



The *Khat* Conundrum in Ethiopia: Socioeconomic Impact and Policy Directions

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Background

Available data and the public’s perception are in agreement on one important issue. In these, opening decades of the 21st Century, Ethiopia is experiencing a veritable deluge—that of a small shrub plant that is exponentially invading its agricultural lands and the minds of its people and goes by the names of *Khat*, Č`at, Chat, Qat, Gaad, Miraa, etc. Although the *Khat* plant has been famously in use for centuries in some parts of Ethiopia, particularly Harar and its surroundings, it is in recent years that its production has boomed and its consumption escalated to pandemic levels.

Khat’s production has experienced a surge that raised its cultivation area by 160% and its annual production by 243% over the past 5 years. *Khat* is now grown on one quarter million hectares of land, which is 44% of the land under coffee (CSA, 2015). The increasing importance of *Khat* as a form of asset dear to farmers is indicated by the fact that almost a fifth of the country’s rural households were found to grow the plant in 2011.

The market for *Khat* has also shown astronomic growth being driven by a large consumer base and surging disposable incomes. *Khat* has thus become prominent in both the country’s domestic and foreign trade, to the extent that the Growth and Transformation Plan-II foresees the value of the annual export of *Khat* to grow from 272.4 million USD in 2014/15 to 650.8 million USD in 2019/20 representing an increase of 58.1% over the five years’ period.

Its domestic consumption, too, has skyrocketed during the same period.

The 2011 Ethiopian Demographic and Health Survey (EDHS) has found that in the country as a whole 27.6% of all men and 11.0% of all women who are 15-49 years old have ever chewed *Khat*. It also revealed that 50.0% of the men and 43.1% of the women that have ever chewed *Khat*, have done so for more than 6 times within the 30 days’ duration preceding the survey.

The commercial supply of *Khat* in large urban centers has also undergone a process of “modernization” and “adornment”. In Addis Ababa, it is served in high-class chewing cum entertainment parlors; and motorbike bound *Khat* delivery services are becoming commonplace. Decorative billboards advertising choice-*Khat* of specific localities and shops line some of the streets of the city.

Furthermore, *Khat* consumption is omnipresent across Ethiopia’s regional states. The same 2011 EDHS has shown the wide regional differences in *Khat* consumption, varying from 81.9% and 39.2% for men and women in Harari to 3.7% and 0.9 % for those in Tigray. Latecomer regions, such as Benishangul-Gumuz fall in between the two extremes, with 18.7% of the men and 3.3% of the women having ever chewed *Khat* and 18.0% and 7.9% of these, respectively, reporting to have chewed it for more than six times in the course of the 30 days preceding the survey.

The consumption of *Khat* in Ethiopia knows no social boundary. Males and females, as well as persons of all geographical areas, age groups, religious denomination, income and educational status, in short, members of all social groups feature among *Khat* chewers in varying proportions. In particular, its spread among the youth and children is exceptional.

In spite of the fact that several millions of its citizens are preoccupied with *Khat* in the capacities of growers, traders, and chewers, the country has no clear policy to guide its production, distribution or use. To date, neither of them is legally sanctioned, regulated or forbidden.

Its widespread production and consumption and the resultant socioeconomic problems that addicts and their families face makes it absolutely necessary for research on what could be done to reverse the escalating *Khat* consumption/addiction as well as to rehabilitate those who are already addicted to it.

Objectives and Approach

The objectives of the study were to identify and assess the socioeconomic impacts of *Khat* consumption and addiction, with the aim of informing national level policy formulation and intervention. It also reviews current efforts to curb the spread of *Khat* consumption and addiction in Harar and Assosa, with the aim of contributing toward the formulation of appropriate policy and feasible strategies to prevent the spread of addiction and redress the damage already done.

This qualitative study aimed at learning about the socioeconomic impacts of *Khat* through the perceptions of various categories of the residents of Harar and Assosa Cities and Federal-level authorities and institutions as well as through the field observation of the researcher. By generating primary data, it has identified trends of *Khat* consumption and addiction at different levels – household (family), community and countrywide. It has also assessed interventions that are underway by government and non-governmental actors in order to reverse the current trend.

