

CEM/MENT/103
EM/INC/MTG.MSE.ASP.KHT/7
December 1983

WHO INTERCOUNTRY MEETING ON THE HEALTH,
SOCIAL AND ECONOMIC ASPECTS OF KHT
MOGADISHU, DEMOCRATIC REPUBLIC OF SOMALIA

24 - 28 October 1983

WORLD HEALTH ORGANIZATION
OFFICE OF THE DIRECTOR
GENEVA
1954

The views expressed in this report do not necessarily reflect the
official policy of the World Health Organization.

TABLE OF CONTENTS

	<u>Page</u>
I INAUGURAL SESSION	1
II COMMENCEMENT OF MEETING	4
III BOTANY, CHEMISTRY AND PHARMACOLOGY OF KHAT	4
IV THE SOCIO-ECONOMIC AND HEALTH ASPECTS OF KHAT	6
V HISTORY AND SOCIAL ASPECTS OF KHAT	6
VI ECONOMIC IMPLICATIONS OF KHAT	8
VII HEALTH ASPECTS OF KHAT	9
VIII RELIGIOUS VIEW ON KHAT	11
IX POLICY AND STRATEGY	13
X CONCLUSIONS AND RECOMMENDATIONS	14
ANNEX I THE INAUGURAL SPEECH OF H.E. PRESIDENT OF SDR OF THE INTERCOUNTRY MEETING ON HEALTH,ECONOMIC AND SOCIAL ASPECTS OF KHAT, 24 - 28 OCTOBER 1983, MOGADISHU	
ANNEX II ADDRESS BY DR ABDI RASHID SHEIKH AHMED ACTING MINISTER OF HEALTH, SOMALIA	
ANNEX III ADDRESS BY DR HUSSEIN A.GEZAIRY, DIRECTOR,WHO EASTERN MEDITERRANEAN REGION,TO THE INTERCOUNTRY MEETING ON HEALTH, SOCIAL AND ECONOMIC ASPECTS OF KHAT	
ANNEX IV LIST OF PARTICIPANTS	
ANNEX V AGENDA	
ANNEX VI PROGRAMME	

I INAUGURAL SESSION

The inaugural session of the WHO Intercountry Meeting on the Health, Social and Economic Aspects of Khat took place on 24 October 1983 under the presidency of H.E. Major-General Mohamed Siyad Barre, President of the Democratic Republic of Somalia.

The impressive opening ceremony was held in the People's Hall in the Somali capital and began with the national anthem of Somalia followed by the entry of the October Flowers. These young children, each carrying a bouquet of flowers, filled the hall and sang Somali songs calling on conference participants to find all means possible to fight against the harmful effects of khat in society today.

The opening address was given by Dr Abdi Rashid Sheikh Ahmed, Acting Minister of Health, Somalia (Annex II). In welcoming the participants he underlined the objectives of the Conference, namely to appraise the problems arising from the use of khat with a view to providing a basis for constructive national, regional and international measures to deal with such problems. He pointed out that the holding of the meeting was indeed timely, coinciding as it did with the recent prohibition in Somalia of the importation, growing, possession and chewing of khat - a major milestone in the history of the country. He looked forward to coordination and cooperation at international level to minimize the economic and health effects of khat use and thus support Somalia's efforts to deal with this serious matter.

The second speaker was Dr Hussein A. Gezairy, the Director of the World Health Organization Eastern Mediterranean Region (See Annex III). He expressed the honour conferred on all the participants by the presence of H.E. Mohamed Siyad Barre, President of the Somali Democratic Republic. This bestowed special meaning on the meeting and was indicative of the interest and keenness of H.E. the President effectively to abolish khat use. Dr. Gezairy

also expressed thanks on the occasion of this first meeting on khat-related problems to be organized by WHO to the Ministry of Health and all national authorities in Somalia for their efforts in the preparation and organization of this meeting.

The Regional Director drew attention to the fact that the meeting was to deal with khat in many aspects, in depth and with broad scope . He pointed out that an important facet of the problem to be discussed was the religious view on khat. Religious teaching could play an important role in the promotion of health and in the prevention of health-damaging behaviour, such as the abuse of khat. The role of religious leaders and institutions in the development of teaching programmes, together with the mobilization of the community, were essential in the face of the challenge of drug abuse, including that of khat.

The inaugural speech of the meeting was then delivered by the President of the Somali Democratic Republic, H.E. Major-General Mohamed Siyad Barre (See Annex I). On behalf of the Party, the Government of the SDR and on his own behalf he extended warm greetings and congratulations to the organizers and participants in the meeting.

The President pointed out that the Somali Revolutionary Government had seen as its duty and inescapable obligation to take the decision prohibiting khat within Somalia. The damage done by khat to the Somali nation had many facets: economic, health, security and political, which had been increasing every day with the rapid spread of the khat epidemic which had reached proportions no longer to be tolerated.

Khat had harmful effects on the individual and the family, the President added. It killed creative abilities, it reduced working capacity, it prevented fulfilment of obligations to the individual, his family and his nation, it imperilled his bodily and mental health and it caused loss of control over the management of day-to-day affairs. Among the injurious effects caused by khat-chewing were: laziness and apathy, theft and robbery, corruption and bribery, and the misappropriation of public resources.

Khat chewing had had an adverse effect on education and educational training. It seriously affected the health of the individual and family as a whole as shown in research conducted by both Somalis and foreigners. Khat consumption directly and indirectly caused health problems both for the individual and for society.

Khat had seriously damaged the national economy in general the President said. It had been ascertained that the nation had spent approximately 849 000 000 Somali Shillings (US \$ 57 000 000) annually for the direct importation of khat . Undoubtedly the national economy and general standard of living of the Somali society would have been greatly improved, had these large resources been directed into the productive sectors. The foreign exchange that the country used to spend on the importation of khat and related items was between US\$ 57.5 and US\$ 86 million. Had that amount of hard currency been channelled, for example, to the industrial sector undoubtedly the operative capacity of many factories would have been increased and certainly the instability of the Somali Shilling would have been improved and remedied. In addition a considerable area of farm land originally devoted to food crops had been diverted to the cultivation of khat.

The President drew attention to certain aspects of khat prohibition which resulted in heavy economic commitments for the Somali Government. These included controlling khat smuggling, crop substitution, education campaigns, rehabilitation programmes for khat addicts and loss of Government revenue from khat taxation valued at 525 million shillings. The President hoped that friendly countries and international organizations would assist Somalia in the eradication of khat and he called upon these countries which still grow khat to relinquish the few benefits they derive from it and substitute for it food crops that are more useful to mankind.

II COMMENCEMENT OF MEETING

The meeting started on Tuesday, 25 October 1983, with registration of participants (a list of which is appended - See Annex IV) at 8.00 a.m. followed by election of officers. The following were proposed and unanimously elected:

- Dr Yusuf Hersi Ahmed, Somalia - Chairman
- Dr Othman Al-Taweel, Saudi Arabia - Vice-Chairman
- Professor C.K. Maitai, Kenya - Rapporteur

Election of officers was followed by adoption of the Agenda (Annex V) and then introduction of the programme of work (Annex VI) by Dr Taha Baasher, Director, Strengthening of Health Services, WHO Eastern Mediterranean Regional Office. Dr Baasher highlighted the objectives of the meeting and outlined the programme of work. Furthermore, he emphasized the need for collective effort and the importance of the delegates coming up with meaningful suggestions which could make significant contribution to the subject under discussion.

