

Chapter 5

Khat and the creation of tradition in the Somali diaspora

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In the Somali community in the UK, few issues are as contentious as the status of khat. Many maintain that it lies at the root of the social and medical problems that trouble a significant proportion of the community. To others it is an innocent stimulant and an important aspect of their culture. However, opinion is unanimous that khat use is part of the Somali tradition, with long historical roots. This chapter argues that this is a misreading of history and that khat has only gained popularity among Somali users in recent decades. The problems associated with khat use are therefore not simply reducible to the pharmacological properties of the drug, but need to take into account a new cultural context of its use within the UK.

This chapter is based on a literature review and interviews with informants from Somali and Yemeni communities in London, Sheffield, Stockholm and Toronto. Interviews were conducted between December 2003 and June 2005 as part of an interdisciplinary research project entitled *The khat nexus: transnational consumption in a global economy*.^a

Tradition and history

Somalis in Europe and North America are associated with the regular use of khat, a stimulant that among these countries is only legal in the UK and the Netherlands. This chapter will show how Somalis living in the UK are divided about the status of khat, some linking its use to problems such as unemployment, social exclusion, family breakdown and poor health. In contrast, many argue that khat is part of Somali tradition and culture. In fact, khat was not widely used in Somalia until the 1970s, and the subsequent ban, civil war and exile have all prevented the evolution

of a culture of consumption with inbuilt harm-reducing customs and etiquette. Somalis are therefore vulnerable to problematic khat use.

The seminal collection of essays edited by the historians Hobsbawm and Ranger¹ is predicated on the claim that traditions do not have to be very old to be keenly appreciated as a core element in the identity of a nation, tribe or ethnic group. For example, the claim of Scottish clans that their customs date back for centuries is essential for their legitimacy and authenticity. In many cases, as in the purported link between tartan kilts and ancient highland clans, the line between myth and fiction is fluid. Although this may not matter when consolidating collective identity and facilitating group membership, it does have implications for managing the impact and consequences of such 'traditions.' This is particularly relevant when traditions revolve around the consumption of psychoactive substances, as in the case of khat among the Somali population. In other cultural contexts, enjoyment of a drug followed successful domestication, during which users learned to tame its powers. For example, the Ancient Greeks were terrified of alcohol until they learned from Dionysus to mix their wine with water.² The role of intermediaries, demi-gods or cultural heroes is often crucial in teaching people about controlled substance use, as for instance in the sacramental use of peyote among Native Americans.³ In the case of khat, vernacular traditions in Yemen and Ethiopia⁴ credit observant shepherds with the initial discovery of the shrub's stimulant properties. Interestingly, this 'myth of origin' is replicated in the new khat-growing areas of Uganda.⁵

For the Somali community in the UK, thousands of miles removed from the fields where the 'flowers of paradise'⁴ bloom, the question of origin is of little pertinence. Exposure to the stricter Islamic schools that dominate British mosques may further discourage light-hearted references to apocryphal and possible pre-Islamic traditions. Important for the purpose of this chapter is the fact that within the community the chewing of khat, regardless of its origin, is widely recognised as a traditional custom linking current generations with their forefathers.

One of the arguments marshalled by informants in favour of khat, reported in the first research into Somali attitudes towards the drug, was that it helped to maintain cultural identity.⁶ This idea that khat provides a link with Somalia is repeated in other research among UK Somalis, many of whom celebrate – or at least justify – khat in terms of culture and tradition.^{7–9} According to a young Somali informant in Southall, London, 'khat is harmless, it's what they have always done back in Somalia.' Other Somalis have contrasted khat favourably with alcohol, compared the khat-chewing café (*mafrish*) to the pub,¹⁰ and denied that khat is a 'drug.'¹¹ The Home Office does not regard the matter as quite so straightforward, and has commissioned successive research studies.^{6–8} In 2005, the Home Secretary referred the question of khat's legal status to

the Advisory Council on the Misuse of Drugs. After careful consideration of the evidence, the expert committee recommended in January 2006 that the status of khat should remain unchanged for the time being. It is possible that this decision will be revised in the process of the ongoing review of the drug classification mechanism.

