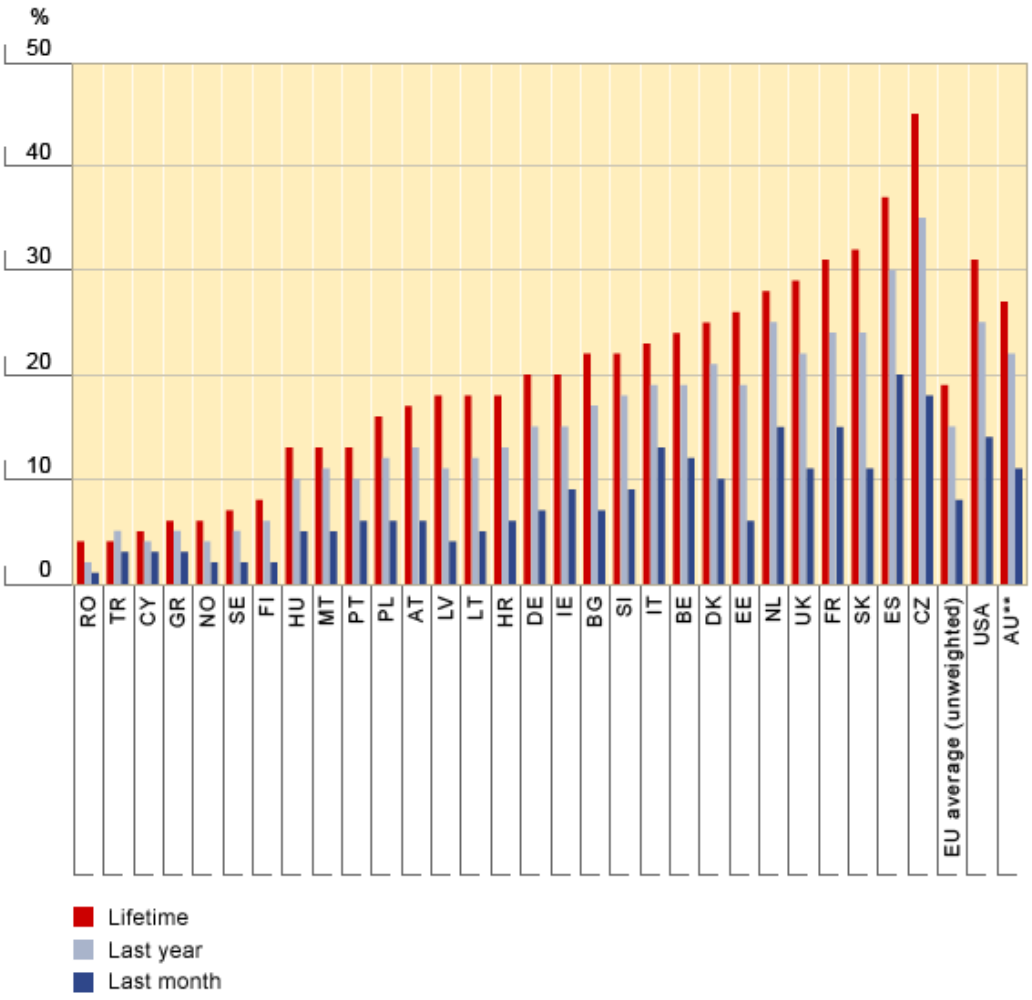
1. Supply control

But us begin with the first assertion made in the system – that government imposed controls on the supply of substances can eliminate their availability. This is the assumption that if the government introduced a ban on the consumption of a drug, then citizens will dutifully comply and abstain.

We could pick from a whole host of case studies, but as this conference enjoys the support of the European Science Foundation let us look at cannabis consumption in Europe, which of course includes the UK. In the 1960s governments were noting with alarm the rising incidence of cannabis use among young people. While consumption was still rare and confined to small pockets of the population it was felt that dramatic action had to be taken – in 1971 the Misuse of Drugs Act was passed which enforced tight controls on the possession and distribution of a range of substances – cannabis, cocaine and the opiates, but also psychotropic substances like LSD. Penalties were raised, police powers expanded and resources appropriated for bureaucratic and law enforcement agencies responsible for drug control.