III BOTANY, CHEMISTRY AND PHARMACOLOGY OF KHAT

The following four papers dealing with the botany, chemistry and pharmacology of khat were then presented by the respective authors:

- (a) Amphetamine-like effects of khat on some neuroendocrine parameters in humans, by Abdullah S. Elmi *et al.*
- (b) Botany, chemistry and pharmacology of khat, by P. Kalix
- (c) Cathinone, a strong analgesic agent, by Abdullahi Mohamed Ahmed *et al.*
- (d) A new spectrophotometric assay of most biologically active components of khat, by M.E.A. Ramadan *et al.*

The following is a brief summary of the important points covered in the aforementioned four papers :

With regard to the botany of khat it is unfortunate that there is no taxonomy of the different subtypes of *Catha edulis*. Furthermore, the plant does not seem

to possess - neither at the macroscopic nor at the microscopic level - features allowing easy and unequivocal identification of the material for example, enforcement agents. There is also no simple chemical reaction which could serve this purpose. On the other hand, a spectrophotometric assay is now available which allows distinction of commercial khat types according to their content of phenylalkylamine alkaloids.

The chemistry of the active constituents of khat has mainly been elucidated through the investigations of the United Nations Narcotics Laboratory. Two phenylalkylamine alkaloids, namely (+) norpseudoephedrine (or cathine) and (-) cathinone, appear to account for the stimulating effect of the leaves, the latter being considerably more potent than the former. All the stimulatory and sympathomimetic effects observed in khat chewers can be correlated to effects caused in animals and animal tissues by (-) cathinone. It appears, therefore, that this alkaloid is the main active constituent of the khat leaf. In particular, animal experiments have demonstrated the high dependence potential of (-) cathinone and therefore this alkaloid is to be considered the dependence-producing constituent of khat. A number of other constituents have also been identified in khat but although these substances await pharmacological assessment, it appears unlikely that they contribute to a major extent to the effects desired by khat chewers.

The effects which (-) cathinone produces in animals are analogous to those of (+) amphetamine; this pertains also to the analgesic effects of (-) cathinone and to those on endocrine parameters as well as to the mechanism of action. Therefore, the khat leaf must be seen as an amphetamine-like stimulant and its main alkaloid, (-) cathinone, can be considered a "natural amphetamine". Thus, in terms of pharmacology, the chewing of a portion of khat is tantamount to the intake of a certain dose of amphetamine.

The presentation of the four papers was followed by a discussion during which a number of questions were raised to which appropriate answers were provided.

Among the questions raised during the discussion were those concerning mode of action of (-) cathinone, factors likely to influence the content of (-) cathinone in khat, the pharmacological classification of the active constituents of khat and the possible effect of (-) cathinone on blood glucose.

IV THE SOCIO-ECONOMIC AND HEALTH ASPECTS OF KHAT

Dr Baasher then presented a paper on the epidemiology of khat. He emphasized the seriousness of the khat problem and briefly outlined the most important contributory factors as exemplified by a case study undertaken in Djibouti. In response to some of the questions raised regarding the active ingredients of khat he pointed out that, though the pharmacological classification of khat is of central importance, however, from an epidemiological point of view the whole issue should be considered in its entire totality: socially, economically and ecologically as well as medically. The paper by Dr Baasher raised much interest and was discussed at great length. Of special interest to the participants was the question as to how best to deal with a serious national problem, such as that in Djibouti. It was indicated that this would be dealt with in the final session when policy and strategy would be discussed.

V HISTORY AND SOCIAL ASPECTS OF KHAT

After the paper by Dr Baasher the following papers were presented :

- (a) Khat, a brief history and its roots in the Somali culture
by Mohamed Hamud Sheikh
- (b) Social effects of khat,
by Lt. Col. Mohamed Abdi Hassan
- (c) Some social aspects of khat in Yemen
by Mohamed Al Hababi
- (d) Social effects of khat chewing in Kenya
by C.K. Maitai

In Yemen, khat chewing is an ancient and deeply rooted habit. This is reflected by the existence in most houses of a room specially designed and equipped for khat sessions. However, khat chewing is not practised by children; this is due to the prohibitive attitude of their parents.

A survey of the motives for chewing, conducted by Mohamed Al Hababi among the population of Sana'a , reveals that about half the khat users state improvement of working performance as the reason for the habit. For 20% of the interviewees khat chewing was mainly a recreational habit, whereas about 15% saw khat as a means of establishing and improving interpersonal relations.

In Somalia, khat chewing was initially limited to a region in the north where the plant grows; the habit was practised only on certain occasions and by a limited segment of the population. However, when khat chewing was introduced by immigrants to the capital Mogadishu, the habit spread rapidly. This was due in part of the lack of social constraints in the urban environment. This spread, which was greatly facilitated by the road and transport system, gave rise to important problems for the individuals concerned, for their families and for society as a whole. The ban on khat, which was introduced in Somalia early in 1983, consists not only of prohibitive measures, but includes also a multi-faceted re-educational programme.

There followed a discussion on the above papers during which a number of questions were posed and answered.

Among the questions raised during the discussion were those concerning rehabilitation measures undertaken by the Somali Government following the ban on khat, the relative importance of khat as a cash crop in Kenya compared with coffee, chemical analysis of khat from Kenya and statistics on the number of people caught contravening the khat ban in Somalia.

During the discussion it was emphasized that khat constituted a serious problem in some of the countries participating. However, the representative of Yemen Arab Republic was of the opinion that some of the evils attributed to khat chewing were not fully applicable to his country. He further emphasized that the Yemen Arab Republic was tackling the question of khat gradually and systematically to avoid possible repercussions from those who chew khat or derive their livelihood from it.

The meeting ended at about 6.00 p.m. and resumed again on Wednesday, 26 October 1983.

VI ECONOMIC IMPLICATIONS OF KHAT

On Wednesday, 26 October 1983, the meeting first considered the economic implications of khat. The following papers were presented:

- (a) The impact of khat on foreign exchange,
by Central Bank of Somalia
- (b) The effect of khat on national economy,
by M.E. Bullaleh and M.S. Samater
- (c) Strategies and actions for dealing with the khat problem in Yemen,
by Abdul Magid Al Khuleidi

A representative of Somalia gave statistics on the number of individuals caught contravening the khat ban, the number of vehicles involved, the court verdicts, etc. up to 13 October 1983.

A participant observed that the amount of time wasted by khat chewing (5-6 hours daily) viewed from the economic point of view is enormous. Yet another participant observed that traffic accidents resulting from khat chewing by drivers is also very important from the economic point of view.

A representative of Somalia informed participants that the figures presented concerning the impact of khat on the Somali economy were based on a retrospective study using information provided by the Ministry of Finance.

Based on the Somali experience, it was shown that economic reasons had rendered prohibition of khat necessary because of its impact as a non-essential commodity on national life through loss of time spent on searching for khat and then consuming it. Khat seriously reduced the level of labour productivity. As the paper by the Bank of Somalia showed, the khat trade also caused serious problems for the stability of the Somali shilling. Thus the trade in khat hit

both the economy in general and in particular the foreign reserves. This is very serious for a country like Somalia which is dependent on imported goods, especially many food commodities. For the foregoing reasons it is necessary to maintain khat prohibition and to reintegrate those involved in the khat trade in occupations productive for the community as a whole.