Within the Somali community, opinions on khat are deeply divided. A large number of research study informants^{7,8,12} are strongly in favour of a prohibition on khat import and distribution. Even some of the chewers themselves would like to see it banned,⁹ although others insist that any ban should be completely effective, 'for if there was some around, I would find it.' Many proponents of a ban argue that it is not khat use per se that is the problem, but khat use in England, where the substance is allegedly stronger, more readily available, cheaper and taken in larger quantities than in Somalia. This contrast between culturally integrated traditional use and modern dysfunctional use is a familiar theme in the literature of drug and alcohol studies,¹³ and has been employed by international drug control agencies as a central justification for the prohibition and eradication of plant-derived substances with ancient histories of medical, religious and cultural use.¹⁴ In the case of Somalis, however, this representation is fundamentally misleading. Khat may be part of the culture, but it is not part of the history.

The Somali khat tradition

Khat (*Catha edulis*), also known as qat, chat and miraa, is a shrub that grows wild across much of Africa and Asia, favouring altitudes of between 5,000 and 6,500 feet above sea level. The oldest records show that khat was used in the highlands of Yemen and Ethiopia as early as the fourteenth century. It is also well established in the Meru mountains of Kenya. Somalia, by contrast, is an arid, low-lying country dominated by scrubland and savannah. In the pre-colonial era, the majority of the population were pastoralists, and there were pockets of intensive agricultural production in the river valleys and along the coast. Both as groups and individually, Somalis travelled widely and participated in the regional exchange economy, which was centred on the trade of meat, milk, leather and other animal products in exchange for vegetable produce. The trade between protein-producing lowlands, populated by nomadic groups, and the sedentary farmers of the highlands is a well-established feature in the Horn of Africa. Via this exchange system, Somalis were able to access agricultural produce that they could not grow in their own region. There was therefore a cultural memory and an awareness of exogenous crops such as khat.

In Somalia during this time, khat was only cultivated on small farms in the hill country in the north, also known as Somaliland.^b For the most

part, khat chewers depended upon imports from Harar in Ethiopia. As the camel was the only means of transporting goods, only the western fringes of Somaliland and Ogaden could obtain fresh khat. It was used for medical purposes and as an appetite suppressant, of particular value during long migratory treks,¹⁵ but historically most Somalis would experience khat after the psychoactive compounds had decomposed. For the most part, however, Somalis had no experience of khat until the mid-twentieth century. Road construction in Ethiopia during the 1930s and 1940s opened up the khat-producing highlands of Harar to motor transport. As a result, khat became increasingly available in northern Somaliland, and quickly became more popular than the poorer-quality domestically grown plant.

Khat did not arrive in southern Somaliland and the capital of Mogadishu until the 1970s. At the time, khat chewing was widely perceived as a strange and foreign custom, popularised by returning migrant workers who had been exposed to the habit and who earned sufficient money to buy khat. The practice was quickly taken up by 'progressive' sections of the population, and developed into a pastime that for many came to typify Somali modernity – consumer-oriented, pleasure-seeking and supra-tribal.¹⁶ Without a tradition of their own, Mogadishu khat chewers looked towards more established khat cultures. The very institution of the *mafrish* was borrowed from Yemen, and even the furniture, cushions to lie on, the accompanying tea and *sissha* water pipes were taken from the Yemeni model. In the first few years, musicians attending *mafrishes* would play songs from Somaliland, until those from the south had written their own.

