

KAVA:

HONOURED IN THE PACIFIC, BANNED IN THE UK

A report on the ancient South Pacific drink made from the root of *Piper methysticum* and UK legislation relating to it



centre for evidence based drug policy

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FOREWORD

by Charlotte Nichols MP

The Centre for Evidence Based Drug Policy, of which I am unremunerated Chair, has written policy reports on a fairly wide range of issues, from public health to emerging medical research— this is the first CEBDP report to look at food policy.

Kava is a plant species native to the South Pacific. Not just any plant: for several thousand years, the roots of kava (***Piper methysticum***) have been used to make a drink of the same name – and not just any drink.

Kava is of such importance to the island nations of Vanuatu, Fiji, Tonga and Samoa, as well as in parts of other South Pacific nations, that these cultures are often collectively referred to as 'kava cultures'. Weddings, funerals, the birth of children, the building of homes, the settling of conflicts, local politics, postcolonial revival – kava plays a role in all these aspects of South Pacific life. Folk mythologies associate kava with the gods, and with the origin stories of the people who drink it.

Our current head of state, HM King Charles III, as well as the late HM Queen Elizabeth II participated in kava ceremonies in Samoa and Fiji respectively.

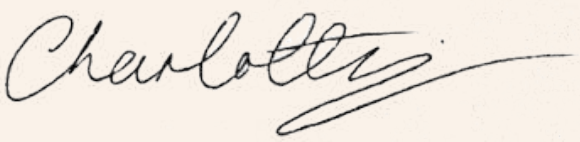
Vanuatu, Fiji, Tonga and Samoa are all members of the Commonwealth. Their histories are intimately connected with our own colonial past. As uncomfortable as this past can sometimes be, relations between the UK and South Pacific island nations are friendly. At a time when the South Pacific is increasingly important to UK interests, these are valued friends of the UK in that part of the world.

Here in the UK there is also a small but vibrant South Pacific heritage community. Two thousand Fijian-born soldiers currently serve as members of the British Army; they have a reputation for courage. Tongan, Samoan and Fijian rugby players are legendary— among them, Soane Tongaʻuiha, Manu Tuilagi and Waisale Serevi.

Our South Pacific heritage communities cannot legally access kava in the UK. It has been effectively banned since 2003, due to concerns it may cause rare cases of liver damage. This report reviews the evidence for this concern, concluding that kava can almost certainly be consumed safely if prepared to proper quality standards and consumed appropriately.

This report is intended for MPs, Ministers and their staff. It updates the UK debate with the last two decades of evidence on kava and calls for the evidence for the legislation to be reassessed by the Medicines and Healthcare products Regulatory Agency and the Food Standards Agency. It suggests a framework for how kava could be made safely available in the UK through an application to the Food Standards Agency and implementation of quality standards. It assesses the approaches taken by other countries and notes that countries without kava bans in place have not produced reports of a significant number of cases of suspected hepatotoxic events associated with kava. Clinical studies of kava have not produced such adverse events either.

I hope and trust this report will do what the Centre does best – spark a debate, not based on stigma or outdated assumptions, but on a fair minded assessment of the evidence. The conclusion of this report is that the UK could safely allow access to kava. I appreciate how deeply that would be welcomed by the South Pacific heritage communities who have made the UK home, and contribute so much to our national life – and, frankly, by anyone who values policymaking based on evidence.



Charlotte Nichols MP
March 2026

EXECUTIVE SUMMARY

Key Findings

1. Kava prepared from the root/rhizome of noble cultivars extracted using non-organic solvents and produced to appropriate quality standards is associated with a very low risk of hepatotoxicity.
2. It is possible to establish a safe level of consumption of kava with regard to hepatotoxicity risk, with quality standards/criteria, sufficient to repeal The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, The Kava-kava in Food (England) Regulations 2002, and equivalent Northern Irish, Scottish and Welsh regulations.
3. A 1990s 'kava boom', in which demand rapidly outstripped supply, likely caused substandard, contaminated, non-noble and non-rootstock kava to enter supply chains. The majority of cases of suspected kava hepatotoxicity arose in this context.
4. Kava has the potential to play an important role in the economic and cultural relationship between the UK and South Pacific partners.

Key Recommendations

1. Kava should be primarily regarded in UK law as a food. This is appropriate to patterns of consumption among the UK's South Pacific diaspora and in line with recreational consumption and/or consumption as a supplement.
2. The MHRA should review the post-2005 evidence on kava's hepatotoxicity risk with a view to repealing The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, The Kava-kava in Food (England) Regulations 2002, and equivalent Northern Irish, Scottish and Welsh regulations.
3. Kava should be removed from the MHRA's banned herbal ingredients list and governed primarily as a food by the Food Standards Agency (FSA).
4. Kava should be acknowledged to be a key cultural and economic asset of South Pacific nations, in particular Vanuatu, Fiji, Tonga and Samoa.
5. Availability of kava in the UK should be regulated by appropriate quality standards. Various such standards exist, including a Codex Alimentarius standard.

TERMS AND ACRONYMS

ACMD	Advisory Council on the Misuse of Drugs
AHP	American Herbal Pharmacopoeia
CWE	Cold Water Extraction method; Cold Water Extract
DHSC	Department of Health and Social Care
FSA	Food Standards Agency
MCA	Medicines Control Agency (Merged in 2003 with the Medical Devices Agency to become the Medicines and Healthcare products Regulatory Agency)
MHRA	Medicines and Healthcare products Regulatory Agency
NAHS	National Association of Health Stores
PSA	Psychoactive Substances Act 2016
$scCO_2$	Supercritical carbon dioxide extraction method
WHO	World Health Organization
SI 2002/3170	The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002
SI 2002/3169	The Kava-kava in Food (England) Regulations 2002
GRAS	Generally recognized as safe as a food (United States)
WPQ	Written Parliamentary Question
EDM	Early Day Motion
COT	Committee on Toxicity (COT) of Chemicals in Food, Consumer Products and the Environment

1. WHAT IS KAVA?

Kava has been variously described as a plant species,[1] a drink/beverage,[2,3] a medicine,[4] a drug,[5,6] a herbal ingredient[7] and a dietary supplement.[8–10]

In this report the word is used to refer to:

- ***Piper methysticum,*** a plant of the ***Piper*** genus and close relative of ***Piper nigrum***, from which black peppercorns are obtained;
- an approximately three-thousand-year-old beverage made by steeping the pulverised roots of this plant in water, which is central to the cultures of South Pacific island nations including Vanuatu, Fiji, Samoa and Tonga; and
- foods, medicines, dietary supplements and other products containing derivatives of ***Piper methysticum.***

1.1 Nomenclature

In UK legislation, Kava is generally referred to as ***kava kava*** but the duplication is considered redundant; 'kava' in the singular is now the most widely used term.

The scientific name, ***Piper methysticum*** was given to the plant in the 1770s by Johann Georg Forster, a botanist aboard the second South Pacific expedition of James Cook, the Royal Navy officer and explorer.[11] It means 'intoxicating pepper'. Several leading kava researchers now believe this scientific name is itself misleading, part of a colonial era stigmatisation of kava that has persisted for centuries.[12]

The plant shares its name with a beverage made from its pulverised rootstock throughout the South Pacific, though its name varies widely between countries and distinct kava cultures. Below is a small sample of its various names:

Country	Name(s)
Fiji	yagona/yaqona[13,14]; grog[15]
Hawaii	ava[13]; 'awa[14]
Marquesas	kava-kava[16]; ava

Papua New Guinea	ka[13]; wati[16]; ayuw[14]; dikoi[14]; gamada[14]; sika[14]; tigwa[14]
Pohnpei island, Micronesia	sakau[14]
Polynesia	kawa[13]; kawa kawa[13]; kava[13]
Samoa	‘ava[13,14,17]
Tahiti	‘ava[16]; kava[13]; hoi[13]; evava[14]
Tonga	kava[13,14]
Vanuatu	gea[16]; gi[16]; maloku[13,14]; malok[13]; mologu[13]; maloha[13]; monggmongg[14]; milik; meruk; maluk; namaluk[14]
West Papua province, Indonesia	wati[18]

Table 1.1: some of the many names for kava. See Singh 1992, pp. 14-15.[2]

1.2 Botany

Piper methysticum is of the same genus as ***Piper nigrum*** (black peppercorn plant), giving kava beverage a notably peppery taste. ***Piper methysticum*** is a cultivated, slow-growing perennial shrub[1] that reaches maturity 3-5 years after planting.[2]



Piper methysticum is sterile. It does not bear fruit, and cannot propagate itself sexually[1]; propagation occurs through human cultivation by stem cuttings. It is likely this cultivation began in northern Vanuatu[1] approximately 3,000 years ago.[1,19] Present-day cultivars intended for human consumption are therefore the product of a significant history of selective breeding.[20]

The name kava is sometimes also used to refer to a second species, ***Piper wichmannii***, a wild close cousin from which ***Piper methysticum*** is thought to have been cultivated[1,21]; in Vanuatu and some other parts of the Pacific these two species are sometimes regarded as a single species.[1]

Piper wichmannii or wild kava is consumed in a few parts of the South Pacific, such as Maewo and Pentecost Islands, notably as a folk medicine[20,22,23]; but this is not widespread. It has been described as 'drinkable (if only just!)'[22] due to the 'unpleasant sensation of nausea' and 'bitter and unpleasant taste' associated with its consumption.[22,24] All national and international kava quality standards state that *Piper methysticum* rootstock, rather than that of *Piper wichmannii*, should be used.[17,25–27]

- For the purposes of this report, as per current UK law, kava should be exclusively taken to mean the *Piper methysticum* species and its derivatives.