VII HEALTH ASPECTS OF KHAT

The meeting then considered the health aspect of khat. The following papers were presented :

- (a) Clinical aspect of khat
by Yusuf Hersi Ahmed and Khalif Bile
- (b) Psychological and physiological effects of khat-chewing in man
by Abdullahi Mohamed Ahmed et al
- (c) Health aspects of khat
by M.El Hassan Tawfik
- (d) Khat and blood glucose levels in man
by Abdullahi S. Elmi
- (e) Endoscopic upper gastrointestinal manifestations in habitual khat
chewers in Yemen
by Abdullahi El Guneid
- (f) Health-related problems of khat from the neuropsychiatric point of view
by Abdul Magid Al Khuleidi

After the presentation of the 6 papers the following observations were made by the participants :

- (a) Prohibition of khat alone does not solve the problem unless it is backed by mass education and active involvement of the whole population.
- (b) Khat effects do not have the same manifestations in all individuals and in all conditions. Among the modifying factors seem to be the previous chewing experiences, the environment in which the chewing takes place and the expectations of the chewer.

(c) The majority experiences a first phase characterized by euphoria and general central nervous system stimulation followed by a second phase (after consumption) in which fatigue, insomnia, irritability and depression are prevalent. Sometimes dysphoria and depression occur during the chewing period and may last for some hours after the cessation of chewing.

(d) The reaction to abstaining or depriving individuals of khat varies considerably. Some are happy and appreciate that they are freed from a bad habit, while others (a small percentage) express a wish to resume chewing khat. Cases were cited where individuals have given up khat chewing voluntarily. The fear of being isolated socially and being labelled a non-conformist compelled many individuals to continue chewing khat even though they would have liked to stop.

Khat, due to its content of cathinone, a proven amphetamine-like substance, and due to the effect of phenylalkylamine compound as well as other substances, e.g. tannic acid, may cause direct or indirect different somatic manifestations on human tissues and organs.

In brief, the medical consequences of khat use are as follows:

Khat has a wide range of physical effects, mainly on the digestive, respiratory, cardio-vascular and genito-urinary systems.

The digestive system is the one most obviously affected. Complaints of constipation are common. In addition, stomatitis, dyspepsia and gastritis, due to the astringent effects of tannin, are often observed. Anorexia is a constant feature, responsible among other reasons for the reduction of food intake. The incidence of piles and hernia has been reported to be significantly high. Bowel obstruction may lead to abuse of laxatives.

As khat leaves must be kept fresh, the water used for this purpose can be responsible for infections. Epidemics of cholera have been reported in the past as being linked to khat use. Food poisoning caused by leaves sprayed with modern insecticides can also occur.

One of the effects of khat use on the cardio-vascular system is the congestion of the face commonly observed in consumers. Tachycardia and liability of blood pressure to a temporary rise are often seen. These effects can precipitate more severe cardio-vascular conditions, especially in the brain.

Anaemia, impotence and eye conditions associated with a lowering of ocular tension, are among other classical medical consequences.

Some psychic effects have been reported. They are associated with cerebral excitation resulting from the amphetamine-like action of the drug. Insomnia is a constant feature.

Acute episodes of excitation and agitated confusional states, sometimes accompanied by criminal acts, may be observed. Schizophrenic reactions, when they occur, raise the difficult problem of their direct link with khat intoxication. As already indicated, khat chewers are at present increasingly exposed to the risk of becoming dependent on other drugs and alcohol.

VIII RELIGIOUS VIEW ON KHAT

Discussions on health aspects of khat were followed by a presentation of papers on religious views on khat, as follows :

- (a) The Islamic views on the use of khat
by Sheikh Adam Sheikh Abdullahi
- (b) Islamic laws on khat
by Sheikh A.A. Al Ghdalan
- (c) Yemen Arab Republic response to the declaration of the Medina Meeting ,
Saudi Arabia, 1983, as quoted by the Yemen Arab Republic delegation
from the newspaper Al Ray Al Am (No. 67 of 1983)

The two sheikhs clearly indicated the religious view on the prohibition of khat. Sheikh Adam pointed out that Muslim scholars (Ulamaa) based many of their pronouncements on the following:

- the prohibition of the evil and the harmful ;
- all that is evil is prohibited ;
- all that is good is legalized ;
- all that is more harmful than beneficial is prohibited ;
- all that is more beneficial than harmful is permitted;
- all that leads to the prohibited is prohibited.

Khat chewing can be either "absolutely harmful" or "more harmful than beneficial"; hence, under both circumstances, it is prohibited. Undoubtedly khat is harmful and corruptive. It leads to disease contraction. It causes indiscretion, misbehaviour, neglect of religious rites and other duties. It also leads to extravagance and prodigality. The latter alone is good enough cause for prohibition. It is also well known that khat disrupts family life, drags family members into misery and obstructs social development.

It has also been proven by witnesses, experiments and medical statements that khat is a narcotic substance and all narcotics are prohibited by a consensus of the Muslim "Ulamaa", who believe that, among the most prohibited are the substances which harm man's religion, mind, health, wealth and honour; hence it becomes obvious that narcotic substances are amongst the most prohibited, since they are the most destructive to these five elements as identified by religion.

It is well known that the use of khat is of great harm to these five elements as well and is therefore one of the most prohibited. The prohibition of the Holy Koran and of the Sunna of the Prophet regarding intoxicants is entirely applicable to khat, hence another reason for the banning of khat.

The presentation of the papers on religion was followed by a very lively discussion. It was recognized that there was close interaction between social, religious and health aspects of khat.

IX POLICY AND STRATEGY

At national level, papers and summaries on the policies and strategies for prevention of khat were submitted or presented by the following :

- (a) The representative of the Somali Democratic Republic
- (b) The Yemen Arab Republic representative
- (c) The representative of Kenya
- (d) The representative of Democratic Yemen (verbal presentation)

At international level, "Policy and Strategy for International Control" was presented by Mr A. Tongue.

Generally there was a realisation that the countries affected need to cooperate. In the case of Kenya, for example, compared to other countries (Djibouti, Somalia, Yemen Arab Republic, etc.) the problem of khat chewing is relatively minor. Nevertheless, concern has been expressed at different levels of the Government and by the general public.

The banning of khat by Somalia has added a new dimension to the entire question and it will be necessary to look at the issue more closely than before, since smuggling across the border, if construed to be officially sanctioned, may give rise to misunderstanding between the two countries. It is important to recall here that the khat (Miraa) prohibitive ordinance enacted in 1951 (during the colonial era) was retained without amendment after independence in 1963 and was only repealed by presidential decree in 1974 after khat farmers and dealers petitioned the late President Jomo Kenyatta.

The loss of the khat market in Somalia will be relayed back to the Kenyan farmers and this will be reflected in decreased new khat plantations. However, until the khat trade ceases to be lucrative, it is unlikely that the farmers will uproot the old khat plants since there is already a sizeable market within the country.

At international level, it was pointed out that the question of the international control of khat was brought to the attention of the UN Commission on Narcotic Drugs in 1956 and has been the subject of discussion and research by the Commission, WHO and other international agencies up to the present time. While some countries, such as Saudi Arabia and Somalia, have been able to introduce total prohibition of khat, each country has to seek its own ways of dealing with the problem. Rather than international control it is cooperation which should be fostered.

In this context, it was noted that problems related to opium were first discussed at an international conference of the countries concerned at the beginning of the century, and that this initial effort of cooperation led to the adoption of the UN Convention on Narcotic Drugs of 1961.

While emphasizing the need for international cooperation, the main focus must be on national efforts to solve the problem as the various countries see fit. During the discussion, the need for support from the United Nations and its specialized agencies (UNESCO, FAO, ILO, WHO, UNICEF) as well as regional organizations governmental and non-governmental organizations, was emphasized.

X CONCLUSIONS AND RECOMMENDATIONS:

Based on the material presented and the subsequent discussion the following conclusions and recommendations were made:

1. It is recommended that countries develop an overall national policy for effective planning and programming for the control of khat, covering all aspects of its cultivation, distribution, import, export and use.