The incipient khat consumer culture did not last long. In 1983, the authoritarian regime of Siyad Barre banned the importation and sale of khat. The official explanation was that khat was alien to Somali culture and was corrupting the public.¹⁷ An eradication campaign was launched in northern Somalia, where crops were destroyed by troops, fanning the flames of a smouldering inter-regional conflict. Khat returned in a different guise following the overthrow of the Siyad Barre government in 1991, after which central authority in Somali disintegrated and the state collapsed. Different parts of the country came under the control of so-called warlords, who held on to their positions of power by employing militia forces. These consisted largely of young men, who were paid in bullets and in daily rations of khat imported by plane from Kenya. Even at the height of the Somali famine in the early 1990s, khat continued to be available and cargo space was given over to khat rather than to food imports.¹⁸

The image of the khat-crazed Somali gunslinger gained notoriety in the USA during the brief military intervention in Somalia to support the United Nations (UN) feeding programme. In order to help to pacify the

country, the army tried to capture the warlord General Mohammed Farrah Aideed. In the failed attempt, two helicopters were shot down, several US servicemen and hundreds of Somalis were killed. Subsequently, the US authorities explained the debacle with reference to khat. One US website depicts a *mooryaan* (young warrior) holding an AK47 with the caption '*Khat eater waiting for a new target.*'¹⁹ The substance was subsequently banned in the USA, where its importation and distribution are treated as serious offences.

Khat use in a global market

Within the last 30 years, the dramatic expansion of air cargo has made East African khat available in European and American markets. So far, most consumers in western countries originate from Eastern Africa and the Middle East. There is no evidence that khat use has been taken up by the mainstream population.¹¹ The lack of popularity outside the core immigrant groups is partly explained by the unfamiliar mode of administration. Shoots of khat are tied into bundles weighing 100–200 grams and wrapped in banana leaves to keep them fresh. The consumer picks off leaves and stems and chews these slowly into a quid that is stored in the side of the mouth. When all the juice has been extracted, the detritus is either swallowed or discarded.

The effect of khat is biphasic, beginning with vigorous stimulation of the central nervous system, resulting in animated behaviour and lively discussion. Then follows a tranquil, introspective phase, celebrated by poets and musicians for its inspirational powers.²⁰ In the UK, drug markets are already amply supplied with far more powerful stimulants, such as amphetamine and cocaine, and communal drug use is not only predominantly recreational, but also individualistic and hedonistic. There is little need for a drug with a culture of use that is mainly communal, reflective and even devotional.

Khat-chewing Somalis in the UK pursue their habit either in *mafrishes* (commercial premises where khat is sold and chewed) or in private homes. The available research testifies to the social dimension of khat use. People gather to chew, chat, drink soft drinks and smoke large quantities of tobacco. Indeed, some of the physical health problems associated with khat are caused by the cigarettes, water pipes and sugary drinks that accompany khat consumption.²¹ Literature from the Yemen and Ethiopia highlights the importance of khat in relation to the working day and week.^{11,21–25} It is used as a performance enhancer by farmers in the field, lorry drivers and students, and for relaxation by traders, craftsmen and office workers. This provides one possible indicator to the perceived problematic nature of khat use in the UK, where it is

detached from the rhythm of working life, as unemployment among Somalis in the UK is rampant.

The invigorating qualities of khat derive from two alkaloids, identified as cathine and cathinone, which resemble amphetamine. However, they are highly unstable and disintegrate within 72 hours. Three days after harvest, khat is psychoactively ineffective and commercially worthless. Both cathine and cathinone are controlled substances in the UK, and their extraction is illegal.^c However, the khat leaves can be imported legitimately as a vegetable. According to Her Majesty's Customs and Excise, an estimated 10,000 tons of khat pass through Heathrow airport annually, much of it destined for re-export. London, with good air links to Kenya, Yemen and Ethiopia, serves as a hub for global distribution. Given that khat is sold at £200 per kilo in the USA, compared with £10 in the UK, the incentives for export are obvious.