Methods

The research involved the collection of primary data through in-depth interview, focus-group-discussion/interview, and observation through intensive fieldwork conducted at the two sites of Assosa and Harar Cities, as well as an additional small-scale fieldwork in Addis Ababa. To this effect, a total of 20 in-depth interviews complemented by observations were conducted with addicts, addict in rehabilitation, ex-addicts and their family members; and an additional 15 in-depth interviews were similarly undertaken with sex-workers, producers, growers, mental health workers and federal government officials whose works relate to *Khat*. In addition, group discussions/interviews were held with 19 discrete groups of varying sizes made up of religious leaders and community elders, university officials and student representatives, regional bureau and city administration officials, court officials and police officers, as well as representatives of CSOs working on *Khat*.

Furthermore, the study benefited from whatever secondary information that was available regarding the

socioeconomic impacts of *Khat* consumption and addiction in the two cities in particular and the country in general.

Major Findings

In recent years, there has been a rapid expansion of *Khat* production, marketing and consumption, and together with these, an escalation of problems associated with addiction to the substance. *Khat* consumption and addiction have led to multifaceted socioeconomic problems at the levels of the individual, family, community and wider society. The study has identified, described and elucidated deleterious impacts of *Khat* under different categories, including family life and family economy, women and children, physical, mental and reproductive health, educational institutions, crime and civil service delivery. Moreover, repeated attempts at eliciting positive impacts of *Khat* that may exist, turned up none that are either significant or lasting.

Measures underway in Assosa and Harar to Curb the *Khat* Consumption & Addiction, and to Rehabilitate Addicts

Activities with encouraging results are being undertaken to reverse the *Khat* epidemic in the two cities. Civil society organizations are playing the primary role and the involvement of government organizations is supportive.

In Assosa City, the CSO, Benishangul-Gumuz Development Associations Network (BGDAN) and the Assosa Hospital have jointly rehabilitated *Khat* addicts in three one-month long programs. In Harar, 90 burial associations of Moslems (Afosha) and Christians (Idir) have jointly run awareness creation programs that included community conversations. Other similar activities are undertaken by the group of CSOs that are supported by the Civil Society Support Program (CSSP).

While these attempts are of limited scale and duration to be able to halt the spread of *Khat* consumption and addiction, they are significant for the lessons their experiences provide for the benefit of preparing a viable national level response to the epidemic.

Policy Directions: Suggestions for a National-level Response

The current total absence of a policy framework is attested by a quick look at the National Social Policy (2014), the GTP II Document (2014) and the Proclamation to Provide for Food, Medicine and Health Care Administration and Control (2010). None of these documents mention the term *Khat* let alone to acknowledge it as a source of problems and indicate the way out.

On the basis of various conclusions that have been substantiated by empirical findings, the study argues that a national-level policy response and countrywide

measures are necessary to curb the galloping spread of *Khat* consumption and addiction as well as to rehabilitate those that are already addicted to it. Where as letting the current permissive state of affairs to continue would be destructive, attempts at placing a total ban on *Khat* would be undoable and a source of social disruption by putting the *Khat* trade under the auspices of criminal groups of all sorts. Furthermore, it can be argued the proposal to regulate *Khat* lays bare the erroneous position that continuing with the current hands-off policy is a necessary condition for safeguarding the country's foreign currency earnings from *Khat* and the human rights of its users.

In line with the above, a regulatory framework was worked out on the basis of empirical findings of the study and recommendations made during the two-day national conference held in July 2017. The main features of the suggested regulatory framework are as follows.