Special emphasis has been placed on the need for the periodic evaluation of the implementation of national policies and their efficacy.

2. The importance has been stressed in this meeting of countries having strong national committees to inform and educate the public at all levels about the effects of khat chewing. These bodies should mobilize public opinion and action and to do this they should be representative of a wide spectrum of the national life, including youth, women, trade unions, employers and the professions as well as appropriate governmental and non-governmental agencies.

3. The meeting took note of religious views as presented on the use of khat.

In view of the role of religious teaching in the promotion of health and the prevention of health-damaging behaviour, the meeting recommends the involvement of religious leaders and institutions in the development of programmes for education and for the modification of behaviour towards khat, particularly at the community level.

4. The meeting took note of evolving research activities and recommended that the countries concerned should be encouraged to :

- (a) undertake action-oriented research on the use of khat and its related socio-economic and health problems ;
- (b) collect data on the health, social and economic consequences of khat abuse. In particular, in the medical field it is recommended that there should be closer consultation between professionals in different countries so that data obtained would be comparable;
- (c) establish comparable statistics from each country on cultivation, import, export, sale, consumption, etc. It was recommended that, in consultation with national statistics authorities, efforts should be made to remedy this situation.

It has become apparent that the most important active constituent of khat is (-) cathinone, a substance that has amphetamine-like effects on the human body. However, there are still unanswered questions regarding the botany, chemistry and pharmacology of khat and the participants in this meeting strongly support the continuance and development of research in these areas. In particular, there is need for defining features of the plant that would allow its easy and unequivocal identification. The elaboration of a simple chemical reaction which could serve this purpose also seems desirable.

5. Material on khat use has been published in many countries. This literature is, however, often unknown internationally. To meet this situation, it is recommended that collaborative efforts be made by all concerned to make this available to the World Health Organization and the International Council on Alcohol and Addictions. This material would then be made widely known and its use facilitated.

6. The meeting emphasized the need for cooperation and sharing of experience between countries affected by khat problems. The present meeting is felt to have been a useful opportunity for exchange of views between the countries concerned and it is recommended that such meetings be held at not too distant intervals. In that connection the meeting took note of the forthcoming meeting in Djibouti scheduled for early in 1984.

7. In view of the magnitude and the seriousness of the khat problem, the meeting emphasized the need for international support and calls on governmental and non-governmental organizations to assist the affected countries in

- (a) strengthening national policy for effective planning and programming in the control and prohibition of khat;
- (b) the development of relevant educational, recreational and health programmes ;
- (c) rehabilitation activities for former consumers of khat ;
- (d) food and crop replacement for the affected khat farmers and the provision of work opportunities for those for whom khat was the source of employment ;

- (e) provision of active support in preventing illicit transport and trade in those countries where prohibitive measures have been introduced.

8. The meeting noted the highly commendable measures undertaken by the Somali Democratic Republic for the prohibition of khat and felt the need for bilateral, regional and international agreements for the control of trade in khat and assistance in dealing with problems which khat prohibition may have caused.

The above recommendations were adopted by the participating countries with reservation by Yemen Arab Republic (YAR) and Democratic Yemen (DY) on the following points :

Recommendations 1,7,8 - YAR :

Substitution of the term "control" for "prohibition".

Recommendation 3 - YAR and DY :

Deletion of the second sentence.

Recommendation 5 - DY :

Modification of the term "material" to "scientific material".

Recommendation 8 - DY :

Substitution of the part dealing with agreements on trade control by recommendation 5 of the Antananarivo Khat Conference (January 1983) .

ANNEX I

THE INAUGURAL SPEECH OF H.E. PRESIDENT OF SDR TO
THE INTERCOUNTRY MEETING ON HEALTH, ECONOMIC AND
SOCIAL ASPECTS OF KHAT, 24-28 OCTOBER 1983, MOGADISHU

It is a great pleasure for me to participate with you in this inter-country meeting on the nature and evils of khat. It is also a great honour for us that such a meeting be held in the Somali Democratic Republic.

On behalf of the Party, Government of the SDR and on my own behalf, I extend to you my greetings and congratulations on the efficient organization and preparation of this meeting and the extra efforts you are making in dealing with this topic, which is of great significance to mankind in general. In this regard I would like to particularly mention the considerable and constant efforts made by the World Health Organization (WHO) to turn the attention of the world to the dangers posed by all types of narcotics, and its ceaseless work towards their final eradication in order to eliminate their harmful effects from the peoples of the world. We profoundly thank the Organization for the preparation of this meeting and for the goodwill it revealed to us when we decided and embarked upon the battle against khat and other drugs.

JAALLAYAAAL,

As we all know, since the beginning of its history, the human race has been striving towards the realization of a meaningful, honourable existence on earth. Man has been engaged in constant wrestling with nature in his quest for a better life.

Whenever man overcame one natural obstacle, he was confronted with other natural challenges, but he never gave up and never lost hope of surmounting these hurdles. These obstacles formed a constraint to man's objective of achieving victory over nature and realising his own wishes. Therefore, as can be learned from the history of man's struggle against nature, the emergency of a natural difficulty was accompanied by the evolution of counter-measures or solutions to it. This fact is illustrated by the various socio-economic systems which man has passed through; each time abandoning the system that fails to satisfy his material and spiritual requirements.

Thus progressed the various societies in this world, always fighting relentlessly against anything that proved harmful to them, and in particular anything that constituted a detriment to the health, economy, culture and dignity of society. This struggle for the elimination of harmful agents is based on man's quest for the ideal life, and it forms the basis for the life philosophy of every nation that aspires to :

- 1- Develop its economy and realise economic prosperity for all of its citizens.

- 2- The creation of an all-round healthy society, whose members live harmoniously together and in complete accord with other societies.

- 3- This would, in its turn, result in the realisation by mankind of the benefits of harmonious coexistence. It would produce among the world's peoples an understanding based on cooperation and clean transactions; an understanding free from pride, arrogance, greed and the longing for an unrightful extra share; an understanding based on respect and consideration among peoples.

All these, which reflect the cherished goals of every human being, can only emanate from a sound society. Obviously, it is a healthy society that produces healthy, considerate, and morally upright leaders who have at heart the progress and welfare of their society, since leaders are moulded by their society and inherit both its merits and negative aspects.

No doubt, every nation is guided by its leadership. The truth is that a sound leadership guides its nation in a sound direction leading to the attainment of economic prosperity, health and honourable sovereignty . Moreover, it is a sound leadership that plays an effective role in international relations and dealings.

Therefore, it is the leadership thus characterised that can take decisions concerning the problems facing its society, and makes every effort to fight against anything detrimental to the well-being of its people. However, every issue, whether political, economic or social, needs an exhaustive scientific study and a lengthy analysis prior to adopting a decision in its regard.

Hence, following the confirmation of its considerable adverse effects on all aspect of social life, the Somali Revolutionary Government saw as its duty and inescapable obligation to take the decision prohibiting khat within this country.

The damage done by khat to the Somali nation had many facets - economic, health, cultural, security and political- which were increasing day after day in step with the rapid spread of the khat epidemic which reached proportions that could not be ignored.

JAALIYAAAL,

According to some of the authorities on khat and its history, it is estimated that its use began in this country in the period between the end of the 19th century and the beginning of the 20th, starting in the north-west Region and subsequently spreading to the other regions in the northern part of the country. However, the khat-chewing habit was then limited to a small number of people, mainly holy men of religion, who used to spread and study the

concepts of Islam, and their students. This group used khat in the belief that it wards off sleep, and thus enables them to stay awake for a long time in order to carry on their religious studies, prayers and glorification of Allah.