1.2.1 Kava cultivars

There are over one hundred[13] known cultivars of *Piper methysticum*. Kava cultivation has a folk taxonomy associated with it that has led to some cultivars being known by more than one name.[20]

In the literature, kava cultivars are sometimes grouped into 'noble', 'medicinal' 'tudei/two days' and 'Wichmannii' categories.[6,25] In Vanuatu's Kava Act (2002) kava cultivars were originally listed in four annexed tables under these headings. More recently, a 'noble' vs 'non-noble' dichotomy is more commonly used. A 2015 revision of the Act consolidated the classifications into 'noble' and 'narafala' (non-noble).[28] Others use 'noble' vs 'tudei'.[13] For the purposes of clarity, this report will use the following groupings:

1. Noble kava cultivars
2. Non-noble kava cultivars

Kava cultivar selection
Through the long history of kava cultivar selection, kava farmers and local communities have selected for effects of drinking, yield, length of time to harvest and other desired qualities by replanting favoured stems from harvested kava plants (only the rootstock of which is consumed) and discarding less favoured stems.[20]

It is widely agreed that noble cultivars are the preferred group of cultivars for producing kava beverage or kava products for human consumption.[2,13,25,29,30]

- Kava beverage and kava-containing products should, with a few traditional exceptions,[31,32] be produced from noble cultivars[17,25–27]; these have the best safety profile.[33] Regional standards for kava (North America and South West Pacific),[34] the Pacific Regional Kava Development Strategy 2024–2028,[35] and the kava quality standards of Tonga,[36] Samoa,[17] Fiji[37] and Vanuatu[25] all specify noble cultivars should be used.

Other cultivar groupings

While this report will use the noble/non-noble dichotomy, below are the other main categories that are sometimes used. There is some overlap between these groupings.

Tudei

Tudei cultivars produce kava or kava-containing products that are significantly stronger in effect ('tudei' meaning that their effects last for 'two days') and considered to be potentially unsafe.[31] Consumption of kava produced from tudei cultivars often produces a 'hangover effect'[38] and/or nausea absent from noble cultivars.

Medicinal

A third subgroup, medicinal cultivars, is sometimes identified as a subgroup of non-noble cultivars used for their purported medicinal benefits[33] and is occasionally used traditionally for that purpose in parts of the South Pacific. The Vanuatu Kava Act lists these as not suitable for export.[25]

Wild

As discussed earlier, ***Piper wichmannii*** cultivars were listed in Vanuatu's 2002 Kava Act[25] but are not listed as suitable for consumption in any kava quality standards.[17,26,30,34,39] ***Piper wichmannii*** is considered to be the wild ancestor of ***Piper methysticum***.[1,20,40]

1.3 Methods of extraction and preparation

Cold water extraction (CWE)

The peeled (typically lateral as opposed to basal) roots of the kava plant are pulverised and steeped in cold water to produce a cold water extract of kava. Variations of this constitute by far the most longstanding extraction method, with approximately 3,000 years of use.[41]

Historically, pulverisation was achieved through mastication – that is, the roots/rhizome of a mature kava plant would be chewed and then steeped in cold water (comparable to the modern-day production of Masato in Peru).[42] The beverage would be steeped and strained several times before drinking.[13]

Teenage girls traditionally performed this task in Fiji and much of Polynesia[43]; today, teenage boys often perform it in Tanna Vanuatu.[44]

Today, generally the roots are pulverised/mashed using a pestle and mortar, blender or mechanical grinder, though in some areas mastication is still used. In Vanuatu and the Federated States of Micronesia (FSM), fresh roots are used,[31,45] soon after harvest. In Fiji, Samoa and Tonga, it is usual to dry the roots, although fresh 'green kava' roots are occasionally used.[32]

Fresh roots are impractical to transport over significant distances (for reasons related to weight,

volume and preservation) and so dried, powdered kava root is used outside this region. Drinkers of kava in the UK use dried kava root powder.[46]

Coconut water extraction

Kava extract may be obtained in the same manner as CWE but using coconut water instead of water as the steeping liquid.[47]

Sakau extraction

In Pohnpei, FSM, kava is known as sakau[14,45] and is prepared in the following manner: the root is pounded on a special stone, mixed with water, and squeezed through hibiscus bark.[48] This incorporates hibiscus sap into the drink, giving it a notably thick and slimy consistency.[45]

Organic solvent extraction

Fresh or dried kava root/rhizome material is ground and soaked in a solvent, such as ethanol, methanol,[49] acetone (a highly effective solvent for maximising kavalactone yields),[41] ethyl acetate,[49] methylene chloride,[50] or chloroform.[49] The mixture may also be agitated, e.g. by exposure to ultrasonic waves (sonication). Once extraction is complete the solvent is removed by evaporation.

Supercritical CO2 extraction

A popular method of kava extraction is now supercritical CO2 (scCO2) extraction. Kavalactone compounds are extracted using pressurised carbon dioxide and a heated extraction restrictor. Multiple extractions are made over several hours, with varying pressures and optionally the addition of a modifier (e.g. ethanol) to ensure maximum yield.[50]

Other extraction methods

Other extraction methods include:

- Subcritical water extraction[49] – a method in which water is heated under pressure (so it does not boil, i.e. reaching its critical point). Requires syringe pumps, a gas chromatograph oven, nitrogen (to prepare the water), and a back-pressure regulator. The heated water extracts kavalactones from prepared kava root before being cooled.
- Boiling[49] – prepared plant material is boiled. This method can damage the kavalactones; extraction at 175°C has been shown to extract two additional compounds which may be the result of kavalactone degradation.[49]
- Soxhlet extraction with water[49] – water is heated, producing vapour, which is condensed back to liquid form and then used to wash prepared plant material, with multiple rinses.

These methods are complicated and expensive processes with limited benefits in yield compared to the other extraction methods mentioned above.

Organic solvents vs supercritical CO2

Studies on the use of kava extracts as herbal supplements and in particular for its potential anxiolytic medicinal effects[13] in the early and mid 2000s often used organic kava extracts (i.e. acetone and/or ethanol extracts).[51,52] There are indications from industry of a growth in interest in supercritical CO2 extraction for kava; this does not use a solvent[53,54] and has a good safety profile.[52]

1.4 Kava effects

Kava, when consumed in its traditional form as a cold water extract (CWE) or coconut water based beverage, has been variously described as 'cooling, refreshing and stimulating[2] without being intoxicating', having 'a numbing and astringent effect on the tongue',[2] 'reduc[ing] fatigue... allay[ing] anxiety and... produc[ing] a generally pleasant, cheerful and sociable attitude'.[2]

Dr Apo Aporosa, a leading kava researcher, describes kava beverage as a 'slightly peppery, earthy-flavoured drink that produces subtle relaxant soporific effects without marked euphoria or intoxication'.[12]

A number of accounts written by European missionaries have been criticised by contemporary academics as being misleading, describing for example '[drinkers] sinking into a state of indescribable wretchedness' and 'stupefication'.[2] Indeed, Western missionaries actively condemned and often banned kava,[56] leading to a decline in the use of kava in some parts of the South Pacific, and a complete loss of kava culture in some cases.[56]

Kava and cognition

A 2011 systematic review of studies of the impact of kava consumption on cognition found kava likely has 'no replicated significant negative effects on cognition'.[57] In some studies, kava was associated with improvements in working memory, visual attention tasks, intellectual performance, concentration, reaction time, attention, and word recognition; in others, memory, tracking, divided attention and visual attention slightly declined with kava consumption. In one study an increase in body sway was observed after kava consumption.[57]

Kava-caffeine comparison

Kava beverage has been compared to alcohol, coffee and tea.[2,49] While the kava ceremony can be compared with the ancient Chinese tea ceremony,[2] the comparison with coffee is especially useful in understanding the intensity of subjective effects. Whilst coffee is a stimulant and kava is a relaxant, a kava-coffee comparison gives a fair impression of the degree of psychoactive effect a kava consumer may expect from a standard dose, as well as the social and cultural context within which kava may typically be recreationally consumed:

'The kava beverage in its diluted form produces a soporific effect, in contrast to alcohol's intoxicating effect. The addictive qualities of kava are similar, I suggest, to those associated with drinking tea, coffee, cocoa, and other beverages. Consistent with this, the WHO label "tea" appears to locate kava outside the strong drug category.'
— Nancy Pollock 2009[58]

'drinking kava is no different than drinking coffee... If you abuse coffee, you might have side effects [too]'
— Dr Vincent Lebot quoted in Aporosa 2019[59]

Kava-alcohol comparison

Kava contrasts with alcohol as a beverage for recreational or social consumption:

- Kava makes users feel 'relaxed, rather than euphoric' according to Aporosa; others describe a 'mild euphoria... emphasis on mild'[60]
- Kava 'fosters clear-headed discussion'[59]
- Kava is 'non-hallucinogenic and non-addictive'[59]
- As discussed above, studies have not shown kava consumed in typical quantities to significantly affect cognition[57]

Kava use concurrent with alcohol use is not recommended[47,61]; this can increase the impact of alcohol on cognition[62] and may in combination pose a hepatotoxicity risk.[63]

Kava impact on driving

There is good evidence that consuming a large amount of kava can have an effect on a person's ability to drive.[47,64–68] A low to medium amount (a dose of 180mg of kavalactones) has been shown in a randomized, double-blind placebo-controlled, study to have no effect on driving outcomes as compared to a placebo.[69]

In Vanuatu transporting goods or passengers after drinking kava is explicitly prohibited in legislation.[70] In other jurisdictions, including Fiji,[64,71] Australia,[72,73] and the United States,[66] existing legislation on fitness to drive can and has been applied to kava.

In the UK, fitness to drive is governed by the Road Traffic Act 1988, which would apply to kava as it has been established that kava has a mild psychoactive effect[74] (as, for example, does caffeine).

Accounts of drinking kava

'It gives a pleasant, warm and cheerful, but lazy feeling, sociable, though not hilarious or loquacious; the reason is not obscured'

—Hocart, 1929[2]

'The head is affected pleasantly; you feel friendly, not beer sentimental; you cannot hate with kava in you. Kava quiets the mind; the world gains no new color or rose tint; it fits in its place and in one easily understandable whole'

—Lemert, 1967[2]

'Kava is in no way alcoholic, but much has been made of its narcotic properties. Early missionaries maintained that the concoction partially paralyzed the lower extremities, making it difficult to walk. More recent partakers of kava, including the author, have experienced no debilitating effect which could be attributed to consumption of the drink.

