

Investigating the Link: Does Chewing Khat Cause Psychotic Behavior in Somali Men?

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Abstract: This Short Commentary delves into the ongoing debate surrounding the potential connection between chewing khat and psychotic behavior among Somali men. Khat, a stimulant leaf native to East Africa and the Arabian Peninsula, has long been a subject of contention due to anecdotal accounts suggesting a link between its consumption and episodes of psychosis. However, scientific evidence supporting this link remains inconclusive, with studies yielding mixed results. This abstract explores the cultural significance of khat chewing in Somali society and examines the contextual factors that may influence its perceived association with psychotic behavior. It emphasizes the need for nuanced understanding and culturally sensitive interventions to address this complex issue effectively.

Keywords: Khat, East Africa, Psychotic Behavior, Somali Society, Health effects.

INTRODUCTION

In recent years, the consumption of khat, a stimulant leaf native to East Africa and the Arabian Peninsula, has sparked debates regarding its potential health effects, particularly its association with psychotic behavior among Somali men. While some argue that khat chewing leads to heightened aggression and psychosis, others maintain that such claims are exaggerated and lack conclusive evidence. The discussion surrounding khat's impact on mental health, particularly within the Somali community, is complex and multifaceted [1]. On the one hand, proponents of the idea that khat consumption induces psychotic behavior point to anecdotal evidence and isolated incidents where individuals

under the influence of khat have exhibited erratic and violent conduct. These instances, often sensationalized in media reports, contribute to the perception of khat as a dangerous substance. However, attributing psychotic behavior solely to khat overlooks a multitude of factors that may contribute to mental health issues within the Somali community. Socioeconomic challenges, trauma from conflict and displacement, limited access to mental health resources, and cultural stigma surrounding mental illness are all significant variables that cannot be ignored. Focusing solely on khat oversimplifies the complex interplay of factors influencing mental health outcomes [2]. Moreover, research into the direct causal relationship between khat consumption and psychotic

behavior remains inconclusive. While some studies have suggested a correlation between heavy khat use and increased risk of psychiatric disorders, others have failed to establish a definitive link. Factors such as individual susceptibility, genetic predisposition, and co-occurring substance use complicate the picture further, making it challenging to isolate khat as the sole determinant of psychotic behavior. It's essential to approach this issue with nuance and sensitivity, avoiding sweeping generalizations about the Somali community or demonizing cultural practices without proper understanding. Blanket prohibitions or stigmatization of khat consumption may not address the underlying issues contributing to mental health challenges. Instead, a holistic approach that addresses the root causes of mental health disparities, including socioeconomic inequality and inadequate access to healthcare, is necessary. Furthermore, engaging the Somali community in open dialogue and providing culturally sensitive mental health support services can help destigmatize seeking help for mental health issues and empower individuals to make informed choices about substance use [3].

DISCUSSION

The debate surrounding the potential link between chewing khat and psychotic behavior among Somali men requires careful consideration of various factors, including cultural practices, individual susceptibility, and scientific evidence. While anecdotal accounts and media reports often suggest a connection between khat consumption and psychotic episodes, the reality is more nuanced and complex. At the outset, it's crucial to understand what that is and its cultural significance. Khat, or *Catha edulis*, is a plant native to East Africa and the Arabian Peninsula. Chewing its leaves produces a stimulant effect, leading to increased alertness and euphoria. In many East African cultures, including Somali society, khat chewing is a deeply ingrained social and cultural tradition, often used in social gatherings and as a means of relaxation or stimulation [4].

One argument posited by those who believe in a causal link between khat and psychotic behavior is based on observations

of individuals exhibiting erratic or aggressive behavior after consuming the substance. However, these observations often lack scientific rigor and fail to account for other contributing factors. Contextual elements such as pre-existing mental health conditions, co-occurring substance use, and socioeconomic stressors may play significant roles in exacerbating psychotic symptoms. Moreover, the scientific evidence supporting a direct causal relationship between khat and psychosis is inconclusive. While some studies have suggested a correlation between heavy khat use and increased risk of psychiatric disorders, including psychosis, others have found no significant association. Factors such as individual variability in response to khat, genetic predisposition, and environmental influences complicate the picture and underscore the need for further research.

It's essential to recognize the broader socio-cultural context within which khat consumption occurs. In Somali society, khat chewing serves not only as a recreational activity but also as a means of socializing and coping with stress. Blanket condemnations of khat overlook its cultural significance and risk stigmatizing Somali communities. Moreover, prohibitive measures aimed at curtailing khat use may have unintended consequences, including driving the activity underground and exacerbating social marginalization. Rather than adopting a punitive approach, addressing the potential risks associated with khat consumption requires a multifaceted strategy. This includes providing accurate information about the health effects of khat, promoting awareness of mental health issues, and offering accessible support services for individuals experiencing psychiatric symptoms. Culturally sensitive interventions that respect Somali traditions and values are crucial for fostering trust and engagement within the community [5].