Campaigning against khat use

For the Somali activists campaigning for a ban on khat and their supporters within the UK, the British government's laissez-faire attitude is scandalous. As some see it, allowing khat to come into the UK in order to wreak havoc among the Somali community is seen as part of an insidious campaign against them. This is reinforced by the view that the British have formed opinions about khat use from their colonial experience in Somaliland and Aden. Colonial administrators in the 1950s associated the chewing of khat with the early nationalist protest movement in Somaliland,^{16,24} and sought to prohibit its importation into Aden for mercantile reasons.²⁶ According to one informant, many Somali women compare the UK government's tolerance of khat with its harsh measures against cocaine and heroin, drugs with which few Somalis have become involved, but which are seen to present considerable difficulties for the white population. Women are prominent in the anti-khat campaign for a number of reasons. The Somali migration to the UK was often headed by women with their children. By the time their husbands arrived, the women had established themselves, learned the language and begun to negotiate their way around the system.²⁷ Once the men arrived, they found it difficult to reclaim their traditional authority, as they found it difficult to find work and act as providers. Many took to visiting the *mafrish*, diverting state benefit money to the purchase of khat. As a consequence, women have emerged as activists in the campaign to prohibit khat importation.

The difference between UK-based Somali complaints about khat and those of colonial administrators is telling. In the latter case, the objections were made on political and economic grounds. Users were more boisterous and assertive after chewing, whilst the imports from neigh-

bouring Ethiopia were seen as an outflow of wealth from the British Empire. Contemporary campaigners and critics, by contrast, are concerned with the adverse impact of khat use on the well-being of the individual user, their family and the whole Somali community. At the forefront of these concerns are the claims that khat use leads to a range of mental health disorders, including hypnagogic hallucinations, mood swings, functional mood disorder, anxiety, sleeping disorders, loss of appetite and depression.^{28–32} However, many commentators are cautious about making direct causal links between khat and the above conditions, because most studies have been conducted on small samples and have failed to control for possible confounding factors.³³ This is of particular importance in studies of immigrants, many of whom suffer from severe post-traumatic stress disorder after fleeing the violence of a civil war as well as famine, and experiencing the traumas of migration. Advocates for khat control have therefore sought to base their assertions on more solid ground. Khat, it is claimed, diverts active Somali men from the workplace, drains state-benefit-dependent household budgets, puts a strain on family relationships, and prevents the integration of Somalis into the UK mainstream.

Most importantly, perhaps, khat has become a proxy in a longstanding discussion about gender roles as Somalis in the UK renegotiate their social contracts as refugees-cum-citizens within a modern, multicultural country. According to one community leader, ‘The women are going out to work, taking the children to school, doing the shopping, and the men are doing nothing but [khat] chewing.’³⁴ As campaigners have tapped into existing political mechanisms, policy makers are becoming involved with a very different slant on khat use and the call for ‘action.’ A member of the UK Parliament summarised the situation as follows:

there are large numbers of people in west London who chew khat all night long, becoming increasingly aggressive, [then] come home in the morning, beat up the wife and try to sleep through the day.³⁵

His colleague called upon the Home Secretary to control khat, as it was ‘causing havoc in the Somali community.’³⁴

The social context of khat use by Somalis in the UK

With the spotlight on the Somali community, little attention is being paid to the experience of other UK immigrant communities, particularly the Ethiopian and Yemeni communities, but the findings of two studies funded by the Home Office show clear divergences in the attitude of communities towards drugs. One study reports that ‘Interviews with Ethiopian and Kenyan community members suggested that levels of khat

use were not considered problematic⁷ and that most of the Yemeni men who were interviewed ‘thought that khat was “not a drug”, and therefore did not have the disadvantages of one.’⁸ Ethiopian and Yemeni informants explained these attitudes by pointing out that Somalis chewed the drug for longer, not because of addiction but because they ‘believed in it more’, or because:

while their [Yemeni] community had been in Britain for many years, including into a second generation, many Somalis were war refugees who had only been here for a few years, were more likely to be unemployed and to have ‘nothing to do.’⁸

Such statements are shifting the focus away from khat and its pharmacological properties. Instead of approaching khat as a problem that is exacerbating the social and medical problems of the Somali community, they cite the traumatic personal histories and the difficulty in adjustment to the UK to explain the community’s uneasy relationship with the substance. In their view, it is not khat that is the problem, but the surrounding circumstances of the users and of use. Known as ‘set and setting’, these are established principles in the sociology of drug use. The difficulties experienced by Somalis in the UK as a result of trauma, migration and continuing poverty and marginalisation in this country have also been emphasised by Somali researchers.^{12,36}