'Instead they have found it a refreshing, astringent drink which produces nothing more than a tingling sensation in the mucous membrane of the mouth and a short-lived numbness of the tongue. The partial paralysis of the lower limbs is not caused by the kava but by sitting cross-legged for hours while the kava ceremony is in process.

'Samoans who find the sitting posture a more natural one do not complain of any impairment to walking.'

—Holmes, 1967[55]

2. GLOBAL USES OF KAVA

In cultures across the South Pacific the kava plant and the drinking or otherwise consumption of kava is utilised and holds significance in a multiplicity of contexts. Kava has been described by members of such cultures as central to their way of life.[2,67,75,76]

By contrast, the much shorter history of kava use in Europe has been driven by the medical enterprises of the pharmaceutical industry,[58,77,78] narrowing our perception of its nature. In the United States, there is a growing market in kava supplements and recreational use.[8,60,79]

2.1 Overview of uses

Ceremonial	Kava is central to a wide range of South Pacific ceremonial contexts, as described in more detail below. These range from hierarchical/chiefly[80] to familial (e.g. births, weddings, funerals).[32] The ceremonial giving of kava is of great importance in the creation and maintenance of social bonds and cohesion.[32]
Cultural	Kava has been described as '[potentially] the one item in their material culture that linked together most of the peoples of Oceania'.[2] The cultural power, role and value of kava in the South Pacific is hard to overstate.
Social	Kava is often consumed in a social context, promoting sociability[32] and being observed to facilitate discussion and socialisation.[12] Kava drinking plays an important role in South Pacific social and communal life,[32] comparable to that of tea/coffee, and to an extent alcohol, in European cultures. Kava is shared to celebrate and cement conflict resolution in Vanuatu.[32]
Personal	Across and beyond the South Pacific, kava is widely seen as promoting a sense of relaxation, peace and wellbeing.[32] Kava drinking is associated with a rich collection of mythologies, pride of culture and identity for many in the South Pacific diaspora.[14]

Political	Kava plays a role in village and national politics, including in the validation of titles, agreement ratification and honouring of dignitaries. Both HM King Charles III and the late HM Queen Elizabeth II have been honoured in kava ceremonies, in Samoa and Fiji respectively. The celebration and embrace of kava culture has helped newly-independent South Pacific states to foster cohesion and a sense of civic pride,[32,56] as well as to generate much-needed export revenue.[20]
Spiritual / religious	Kava is referred to in some South Pacific cultures as the 'plant of the gods'[12]. Kava beverage is seen as being a medium to 'infuse spiritual power' into ceremonies.[12] It is an object of sacrifice.[20]
Medicinal	Kava has a history of use as a natural remedy for a wide range of conditions[2] including headaches, menstrual issues, toothache, wounds, sores, sore throat, sleeping difficulties, urinary/genital problems and asthma,[32] as well as to remove curses.[2] In the 19th and 20th centuries, kava-based products were available for treatment of various conditions including gonorrhea, rheumatism and gastrointestinal issues[13] in many Western countries including the UK. Contemporary uses include kava consumption as a treatment for bladder issues and anxiety[13]. Some studies suggest kava has potential for reducing cancer risk.[81,82]

2.1.1 Medical uses of kava

Kava has been used as a medicine and/or folk medicine by both ancient and modern South Pacific cultures, and in the United States and Europe in the 19th century through to the present.[13,20,32]

In the South Pacific, traditional medicinal uses have included treatment of gonorrhoea, urinary difficulties, menstrual problems, headaches, chills, sleeping problems, general treatment of diseases, rheumatism, tuberculosis, leprosy, asthma, skin diseases, and to calm nervous children.[20,32]

In 19th and early 20th century Europe and the United States, uses have included treatment of gonorrhea, urinary issues, gastrointestinal issues.[13]

Prior to 2002, there were three kava-containing medicinal products on the UK market. The report authors could not find any reports of adverse events associated with the use of these products. They had their marketing authorisations withdrawn in the UK in 2001 in response to concerns about kava hepatotoxicity in Germany[83] (see Section 3.2).

Product license no.	Product name(s)	First authorised	Use
PL 00250/5176R	Potter's antiglan tablets Herbalflo Tablets Muir's pro-glan tablets	1990	A herbal remedy traditionally used for the symptomatic short term relief of mild bladder discomfort.
PL 00250/5214R	Potter's Black Root & Euonymus Tablets No.448 Potter's Gb Tablets	1990	A traditional herbal remedy for symptomatic relief of short term discomfort in the upper abdomen following meals.
PL 00250/5079R	Protat	1990	A herbal remedy traditionally used for short term symptomatic relief of bladder discomfort.

A number of unlicensed medicinal products and supplements were also available to purchase in the UK prior to 2001.[83]

In recent times there has been particular interest in the use of kava for treatment of anxiety.[8,38,47,77,84–87] A significant body of research also suggests further uses of kava for treatment of depression, seizure management and for improvement of cognitive function.[32] Talanoa, a traditional Pacific dialogue practice, has been hypothesised as a non-medicinal approach to support people with PTSD.[88]

There is also a significant body of research into kava's potential for reducing cancer risk.[8,33,81,89,90]

2.2 The South Pacific

Kava is of profound cultural importance in the South Pacific.[2] The centrality of the plant and the drink made from it, as well as its long history of use in the South Pacific, is demonstrated by the breadth of local and national traditions, idiosyncrasies and mythologies associated with it.

A multitude of myths exist for the origin of kava; indeed, kava can be found at the heart of the origin stories of a number of South Pacific cultures and peoples. There is a wide diversity of such myths, though recurring themes arise:

- Supernatural origins, including gods bringing kava to earth
- Association with women/female sex organs
- Association with sugarcane
- Association with inebriation
- Themes of death, poison, fertility and sexuality
- Themes with harmonious social relations between men[20]

A selection of kava myths can be read in Appendix 1.

2.2.1 Kava in Vanuatu

It is generally accepted among kava researchers that the plant originates in northern Vanuatu1, and has been cultivated for some 3,000 years.[32] In Vanuatu, more kava cultivars may be found than in any other place – some 80 cultivars.[13] Kava use is widespread across Vanuatu.[20] The long history of kava use is further evidenced by the profusion of names for the plant/drink throughout Vanuatu (a country with more languages per capita than any other)[20] and well-established traditional kava exchange networks.[20]

Colonial era decline of kava

Kava was discouraged during the period of Christian missionary influence in Vanuatu (mid 1800s). During the period of British and French rule, through the Anglo-French Condominium established in 1906, kava drinking was discouraged.[91]

By the time Vanuatu gained its independence on 30th July 1980, its ancient kava culture had been significantly eroded, disappearing in some parts of the country.[91] Some, especially the younger generation, saw alcohol as a more desirable alternative. Consequently by the 1970s there were reports of antisocial behaviour and violence associated with excessive consumption of alcohol.[91]

Post-colonial era revival

Following 'a somewhat acrimonious struggle against the colonial powers'[91] Vanuatu achieved independence in 1980. Vigorous debate ensued, in which the people of Vanuatu or ni-Vanuatu reevaluated their relationship with European influence and the period of colonial rule. In this context kava saw its popularity revive quickly,[45] after a makeshift kava establishment, ***Mauna***, opened in Vanuatu's capital, Port Vila.[91]

Preparing kava beverage

Almost all kava consumed in Vanuatu is made from fresh plant material.[13] Mastication is still popular, mostly in southern Tanna Island and to a lesser extent in Tongoa, in central Vanuatu. In northern Vanuatu – Maewo and Pentecost islands – abrading stones are more commonly used.[32] In some communities, rather than steeping, the undiluted juices of fresh rootstock are consumed.[32] In the nakamals of Port Vila, mechanical grinders are used.[32]

Nakamals ('kava bars')

Mauna, Port Vila's first Nakamal, was the first of what have become an important aspect of Vanuatu's kava culture: the Nakamal, a communal building for the social drinking of kava, comparable to a pub, bar or cafe. Indeed, in the capital, Port Vila, Nakamals have evolved into social hubs and commercial institutions, which are often very busy in the evenings.[32] Kava is often chosen over alcohol, especially by politicians and businesspeople, partly as an embrace of pre-colonial heritage.[32]

Kava economics

Vanuatu is the world's foremost kava exporter. The crop is Vanuatu's key export, making up 68.5% of the country's total domestic export value in 2024,[92] and is a key crop for local communities.[75] Following concerns around hepatotoxicity in the early 2000s (see Section 3.2) the Kava Act No. 7 (2002) was passed to introduce quality guidelines and standards[4] – the first standards-led legislative response (see Section 3.4.2).

1989 account of kava preparation

A communal kava bowl made of wood called a niko was used. This was canoe-shaped and half a metre in length. The root was broken up and cleaned using coconut husk as a brush. Men and youths would chew, masticate and spit the kava into the niko. Water was then poured over. Finally, a strainer or nivhau, made from a banana stem, was used to separate the infusion from the solids; this was then poured into a cup. Wild cane was used as a drinking straw.[22]

—Ron Brunton quoted in Lynch, 1996

2.2.2 Kava in Fiji

'Yaqona' is an integral part of life in Fiji,[37] with multiple layers of meaning in Fijian culture ranging from a contemplative tool, a symbol of heritage and the ancient, associations with peace, and recently imbued with Christian symbolism.[93] Kava is seen as good for health when consumed in proper quantities.[93] It plays a multitude of roles – in welcoming guests, offering hospitality, observing social events, inaugurating new constructions, marking acquisitions, and marking/facilitating reconciliation.[93,94]

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Kava ceremonies

Kava is typically prepared as follows: root material is cut into sections and sun-dried for several days, before being powdered using a large pestle and mortar.[94] Low-ranking men mix kava with water in a communal wooden bowl called a tanoa. The powdered root is enclosed in a muslin-style cloth. Initially just enough kava for the chief and his spokesman is prepared; the ceremony is highly hierarchical. Depending on the formality of the ceremony, specific movements and clapping are observed. Sometimes short speeches are given. At other times a Christian prayer will be offered.[94]

Kava and Christianity

Christianity was embraced by Fijian chiefs in the mid 1800s[93] and most ethnic Fijians today are Christian. The symbolic associations between kava drinking and concepts of ancestral spirits sit sometimes a little uncomfortably alongside Christian theology[93] although most Fijian Christians drink kava regularly. While the two traditions are not mixed (kava is never consumed in a church) they coexist quite happily.

