PRODUCING FOR WHO? THE KHAT QUESTION IN KENYA

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OUTLINE

- Background
- Objectives
- Methods
- Results
- Conclusion
BACKGROUND

Khat variants in Kenya
a) Miraa
b) Muguka

Production spread:
a) Parts of upper eastern e.g. Meru, Mbeere
b) Parts of the Rift Valley e.g. Kericho, Cherengani
c) New production sites e.g. Kirinyaga, Murang’a

Levels of acceptability of khat
a) An unacceptable drug to some
b) An acceptable drug to others
c) Legal and regulatory regime: ambiguous
d) Others not even sure
BACKGROUND

National status:

<table>
<thead>
<tr>
<th>Drug</th>
<th>2007</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>14.2</td>
<td>13.6</td>
</tr>
<tr>
<td>Tobacco</td>
<td>9.1</td>
<td>na</td>
</tr>
<tr>
<td>Khat</td>
<td>5.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Bhang</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.2</td>
<td>0</td>
</tr>
</tbody>
</table>


**BACKGROUND**

**Why the concern?**

a) Khat comes third in national ADA estimates

b) Rising use of khat across the country

c) Limited knowledge / data on khat to inform interventions

d) Regulatory regime seems ambiguous
OBJECTIVES

- Examine trends in the production of miraa
- Examine the awareness, availability, use, affordability and accessibility parameters with regard to miraa consumption
- Document the perception of miraa producers and consumers in regard to its addiction
- Investigate the socio-economic and health impacts of miraa consumption
- Inform policy in the campaign against drugs abuse and more specifically miraa abuse

Note: For today, our focus is on selected key messages
METHODS

- Design issues
  a) Subject matter focus: largely miraa
  b) Geographical focus: miraa production and selected destination markets
  c) Household survey
  d) Two FGD and key informant interviews

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Households</th>
<th>Sample Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>122,047</td>
<td>90</td>
</tr>
<tr>
<td>Meru</td>
<td>319,616</td>
<td>236</td>
</tr>
<tr>
<td>Isiolo</td>
<td>143,294</td>
<td>106</td>
</tr>
<tr>
<td>Kitui</td>
<td>205,491</td>
<td>152</td>
</tr>
<tr>
<td>Marsabit</td>
<td>56,941</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>847,389</strong></td>
<td><strong>625</strong></td>
</tr>
</tbody>
</table>
RESULTS

• Trends in production
  • Production on the increase
  • Initially clustered around Igembe, Ntonyiri and Tigania
  • New production sites: marginal areas of igembe, Ntonyiri
  • New production sites: Parts of Imenti (commercial e.g. Kithoka area)
  • Hence likelihood of exporting production related impacts
RESULTS

Commercialization of production

- Land pressure
- Desire for more profits
- Challenges with new production sites e.g. pests and diseases
- Unrestricted use of chemicals
- Health challenge: who controls / regulates
RESULTS

- Accessibility, availability

![Bar chart showing accessibility and availability of Miraa and Muguka](chart.png)

- Easily available: 61.8% Miraa, 33.2% Muguka
- Moderately available: 24.8% Miraa, 37.8% Muguka
- Not at all available: 5.8% Miraa, 19.6% Muguka
- Don’t know: 7.6% Miraa, 9.4% Muguka
RESULTS

Current use
- Miraa = 44.9%
- Muguka = 22.9%

Positive predictors for use:
- Being male
- Being single
- Being in informal employment

Negative predictors for use:
- No of household members not using khat
- Low social-economic status household
- Being protestant
RESULTS

- Current use
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- Positive predictors for use:
  - Being male
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  - No of household members not using khat
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## Results

### Reasons for using khat

<table>
<thead>
<tr>
<th>Reason for Using Khat</th>
<th>Miraa (%)</th>
<th>Muguka (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes me have fun / feel good or happy</td>
<td>63.5</td>
<td>65.5</td>
</tr>
<tr>
<td>Makes me interact or associate with others</td>
<td>38.7</td>
<td>51.8</td>
</tr>
<tr>
<td>Makes me feel important</td>
<td>14.8</td>
<td>27.3</td>
</tr>
<tr>
<td>Makes me relax</td>
<td>77.0</td>
<td>82.0</td>
</tr>
<tr>
<td>It has health benefits</td>
<td>13.5</td>
<td>7.2</td>
</tr>
<tr>
<td>It helps me ‘kill time’</td>
<td>62.3</td>
<td>62.3</td>
</tr>
<tr>
<td>It helps me cope with stress</td>
<td>47.8</td>
<td>59.7</td>
</tr>
<tr>
<td>Makes me work and think smart</td>
<td>29.6</td>
<td>46.8</td>
</tr>
<tr>
<td>It helps me stay awake / alert</td>
<td>45.0</td>
<td>50.0</td>
</tr>
</tbody>
</table>
RESULTS

- Is khat a drug
  - Yes = 69.6%
  - No = 24.8%
  - DK = 5.6%

- Acceptability of khat in the community
  - Totally acceptable = 65.8%
  - Somewhat acceptable = 28.8%
  - Totally unacceptable = 5.6%

- Khat and use of other drugs
  - Entry route (72% use other drugs)
RESULTS

- Perceived health impacts
  - Loss of appetite // weight
  - Loss of sleep // weight
  - Hallucinations // memory loss / insanity
  - Teeth decay
  - “Red lips” // form of ulcers

- Social impacts
  - Time wastage
  - Financial drain
  - Crime
  - Problem of addiction
CONCLUSION

Producing for who?

- Challenge of uncontrolled use of chemicals in khat production
- Question: do we have health safeguards?

- Challenge of unfolding health impact e.g. “red lips” phenomenon common among khat chewers?
- Question: does it bother anybody?

- Ambiguous legal and regulatory regime
- Question: can we have the equivalent of ADAC // Tobacco Control Act // Nacortics for khat?
RESULTS

Producing for who?

- Khat and use of other drugs:
- **Question:** Can we re-focus our strategies to localized drugs
END
THANK YOU!