

Executive Summary

This study focuses on a drug whose production, sale and consumption remains unregulated, yet the health and social and economic impacts of the drug are biting. The study is about *miraa* and *muguka*, which are broadly referred to as *khat* in this study. Present campaigns on drugs and substances of abuse are largely focused on alcohol, tobacco products and narcotics. The knowledge terrain is also biased towards these other drugs and limited empirical literature exists on *khat*. This study aims at deepening understanding on *khat* with a focus on five counties in the country. The five counties are: Kwale, Isiolo, Marsabit and Kitui. Drawing from a randomly selected sample of 625 respondents, the study examines: (i) the trends in the production of *miraa*; (ii) the awareness, availability, use, affordability and accessibility parameters with regard to *miraa* consumption initiation; (iii) the perception of *miraa* producers and consumers in regard to its addiction; (iv) the socio-economic and health impacts of *miraa* consumption. The goal is to inform policy on the campaign against drugs abuse and specifically with a bias on *khat*.

Data shows that current usage of *khat* in the studied counties stands at 54% from a lifetime prevalence rate of 61%. In the case of *miraa* current use stands at 45% compared to *muguka's* 23%. An OLS regression model shows that the use of *khat* is highly correlated with being male, coming from a household with a low socio-economic profile, number of household members who do not use *khat*, household size, being in informal employment, having university education or higher as well as being single. That the mean age of initiation to use of *miraa* was estimated at 17.6 years. Friends were found to key to a persons entry to use of *khat*, with 76% of the respondents alluding to the role of friends in their first encounter with *khat*.

Further, although around 70% of the respondents consider *miraa* a drug, more than 90% approve of its use. It is a drug with wide acceptability across all the counties studied. In addition, *Khat* users use multiple drugs. 72% of the current users of *khat* use other drugs and substances of abuse to attain their desired level of potency. *Khat* can therefore be regarded as an entry point for use of other drugs and substances of abuse. Among the drugs used include: various forms of alcohol, various tobacco products, bhang and heroin. The sector is highly unregulated.

The use of *khat* is associated with an array of health and socio-economic impacts. Qualitatively, *khat* use is linked with lack of sleep, hallucinations, lack of appetite, stomach ulcers, teeth decay, low libido, effects to the unborn child if taken by a pregnant woman and loss of memory. In some cases, *khat* use is associated with loss of life as a result of associated ailments. From a socio-economic point of view *khat* use breeds idleness, irresponsibility, crime, wastage of household resources and the problem of addiction.

On production, results show an upward surge over the last five years. Production has extended to non-traditional growing zones such as Imenti as well as the marginal areas of the traditional growing zones of Igembe and Ntonyiri. That this increased production has been largely fuelled by the commercialization of *miraa* production and the allure of the

perceived profits that accrue from the *miraa* economy. This in turn has fuelled the spraying of *miraa*, a practice that traditionally was anathema in the *miraa* growing zone.

On the basis of the emerging findings, this study recommends some level of regulation and control in the *khat* industry akin to the regulatory regime in alcohol, tobacco and narcotics. Such a regulatory regime will clearly address issues on production practices, sale and consumption of the product with people's health at the core. Besides, such a move will help the government get some revenue which can be ploughed back to the source areas to advance the campaign. Finally, given the finding that *khat* acts as an entry to use of other drugs and substances of abuse, it is critical that campaigns strategies for *khat* production and destination zones focus their energies on this drug and thereby make it easier to achieve results even for the other drugs. This calls for a broadbased strategy where all key drugs used in an area are addressed not in isolation, but as drugs and substances of abuse in a localized context.