This was followed, at the beginning of the century, by the use of khat among youthful artist groups known by various names such as The White-Shoed Ones ("Kaba-ad") and the "Bugaan Bug". These too fell victim to the mistaken belief that the effects of khat were favourable to the practice of their activities. Gradually they influenced other young people to accept their khat chewing style which was different from that originally adopted by the men of religion, and which introduced, at the same time, a moral decadence alien to the culture of the Somali people.

Considering the influential position enjoyed by these two groups in society, and the inclination of people to imitate their actions and personal life-style, it was natural that they should lead the rest of society towards the negative habit of khat chewing, and to cause its subsequent spread to the whole of the country, until, in the 60s and 70s it reached dangerous proportions, equally affecting all sectors of society and all age groups, while its perils steadily increased.

THE INDIVIDUAL: The individual is the pillar of the progress of human civilization. He is the source of new ideas and creativity, he invents the techniques and tools for the useful application of creative ideas, and he provides the labour necessary for the realization of new ideas. However, only a healthy person can be expected to produce healthy, creative ideas and to devise the techniques for their application. Likewise, the individual is the pillar of the economic development of society because it is on him that production depends, and he forms the basis for the formulation of the socio-economic policies guiding society and their implementation. A person who lacks bodily and mental health cannot be expected to realise progress.

That is why governments of various ideologies and cultures all equally stress the welfare of the individual, safeguarding him from all harmful agents so that he will be useful in every way, keeping in view the fact that society is made up of individuals.

Like other narcotics, khat has considerable detriments for the individual:

- 1- It kills his creative abilities ;
- 2- It kills the working spirit in him ;
- 3- It reduces his working capability ;
- 4- It prevents him from the fulfilment of his obligations towards himself, his family and his nation;
- 5- It imperils his bodily and mental health ;
- 6- It causes him to lose control over the management of his day-to-day financial affairs which leads him to suffer constantly from economic worry and instability. In the long run, it leads him to the embezzlement of public funds, lies, fraudulent practices etc.;
- 7- It makes him a parasite on society.

THE FAMILY : The family consists of father and mother and their offspring. The ideal family is built on the prevalence of an atmosphere of understanding, cordiality and cooperation among the pillars of the family. Only in the presence of these conditions can the family realise happiness and prosperity; then the children grow morally and spiritually upright, able and ready to contribute positively to the development of their society and country. The sound culture of the Somali society is reflected in the strength of the family structure which has firm deep roots, and where divorce was strongly disapproved of and discouraged.

Marriage was highly regarded by society, and young people were encouraged to enter into the bond of marriage in order to acquire social recognition and the respectable status which marital life conferred on them.

Therefore, they longed for married life and the enhanced image it brought with it.

However, divorce and the breaking up of the family which it entails was regarded with even more disapproval than the failure to marry.

This sound attitude has been damaged by the unbecoming habit of khat chewing which has affected a number of our families. It has destroyed the family's cohesiveness and harmony and even brought instability and complete destruction to it, after the father or mother left for khat chewing the expenses intended for family care. This habit also caused economic decline to the family. In turn, this brought about the situation of children being left without parental care and guidance, which resulted in their going astray.

Among the bad habits created by khat chewing are: laziness and apathy regarding work, theft and robbery, corruption and bribery, and misappropriation of public resources.

As one can imagine, these characteristics, individually or in combination, are not good for any one, and in particular one who is entrusted with responsibility, no matter whether he is a government official, a personnel officer, a civil servant or a private worker.

For instance, if we take as an example the civil servant and his time, it is a fact that the day consists of 24 hours, which can be divided into three balanced parts, i.e. 8 working hours, 8 hours for attending to private interests, and 8 hours for sleep and rest.

This time schedule has been seen as useful for work, production and for the person's health. But, if the time plan of the person does not conform to this schedule and this balance is lost, it has been proven that the smooth

functioning of the person will be in jeopardy, regarding his health, his productive capacity, and his general well-being. And as society consists of individuals, if he becomes unstable the whole society faces instability, in the economic, cultural and political aspects, etc..

It has been noticed that khat chewers have no balanced time schedule, and in effect some of their working hours will be lost because it is inevitable that the habitual chewer craves chewing, and loses much time in looking for its means, and after chewing, suffers from sleeplessness, fatigue and depression which in turn affect his work and productive capacity.

This fact can be ascertained by the increase of work output as has been revealed by pilot surveys and in-depth observations carried out after the ban was imposed on khat. The reasons for this ban are :

- The increase of the work activity
- The increase of the hours which the workers spend in work;
- The rise in the quality of work due to the increase of attention from the worker;
- The increase of activities and energy to do work, due to the good health attained by a large number of former chewers (as they themselves have testified);

Therefore, it is doubtless that the consumption of khat had a tendency to cause a tremendous damaging effect on labour and the labour force.

EDUCATION: The khat chewing habit had an adverse effect on education and educational training, similar to its effect on all other activities and sectors. It has been noticed that educational activities as a whole - upbringing and training, teaching, and higher education - were declining when the unholy habit of chewing was common in the country.

How did it cause this? It can be said that teachers (those who used to chew khat) could not exercise their natural energy, their educational knowledge or their professional art, because of the effects of khat. Students who chewed were likewise physically and mentally retarded, and deviated their valuable time to activities other than their educational ones by following in the footsteps of their teachers, and parents, who had the chewing habit, and in imitation of the general public among which they lived and whom the disease of khat consumption affected and drained of the power for activity, both moral and physical. Chewers leave the chewing places exhausted physically, mentally and morally, their energy having been consumed during the chewing time. Khat, as is commonly known, brings forth the potential energy which the person would use in the coming day(s). This creates the mistaken idea which causes some people to claim that khat produce additional energy.

Moreover, our teachers and lecturers have seen that the root cause of the decline of the quality of education was due to the effects of khat consumption on both teachers and students. Because these teachers could not transmit appropriately the scientific principles, and the students' minds, likewise, could not receive or absorb them wakefully, and were in a trace-just like that of a chewer when he tries to find a solution to a problem which confronts him, he envisages a mirage and illusions but never finds a real solution to the problem.

It is common knowledge that khat, like other narcotics, comes between the person and the perception of reality, by creating a SHADOW or a false image of the real problem. The euphoric effects of khat change reality into illusion, and offer an illusory and impractical solution. Then, when the person returns to the real world, the real problem confronts him again and he has to find the real solution.

HEALTH : Both Somalis and foreigners who have conducted research on khat have ascertained that it seriously affects the health of the individual and the family as a whole. The health problems directly or indirectly caused by the consumption of khat are multifaceted. It has been acknowledged that those diseases which are directly caused by the consumption of khat are brought about, for the most part, by compounds contained in it which are transmitted straight into the body. As has been verified in research conducted for a long time by the Pharmacology Department of the Faculty of Medicine of SNU, and other research carried out in other parts of the world, these compounds directly affect the nervous, circulatory, respiratory and digestive systems. Khat has a damaging effect, to which some of them are especially vulnerable, on all these systems and related organs.

Khat, like other narcotics, has a great impact on the brain and the nerves. It has been certified that habitual use of khat causes mental illness. These compounds are equivalent to amphetamines which induce the symptoms associated with all narcotics. In research conducted by Somali workers it has been found out that khat, like other narcotics, has tolerance syndrome and dependence.

The third symptom, that is the withdrawal syndrome, is still undergoing further study.