Somehow, the claim that khat chewing forms an integral part of the Somali tradition remains unchallenged in the UK-based research exercises.^{6–8,37} For the most part, researchers are content with the assertion that khat use in the UK is different to that in Somalia, and that khat in the UK is stronger, cheaper, more widely available or taken in a different context. Moreover, most qualitative research exercises have concentrated on collecting data on perceptions and attitudes towards khat among the Somali community. Researchers have rarely triangulated their findings on patterns of khat use with information on the culture, history and socio-economic conditions of its use in the Horn of Africa. This is part of an insularity that is perhaps typical of the drugs field, but critical when working with minority ethnic populations. However, when analysing the pathology of khat use by Somalis in the UK, an understanding of the historical background is pertinent.

Khat and the invention of tradition

Much of the discussion of khat has focused on its pharmacological properties and its association with medical conditions and social harm. While the community and researchers try to find ways of addressing the different pattern of khat use in the UK, it is the ‘false memory’ or creation of tradition that holds the key to many of the associated problems.

Somalis who identify khat as part of their culture do so without really understanding the historical origin of this consumption pattern. This chapter has shown that, for most, this did not exist until the 1970s. It is this very lack of tradition that has contributed to the much wider incidence of problematic khat use among Somalis than among Yemeni or Ethiopian chewers. The historical record shows clearly how in both these old centres of khat production an elaborate culture of consumption had developed.²²⁻²⁴ This included etiquette for appropriate use, and restrictions against excess. Somali users, on the other hand, only gained regular access to khat in the dysfunctional setting of the civil war and the refugee camps. There is therefore no cultural memory of socially acceptable use of the substance among Somalis.

At the same time, as Hobsbawm and Ranger¹ have shown, the relatively recent arrival of a custom does not negate its cultural appropriation. Khat has become an emblem of Somali culture within a short space of time. Indeed, along the shifting khat frontier of East Africa, particularly in Kenya and Uganda, Somalis are popularly associated with khat chewing,⁵ and in Nairobi they have taken over much of the khat export trade, not just to Somalia but also to London.¹¹ Once here, patterns of use change again. Research among the UK population of khat chewers suggests that the majority of regular users began this practice before coming to the UK.^{7-9,12} Young people may be introduced to khat, or even use it in peer groups, but with the exception of alcohol, Somalis in the UK are beginning to show substance use patterns resembling those of their non-Somali peers.³⁸

Nevertheless, many Somalis in the UK do regard khat chewing as part of their tradition and culture. Having been raised in the UK, their information about Somalia is part of an oral tradition passed on by the elders. Many of them are avid chewers of khat and regular visitors to the *mafrish*. It is easy to see how a relatively recent phenomenon can be perceived as a traditional custom practised by one's forefathers. In reality it is but a recent trend, and the conventions and customs necessary to render it socially acceptable have yet to emerge. In the mean time, all of the parties involved in the debate on khat could benefit from a realistic reassessment of the history of khat use within Somali culture.

Endnotes

- a This project was funded by the Economic and Social Science Research Council in the *Cultures of Consumption* series, grant number RES-143-25-0046. All informant citations, unless otherwise referenced, are taken from field notes collected as part of this project.
- b This territory became a British protectorate. Like many African ethnic groups, the Somalis were split up among different European imperial rivals in the late-nineteenth-century 'Scramble for Africa.' The bulk of modern-day Somalia was colonised by

- Italy, France incorporated a slither into its colony of Djibouti, and a southern part was absorbed into British Kenya. Even Ethiopia, the only African state to survive the colonial onslaught, took part by occupying the Ogaden.
- c Cathine was found to be about half as potent as amphetamine and was added to schedule III, and cathinone was found to be about seven to ten times less potent and was added to schedule I of the UN Convention on Psychotropic Substances (1971) in 1986.

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