A. Formulate and implement regulations to control the unfettered spread of *Khat* consumption and addiction;

- **Production:** It is absolutely necessary to regulate the production of *Khat*, in order to make it safe and untainted by dangerous chemicals. Also, measures such as those of crop substitution to encourage growers to gradually free themselves from dependence on the production of *Khat* ought to be undertaken.
- **Transport:** *Khat* transportation has become a source of many traffic accidents, death and destruction to the extent that it has reached a point where it can no longer be tolerated. Government must therefore formulate appropriate policy informing a new code of conduct to be imposed on the transportation of *Khat*.
- **Trade:** *Khat* is sold and bought by whomever, wherever, and whenever it pleases one. All who wish to do so, including underage children can purchase it from stalls that are located right

in front of schools, places of worship or homes. This easy access has contributed to its escalating consumption by all age groups, genders, and socioeconomic status groups. Hence, the government must regulate the domestic sale of *Khat*, by restricting the locations and working hours of its outlets, the type of persons that can legally engage in its trade, and by banning its advertisement in public places as well as by making the indication of its negative health impacts at all of its outlets mandatory.

- **Consumption:** *Khat* is consumed at all sites and in all manners that are not regulated either by law or by custom. Such practice contributes to the permissive attitude towards *Khat* and its accelerated spread. It is therefore imperative to control the places of consumption as well as the category of persons that are permitted to consume *Khat*.



- **Cost covering/recovering:** The economic as well as the social cost of *Khat* consumption are borne by society as a whole and not by those who indulge in it alone. Thus, *Khat's* impacts remain what economists refer to as externalities and those who chew it continue to do so as free riders. All members of the society, including those that have nothing to do with *Khat* are forced to pick the bills on an equal level as those that do. Such is the case not only concerning current costs, but even more importantly future accounts. All of the country's taxpayers would be the ones to pay for all the health, crime, environmental, and infrastructural damages caused by those who enjoy the freedom



of chewing *Khat* and those others who profit from the business. Therefore, excise-tax (a) that is high enough to discourage the consumption of *Khat* by raising its selling price (b) that justly allocates costs to those that are responsible in creating them in the first place, and (c) that is capable of generating sufficient income to society to deal with the costs of *Khat*, is essential.

- **Awareness creation:** Campaigns aimed at (a) persuading the young to reject *Khat* by raising their awareness of its harmful impacts, through the inclusion of the subject in school curricula, etc (b) working on those that are “on-and-off” users to totally abstain from *Khat* chewing and (c) persuading and supporting users that are already into it to either kick off the habit or reduce their consumption. In order to achieve these aims, certain strategies need to be employed; (a) exposing the impacts of *Khat* addiction through the media, in public gatherings, community conversations, etc. and (b) employing the participation of CBOs, CSOs, youth groups, and religious organizations of all denominations.

B. Formulate and implement appropriate strategies to address the consultation, treatment and rehabilitation needs of persons that are already addicted to *Khat*, by undertaking the following.

- Expand and improve services offered by existing rehabilitation and treatment centers;
- Mainstream mental health care in all hospitals and into primary care provision;
- Guarantee access to mental health treatment for all affected by addiction;
- Explore possibilities for providing treatment and rehabilitation services to *Khat* addicts without them necessarily being institutionalized;
- Train highly qualified and specialized psychiatrist, psychologists, medium level social workers; and
- Integrate and replicate lessons learnt from the experiences of CSOs, CBOs and government agen-

cies regarding the treatment and rehabilitation of persons addicted to *Khat*.



By way of a final conclusion, it needs to be noted that the future of *Khat* is virtually hopeless due to emerging global developments. From 1971 up to 2014, 24 countries have criminalized the importation, distribution and use of *Khat* within their borders treating it as a controlled substance. The list includes those countries that determine the direction of global developments such as the US, UK most EU countries, China, and Australia. Countries in the region such as Rwanda, Saudi Arabia, Israel, United Arab Emirates, Eritrea and Tanzania have all prohibited *Khat*. The seriousness with which countries that have banned *Khat* are implementing the prohibition measures is exemplified by the fact that the volume of *Khat* that is seized and the number of its smugglers that are arrested have risen significantly, with the quantity of *Khat* seized in Europe since 2001 having increased nearly tenfold. Hence, it would be wise to pin the future of Ethiopia’s economy on the production of commodities for which the future bodes well rather than on the export of an addictive substance on which the sun is setting.

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