RESEARCH NOTE

THE USE OF KHAT

An Epidemiological Study in Two Yemenite Villages in Israel

ABSTRACT. Chewing of *khat* leaves has been noted to be widespread in Yemen. Immigrants to Israel brought that practice along and have kept it alive ever since their initial settlement over thirty years ago. The small epidemiological study reported here made an inquiry into the extent of khat use in two agricultural villages. It also explored the association of that practice with social and psychiatric variables. Of interest was the finding that -- contrary to most addictions -- the prevalence rate of psychopathology was not higher among users than among abstainers.

INTRODUCTION

Immigrants bring to their adopting country practices from their native home. Such practices constitute an integral part of the cultural endowment which gives the group its sense of identity during times of change. To be sure, those practices may suffer modifications, remain dormant, or simply cease to exist in the process of assimilation to the new sociocultural environment. This modifying process, however, is not consistent and varies according to the degree of exposure to the dominant culture — or to other subgroups in the case of a pluralistic society like Israel. Stated briefly, the greater the degree of segregation, the more likely the immigrants will preserve their cultural practices. Conversely, the greater the group exposure the greater the cultural change.

This paper reports an epidemiological survey of the use of *khat* leaves conducted in two moshavim (moshav, pl. moshavim: Hebrew for agricultural villages with some degree of cooperativism) settled by immigrants from Yemen in Israel. The interest resides in the fact that this practice remains alive long after the settlers arrived into the country, specially in the more traditional village.

The Yemenis arrived almost *in toto* shortly after the State was created (1948). This migratory operation — known as the “Magic Carpet Operation” — was carried out by Jewish Agency representatives under emergency conditions. Jews from Yemen made their “long and arduous trek to Aden, whence they were brought to Israel in an intensive large-scale airlift” (Zinger p. 55, 1973).

By the end of 1980 this group totaled about 52,300 and their respective Israel-born offsprings totaled 112,900. All told, this ethnic community comprises about 5% of the Jewish population (Statistical Abstract 1981). Upon arrival, most of the Yemenis were established in small size urban settings and in agricultural villages. In some of the moshavim, such as the two of this study, they were the only group settled, thus allowing the continuation of

their practices without major interference. Parenthetically, this minimized their impact on other ethnic communities.

*Khat*

Growing and consumption of khat (catha edulis) has been reported for certain areas of the Arabian peninsula (Yemen) as well as for East Africa (Kenya, Ethiopia). It is used by chewing (Eddy et al. 1963; Kennedy et al. 1980; Halbach 1972) the tender part of the plant in as fresh a state as possible. Dry leaves are not used. This explains why users are found close to the place where khat is grown.

In Yemen, where the use is widespread (Kennedy et al. 1980; Al Hamishmar 1985) chewing khat usually takes place in a social context (Kennedy et al. 1980; Hes 1970, 1983); secluded consumption appears to be rare. The pattern of use in Israel is as in Yemen; festive occasions and before Sabbath eve are favorite times for khat chewing — with or without smoking a water pipe and always in company. As a rule, drinking of large quantities of cool water accompanies the khat use. The water counteracts khat’s mildly astringent quality and also is a welcome additional pleasure in hot and dry climates.

The active element of the leaf is chemically and pharmacologically related to amphetamine. Diverse components have been isolated, the most powerful of them seems to be cathinone, as it has been reported following a lab experiment using an operant behavioral procedure in rats (Peterson et al. 1980). The effects sought after by the user include euphoria, diminished hunger, decreased need for sleep, enhancement and facilitation of associations, and verbal fluidity (Halbach 1972). The optimal mental state achieved is referred to as Kayf as noted by Kennedy et al. (1980). (A key informer interviewed by one of us (I.L.) eloquently put it this way: “... it raises your mood, if you are sad. It keeps it high, if all goes well.”)

The similarity to amphetamine also explains the rather rare after-effects: apathy, anorexia and depression. For some authors, it is merely a rebound phenomenon (Halbach 1972). The side effects of khat use consist of palpitations, sweating, thirst, drowsiness, constipation and dyspepsia. It is worth noting, however, that the quantitative risk for toxic effects with khat is less than with the better known amphetamines, because the mode of using leaves limits the amount that can be ingested and absorbed (Eddy et al. 1965). Perhaps this is one of the reasons why khat has not been universally banned; Saudi Arabia and South Yemen have done so, but probably on fundamentalist religious grounds.

No physical dependence or tolerance has been found, though equivocal withdrawal reactions have been reported among heavy users (Kennedy et al. 1980). A moderate but often persistent psychic dependence has been observed.