Over 35 years on where are we with this policy? According to the British Crime Survey of 2007-08 over one third of people aged 16-59 had taken an illegal drug in

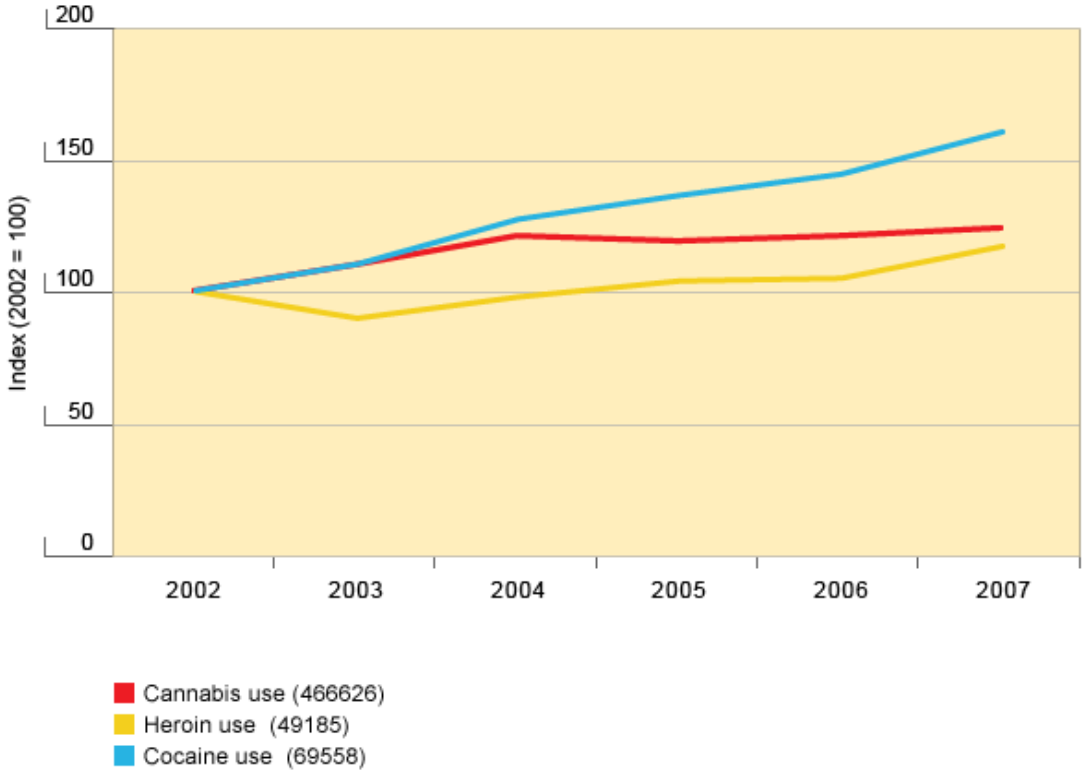
their lifetime, mostly cannabis. After 30 years of control, cannabis is no longer the preserve of an alternative subculture, but one more available option in the repertoire of consumer choices. Britain is by no means an exception in this, as the database compiled by the European Monitoring Centre on Drugs and Drug Addiction illustrates: population surveys conducted between 2003 – 2007 show that in the older countries of the EU between on in ten or one in two of young people have experimented with an illicit drug.