Grog – an etymology

A popular colloquial term for kava in Fiji is 'grog'. This is a semantic transformation of the archaic English word 'grog'. Old Grog was purportedly a nickname for a British Admiral, Edward Vernon, who diluted his sailors' rum and wore grogram (a coarse, stiff fabric). Grog thus became a colloquial term for diluted rum, and later any strong alcohol; this meaning is still in use in Australia.[15,95,96]

Fiji's Indian heritage community

Fiji has a large Indian diaspora (28% of respondents to Fiji's 2007 census identified themselves as Hindu)[97]. This diaspora first came to work on sugar plantations and in mills through an agreement between the colonial administrations of India and Fiji, then both under British rule[98]. The 'Indo-Fijian community slowly adopted kava drinking rituals.'[99]

Kava is served as a drink in the death rituals of some of Fiji's Indian heritage community. A 2005 editorial in the Fiji Times noted that 'not only Fijian families but increasingly also some Indians are into serious *yaqona* [kava] drinking in the evenings.'[100]

Conflict resolution

A ritual called ibulubulu (meaning 'burial') is sometimes undertaken to restore social harmony where one party is perceived to have mistreated another. In the course of the ritual, the former offers the latter a large quantity of kava.[93]

Kava in rural Fiji

Kava drinking is a cornerstone of the social lives of men in rural Fiji.[93] Below is one account of such a setting:

> *'In Tavuki village on Kadavu Island, the locus of my research, men drink it for several hours every day, usually beginning in the late afternoon. Women drink too, generally in mixed-sex groups, but they do not drink as much or as often as men do. Fijians appreciate kava's numbing, soporific properties which induce relaxed, harmonious socializing. They also appreciate its value as a commodity with a high (though fluctuating) market price, something they can cultivate and sell to develop their households and communities materially. For these tangible reasons, kava stands metaphorically at the center of Fijian public life.'*
>
> —Tomlinson, 2007

2.2.3 Kava in Tonga

A rich mythology around kava is associated with Tonga (see Appendix 1). The Tongan concept of talanoa is best described as a way of life.[76] It is a form of dialogue that encapsulates vulnerable openness, respect, tolerance, promotion of belonging, and inclusion. This form of dialogue, lubricated through kava drinking, is a cornerstone of Tongan culture.[76,88]

Community occasions and life events

Weddings, funerals and other important events in community life are marked by kava drinking. For weddings, the families of the bride and groom drink kava together to celebrate the joining of the families; in later years, if the husband or wife passes away, the families again drink kava together.[32]

Faikava (kava gatherings) and kalapu (kava clubs)

Faikava are 'common social gatherings' that foster community cohesion and a sense of connectedness with ancestors[101] through consumption of kava. Kalapu or 'kava clubs' are a more contemporary interpretation of kava culture, and are growing in popularity in Tonga.[101] They are characterised by fundraising, donations and sometimes entry fees; these funds may be spent on community assets/services such as schools, or used as a hardship fund for those in need.[101]

Kava in Tongan politics

In Tonga, kava plays a direct role in the process of political discourse at a local and national level. Locally, kava is used to delineate power between the chief and people, and especially to resolve conflicts. Nationally, kava ceremonies have been the settings for important speeches, for example in the transition towards a more democratic/constitutional monarchy. Tonga's reigning monarch, HM King Tupou VI, is said to have only officially assumed the throne after a taumafa kava ('royal kava') ceremony.[101,102]

2.2.4 Kava in Samoa

ʻAva (kava) plays a central role in the Samoan *fa'asamoa* or way of life[17] and in Samoan culture, traditions and ceremonies.[17] Samoa's ʻava tradition has a long history[55] and the drink has historically been interwoven with religious customs and local politics.[55]

Historically, the ʻava beverage was produced by mastication of ʻava roots; usually a young girl would perform the preparation.[20] Hibiscus bark was used for filtration and was called a *fau*.[32] In modern times, the daughter of a high chief (*taupou*) may lead the preparation.[2]

Samoan ʻava ceremonies

A ʻava ceremony in Samoa is traditionally a solemn, hierarchical affair. Seating arrangement delineates social rank; children are not allowed. The order of drinking follows the same hierarchy as the seating arrangement. A little *ʻava* is poured onto the mat upon which the drinker sits, representing humility and an offering to ancestors and the spirits. Clapping accompanies drinking.[55]

Such ceremonies are a characteristic of significant events in community life. *ʻAva* is an essential component of births, marriages, deaths and title installations, as well as the construction of houses (on which occasions the carpenter is served first) and the *aiavā*, the traditional greeting ceremony for visiting groups, or *malaga*.[55]

ʻAva, politics and hierarchy in Samoa

In 2024, HM King Charles III visited Samoa in his role as Head of the Commonwealth and participated in an *ʻava* ceremony, during which was honoured by being declared a high chief.[102] Local political meetings/sessions are invariably opened with an ʻava drinking ceremony.[55]

2.2.5 Kava in other South Pacific nations

Papua New Guinea and Western Guinea

New Guinea, the world's second largest island, is divided between Papua New Guinea in the east and Indonesian New Guinea in the west, comprising seven regions of Indonesia. Kava is consumed in specific parts of the island,[32] rather than throughout. An 1876 account reports:

'I had the opportunity of stating the information from the Rev. W. G. Lawes, that the Piper methysticum grows wild on the south-east of New Guinea without the native [people] knowing or making use of it.'[20]

—Miklouho-Maclay (1876) in Lebot et al 1997

Given that *Piper methysticum* does not propagate itself (see Section 1.2), the Rev. Lawes may have been misidentifying *Piper wichmannii*, or identifying the feral remnants of earlier human planting. Notably, *Piper wichmannii* is believed to have been first observed here.[40] Kava is seen as a crop with significant economic potential for the country.[23]

Solomon Islands

There is little documented evidence of the historical use of kava in the Solomon Islands[103] but interest has grown in recent years, particularly in the economic potential of kava as a crop for Solomon Islands farmers.[104–107] *Piper wichmannii*, believed to be kava's wild progenitor, is indigenous to the Solomon Islands.[20] The 1876 account cited above continues:

'...Rev. G. Brown wrote to me a few days ago about a similar case in New Britain, and New Ireland, and the Solomons [sic] islands, where Piper methysticum *(or an allied species) grows wild, but the native [people] don't know the use of it... not being cultivated it was coarse'.*[20]

—Miklouho-Maclay (1876) in Lebot et al 1997

This quote is noteworthy in that it appears to note the effect of cultivation in other parts of the South Pacific in selecting for characteristics more suitable for human consumption.

A 2023 paper noted that 'to date, no studies from the Solomon Islands on the prevalence of kava use have been conducted'[108] but that it 'is becoming increasingly consumed in the Solomon Islands'.[108] A Solomon Times news article from 2020 notes:

'In Solomon Islands the Government is seriously exploring export opportunities for Solomon Islands kava as per [a] statement from the Prime Minister's office earlier this year... work is being done to tap into the multi-million-dollar kava market.'[106]

Another Solomon Times article from 2021 describes kava cultivation as 'the new craze'[105] noting 'kava is new, not many people drink kava'. A 2026 video from the Kava Coalition series Inside the tanoa notes 'over the last ten years or so, kava has been slowly catching on in the Solomon Islands'.[109]

Federated States of Micronesia (FSM)

In Pohnpei state, many people drink kava daily; kava cups feature on the state flag and the government seal. Kava is an important cash crop.[32] Large kava plants are given as gifts.

The kava ceremony is central to the political process, including in the naming of new chiefs.[32] As in Vanuatu, traditional kava culture received renewed attention after Micronesia gained independence in 1986.[32]

Unlike in Fiji, kava has been incorporated into the Catholic liturgy.[32]

In Kiribati, kava has also become popular in the last few decades. Referred to locally as nangona, kava drinking among I-Kiribati men has emerged in villages since 2002/03.[58] Kava drinking reportedly has fostered community relations and sociability:

> *'In Tarawa, one secondary school teacher explained to me that the reason kava-drinking has recently become popular is that it is drunk as a group activity, with the drinkers sitting in a circle and singing songs together.*
>
> *Those who observe such a delightful gathering from outside the circle must feel envious, or mataai. Consequently, observers enter the circle and enjoy drinking together. The teacher emphasized the communal feature of kava-drinking.'*
>
> — Kazama, 2007[110]

Wallis and Futuna

Prior to becoming a French protectorate in 1887, kava held an important role in the cultural life of Wallis and Futuna. At this time on Wallis island, for example, all important decisions relating to community administration were made at kava ceremonies.[2]

Kava's role has since diminished; it is now rarely consumed in Wallis. In Futuna, it continues to be consumed by village men in nightly kava sessions. It retains a symbolic role in hierarchies and social relationships.[111]

New Caledonia

Kava does not have a long history of being consumed in New Caledonia[103]; it was introduced in Nouméa, the capital, in the 1980s, for expat ni-Vanuatu and locals.[58,112] Outdoor nakamal kava bars, open from late afternoon until evening, have opened, becoming popular places for socialising.

Expats from Vanuatu and Wallis and Futuna have brought with them traditions such as church celebrations and family gatherings centred around kava.[58] Concerns have been raised that kava has had a depressive effect on some drinkers, though it is as likely or perhaps more so that some people drink kava for perceived anxiolytic effects.[112]

2.2.6 Extinct kava cultures

In parts of New Guinea, Polynesia the wider South Pacific, there exist accounts or evidence of prior cultivation and use of kava where such activity is no longer present. This may be due to Western influence (especially that of Christian missionaries), difficult growing environments for the kava plant, or other factors. Below are two representative cases.

