WORLD HEALTH ORGANIZATION

الهيئة الصحية العالمية
المكتب الاقليمي لشرق البحر الأبيض

ORGANISATION MONDIALE DE LA SANTÉ

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

EM/RC9/13
27 July 1959

Ninth Session

ORIGINAL: ENGLISH

Agenda item 15 (f)

THE QUESTION OF KHAT

In compliance with resolution EM/RC8A/R.12, a short summary is given below of the question of the habitual chewing of khat as far as it has been dealt with by the international organs for narcotics control. Further documentation, approaching the question from the Regional viewpoint will be submitted to the Regional Committee at its session next year.

In 1935 the Advisory Committee of the League of Nations on the Traffic in Opium and Other Dangerous Drugs was confronted with the problem of khat, having before it two technical studies on the subject(1). Neither of these reports proved or disproved clearly that the harmful effects were of an extent to warrant international intervention. While no further action was taken by the international narcotics control organs, some countries prohibited the cultivation, sale, or use of khat (British Somaliland(2) in 1921 and again in 1939; Kenya(3) in 1934).

The question of khat was not taken up again on the international level until it was brought to the attention of the UN Commission on Narcotic Drugs at its eleventh session in 1956 by the representative of Egypt(4). During its twelfth session, the Commission on Narcotic Drugs(5) studied a report received from France(6) concerning the medical, social, and economic consequences of the habitual chewing of khat in Djibouti and concluding that khat leaves, having no medical use, constitute a social danger equivalent to that of addiction-producing drugs and should therefore be subjected to a regime of prohibition. The Commission also reviewed information from the representative of the United Kingdom on similar circumstances in Aden and British Somaliland and was informed that special studies of the problem had

been initiated by the Government of Ethiopia. The following legislative and administrative measures were reported: the prohibition of the import of khat leaves into Aden as from 1 April 1957 (rescinded on 24 July 1958 and replaced by a system of price control as well as registration and licensing of khat importers and retailers); the replacement of the prohibition of import into British Somaliland (17 January 1957) by an import duty; the prohibition of import, export, production, possession, and use of and trade in the leaves and their preparations by France(7).

After having weighed the need for immediate action against the need for prior determination of the addiction-producing or habit-forming character of khat, the Commission on Narcotic Drugs decided to postpone further consideration of any measures to be taken and recommended that the Economic and Social Council invite WHO to study the medical aspects of the habitual chewing of khat leaves, to which the Economic and Social Council agreed by adoption of a corresponding resolution (8).

In order to enable, if possible, a classification of the drug "khat leaf" under the terms of the definition used by the WHO Expert Committee on Addiction-Producing Drugs for the designation of addiction-producing and habit-forming drugs(9), this study will have to clarify first the chemical nature of the active principles, secondly their pharmacodynamics with particular reference to their psychopharmacological effects, and thirdly, if possible, the effects of the isolated active principles in comparison with those of the whole plant.

As regards the active principles of the khat leaf, one chemically and pharmacologically well-defined alkaloid, d-norpseudoephedrine, is known besides several others of a much less defined character which, however, could not be discarded a priori as having no part in the pharmacological effect of the complete drug. The problem of the isolation of the active principles was further complicated by the impression that fresh leaves, because they are usually preferred to dried ones, might contain still other substances which are destroyed by the process of drying. Recent investigations separately conducted in two laboratories using different methods of isolation made it highly probable that d-norpseudoephedrine is the constituent

essential for the specific effects of khat. Before drawing definite conclusions, it is desirable to supplement the isolation experiments by a comparison between the centrally stimulating effect of pure d-norpseudoephedrine and an extract of khat leaves expected to contain all its effective substances in a concentrated and somewhat purified form. The preparation of such an extract is necessary because it is not possible to administer to the experimental animal the total leaves in a manner comparable to the application of the pure substance d-norpseudoephedrine. Provided that the necessary amounts of fresh khat leaves are available, these experiments are expected to answer (approximately by the end of 1959) the question of the active principle(s) of khat as precisely as possible in present circumstances.