Source: EMCDDA

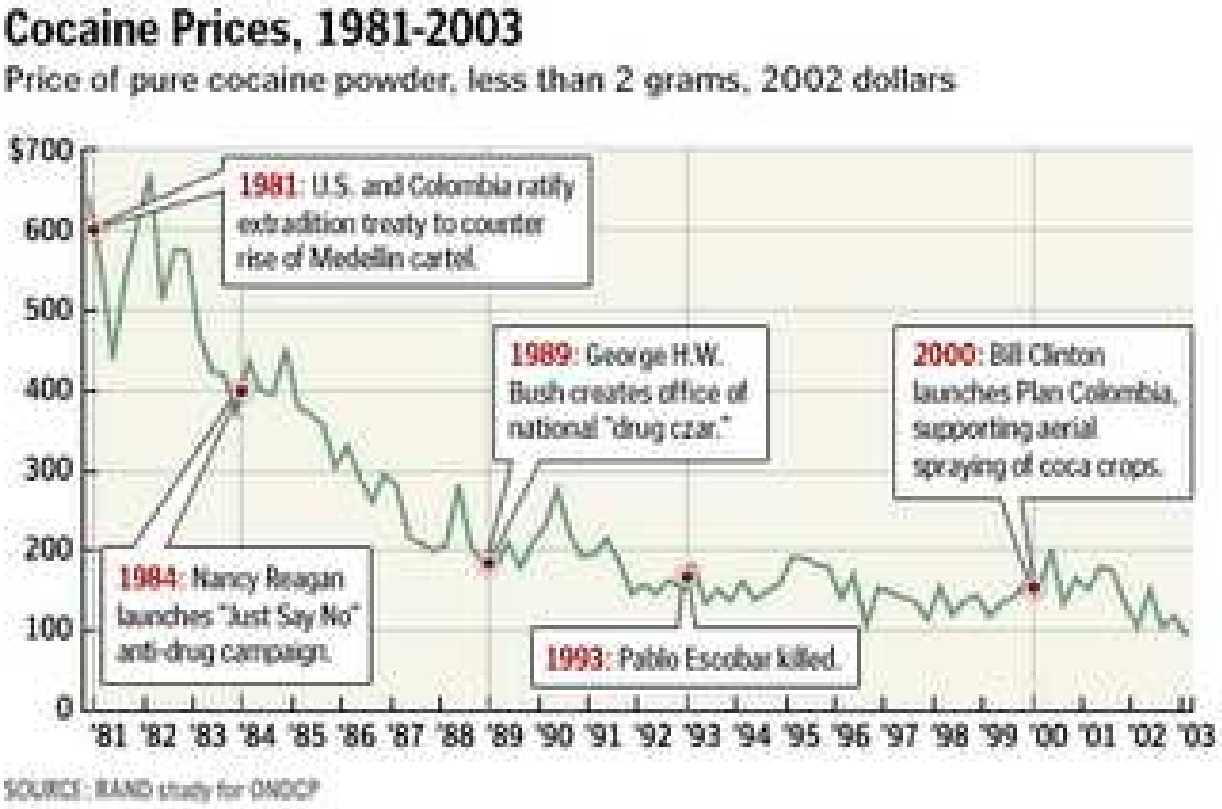
Drug consumption far from being the lifestyle choice of drop outs has become a normal aspect of growing up. Not everybody has to take it, but nearly everybody has the choice.[4] There are other statistical indicators as for instance the number of arrests for drug offences mainly possession in Europe representing a clearly rising trend.

[4] 'Normalisation' was first proposed by Parker and Measham,



Source: EMCDDA

This is a proxy indicator that speaks more for police activity than actual prevalence levels, but it serves our purpose. A similar result can be obtained when jumping continents and looking at a US study of cocaine prices and purity. It traces the fall in the price of 2 gram wraps of pure cocaine; once again this is a construct, as street cocaine is rarely pure, but it tracks the overall fall in price.



What all these graphs on drug use, on arrests and on drug prices demonstrate loud and clearly that the policy of supply repression has not succeeded in keeping drugs off the market. Far from it, they are so easily available that young people are readily experimenting.

What about khat? It could be said that khat is easier to control, it is relatively bulky and originates in a narrow belt of producing countries which can be controlled more easily. To the second argument let us remind that coca is produced in a small number of countries in the Andes, while opiate production is centred on two countries, Afghanistan and Myanmar. In spite of this narrow geographic spread cocaine and opiates find their way to global markets via circuitous trafficking routes. Why would khat be any different.

As for the bulk and volume of the produce, in trading terms this is always relative to value. As soon as a substance come under control while demand stays constant their value shoots up. Far from discouraging trade, it attracts new entrants into the market who were previously deterred by the low profit margins. There is no end to human ingenuity in the discovery of secret passage ways for smuggling the substance in question. Where a generation of elaborate, highly resource intensive control efforts have failed in keeping cannabis and cocaine off the streets, it is unlikely to succeed in eliminating khat.

2. Drug treatment

In 1998 drug warriors decided to give their activities a humane appearance. It was called drug treatment and given expression in the newly coined phrase of 'balanced approach'. The objective of drug control policy was restated as seeking to prevent drugs from entering the market, and to wean existing users off their habit through treatment.

