

UK Kava Ban built on confusion, not science



By DOUGLAS LA ROSE

FOR more than two decades, the story of kava in Europe and the United Kingdom has been buried beneath short-sighted and misleading headlines. Type “kava safety” or “is kava dangerous” into Google, and the same exhaustive narrative appears almost immediately: warnings about liver toxicity, references to bans and the casual implication that kava is a discredited substance.

For most people, that is where their kava inquiry ends.

They see the warnings, absorb the old storyline and assume the matter was settled long ago.

A plant with centuries of ceremonial, social and medicinal significance in the Pacific is reduced to a few alarmist search results and the residue of an old regulatory panic.

The legal history behind the ban is dense, technical and unfamiliar and the public has been left with the simplest possible version of events: kava was banned because it was unsafe. That phrase has traveled far more easily than the truth.

That was the backdrop in London last month at the UK Kava Symposium.

The room carried a sense that this was about more than an old legal dispute.

It was about uncovering the truth buried under years of bad assumptions and bureaucratic inertia.

When Dr Mathias Schmidt took the floor, he did not speak like a campaigner trying to rescue kava with sentiment. He spoke like someone who had spent years tracing a regulatory injustice through court rulings, agency logic and the slow hardening of official error into public myth.

After his presentation, the whole matter came into sharper focus - what so many people assume was a straightforward safety crackdown was, in reality, something far more troubling: a legal and bureaucratic maze built on confusion, bad assumptions, shifting standards, and, above all, a refusal by a German regulatory authority to admit it had made a mistake.

Dr Schmidt's account dismantles the public story that kava was banned because it was deemed unsafe. He reminded us that kava has been used in the Pacific for roughly 1500 years



Dr Mathias Schmidt, fourth from left, informs audience at the UK Kava Symposium last month.
Picture: KAVA COALITION

without any safety crisis like in Europe.

He also pointed out that Germany alone saw more than 450 million daily doses of kava consumed between 1990 and 2000 before the case reports of liver toxicity triggered the 2002 ban.

The more Dr Schmidt explained the history, the more one thing became unmistakable: the ban was never simply, or even primarily, about safety.

Yes, liver toxicity reports appeared. Yes, concern spread quickly. But the core of the official reasoning, he said, was not the risk of liver toxicity itself. It was the supposed lack of efficacy. That is the point that changes everything.

The ban was sold to the public as consumer protection, but the legal architecture behind it leaned on a benefit-to-risk framework - so regulators weakened kava's recognised benefits, then used a disputed or minor risk (liver toxicity) to produce a negative ratio.

Simply, kava did not need to be proven broadly dangerous to be driven from the market.

It was judged insufficiently efficacious under a set of standards that could be moved, narrowed or retrospectively reinterpreted.

Dr Schmidt noted that kava's efficacy against anxiety has long been generally accepted in the scientific community and that marketing authorisations continued to be granted up to 2001 based on well-established use, even after the safety debate had already begun.

Later, however, older studies were rejudged by newer standards and discarded for design flaws.

The argument then shifted toward generalised anxiety disorder, even though, as he emphasised, generalised anxiety was never the traditional or approved indication for kava. The indication had been nervous anxiety, stress and restlessness. That may sound technical, but it is not. It is the difference between evaluating a medicine for what it was actually used for and building a case against it by changing the question.

Once that logic is understood, the rest of the story begins to make grim sense.

Dr Schmidt described how the German authority, BfArM

(Bundesinstitut für Arzneimittel und Medizinprodukte, or Federal Institute for Drugs and Medical Devices in English), moved against kava in 2002 based on 24 reports of assumed liver damage, without properly addressing differences in kava quality, cultivar, or extraction solvent. He drew attention to the possibility that one manufacturer's shift from ethanol to acetone extraction, combined with a change in raw material from noble kava to tudei kava, may have been central to the crisis.

Yet BfArM, he argued, never truly confronted the quality issue in that one product. Instead, an entire plant, deeply embedded in Pacific life and economy, was swept into suspicion and banned.

That is why the human cost matters so much. Thousands of people in the EU and the UK have effectively been punished not because of a clear scientific case that kava is unsafe, but because a government agency in Germany seems unable or unwilling to admit error or conduct a more thorough analysis.

The burden did not stop with consumers. The consequences rippled outward across the Pacific, where hundreds of thousands of farmers and their families depend directly or indirectly on kava.

Kava's actual safety record, when viewed honestly and in context, is far better than the ban narrative suggests.

A dossier written by the UK Cen-

ter for Evidence-Based Drug Policy paints the whole picture.

It notes that the majority of suspected hepatotoxicity cases were associated with European-made pharmaceutical products containing kava during the late 1990s and early 2000s, precisely the period of the so-called “kava boom,” when demand outstripped supply and unsuitable or substandard plant material entered supply chains.

It also notes that since 2005 the number of new global suspected cases has dropped dramatically, even as kava use has continued in the United States, Australia, New Zealand and the Pacific.

Quality is central to this story. As Dr Schmidt emphasised, the real lesson of the crisis was not that kava should be removed from the market, but that quality standards needed to be strengthened.

Pacific countries eventually did just that by restricting exports to noble kava through national laws and regional Codex standards.

At the same time, it is important to be precise: there is no conclusive evidence that tudei kava is inherently unsafe. The more accurate claim is that tudei kava, especially when com-

bined with poor quality control and acetone extraction, may have contributed to some of the historical case reports.

Excluding it became a practical way to remove doubt and help restore confidence in kava.

The courts later cast serious doubt on the basis for the ban.

German courts ruled in favor of kava in 2012 through 2014, finding that its benefit to risk ratio was positive and that there was not enough evidence to show kava caused liver toxicity.

Then, on June 18, 2024, the Ad-

ministrative Court of Cologne again ruled in favor of kava, only for BfArM to appeal.

Even after those rulings, the barriers did not end. New objections kept appearing, from efficacy claims to procedural hurdles, as if each failed argument was simply replaced by another.

Dr Schmidt also offered a sobering explanation for why this may have happened.

Shortly before the kava ban, BfArM had been criticised over its delayed response to the Lipobay disaster.

In that climate, he suggested, the agency learned that inaction could bring media punishment, whereas a hard decision against a product could be presented as consumer protection.

Once that decision had been made, he said, BfArM appeared unwilling to correct itself for fear of losing face.

Whether one sees that as institutional psychology or bureaucratic self-defense, it feels painfully plausible. Governments, like all human institutions, often find it easier to preserve a mistake than to confess one.

The kava story matters beyond kava. It is a lesson in how misinformation, once fused with bureaucracy, can take on the weight of truth, and the result is decades of needless stigma, lost access for consumers and real economic punishment for Pacific communities.

We should stop repeating the narrative that kava was banned in the UK because it is unsafe. That is not the honest history. The honest history is harder and more disturbing.

Kava was caught in a web of misunderstanding, legal drift, institutional pride and regulatory inertia. The tragedy is not only that the plant was misjudged.

It is that so many people have been forced to live with the consequences of that misjudgment for so long.

If there is any justice left in this story, it begins with naming the truth plainly: this was never simply a safety ban. It was a mistake that powerful institutions still struggle to admit, and until they do, the burden of that mistake will continue to fall on the wrong people.

DISCLAIMER: DOUGLAS LA ROSE is the executive director of the Kava Coalition, a US-based kava advocacy group. He is an agronomist with extensive experience in agricultural development across more than 30 countries in sub-Saharan Africa, Latin America and Oceania. Opinions expressed are the author's and do not necessarily reflect the views of this newspaper.