Cook Islands

Kava was widely cultivated and used in the Cook Islands, but both cultivation and usage ended[55] due in large part to the influence of Christian missionaries.[113] It was known as kava māori. Today there is some kava use as a treatment for urinary tract problems; the kava used for this is generally dried powder imported from Fiji.[113]

Tahiti

Kava was present to an extent in Tahiti in the 1700s; though several large plantations were established, it was commented in 1773 that it was 'scarce and little used'. Under missionary influence, it further declined until by 1830 'many Tahitians no longer even knew it by name'.[20]

2.3 Kava in Australia and New Zealand

Both Australia and New Zealand have sizeable South Pacific Island heritage populations. Both countries allow regulated access to kava, though their legislative approaches varied significantly over time.

2.3.1 Kava consumption in Australia

In the 1980s, cultural interaction between the South Pacific diaspora and Aboriginal Yolngu communities in Australia's Northern Territory led to the latter noting the contrast between the effects of drinking kava – 'a state of serenity and peacefulness' – and those of the excessive alcohol consumption – 'aggression and violence' – which was an increasing concern in these communities.[114] This led to promotion among Indigenous Australian communities of kava as an alternative to alcohol.[58,115]

However, kava itself started to be consumed in excess, leading to adverse health effects including dermopathy, liver function abnormalities and anecdotes (not substantiated by research evidence) of cardiac deaths.[61,116]

Following an extended period of legislative attempts to restrict access to kava, a pilot programme liberalising access to kava has seen positive results and may lead to a permanent liberalisation of kava legislation (see Section 3.5.3).

2.3.2 Kava consumption in New Zealand

New Zealand has a large South Pacific diaspora[117,118] accounting for around 9% of the total population. Perhaps as a consequence of this, in contrast to Australia's regulatory/legislative experience, which focussed on efforts to restrict access to kava, New Zealand has not sought to prohibit or restrict access to kava.

Kava plays a number of roles: it is a 'cultural marker' to the Pacific Islander diaspora[119]; it has been taken up by some members of New Zealand's indigenous Māori communities; there is also

substantial interest in kava amongst the wider population.[119] Thus it plays a role in the 'blending of identities and cultures within diaspora environments'[119] – a concept that, notably, seems relevant to modern Britain.

Among South Pacific islanders

Kava drinking is, for some iTaukei (native Fijians), a way of asserting their 'Fijian-ness'.[119] It is often sold in Fijian-owned shops,[119] giving the diaspora an economic as well as a cultural asset. It is a way for the diaspora to continue to participate in, and maintain a connection with, their culture.

Among the wider population

Kava's popularity has spread beyond the Pacific Islands diaspora in New Zealand. A number of kava bars and lounges have opened[119] while others drink kava in their homes and/or establish kava clubs with friends.[119] One Māori commented that 'we Māori originally came from the Pacific, so kava is already in us'.[119]

2.4 Kava in the United States

While kava and kava culture are relatively new to the mainland United States, its popularity has grown significantly over the last three decades.[60] The US is now likely the world's largest consumer of kava by retail value.[120] As many as 10% of US adults consumed kava in the past year.[121]

In Hawaii, by contrast, kava (known locally as 'awa) has a much longer history of use; prior to the annexation of Hawaii by the United States in 1898[122] and subsequent admission to the Union as the 50th State in 1959,[123] Hawaii had a traditional kava culture comparable to those of the South Pacific nations discussed in Section 2.2. American Samoa was annexed in 1900.[122] This annexation was followed by efforts to protect Samoan culture[124] and kava culture persevered.[55] Indeed, a kava bowl is at the centre of the official seal of American Samoa (below).[125]

2.4.1 Distribution



Consumption of kava is highly variable by state, with a 2021 market report estimating half of all kava bars at the time were located in Florida.[126] Kava bars have also opened in California and various other US cities. Kava bars often 'act as a pleasant social meeting ground and could be considered a new sort of coffee house'.[79]

2.4.2 Patterns in US kava use

In a national study[121] published in January 2026, the most popular form of kava consumption in the US was self-reported as being traditional kava beverage (used by 50.7% of respondents in the

past year) followed by kava capsules, pills or tablets (47.3%), kava teabags (44.9%) and premade kava drinks (43.9%). Other kava products included gummies, instant kava and extracts (used with a dropper). Most respondents reported consuming kava at home (59.4%) while kava bars were the second most popular venue (42.3%). Kava products were purchased at kava bars, online, in supermarkets, in natural food supermarkets, and in pharmacies.

2.4.3 Social media study

A 2023 analysis of social media (Reddit) posts showed an especially significant rise in interest since 2013 or 2014.[60] This offers a snapshot of trends in consumption of kava in a comparable economy and population. It should not be taken as representative or used to draw conclusions, but is nevertheless informative. Key findings were:

- The most commonly mentioned motives for trying kava were (1) recreation/relaxation and (2) self-treatment (particularly for anxiety and difficulty sleeping) and withdrawal symptoms/cravings for other substances.
    - For those seeking to relieve anxiety, none reported an anxiety disorder diagnosis
    - For those using kava recreationally, the most common motives were (1) to experience intoxication/altered state, and (2) relaxation. Users reporting (1) reported that kava 'did not meet expectations'; those reporting (2) were more likely to be satisfied.
- The effects of kava were most commonly described as mild: 'gentle', 'weak', 'subtle', 'slight' etc.
- The most common adverse effects reported were gas, bloating and/or nausea. Adverse effects were 'typically characterised as mild'.

2.4.4 Kava in Hawaii

'Awa has a much longer history on the island of Hawaii than the mainland US; it was one of the earliest post-contact (1778) export commodities.[20] *ʻAwa* beverage was regarded as a sacred drink, with multiple roles in Hawaiian society and culture, a prominent role in mythology and poetry; some traditions were shared with other South Pacific nations.[127]

Kava's historic roles in Hawaiian life

Before incorporation into the US, Hawaiian society was highly hierarchical, with 'awa drinking reflecting this hierarchy as elsewhere in the South Pacific.[127] *ʻAwa* was an important offering to the gods.[2] There were three broad forms that kava ceremonies could take: full, formal ceremonies (e.g. for honoured guests or royalty), ceremonies held for meetings of village elders, and the more social kava circles.[2]

ʻAwa also had traditional medicinal roles; the kahuna lapa'au (medical priests) variously used it for 'sleeplessness and general debility', 'weary muscles', 'chills', 'difficulty in passing urine', 'disorderly stomach', 'lung... troubles', 'displacement of the womb', as a 'poultice for boils' and for headaches.[127]

In a 1940 account, 14 varieties of kava were observed in Hawaii, with different uses: 'Only the most common variety could be used by the commoner, the rarer kinds were reserved for the chiefs. ...on ceremonial occasions the *mo'i*, *liwa* and *papa* [varieties] were used...'.[2]

Decline and resurgence

Despite its prior prevalence and importance in Hawaiian life, *'awa* declined in popularity through the twentieth century to the point of 'virtually disappearing'.[56]

In recent decades *'awa* culture has seen a revival, as part of a wider resurgence of interest in *Kanaka Maoli* (native Hawaiian) culture.[128] As well as a renewed interest in the old *'awa* traditions, a new generation of kava bars have also emerged with a more contemporary feel.[128]

'Awa drinking is included in Hawaii's annual Independence Day celebrations[128] and the Hawaiian state Department of Health recognised *'awa* as Generally Regarded as Safe (GRAS) in 2024, berating the US federal Department of Health for not doing likewise[29]:

Extract from letter attached to Hawaii GRAS determination

'Unfortunately, due to non-traditional applications of the [kava] plant, which includes chemical extractions and concentration of active ingredients, the FDA has classified kava as a dietary supplement.

'We see a fundamental error, in which concentrated 'Awa/Kava extracts, which rightfully should be classified as supplements, are being conflated with the 'Awa/Kava beverage, which should be classified as a traditional food.

'This is akin to considering almonds unsafe to eat because cyanide can be extracted and concentrated from the nuts.

'We seek assistance in the FDA creating separate classifications of 'Awa/Kava extracts and traditional 'Awa/Kava consumption as a beverage, as has been done in international standards, the scientific literature, and even individual states.'[29]

— Letter from Dr V Lebot, Dr Noa Lincoln, Michael Louze, Dr. Harry C. Bittenbender, Edward Johnston and Dr. Jonathan (JD) Baker to U.S. Representative Jill Tokuda

2.5 Kava in the United Kingdom

Kava is consumed in the UK by people of South Pacific heritage[129] as a cold water extract beverage, despite the legislation prohibiting its import and/or sale (see Section 3.5.5). It may be served in personal, communal, ceremonial, social, family, community, sport and fundraising[130] contexts. Some UK kava drinkers come from non-South Pacific backgrounds.[31]

2.5.1 South Pacific communities in the UK

England and Wales census data from 2021 lists 12,395 people as reporting their region of birth as Oceania.[131] As of 2015 there are estimated to be approximately 7,000 people of Fijian background in the UK of whom just over 2,000 serve in the British Army.[130] There was a wave of migration from South Pacific island nations including Fiji, Tonga and Samoa to the UK in the 1960s, notably driven by recruitment of Fijians by the British Army.[132] Considering that a proportion of these people settled and started families, a diaspora of 15,000 to 25,000 people of South Pacific origin is a reasonable estimate.

Kava drinking plays a significant role in the community cohesion of Fijian, Tongan and other South Pacific expats.[133,134] Kava sessions take place in the context of sport – notably rugby[135] – as well as within South Pacific communities, and at events such as the annual Bula Festival, a celebration of South Pacific culture.[134]

The Fijian diaspora

The largest South Pacific diaspora in the UK is the Fijian diaspora, with a 2015 paper estimating approximately 7,000 people born in Fiji residing in the UK[130] (the overall number is likely higher as this does not include UK-born people with Fijian heritage). This includes just over 2,000 members of the British Army.[130] There is also a notable Fijian presence in the NHS, rugby, and the care sector.[130]

Kava as a way of life

'Kava, for me, is pretty much life. It's an everyday thing for me. It's a very important part of my culture and where I'm from.

'Kava has been passed down through generations. My grandparents, my great grandparents. It's a way of life for us. Coming to the village, asking for forgiveness, sorting out family problems – it's all settled through kava. Even travelling overseas, doing a new thing. You have to have a kava ceremony.

'So it's a very, very important part of our culture. Especially for me, travelling for the last 30 years abroad in and out of other countries, kava is the only thing that I can fall back on and be very, very grounded to my roots. It reminds me of home.