Drug treatment is one thing that pleases everybody.[5] It allows liberals to engage with the policy model by providing a soft, caring option, without challenging the underlying assumption that control remains the best approach. Hardliners willingly concede that treatment has a role as long as it impinges neither on their powers nor their budgets. The difficulty with treatment is that in spite of all protestations by practitioners we are not really sure what it is. There are a range of interventions that are brought to bear on so called drug addicts – they can be detoxified, with or without the assistance of medication; they can be maintained on methadone or even on the very heroin to which they are addicted; they can receive blood transfusions (as is reported from Iran); join self help groups, turn to a higher power, be this unspecified or take on a particular denomination, or engage in psychotherapy.

All these options are competing or collaborating in the search for clients and funds. There are tempestuous arguments between adherents of different schools over methods and objectives – i.e. reduction and stabilisation or abstinence. But these internal debates signal more about values and orientation than medical efficacy, because all methods are distinguished by their lack of success. Upon leaving treatment most users return to drugs, a process which has been given the glossy term 'relapse' and been built into the language of recovery as a part of the process. In fact, all treatment modalities are of limited effectiveness, because they do not know what they are treating. There is still no clear understanding of the aetiology of addiction – we do not know what causes it, and as long as we do not know those causes, we find it difficult to treat.

Some would argue that we know very well what the cause is – it is the drug; take the drug out of the equation and you have no addiction. This argument comes with all the persuasive charm of a common sense proposition, and has therefore no place in science, for we know that the vast majority of drug users – and I should underline that this is the case for khat as well – do not develop an addiction. It is only a minority of alcohol drinkers, cannabis smokers, and khat chewers who lose control over their habit. The problem does not lie in the substance, but in the particular relationship between individuals and that substance. As for addiction itself, we also know that people develop addictions to other forms of consumption – the most common would be food – and behaviours, like gambling.

The medicalisation of addiction is widely regarded as a positive step because it defines the drug user as someone in need of medical assistance rather than

[5] See the work of Steffen Johnke and Stan Peele

someone who deserves punishment. But the dilemma of delivering treatment for a disease the cause of which is unknown remains unaddressed. In recent years the rapid advances in neuroscience have opened new prospects. There is much research about the role of reward systems, the interplay of neurotransmitters, and the impact of substance use on the functions of different parts of the brain. The underlying question – why some people become affected and others not, however, remains open. We simply do not know.

We therefore conclude that for all its constructive contributions to the care of khat and other drug users – the so called drug treatment sector provides no guarantee that existing khat users can be cured of their habit once the substance is brought under control. Where demand persists, the market will find a way to supply leaving countries that have prohibited khat to suck in imports, albeit illegal ones. Canada, Scandinavia and Saudi Arabia are good cases in point. This leads us to the third point

3. Unintended consequences

Last year the Secretray of the UNODC astonished the drug policy world with a candid admission that one of the biggest problems faced by the drug control system had been the unintended consequences. The first one of these has already been touched upon. In the UK khat can be bought over the counter at any green grocer's or corner shop and then quietly consumed at home, or in one of those khat cafes or mafrishes that have sprung up all over the country. When people purchase their khat, they can inspect the wares, they can chat with the purveyor, and if they do not like the quality of the product or the service they go somewhere else. Not so in Sweden, where a very different khat scene has grown up in Rinkeby, the part of Stockholm with the largest Somali community. Here people chase the suppliers, they wait for calls on their cell phone announcing the arrival of khat, go down into backstreets where cars are unloaded, and score their gear in furtive transactions. No quality control, no interaction with the seller. There is tension and the possibility of violence and they could be an arrest by the police.

Instead of going to a mafrish, many users chew as they are walking the streets; or they go into what I call a 'chew-easy' – these are apartments converted into chewing dens. One police officer told me how he had been tipped off by a neighbour and raided a flat to watch ten Somalis jumping out of the window. The workings of the black market affect more than the consumers and producers. The entire community comes under suspicion; Somali families are scrutinised in case they rent out their apartments; and the elders in clubs and cafes can be asked by the police to open their mouths so the officer can see if they are chewing anything. There is always room for intensifying controls at points of entry. At the moment the Scandinavian markets are supplied from the UK and the Netherlands via the suitcase trade or by vans loading up in Amsterdam. But as restrictions take hold in those two entrepots we can envisage a more covert pattern of distribution, including body searches of Somali travellers, including women.