It has also been observed that khat consumption indirectly causes health problems, both for the individual and for society. The diseases considered to be caused by khat are numerous, and include malnutrition, respiratory disease (e.g tuberculosis, pneumonia, common cold), influenza and venereal diseases.

Favourable conditions for development of communicable diseases, such as respiratory diseases, can easily be found in environments where chewing sessions take place. Other favourable conditions for the spread of diseases are :

1. Lowering of moral standards and lessened observance of Islamic moral teachings.

2. Khat consumption can assist the spread of other harmful practices such as prostitution.
3. The long absence of male khat chewers from their houses may favour the establishment by them and their wives of new sexual partnerships.

The social problems and economic hardships that the spread of these diseases can bring about from a social point of view are easily recognizable. Also, it is obvious that these diseases can affect very many people provided that they spread, and can cause social disaster. Some of the diseases, it has been estimated, require a sizable amount of health care expenditure, while at the same time affecting and lowering general productivity.

THE ECONOMY: From an economic standpoint, we know that economic growth is a basis for the betterment of mankind. Indeed, if there is no economic advancement, there can hardly be any development, and a nation whose economy is not developed cannot safeguard its sovereignty. For this reason, it is incumbent on every society to develop its economic base so as to ensure for itself an acceptable standard of living. Khat has seriously damaged, in general, the national economy and, in particular, that of the family and of the individual. It has been ascertained that the nation has spent approximately 849,000,000 Shs.So. (or equivalently US\$ 57,000,000) annually on the direct importation of khat.

This huge outflow of hard currency, if compared to the essential commodities that were imported in 1982, would have covered nearly 37% of the imported value of the same year. Undoubtedly, the national economy and general standard of living of society would have greatly improved had those large resources been directed into the productive sectors.

Somali economists have found that the cost of khat was rather high. It has been estimated that the total cost of resources directly utilized for this product is about 3.825 billion Shillings, the break-down of which is as follows:

1. Yearly import is estimated at one billion ;
2. Vehicles used for this purpose cost 75 million;
3. Cost of production of about one hundred thousand of the labour force is 1.20 billion.
4. Loss of productivity because of "hangover" and laziness is 500 million.
5. Resources used for petrol, warehouses, marketing and distribution and related activities is one billion ;
6. Cost of labour engaged in farming including rental value of land is 50 million.

The use of such large resources for khat certainly will not increase the standard of living; it may even result in reduction, for, as addicted people shift their resources from necessary food consumption to this product, malnutrition may become a problem.

The moral costs too are indeed enormous. Considering the relationship between khat transactions and the rate of foreign exchange, banking institutions have realized that khat has seriously affected the foreign exchange rate and consequently the stability of the Somali shilling. Since the banks have not earmarked hard currency for khat, the extra demand on the parallel market has been generally caused by it. Thus the parallel market has lowered the value and the role of the Somali shilling. The total hard currency spent on khat importation and related items are as follows:

1. Direct importation of khat = \$ 40 - 60 million
2. Transport and fuel =\$3.5 - 5.0 million;
3. Complementary imported goods =\$6 - 9 million;
4. Income effect on imports =\$9 - 12 million;

In summary, then, the foreign exchange that this country used to spend in the importation of khat and related items was between \$ 57.5 million and \$ 86 million. Had that amount of hard currency been channelled, for example, to the industrial sector undoubtedly the operative capacity of many factories would have been increased. Certainly, also, the instability of the Somali shilling would have been improved and remedied.

JAALAYAAAL,

The negative effect of khat on the national economy is not limited only to the factors that I have mentioned. Khat has reduced the production of primary crops. A considerable area of farm land originally devoted to food crops has been diverted to the cultivation of khat. For instance, in the Northern Regions roughly 3 180.78 hectares have been cultivated intensively with khat. Currently there are 1 130 980 trees planted in those 3 180 hectares, owned by 5360 families. It is no wonder, then, that primary crop production has been reduced, thereby making it inevitable to import food items that would otherwise be produceable domestically. The Somali Government, having witnessed the economic, cultural, social and health problems of khat, and considering the general opinion of the public, decided to legally ban the importation, cultivation and consumption of khat within the Somali Democratic Republic. Such a decision has been taken by the Government after reviewing the research outcomes on these problems which have been undertaken by Somali and foreign researchers.

Even though we have been seriously fighting against khat smuggling-and I commend the law enforcement agencies and the general public on their meritorious action- there are elements who would wish to see the re-entry of khat into this country. For this reason, it is all the more important for law enforcement agencies and society as a whole to double their efforts so as to frustrate the wishes of these few elements, even though we are certain that a significant number of people are by now conscious of the problems that khat has in common with other narcotics. The few culprits who defy the narcotics law must be punished. Khat is a social evil.

Once again I want to bring to the attention of the Somali people that khat is the root cause of social enemies such as poverty, disease, ignorance and tribalism. Given this fact, it is only pertinent that a serious war be waged against khat trafficking, for whoever acts against the interests and dignity of the Somali people is the real enemy of society.

In order to execute the Government's decision, however, it has become apparent that certain economic problems which cannot be solely shouldered by the Somali Government have cropped up. Among these are :

- 1- Controlling khat smuggling. This needs manpower, transport, fuel and communication equipment ;
- 2- The decision to destroy existing khat farms and subsequently replanting them with food crops will undoubtedly require a propaganda programme against the ill-effects of khat through the mass media, coupled with sports, plays and other entertainments all intended to orient the public against khat.
- 4- Rehabilitation programme for khat addicts.
- 5- Loss of Government revenue from khat taxation, valued at 525 million shillings.

It is my sincere hope that the solutions to the above-mentioned economic problems will find their rightful place in the resolutions of the meeting.

So long as khat is internationally considered as a type of narcotic, as regards its health, social and economic hazards; so long as it has been ascertained that the world food production will dwindle in the near future and that it is imperative to take necessary precautions against these problems. I take this opportunity to call upon those countries who still grow khat that they relinquish the few benefits that they derive from it and instead destroy khat farms and substitute them with food crops that are more useful to mankind.

EM/MENT/103
EM/INC/MTG.MSE.ASP.KHT/7
Annex I
page xiv

My profuse thanks to the countries and international organization who are participating in this inter-country meeting on khat whereby this "green evil" will be seriously studied and analysed. I am strongly confident that your full participation in this meeting will produce beneficial results for all of us to appreciate. I have no doubt in my mind that at this meeting various salient papers will be presented that will address themselves to different aspects of khat, so that you will be in a position to judge for yourselves how harmful it is in every respect. Finally, I hope that friendly countries and international organizations will, without hesitation, assist us in the eradication of khat from this country.

Thank you.

EM/MENT/103
EM/INC/MTG.MSE.ASP.KHT/7
Annex II

ANNEX II

ADDRESS BY DR ABDI RASHID SHEIKH AHMED
ACTING MINISTER OF HEALTH, SOMALIA
TO THE
INTERCOUNTRY MEETING ON HEALTH, SOCIAL AND
ECONOMIC ASPECTS OF KHAT
MOGADISHU, 24 - 28 OCTOBER 1983

ANNEX II

INTERCOUNTRY KHAT MEETING

Mr. President, Your Excellency
Honorable members of the Party and Cabinet
Your Excellence, Dr. Hussein A. Cezairy, World Health Organization
Regional Director for Eastern Mediterranean Region
Excellencies, Representatives of the Diplomatic Mission in Somalia
Distinguished Representatives of the United Nations Agencies
Honorable participants and guests
Honorable Representatives from bilateral and non-Governmental organizations
Dear Colleagues
Ladies and Gentlemen

It is a great pleasure for me to welcome all of you to the opening session of this important Intercountry Meeting on Health, Social and Economic aspects of Khat and to address this very important gathering which is organized by WHO with the support and collaboration of the Government of the Somali Democratic Republic. Participating in this meeting are high authorities from WHO, senior professionals and senior representatives from various countries. Its objective is to appraise the problems arising from the use of khat with the view to providing a basis for constructive national, regional and international measures to deal with these issues. Indeed, this is a great opportunity in the history of Somalia, where top-level people meet together in our country to discuss the problem of khat following the Government's legislation which was passed by the People's Assembly in March of this year, making importation, growing, keeping and chewing khat illegal and punishable. We consider that this law is a major milestone in the history of our country. Ever since this law was passed, repeated and continuous intersectoral and inter-ministerial efforts have been made to enforce it. Suffice it to mention at this juncture the judicial, customs and security efforts made so far.