'For us [in the Fijian diaspora], it's a way of resetting and reminding ourselves who we are, and making sure that we don't forget where we come from.'

— Tevita (Tex) Cavubati, Fijian Rugby Union Player[136]

Many Fijians in the UK have a strong connection with their cultural heritage and sense of kinship, with kava drinking being a significant aspect of this heritage and communal life.[129,130] Kava ceremonies play a role for Fijian soldiers in the British Army.[137,138]

The Fijian way

Dr Jara Hulkenberg, a lecturer at the University of the South Pacific in Fiji, discussed Fijian expats in the UK in a 2015 paper, 'The Cost of Being Fijian in the United Kingdom':

'The majority of [indigenous Fijians who migrate to the UK] form a well-organised community based on similar principles as in Fiji (kinship, church, and chieftainship) and do their utmost to live 'in the Fijian way' (na ivakarau ni bula vakaviti), a lifestyle also known as living 'in the manner of the land' (i tovo vakavanua). I argue this way of life is a central aspect of being a Fijian person'

—Hulkenberg, 2015[130]

It is reasonable to conclude from the variety and breadth of these cultural roles that the UK's current kava legislation impinges, or has the potential to impinge, on the cultural life of members of the South Pacific diaspora in the UK.

2.5.2 The UK's kava regulations

As will be discussed in detail in Section 3.1, there was a surge of interest in kava in the late 1990s,[139] in particular from the German pharmaceutical industry.[140] In the early 2000s, a number of case reports emerged suggesting a link between kava and liver damage (hepatotoxicity). Within several years, there had been approximately one hundred such cases, many of them received by BfArM, the German equivalent of the UK's MHRA.[63]

While subsequent reviews cast doubt on the association between kava and hepatotoxicity in these case reports,[63,141,142] many European countries (see Section 3.5.4) including the UK placed restrictions or prohibitions on kava.[83]

The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 and The Kava-kava in Food (England) Regulations 2002 established prohibitions on kava for medicinal and food use respectively.[143,144]

It was established in 2002 that the Prohibition Order would be reviewed after a period of two years by an Expert Working Group (EWG) of the Committee on Safety of Medicines (CSM), informing the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA would in turn advise Ministers. This happened in 2005 and in February 2006 it was announced that the prohibition would remain in place. No further EWG review was planned, and none has taken place.[7,83]

Kava as a food

The Kava-kava in Food (England) Regulations 2002[144] (which came into force in January 2003) prohibits the sale or import of kava into the UK for use as a food.[145] There are equivalent Northern Irish, Scottish and Welsh regulations. A 2004 amendment added reference to the EU's free circulation in member states principle, but this did not change the statutory instrument's effect in practice,[146] and a 2019/20 post-Brexit amendment rendered these provisions inoperative.[147]

Kava drinkers in the UK often bring kava with them on return from trips to the South Pacific,[31] though these may be seized at the border, and/or purchase kava online from US, New Zealand or other non-UK-based suppliers.[16]

Kava as a medicine

Prior to 2002, products containing kava were available in the UK for the treatment of several conditions (see Section 2.1.1). These products were voluntarily withdrawn from sale in 2002 and it became illegal to sell, supply or import kava for use as a medicine (with the exception of external use only medicines) through The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002[148] (which also came into force in January 2003).

Legislation does not prohibit import, sale or supply of kava for purposes other than human ingestion; for example, an exception is made for external use only medicines. The authors have heard anecdotally of people importing kava as a pet food supplement. In practical terms, however, these two pieces of legislation prohibit legal consumption of kava in the UK.

Calls to revoke the 2002 legislation

There have been calls to revoke The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 and The Kava-kava in Food (England) Regulations 2002 since the legislation came into force (see Section 3.5.5).

In addition to the Parliamentary and judicial efforts detailed in Section 3.5.5, representatives of South Pacific kava-exporting nations have raised the legislation with Ministers.[149]

Several small-scale calls for revocation have come from civil society, including a celebrity endorsement for the National Association of Health Food Stores led judicial review in 2003[150] and two unsuccessful UK Parliament petitions.[151,152]

3. HEALTH CONCERNS AND POLICY RESPONSES

Key points

The 1990s kava boom & hepatotoxicity scare

- European demand for kava created a 'gold rush' in which demand outstripped supply and caused record global kava prices.
- It is likely inappropriate plant material, including non-root parts, non-noble cultivars and possibly contaminated/substandard plant matter, entered the supply chain.
- Organic extraction methods (notably ethanol and acetone extraction) used in pharmaceutical manufacturing of kava products in the 1990s/early 2000s are possible factors in hepatotoxic events.
- Kava may interact adversely with medication and other herbs.

Hepatotoxicity concerns

- Approximately 100 cases of suspected kava-associated hepatotoxicity were reported between the late 1990s and early 2000s[8].
- Reviews of these and subsequent case reports show few 'probable' associations (0%-9%) with 30%-50% of case reports containing insufficient information to make a conclusive assessment.
- Enhancing quality standards are highlighted as an important policy response to reduce hepatotoxicity risk.
- Kava produced from the root/rhizome of noble cultivars extracted using non-organic solvents is associated with a very low risk of hepatotoxicity.

Possible causes of hepatotoxicity

- Pipermethysticine, present in non-root/rhizome plant parts.
- Flavokavain B, present in far higher amounts in non-noble cultivars and, to a lesser extent, kava extract produced using organic solvents.
- Mould toxins, associated with improperly stored kava.
- Kava in combination with other substances may contribute to a higher overall hepatotoxicity risk.
- There may be a genetic susceptibility to kava-induced hepatotoxicity in people from a non-South Pacific background.

Kava and health – conclusions

- Kava is safe for human consumption when produced from the rootstock and rhizome of noble cultivars and following adequate quality standards, such as those detailed in the 2020 FAO/WHO Codex Alimentarius.[34]
- The kava extraction methods with the best safety profile are non-organic methods, notably cold water extraction and supercritical CO_2 extraction.
- The hepatotoxicity risk per dose associated with kava has been estimated at 0.3 cases per one million daily doses, at most.

3.1 Early Western interest and the 1990s kava boom

To understand the context of the UK's current kava legislation, it is necessary to go back to the late 1990s and review, in particular, 'the kava boom' of the 1990s, as well as the policy responses to it in the UK, Europe and the wider world.

3.1.1 Pre-1990s Western interest in kava

There has been some awareness of, and interest in, kava in Europe and the United States from the mid 1700s.[2,32] Early researchers of the plant include Gilbert Cuzent, a pharmacist in the French navy (1850s–1870s), Berthold Seemann (1850s–1860s), Louis Lewin (1880s) and William H Rivers (1910s).

Some early research on kava was rudimentary and somewhat crude; some was overtly racist and/or colonialist. Seeman, for instance, described Fijians as 'savage cannibals' and saw the erosion of kava culture by Christian missionaries as a positive development.[153]

European and American interest in kava persisted through the 20th century, manifesting primarily in anthropological study and attempts to find medicinal uses for kava, rather than interest in kava as a cultural import. Kava has been marketed and sold outside the South Pacific as an ingredient in medicinal or supplementary products for at least a century.[56,154,155]

3.1.2 The 1990s kava boom

In the 1990s kava consumption was increasing in parts of the South Pacific (where newly independent island nations were experiencing renewed interest in kava)[91] and Hawaii.[156] Simultaneously, there was increased export demand for kava as a cultural beverage, including from Pacific Island expats in Australia, New Zealand and other places,[157] as well as from European Union countries, where there was interest in the plant's potential as a nutraceutical ingredient.[157]

By the 1990s, some 1.25 million Pacific Islanders had settled abroad, mainly in New Zealand, Australia, the United States and Canada.[139] A smaller number settled in the United Kingdom.[132] This diaspora drove global demand for predominantly 'recreational, beverage-based use'.[139]

Simultaneously, in 1990, an influential monograph was published in Germany by Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM), the equivalent body to the UK's MHRA.[155] The monograph recommended medicinal use of kava for the treatment of anxiety, stress and restlessness. It suggested a daily dosage of 60 – 120mg of kavalactones, over up to three months.[155]

Subsequent demand from the European pharmaceutical industry caused a surge in demand for kava roots for the purpose of 'processing into capsules, teas, ointments and other liquid extract forms to target medical problems including: sleep induction; analgesia; local anaesthesia; muscle relaxation; and anti-fungal activity'.[78,139,158] In 2001, Germany was the largest purchaser of Fijian kava, taking 35% of all Fijian kava exports.[159]

Thus at least four factors simultaneously fuelled demand for kava in the late 1990s:

- Revival of kava cultures in the South Pacific
- Demand for kava from Pacific Island expats[161, 162]
- Growing demand for kava from the United States
- A sudden surge in demand for kava from European pharmaceutical manufacturers

It was the growth of the European market in the late 1990s that initiated the period known as the first 'kava boom'.[139] Between 1991 and 2002 an estimated 300 million daily doses of kava extracts were distributed in Germany and Switzerland alone.[51] A 2005 paper noted that '350,000 prescriptions for kava are written in Germany each year'.[160] As explored in 'Policy Responses in Europe' below, the subsequent European bans from 2001 created a rapid 'boom and bust' effect in the economies of kava-exporting nations that has been described as 'economic vertigo'.[139]

3.1.3 Global kava market pressures

A sudden surge in European demand for kava for pharmaceutical use from 1998[139] was essentially demand for the kavalactone content of the plant material,[161,162] much of it destined for industrial pharmaceutical processing.[51]



A focus on maximising kavalactone content rather than on overall suitability of plant material, coupled with the jump in demand and non-elastic supply—kava plants take 3-5 years to reach maturity for harvest[163]—pushed global kava prices to a record high[139,164] and led to a rush for available kava plant material with a maximum kavalactone yield[161]:

'one dramatic change introduced in the mid-1990 s was the introduction of a German-controlled systematic cultivation of kava as a measure to cope with the increasing costs of the material obtained from non-systematic collections. The cultivar planted on these plantations is called"Palisi" and belongs to the so-called "two-day kava" cultivars... of P. methysticum that display high yields of kavalactones and a good biomass already after one year of growing.'