The ban does not only push the khat trade underground forcing the traders to break the law and turning them into criminals. It opens up incentives that create organised crime via two mechanisms. One is that the trade attracts crime - A chilling example was the 2003 murder of the Chohan family, who ran a business imported vegetable produce, including khat, from East Africa. The killers belonged to a crime groups that sought to take over the business to get into the US and European khat markets.[6]

The other mechanism is that khat traders will start to diversify and move from khat into other drugs. According to Swedish police, khat traffickers are now running mixed loads of khat, cannabis and cocaine, thinking that if they risk going to gaol they may as well play for higher stakes and diversify their criminal activities. This leads the discussion to a further consequence that has been witnessed in other drug markets – a ban chases out the weaker, less harmful versions of the drug, with stronger, more potent, more harmful substances. The prime example is of course alcohol prohibition itself, which established hard liquor and wiped out wine and beer production. It is repeated in former opium markets across Asia, where bans have effected the disappearance of opium and the arrival of heroin.

At the moment the only synthesized khat product has been reported in a pill form sold in Israel as Haligat. With the technology already developed we expect that it would only be a matter of time before it found its way to Europe. Currently there is no need – domestic drug markets are well supplied with cocaine and have no need for another stimulant, while the Somalis have a good supply of the leaf. But once the crack down raises prices and disturbs distribution further the chemical substitution can be expected.

Conclusion

I bring these considerations to the table for two reasons: there is a loud demand from within the khat chewing communities for khat to be criminalised, or in the language of the prohibitionists, to be 'brought under control'. Most of the Somali or Yemeni advocates in the UK are naïve about drug policy. They do believe the promise that a drug free world is within reach, that the government can take effective decisions to control social behaviour and that, because the intentions of the campaigners are humane, the outcomes will be too. These claims are a spurious fantasy, and the flaws in the drug control approach suggested, have to be exposed. What is needed is a paradigm shift, to create a regulative regime that allows the beneficiaries to hold on to what they gain from khat – be this livelihood or pleasure – and to contain the problems that khat like any other psychoactive substance can cause.

But apart from the campaigners there has also been a systematic effort by factions within the drug control bureaucracy to include khat among the list of naturally

[6] Thompson, T. (2003). 'Drug gangs muscle in on £150m new Trade'. *The Observer*, Sunday, 11 May.Available at: http://www.guardian.co.uk/society/2003/may/11/drugsandalcohol.drugs

occurring psychoactive substances to be brought under its control. Fortunately, they have not succeeded – as yet

Year	Event	Outcome
1933	Advisory Committee on the Traffic in Opium and Other Dangerous Drugs of the League of Nations	Discussion – no action taken
1962	clarification on the chemical and pharmacological identification of the active principles of khat was needed	clarification on the chemical and pharmacological identification of the active principles of khat was needed
1964	Expert Committee on Addiction-Producing Drugs	"The problems connected with khat and with the amphetamines should be considered in the same light because of the similarity of their medical effects, even though there are quantitative differences and specific socioeconomic features; this is all the more desirable since the problems with respect to khat are confined at present to a few countries in one region
1971	Committee on Narcotic Drugs	Recommends WHO to review khat
1974-78	UN Narcotics Laboratory	A series of internal UN documents on the chemistry of khat
1978	Expert group for UN Fund for Drug Abuse Control	No report
1983	International Council on Alcoholism and Addictions	International Conference on Khat: the health and Socio-Economic Aspects of Khat Use, Madagascar
2002	WHO 33rd Expert Committee on Drug Dependence (ECDD)	Pre-reviewed khat and concluded that there was sufficient information on khat to justify a critical review

What is therefore suggested is that instead of heading for a ban on khat we should begin with the far more complicated task of developing a regulative framework. Far more complicated because it means replacing the sledgehammer of prohibitions with a set of precision tools that need to be adapted to each area of work.

Regulative framework

There are clearly different issues for khat producing countries and khat consumption in the diaspora. Nevertheless, certain general principles should extent to all areas, and apply indeed to all psychoactive substances, in keeping with time honoured traditions.

Access should be restricted to confine usage across different dimensions, which are space, time and status. In other words khat – and I repeat other psychoactives – should not be available every where, all the time, to everyone. The regulative frame that I propose involves restrictions and controls across four dimensions: space, time, person and product – or, to give it interrogative pronouns – where, when, who and what.