The Ministry of Health is proud of its efforts and contributions towards enforcement of the law. The Ministry made a great effort to promote the prevention of health hazards, starting from health education of the public, through health research and culminating in a National Conference on Khat in August this year. Even before the law was passed the Ministry of Health sought several national, international and other expert consultations in the various socioeconomic and health fields. Together with this, studies of the after-effects of the law in the social and health fields and, above all, the economic implications were carefully analysed and weighed. The areas of social and mental repercussions, as well as that of health education of the community, were monitored. A national conference was held and the documentation of that conference will be at your disposal at this meeting.

With all this in mind, and due to our political commitment to see that the law is enforced, Somalia's Ministry of Health felt the need to organize this international meeting. With the efforts of WHO and related Ministries this need has now been satisfied. We look forward to the outcome and recommendations of this meeting which will have the full support of the Ministry of Health.

Your meeting will no doubt realise that prohibition of khat has seriously affected the economy of the country. This will be clearly presented to you. This deficit in the national budget would naturally need national as well as international support. We look forward to seeing your deliberations describing ways and means, coordination and collaboration and contributions to minimize these economic and health effects. The contribution of WHO to resolving health effects would be very much appreciated. WHO has always assisted and cooperated in many health projects in the country and we hope that the health aspects of khat will meet its due consideration.

Your Excellency; I wish to thank you for accepting to attend the opening of this meeting. I wish to warmly thank Dr. Gezairy, the World Health Organization Regional Director for the Eastern Mediterranean Region, for his continuous and firm support to help this country in the health field. His support, assistance and encouragement towards the promotion of the health of the Somali people and in particular towards this important meeting are greatly valued. I would like also to thank Dr Taha Baasher, and other WHO experts participating in this meeting, and wish them a pleasant stay in Somalia. Our thanks go to all countries' participants who have accepted the invitation to come to this meeting despite their commitments in their own countries.

ANNEX III

ADDRESS BY DR HUSSEIN A. GEZAIKY
DIRECTOR
WHO EASTERN MEDITERRANEAN REGION
TO THE
INTERCOUNTRY MEETING ON HEALTH, SOCIAL AND
ECONOMIC ASPECTS OF KHAT
Mogadishu, 24 - 28 October 1983

Your Excellency, Dear Colleagues,

On this important occasion, we are greatly honoured by the presence of H.E. Mohamed Siad Barre, President of the Somali Democratic Republic. It is therefore my special pleasure to welcome you all on behalf of the World Health Organization and to thank you for your cordial collaboration in taking part in this intercountry meeting on the socioeconomic and health problems associated with khat.

I would also like to avail myself of this opportunity to extend my special thanks to the Ministry of Health and all national authorities for their great efforts in the preparation and organization of this meeting which, I am happy to say, embodies several significant, positive features.

Firstly, it takes place in the wake of the historic and epochmaking decision of the Somali Government to prohibit the use of khat.

Secondly, the interest and keenness of H.E. the President effectively to abolish such use, and also his personal participation in this inaugural session, bestow special meaning on this meeting.

Thirdly, this gathering is the first of its kind to be officially organized by WHO to deal with the complex khat-related problems.

Fourthly, it takes place at a time when all necessary investigations on the chemical composition of and possible biological reactions to khat have been satisfactorily completed by United Nations laboratories. The results and conclusions reached, particularly the identification and isolation of the active ingredient and basic substance, cathinone, clearly underline the biochemical nature of khat-induced problems and also refute unfounded claims regarding harmless or even benign effects of this plant. Indeed, its history has been shrouded in misleading and misguiding spread or prevent its harmful use.

It is appropriate that the first WHO meeting on khat takes place in one of the countries of the Eastern Mediterranean Region. For this Region includes the largest number of countries where khat has been commonly used, with far-reaching socioeconomic implications as well as health hazards. Very logically, an increasing number of countries are now expressing concern about this menace.

Essentially, this must be considered within accepted WHO policy and the framework of international efforts to deal with drug abuse. It seems relevant to recall here that in 1980, the Thirty-third World Health Assembly, after having reviewed WHO's work in this field, adopted Resolution WHA33.27 which calls for suitable action regarding abuse of narcotic and psychotropic substances as well as international conventions to deal with this subject. In brief, the WHA invited Member States, as they develop their national strategies for Health for All by the Year 2000, to give very serious thought to drug abuse and effective means to combat it, in view of its growing incidence nationally, regionally and world-wide. This is a serious problem from which both the developed and the developing world is suffering.

However, this meeting is to deal with one specific aspect, namely khat abuse and the complex related problems. Obviously, a number of pertinent questions will be raised. Briefly, the abuse of khat is a symptom of many intractable issues. It may be noted that circumstances vary from country to country - for instance, nations consuming khat may be divided into two groups: those who produce the drug and those who import it. National policies and activities to deal with it also vary. However, the gravity of the problems involved, and their interrelationships, require concerted efforts at all levels - particularly the international, where a great deal more work is crucially needed. I am happy to note that Somalia's recent achievement in this field provides an excellent example; I hope that the evaluation of this work will prove helpful in developing the effective measures and intervention programmes in which so much interest is now being expressed.

From your Agenda you will see that the subject of khat is to be dealt with in many aspects, in depth and with broad scope. One important facet to be discussed is the religious view on khat. It is evident that religious teaching can play an important role in the promotion of health and in the prevention of health-damaging behaviour, such as the abuse of khat. Relevant to this subject, I wish to stress two points:

Firstly, I feel it very appropriate to emphasize here that the model which was successfully implemented in the very early Islamic era, fourteen centuries ago, to combat abuse of alcohol, still remains an ideal and unique example. It clearly constitutes a systematic approach for changing attitudes and overcoming in-built behaviour regarding drugs. It succeeded in evoking healthy human responses, as well as active community involvement, to deal with the threat posed by cultural, social and other aspects of alcoholism.

This leads to the second point, namely the role of religious leaders and religious institutions in the development of relevant teaching programmes, together with the mobilization of the community in the face of the challenge of drug abuse, including that of khat.

EM/MENT/103
EM/INC/MTG.MSE.ASP.KHT/7
Annex III
page (iv)

In conclusion, I trust that your distinguished group will share experience and information on this important subject; I am sure you will address yourselves to the basic issues and possible solutions to this difficult and intriguing problem.

While wishing you successful deliberations, I shall be looking forward with keenness to the recommendations emanating from your meeting. They should be of great help in further strengthening the growing efforts for effective control of khat and proper prevention of its abuse.

I would like also to reiterate my thanks to the host Government and its leader, H.E. President Barre, and I assure them of our full cooperation.

Thank you.