IMPLICATIONS

The investigation into the potential link between chewing khat and psychotic behavior in Somali men carries significant implications for health policy and regulation. Policymakers must carefully consider the available scientific

evidence when formulating regulations regarding khat use. Blanket prohibitions may not only be ineffective but also risk alienating communities that have long-standing cultural ties to khat consumption. Instead, policies should be informed by nuanced research findings and aim to strike a balance between public health concerns and respect for cultural practices. Understanding the relationship between khat use and mental health outcomes has implications for mental health services, particularly within Somali communities. Healthcare providers need to be equipped with culturally sensitive training to effectively address the mental health needs of individuals who chew khat. This includes providing access to mental health resources and interventions that respect cultural beliefs and values. Additionally, raising awareness about the potential risks associated with heavy khat use can help individuals make informed decisions about their health. Investigating the link between khat consumption and psychotic behavior underscores the importance of community engagement and education. Open dialogue within Somali communities is essential for dispelling myths and misconceptions surrounding khat and promoting an understanding of its potential health effects. Community-led initiatives that provide accurate information about khat and mental health can help reduce stigma and encourage individuals to seek support when needed.

The investigation into the link between khat chewing and psychotic behavior highlights the need for further research to fill existing knowledge gaps. Longitudinal studies examining the effects of khat use on mental health outcomes over time, as well as studies exploring the role of genetic and environmental factors, are necessary for a comprehensive understanding of this complex issue. Additionally, research should consider the potential protective factors that may mitigate the adverse effects of khat use on mental health.

Finally, investigating the link between khat consumption and psychotic behavior provides an opportunity to promote cross-cultural understanding and collaboration. By engaging with Somali communities and respecting their cultural practices and perspectives, researchers and policymakers can foster trust and cooperation. This not only enhances the validity and

applicability of research findings but also promotes inclusivity and equity in health interventions and policies.

Investigating the link between chewing khat and psychotic behavior in Somali men carries broad implications for health policy, mental health services, community engagement, research, and cross-cultural understanding. By approaching this issue with sensitivity and collaboration, stakeholders can work towards addressing the complex interplay of factors influencing mental health outcomes in khat-consuming communities.

LIMITATION AND FUTURE RESEARCH

One of the primary limitations of current research investigating the link between chewing khat and psychotic behavior in Somali men is the methodological challenges inherent in studying substance use and mental health in a cultural context. Many studies rely on self-report measures, which may be subject to bias and social desirability effects. Future research could employ more rigorous methodologies, such as longitudinal designs and objective measures of khat consumption, to overcome these limitations. The relationship between khat consumption and psychotic behavior is influenced by numerous confounding variables, including genetic predisposition, co-occurring substance use, socioeconomic status, and environmental stressors. Existing studies often struggle to control these factors adequately. Future research should aim to address these confounders through comprehensive statistical analyses and study designs that account for multiple variables simultaneously.

Khat chewing is deeply intertwined with Somali culture and social norms. However, the cultural and contextual factors shaping the relationship between khat use and psychotic behavior are not fully understood. Future research should adopt a culturally sensitive approach, incorporating qualitative methods such as interviews and focus groups to explore the cultural meanings and social contexts surrounding khat consumption within Somali communities. Most studies examining the link between khat use and psychotic behavior are cross-sectional, limiting their ability to establish causality and elucidate the temporal relationship between khat consumption

and mental health outcomes. Longitudinal studies tracking individuals over time are needed to assess the long-term effects of khat use on psychosis risk and determine whether that serves as a trigger or exacerbating factor for psychotic symptoms.

The biological mechanisms underlying the relationship between khat consumption and psychotic behavior remain poorly understood. Future research should explore the genetic and neurobiological pathways through which khat exerts its effects on the brain and predisposes individuals to psychosis. This could involve genetic studies examining susceptibility genes and neuroimaging studies investigating the neural correlates of khat-induced psychosis. While some research has focused on the adverse effects of khat use on mental health, there is a paucity of studies examining interventions to mitigate these effects. Future research should evaluate the efficacy of culturally tailored interventions, such as mental health education programs and substance use interventions, in reducing the risk of psychotic behavior among khat users in Somali communities. While existing research has provided valuable insights into the relationship between chewing khat and psychotic behavior in Somali men, several limitations must be addressed to advance our understanding of this complex issue. By addressing methodological challenges, controlling for confounding variables, considering cultural and contextual

factors, conducting longitudinal studies, elucidating genetic and neurobiological mechanisms, and evaluating intervention strategies, future research can contribute to more comprehensive and nuanced insights into the potential risks associated with khat consumption.

CONCLUSION

In conclusion, while concerns about the potential link between khat chewing and psychotic behavior among Somali men are valid, the issue is far from straightforward. Rather than rushing to judgment or imposing blanket bans, a comprehensive approach that considers the broader socio-cultural context and addresses underlying determinants of mental health is needed. Only through collaborative efforts and nuanced understanding can we promote mental well-being and support affected individuals effectively.

Conflict of Interests

The authors declare that there is no conflict of interest regarding the publication of this paper.

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