1. Where

The sale of khat should be restricted to licensed traders; the licensing of khat retail has to be formulated in accordance with the economic realities and traditions of each country. In Streatham, a part of inner London with a high Somali population, the council took vigorous action against street traders, but left alone, and protected, the operation of two mafrishes (Klein, 2008). In Kenya khat is sold by market women – would it be right to deprive them of their livelihood? But there may be possibilities with market zoning, to prevent the ubiquity in the sale of khat.

We also propose the licensing of mafrishes, which at the moment, in the UK at least, operate in some sort of twilight zone. There is no reason why they should not be subject of the same health and safety control framework as any other catering business. The other side of the coin of regulative mainstreaming is also of importance with respect to citizenship and inclusion.

2 When

Stories abound of people piling out of mafrishes in the very early hours of the morning waking up the neighbours with their noisy chatter. These are anecdotal, and often followed by a positive comparison with a bunch of men spilling out from a pub. But it raises the question of operating hour – many mafrishes close when the last guest leaves; this operating regime clearly needs to be regulated. We have heard how traditional chewing patterns have changed in the core khat countries. In the diaspora they have become part of a 24 hour city lifestyle.

Such disregard for the daily rhythm of work and play is not the most effective way for reducing the harms of khat. Khat sales should be subject to restriction that are much more effective for the short shelf life of the produce. Already mentioned was the experience from Aden, where khat sales were restricted to the weekend. This is an excellent example of harm reduction through demand management and deserves further consideration.

But the most important thing is to use regulations to reinforce social convention and bring khat use into a rhythm that is compatible with the demands of work and family life.

3 Who

We have general consensus on the restrictions – we should not allow khat sales to minors, nor grant them admission to mafrishes. That said , this is not much of an issue in the UK where young Somalis take little interest in khat and tend to go mainstream when it comes to drug consumption.

Informal contributions from the US suggest that this is no isolated example. So let me repeat – while many campaigners are worrying about khat the young are abandoning the leafy drug in any case and turn to crack cocaine instead. We should also give recognition that there are problem users, and should oblige mafrish owners not to sell to people who seem unduly intoxicated.

But the most provocative of my suggestions is that mafrishes in the UK and other parts of Europe have to operate by the standards of the host country – we can not tolerate the quasi gender barrier that exists today, where women who visit a mafrish are stigmatised and harassed. If the real issue is integrating into the mainstream this is one of the key things which mafrishes have to move towards, to make female guest welcome and provide facilities for them

5 Quality control

We have learnt a lot about toxic residue from pesticides and fertilizers, often rolled into one, in khat leaves. It is simply scandalous that chewers are exposed to such chemical hazards and we need to have a system of quality control, with spot checks and chemical analysis of ingredients, and the possibility of fines for importers and retailers. Chewers of khat have every right to know what the leafs contain, and it is the duty of government to provide safeguards.

6. Taxation

The question arises who is to pay for these services which surely cannot rolled onto the taxpayer. I have long argued that the importation of khat under the label of a food item, whereby it escaped import tax, was anomalous and erroneous. The decision by HM customs and Revenue launched earlier this year to impose import duty on khat shipments is therefore an encouraging first step. They also collect income tax from traders who are openly registered as such. There are further opportunities for raising the tax take from mafrishes.

By contributing to the public coffers the khat traders stand to gain more than funding quality assurance, and perhaps support services for problematic users. They will become integrated into the wider economic and political system and build up a stake. Moreover, nothing amplifies an industry's voice as the ring of coin in the exchequer. To adapt one well known revolutionary slogan, "no representation without taxation."

But I would like to move on to suggesting a few principles for our regulatory framework

1) The regime is put into place to protect individuals, families and communities

Not for the benefit of professional interest groups

2) The regime has to be based on practical, realisable goals that factor in the costs of the regulation

3) The objective is to protect public health

Not to pursue ideological ambitions, like abstinence or a ‘drug free world’

4) The regime must have feedback loops and flexibility to adapt and change with times

5) It has to refrain from the Utopian fantasy that human folly can be eliminated through legislation – regulation provides a framework; it cannot prevent us from making mistakes

At the moment this amounts to little more than wishful thinking. In most parts of the world the drug control paradigm is entrenched and defended by vested interests. But there are cracks in the wall, and some light is coming through. My secret hope is this – that with khat we can open a new model of regulation – based on solid evidence, safeguarding the interests of all stakeholders, and running an inclusive and transparent decision making process.

A model that might, just might, provide a template along which we can rescue the policy dilemma that drug control has got us into.