Pending the results of the experimental studies mentioned above and the conclusions to be drawn by WHO, the Commission on Narcotic Drugs has followed closely the development in the countries concerned. At its thirteenth session, the Commission reviewed replies(10) received from the Governments of Belgium, Italy, the Union of South Africa, the United Arab Republic and the United Kingdom, in compliance with an invitation(11) formulated at its twelfth session. Of the aforementioned governments, the following had introduced control measures for khat: Italy for Somalia (5 January 1956); United Kingdom for Aden (see above, page 1); for Kenya a select committee had recommended in 1950 that the existing sanctions against the increase of khat plantations and the consumption of khat by the young should be extended and that the possession and use of khat should be prohibited in the Northern Frontier Province; in the British Somaliland Protectorate, a customs duty on khat leaves was imposed in 1957 and permission for air transport was not intended; in Tanganyika, the Pharmacy and Poisons Board had recommended a provision for the control of khat to be included in the new Pharmacy and Poisons Bill; in the Province of Egypt, UAR, khat was added to the list of plants whose cultivation is prohibited(12).

In response to its request(11) the Commission on Narcotic Drugs had received for consideration at its fourteenth session the following information:(13)

Since the prohibition of the import of khat into Aden did not solve the problem, the ban was lifted in 1958 and a system of price control introduced instead. In Saudi Arabia, a Royal Edict(14) was issued prohibiting the

planting and use of khat. The Government of Ethiopia reported that the special sub-committee appointed by the General Advisory Board of Health of the Ministry of Public Health had come to the conclusion that the effects of khat do not fall within the characteristics of the term "drug addiction" as defined by the WHO Expert Committee on Addiction-Producing Drugs and that there was no reason for abolishing or limiting the cultivation of khat in Ethiopia. From Israel it was reported that khat is cultivated in all villages inhabited wholly or largely by immigrants from Yemen. The Government of Yemen did not consider khat as a narcotic drug, according to preliminary research. In Morocco, khat leaves and preparations thereof were added to the schedule of narcotic drugs under national and international control(15).

REFERENCES

(1) League of Nations Advisory Committee on Traffic in Opium and other Dangerous Drugs. Reports on the characteristics and uses of the plant kat. Document O.C.1617 (3 February 1936)

(2) East Afr. med. J. (1945) **22**, 9

(3) Annual Report of the Kenya Department of Agriculture (1947) p. 45

(4) Commission on Narcotic Drugs, Report of the eleventh session, 1956, paras. 16, 17, 24 (document E/2891)

(5) Commission on Narcotic Drugs, Report of the twelfth session, 1957, paras. 389-407 (document E/3010/Rev.1)

(6) The Medical and Social Problems of Khat in Djibouti (document E/CN.7/R.7)

(7) Decree No. 57-429 of 2 April 1957, Journal Officiel of 5 April 1957, p. 3575

(8) ECOSOC RES 667 (XXIV) D (document E/3048)

(9) Expert Committee on Addiction-Producing Drugs, 7th Report, Wld Hlth Org. techn. Rep. Ser., 1957, 116, p.9

(10) Commission on Narcotic Drugs, 13th session, 1958, "The Question of Khat" (document E/CN.7/353)

(11) Commission on Narcotic Drugs, Report of the twelfth session, 1957, para. 407 (document E/3010/Rev.1)

(12) Decree of the Ministry of Public Health dated 30 September 1958 (Official Journal No. 81 of 16 October 1958)

(13) Commission on Narcotic Drugs, 14th session, 1959, "The Question of Khat" (document E/CN.7/371 and Add.1 and 2)

(14) Royal Edic No. 33/2/II/1822 of 18 January 1958

(15) Arrêté du Ministère de la Santé publique du 11 janvier 1958 modifiant la composition du tableau B des substances vénéneuses destinées à l'usage de la médecine humaine ou vétérinaire (document E/NL.1958/12)