— Kuchta, Schmidt and Nahrstedt 2015

This demand pressure created severe distortions in the global kava market, as well as in domestic production in kava-producing countries[165]:

1. European wholesalers sought cost-effectiveness for their industrial clients. With limited understanding of the plant, this created the conditions for the purchase of plant parts such as peelings, bark and branch stock,[166] which were reportedly used as raw materials[165] despite not being used in traditional kava beverage preparation[20] and not being listed as suitable for kava extraction in any contemporary kava quality standards.[17,26,27,30,36,39]
2. Some farmers planted non-noble cultivars, which reach maturity faster and therefore could generate a faster harvest.
3. It is likely that the outstripping of supply by demand led to substandard plant material being exported as producers sought to capitalise on the high prices.[63,139,140] This increased the risk of contaminated, poorly stored, mouldy or otherwise unsafe plant material being sold for human consumption.

Farmers also harvested plants that were not yet mature in a rush to meet demand, harming the sustainability of local production.[139] The 'massive 1998 harvest' led to a decline in yield in subsequent years.[140]

Unsuitable kava material

'The possibility of the use of unacceptable kava material should at least be taken into account when addressing the alleged case reports of liver toxicity. Western wholesalers and buyers of herbal raw material are mostly unaware of the complex factors influencing kava quality. The usual parameter here is kavalactone content only, regardless of kavalactone signature or traditional experience. Kava is exported as biomass (roots, stump, stem, and/or peelings), and the price of the raw material correlates with kavalactone quantity, not quality. This system is clearly inadequate for kava and leads to abuses and negative effects on the trade. Stem peelings are traditionally considered as by-products...

...[this] tremendous increase in kava trading led to the search for lower cost sources of raw kava material to satisfy demand...

...Some farmers tend to respond to the market demands by planting fastgrowing, robust, early-maturing varieties with high kavalactone contents to satisfy biomass buyers. Unfortunately, these chemotypes are not suitable for kava drinking because of potentially unpleasant and adverse effects. After the closure of the kava markets in Europe, this kind of raw material is now locally traded within the South Pacific. Already, local consumers are expressing their complaints about bad kava quality throughout the South Pacific region. There is also the possibility that the most recent case reports of liver adverse events from New Caledonia are related to this kind of unacceptable quality "kava" (Russmann et al., 2003).'

—Lebot 2006[167]

In addition to market pressures, which created an incentive for unsuitable plant material to enter the global supply chain, the nascent nature of the European pharmaceutical industry's kava production should be noted.

Variables such as cultivar selection and extraction method are subject to trial and error in an emerging product market such as this.[168] Ethanol and acetone extraction methods, to take one example, were initially favoured; since then, industry has increasingly moved to using alternative extraction methods.[50,52–54] A 2004 technical paper on kava prepared by Food Standards Australia New Zealand noted that:

'[As of June 2004] there have been 82 case reports of liver toxicity world-wide associated with dietary supplement preparations containing kava extracts. In all of these reported cases, the kava had been prepared as a concentrated ethanol or acetone extract.'[169]

— Food Standards Australia New Zealand 2004

Cultivar selection and processing

'In the late 90s, one of the biggest German pharmaceutical companies invested in a kava farm in Santo for which I worked. There was, back then, little knowledge and real understanding about chemotypes, so the cultivar selection criteria were limited to three main factors: fast growing, high yield, and highest total kavalactone content.

'One of the four cultivars selected for the farm—and for their market—was a "tudei" kava. Unlike "noble¨ kava cultivars which have a long history of safe traditional use across the Pacific, tudei cultivars are not traditionally consumed on a daily basis. They are known to contain substantially higher concentrations of flavokavains, compounds that have demonstrated potential cytotoxic effects in laboratory studies.

'This German company was also using acetonic extraction, a process that extracts not only the kavalactones but also higher levels of less desirable or potentially undesirable compounds, including

flavokavains [FK], compared to traditional water extraction. I have no doubt that they realized they were potentially facing issues with this process as they later patented a method to remove flavokavains from their extracts indicating FK were not only in too high concentration but also very undesirable...

'On top of the extraction process, there were also significant quality issues across the supply chain at that time. Some South Pacific exporters supplied adulterated kava, including peelings (which are known to contain alkaloids not present in peeled noble root material), mouldy kava, and improperly processed raw material.

'Nowadays, exporting South Pacific countries such as Vanuatu have introduced extensive legislation, including the Kava Act and Kava Export Standards. Biosecurity authorities are not only monitoring approved and registered exporters but are also controlling the quality of every kava shipment prior to export.'

—Michael Louze, Vanuatu kava exporter[161]

As discussed in Section 3.2.2 there is an established potential for kava to interact with other substances including medicinal herbs and drugs.[77,84,170,171] Interactions with alcohol (kava and alcohol are widely seen as incompatible in the South Pacific[20] although they are occasionally mixed) and caffeine have also been studied.[170] A 2025 case report noted 'Clinicians should advise patients to limit the use of kava supplements while taking certain prescribed serotonergic medications'.[172]

3.2 Hepatotoxicity concerns

Starting in 1998, a number of case reports emerged of suspected hepatotoxicity (liver damage) linked to kava consumption.[63,160,173–176] The first such case was a 1998 case in Germany.

In total approximately 100-130 cases of suspected hepatotoxicity have been reported.[83] Reviews of case reports have consistently found the number of 'certain' or 'probable' associations between kava use and hepatotoxicity to be far lower than the total number of case reports assessed; even 'possible' associations make up a minority of cases reviewed. It is noteworthy that the bulk of the cases were reported by 2003; in later years, far fewer new cases have been recorded[177] (see Section 3.2.4).

Importantly, the case reports cover multiple forms of kava preparations, including: organic solvent-based extracts (notably ethanol and acetone) used in medicinal products and commercial supplements; cold water extracts consumed in traditional or recreational contexts; and case reports where the extraction method is not known. Confounding factors include concomitant medication (including known hepatotoxins), alcohol use, excessive consumption, and/or pre-existing liver disease. Many case reports contain incomplete or insufficient information.

Below is an example of one such suspected case. The case report acknowledges that a causal link between kava and the patient's hepatitis was not proven, but that this determination was made in the absence of another satisfactory explanation.

Case study: toxic hepatitis in a tourist in Samoa

A healthy 42 year old white male tourist participated in Kava ceremonies in Samoa and developed serious toxic liver disease. The case report states:

"Because the available information at this stage did not provide a satisfactory explanation for the disease, the patient was again interviewed... Finally, he admitted that during his stay in Samoa, he had repeatedly participated in kava ceremonies and consumed a cumulative volume of 2 to 3 L of traditional kava preparations. We therefore diagnosed a kava-induced toxic hepatitis... We could not definitely prove the causality of kava consumption for the hepatitis in our patient... [although] causality is highly probable."

The authors note that 'to our knowledge, no [other] tourist to date has been reported with hepatitis after consumption of traditional kava beverages... the risk seems to be very small'.

— Christl et al 2009[178]

3.2.1 What is hepatotoxicity?

Put simply hepatotoxicity is 'liver dysfunction or liver damage that is associated with an overload of drugs or xenobiotics'.[179] A hepatotoxin is a chemical that causes such damage. In the debate over whether kava is associated with rare hepatotoxic events, a number of potential hepatotoxins have been put forward and studied in detail (see Section 3.2.2).

Hepatotoxins

A key question for policymakers is whether these hepatotoxins or potential hepatotoxins are present in kava products that have been properly prepared from appropriate plant material, in line with contemporary quality standards. In Section 3.2 it is shown that 'key suspect' hepatotoxins are associated with improper plant material, storage and/or processing, rather than being intrinsic to kava itself.[13] Mycotoxins, to take one example, are caused by mould and will develop on improperly stored kava just as they would develop on improperly stored grain or other food material.[180]

Idiosyncratic hepatotoxicity

In addition to specific compounds, hepatotoxicity may be idiosyncratic. This form of hepatotoxicity is 'not merely a function of the dose–duration of exposure to the drug or chemical

but is also related to the unusual response of the person (or animal) that receives the agent and reacts to it.[181] The potential for a genetic risk factor associated with kava is discussed in the 'Pharmacogenomics' subsection in Section 3.2.3.

Polysubstance-induced hepatotoxicity

The final mechanism of hepatotoxicity relevant to kava is drug-induced liver injury (DILI) caused by interactions between substances such as herbs, medicines and illicit drugs.[182] This can essentially overstress the liver (e.g. cytochrome P450 enzymes).

3.2.2 The case reports

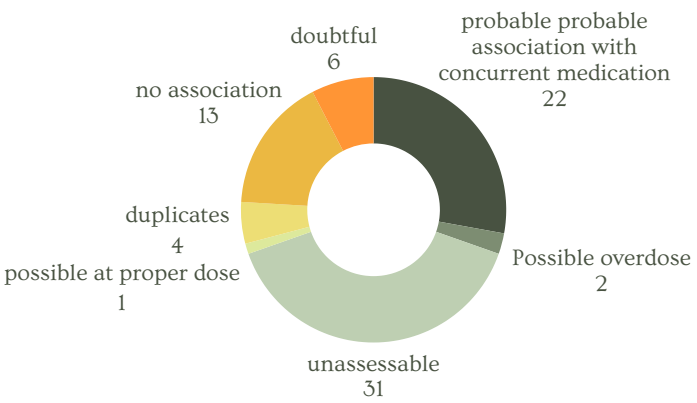
The first reported case of suspected kava hepatotoxicity is a 1998 case from Germany.[183] The Swiss regulatory authority reported the first Swiss case in 2000.[163] By October 2001, 30 suspected cases had been reported, of which four resulted in liver transplant, and one patient had died.[163]

A 2007 report by the World Health Organization (WHO) reviewed 93 suspected cases.[63] Other studies suggest over 100 cases over the same period, though many of these were not well documented. Upon reevaluation many case reports were deemed not to provide sufficient evidence to establish a causal link[8] between kava and the reported hepatotoxicity case. Many case reports contain inadequate and/or incomplete information,[63,83,141,142] making assessment impossible.[141,142] Others were conclusively found to show no association between kava and a hepatotoxicity event.[141] Below are short reviews of three attempts to compile and assess these cases.