ANNEX IV

LIST OF PARTICIPANTS

DJIBOUTI

Mr Moussa Sougueh
Senior Staff
Ministry of Health
Djibouti

Mr Mohamed Mahdi Youssouf
Epidemiologist
Service of Hygiene
Ministry of Health
Djibouti

DEMOCRATIC YEMEN

Dr Mohamed Jaffer Qassim
Judge
The Supreme Court of the Republic
Aden

Dr Bader Jaffer Abdul Hamed
c/o Ministry of Health
Aden

SAUDI ARABIA

Dr Othman Al-Taweel
Director
Taif Mental Health Hospital
Taif

Dr Ibrahim Gasem

Mr Sultan Abdel Aziz Al Ankary
Psychiatric Department
Riyad Central Hospital
Riyad

SOMALIA

Dr Abdullahi Sheikh Elmi
Head
Department of Basic Sciences
Faculty of Medicine
P.O.Box 835
Mogadishu

Sheikh Adam Sheikh Abdullah
c/o Ministry of Health
Mogadishu

SOMALIA (CONT'D)

Dr Yusuf Hersi Ahmed
Director of National TB Control
Programme, Senior Lecturer and
Head of Department of Medicine
Faculty of Medicine
P. O. Box 356
Mogadishu

Mr Mohamed Sheikh Osman Jawari

Dr Mohamed Elmi Bullaleh
Vice-Rector
Somali National University
P. O. Box 15
Mogadishu

Dr Khalif Bile Mohamud
Dean
Faculty of Medicine, SNU
Mogadishu

Dr Mohamed Said Samater
Associate Dean
Faculty of Economics, SNU
P. O. Box 1726
Mogadishu

Col. Aaydiid Abdullahi Inkahanaf

Mr Mohamed Hamud Sheikh
Somali Academy of Science and Arts
P. O. Box 1228
Mogadishu

Mr Saeed Ahmed Yousif
Central Bank of Somalia
Mogadishu

Dr Abdullahi Mohamed Ahmed
Istituto di Farmacologia Medica
Rome University
Piazza Moro 5
00100 Rome
ITALY

(After July 1984
P. O. Box 2058
Mogadishu)

YEMEN ARAB REPUBLIC

Dr Abdel Magid Said Al Khulidi
Neuro-Psychiatrist and Head of
Research Unit
c/o Ministry of Health
P. O. Box 56
Sana'a

Dr. Abdulla El Guneid
Physician
c/o Ministry of Health
P. O. Nox 3232
Hodeida

Mr Mohamed Al Hababi
Social Researcher
P. O. Box 1927
Sana'a

AFRICAN REGION

KENYA

Professor C.K. Maitai
Department of Pharmacy
Faculty of Medicine
University of Nairobi
Nairobi

MADAGASCAR

Dr. Ramiaramanana Laurent
Director des Pharmacies et Laboratoires
Ministère de la Santé
B.P. 88
Antananarivo

TANZANIA

Mr Jayson Chiliko
Ministry of Health
P.O. Box 9083
Dar es-Salaam

OBSERVER

Mr John Andrejko
US Drug Enforcement Administration
Cairo Branch
Cairo

WHO SECRETARIAT

Dr. Hussein A. Gezairy	Regional Director	WHO Eastern Mediterranean Regional Office
Dr T.A. Baasher	Director, Strengthening of Health Services	WHO Eastern Mediterranean Regional Office
Dr A. Amini	WHO Representative and Programme Coordinator	Somalia
Dr S. Butera	WHO Representative and Programme Coordinator	Djibouti
Dr Peter Kalix	WHO Consultant	Department of Pharmacology Faculty of Medicine, CMU University of Geneva Geneva, Switzerland.
Mr Archer Tongue	WHO Consultant	Director, International Council on Alcohol and Addictions, P.O. Box 140 1001 Lausanne, Switzerland

ANNEX V

AGENDA

1. Opening of the Meeting
2. Election of Officers
3. Adoption of the agenda
4. Chemistry, pharmacognosy and botany of khat
5. The socio-economic implications of khat
6. The health aspects of khat
7. The religious view on khat
8. Policies and strategies for prevention of khat abuse
 - (a) At national level
 - (b) At international level
9. Conclusions and Recommendations
10. Closing Session

ANNEX VI

PROGRAMME

Monday, 24 October 1983

- | | |
|-----------------------|--|
| 4.00 p.m. - 6.00 p.m. | 4.00 - Opening Session |
| | 4.15 - Welcoming address by H.E. The Acting Minister of Health, Somalia |
| | 4.35 - Address by Dr Hussein A. Gezairy, Regional Director, WHO/EMRO |
| | 5.00 - Inaugural Address by H.E. Major-General Mohamed Siyad Barre, President of Somalia Democratic Republic |

Tuesday, 25 October 1983

- | | |
|-------------------------|---|
| 8.00 a.m. - 1.00 p.m. * | 8.00 - Registration of participants |
| | 8.20 - Election of Officers |
| | 8.50 - Adoption of the Agenda |
| | 9.00 - Introduction of Programme of Work by Dr Baasher |
| | 9.20 - <u>CHEMISTRY, PHARMACOLOGY AND BOTANY OF KHAT</u> |
| | 9.25 - "Amphetamine like effects of khat on some neuroendocrine parameters in humans"
Dr Abdullahi S. Elmi |
| | 9.40 - <hr/> P. Kalix |
| | 10.00 - "Cathinone, a strong Analgesic Agent"
Dr Abdullahi Mohamed Ahmed |
| | 10.30 - Break |
| | 11.00 - Discussion |
| | 12.00 - <u>EPIDEMIOLOGY OF KHAT</u> |
| | 12.00 - Introduction Dr Taha Baasher |

* 15 minutes break at 10.30 a.m.

- 4.00 - 6.00
- 4.00 - EPIDEMIOLOGY OF KHAT CONTD.
THE SOCIAL,ECONOMIC IMPLICATIONS OF KHAT
- 4.00 - Khat, Brief History and its Roots in
 the Somali Culture
 Mohamed Hamud Sheikh
- 4.25 - "Social Effects of Khat"
 Lt.Col. Mohamed Abdi Hassan
- 4.40 - Discussion
- 5.15 - National Experiences

Wednesday, 26 October 1983

- 8.00 a.m. - 1.00 a.m.
- 8.00 - EPIDEMIOLOGY OF KHAT (Continued)
 The effect of khat on the Somali
 economy
 Dr Mohamed Said Samater
- 8.25 - The Impact of khat on Foreign Exchange
 Dr Mohamed Elmi Bullale
- 8.50 - Discussion
- 9.50 - THE HEALTH ASPECTS OF KHAT
- 9.50 - Panel Discussion
 "Clinical Aspects of khat"
 Dr Yusuf Hersi Ahmed
 Dr Khalif Bile Mohamud
- Psychological and Physiological
 Effects of Khat chewing in Man
 Dr Abdullahi Mohamud Ahmed
- 10.30 - Break
- 11.00 - RELIGIOUS VIEWS ON KHAT
 Sh. Adan Sheikh Abdullahi
 Sh. A.A. Alghdaian
 Sh. A. Wadood Shallabi
- 12.00 - Discussion
- 4.00 p.m. - 6.00 p.m. 4.00 - National Experiences

Thursday, 8.00 a.m - 1.00 a.m.

- POLICIES AND STRATEGIES FOR PREVENTION OF KHAT
- 8.00 .- a) National Level
- 8.45 - b) International level
Mr. Tongue
- 9.00 - Discussion
- 10.30 - Break
- 11.00 - Discussion continues
- 11.30 - National Experiences

Friday, 28 October 1983

- 8.00 - 12.00 8.00 - Conclusions and Recommendations
- 11.30 - Closing Session