Gruenwald and Skrabal (2003)[142]

The 2003 paper Kava ban highly questionable: a brief summary of the main scientific findings presented in the "in depth investigation on EU member states market restrictions on kava products" identified 79 reported cases of suspected kava-related hepatotoxicity. On review of these cases:

- 4 cases were assessed as being duplicates
- 13 cases had no association with kava
- 22 cases had a 'probable' association with concurrent medication
- 6 cases had a 'doubtful' association with kava
- 31 cases were unassessable
- 2 cases were possibly connected to kava overdoseage
- 1 case was possibly connected to kava at recommended dose

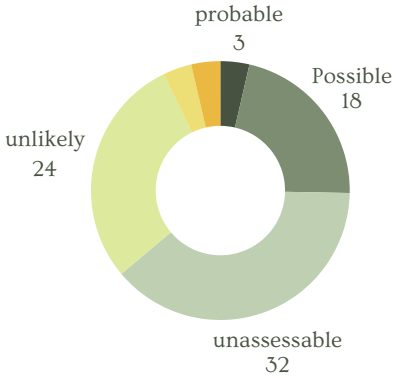


Comment: The authors criticised BfArM for case analyses that 'lack... important details and therefore are misleading and give a distorted image of the safety of kava products'.[142] They concluded that 'the evaluation presented by several health authorities has left out important facts, is misleading, and draws a distorted image of kava' and that kava (used as a medicine) was 'relatively safe'.[142]

Schmidt et al (2005)[141]

As of February 2003, the authors of the paper Kava: A Risk Benefit Assessment identified 83 suspected cases[141] of which:

- 3 were assessed as being duplicates
- 3 cases had a 'probable' association with kava
- 18 cases had a 'possible' association with kava
- 24 were unlikely to be kava-related
- 32 were unassessable due to insufficient information
- 3 were unrelated to kava hepatotoxicity

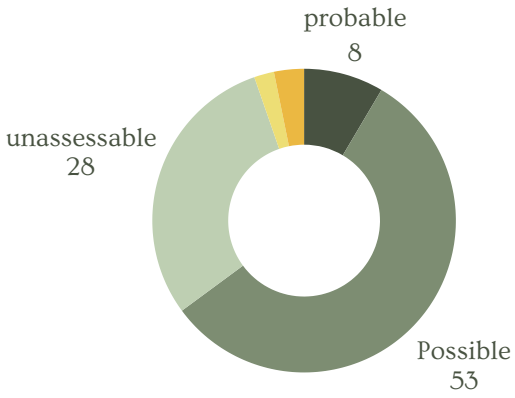


Comment: Methodologically, the later 2007 World Health Organization (WHO) report (see below) diverges in its assessment of cases' assessability; notwithstanding this, Schmidt et al conclude that it 'appears likely that certain types of kava products have the potential to cause a rare immune-mediated liver damage with an extremely low frequency of occurrence.' The study further comments that 'it is quite likely that, with modern communications, patients/consumers will source [kava] for themselves through the Internet or via legal loopholes. This problem has already developed in Germany, where kava was totally banned. So in the modern situation 'banning" may in fact involve deregulation'.[141]

World Health Organization (2007)[63]

The World Health Organization released a comprehensive study of the link between kava and cases of hepatotoxicity in 2007, Assessment of the risk of hepatotoxicity with kava products, in which 93 suspected cases were reviewed:

- 8 cases had a 'probable' association with kava
- 53 cases had a 'possible' association with kava
- 28 were unassessable
- There was a 'possibility of a few duplications'
- 5 cases involved cold water extract (CWE) kava, of which 3 had a 'possible' association with kava, and 2 had a 'probable' association



This study – perhaps the most authoritative review of suspected kava-related hepatotoxicity – concluded that:

'Risk factors appear to be the use of organic extracts, concomitant therapy with potentially hepatotoxic drugs or other drugs with a potential for interaction with kava, pre-existing liver disease, alcohol and genetic polymorphism of the cytochrome P450 system causing enzyme deficiency.'

The report highlights a need for quality control standards:

'...a lack of accepted standards for the growth of kava, collection practices and supply of the raw material for medicinal purposes. There is also inadequate quality control in the selection of appropriate cultivars of Piper methysticum in the collection of the appropriate plant parts and in the preparation and testing of the raw materials.'

Substandard plant material is highlighted as a concern:

'The stem peelings of kava also contain the biologically active kava lactones and became cheap raw materials for the production of kava pills and capsules by pharmaceutical industries in Europe in the late 1990s. Subsequent research showed the presence of alkaloids in the root and stem peelings. An alkaloid named as pipermethystine was one of the components of kava (see Table 2)'.

Comment: The report recommends further research, in particular into non-kavalactone constituents. The 2025 American Herbal Pharmacopoeia monograph Kava Rhizome & Root cites a 'general consensus that pipermethystine is unlikely to cause hepatotoxicity'.[13]

It is noteworthy that of the 8 cases assessed as having a 'probable' association between kava and hepatotoxicity, 7 of the patients were female; 1 involved concomitant medication (Paroxetine, COC (Pramino)); and all 8 patients recovered.

The report recommends that only kava root and rhizome plant material should be used, with quality control measures put in place for the growth, harvest and processing of kava plants. Significant progress on the latter has occurred since 2007.

Medicines and Healthcare products Regulatory Agency (2005)

The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 was introduced with a commitment from HM Government to review the evidence after two years.[83]

The Medicines Control Agency (now MHRA) established the Committee on Safety of Medicines' (CSM) Expert Working Group (EWG) on the safety of Kava in March 2002 'to investigate ongoing safety concerns about liver toxicity suspected to be associated with the use of herbal medicinal products containing Kava'.[83] It was explicitly stated that 'the safety of food products containing Kava was outside of the remit of the EWG.'[83]

As part of the review, a public consultation (MLX319) was carried out between January and April 2005. The latest case reports relating to suspected kava hepatotoxicity were obtained from other regulatory authorities in Europe, North America and Australia. The review concluded that 'the prohibition order on Kava remained justified and proportional'.[83]

Findings

The MCA (predecessor to the MHRA) considered a body of case reports relating to possible kava hepatotoxicity; these have been subsequently reexamined in multiple papers and other studies.[51,63,141,142] A total of 100-130 suspected cases were found, many with insufficient information for assessment. It is indicative that the bulk of these occurred over a short period; with improvements in quality standards, far fewer new cases arose. CWE/CO2 extracts of the roots of noble cultivars with adequate quality controls appear safe.

Limitations

The most significant limitation, as stated at the onset, is that this report did not consider kava as a food or health supplement, despite applying to legislation pertaining to use of kava as a food.

A significant part of the report was dedicated to comparisons with restrictions in other peer countries, risking an echo-chamber effect in which peer regulators over-rely on existing consensus, which becomes a self-fuelling argument for continuing such restrictions.

Dosage

The review stated that:

'The EWG did not believe that scientifically justifiable restrictions to the dose of Kava-containing products could be determined at this time. Therefore, restricting the quantity of Kava within products was not considered a feasible measure to protect public health in the UK.'
(p. 51)

See Section 3.3 for a summary of evidence since 2005 on safe dosage.

Source material

Further data was considered necessary to ascertain whether a determination could be made as to whether noble cultivars could be considered safe:

'As the mechanism of hepatotoxicity is not known, it is not possible to determine the specific components responsible for the hepatotoxicity or whether or not these are present in specific cultivars. In addition, it has yet to be determined whether the cultivar or the chemotype of the source Kava material is directly related to the hepatotoxicity of the finished product.'
(p. 51)

See Section 3.2.2 for a summary of evidence since 2005 showing that the most likely toxicokinetics of potential kava-associated hepatoxicity are low or absent in properly prepared noble cultivar rootstock, but present in significant quantities in contaminated, non-noble and/or non-rootstock plant materials.

Extract type

The report notes that, in response to the 2002 consultation:

'the International Kava Executive Council have suggested relaxing the restrictions on the sale of Kava root powder and traditional aqueous preparations, subject to an adequate period of pharmacovigilance. Depending on the results obtained from pharmacovigilance, other preparations could subsequently be considered for reintroduction to the UK market. However, as unlicensed herbal products are not subject to any statutory pharmacovigilance requirements in the UK, this could not, in practice, be reliably assessed.'

See Section 3.5.3 for details of Australia's pilot, which follows closely the suggested stipulations proposed by the International Kava Executive Council. Monitoring was undertaken for kava as a food product, with no significant increase in hepatotoxicity events associated with the pilot.[184]

Clinical trials

A detailed overview of human clinical trials of kava-based products in a 2025 kava monograph released by the American Herbal Pharmacopoeia (AHP) concludes 'most clinical studies using kava extracts have observed few to no side effects...' and 'when properly prepared from appropriate cultivars and used at recommended doses, kava and preparations derived therefrom, are safe.'[13]

The monograph lists clinical trials using kava monopreparations that have been undertaken for treatment of anxiety, sleep and depression. None of the trials (listed to the right) reported kava-associated hepatotoxicity as an adverse event.[13]

Likewise a 2011 review reported that 'Clinical trials, assessing the efficacy of kava, have not revealed any hepatotoxic side effects among the participants.'[185]

- Kinzler et al. 1991; Lehman et al. 1996 (n= 58)
- Warneke 1991 (n= 40)
- Volz and Kieser 1997 (n= 100)
- De Leo et al. 2001 (n= 40)
- Malsch and Kieser 2001 (n=40)
- Wheatley 2001a (n= 24)
- Wheatley 2001b (n= 24)
- Connor and Davidson 2002 (n= 35)
- Boerner et al. 2003 (n= 127)
- Cagnacci et al. 2003 (n= 68)
- Gastpar and Klimm 2003 (n= 141)
- Geier and Konstantinowicz 2004 (n= 50)
- Lehrl 2004 (n= 61)
- Thompson et al. 2004 (n= 20)
- Jacobs et al. 2005 (n= 391)
- Connor et al. 2006 (n= 65)
- Sarris et al. 2009 (n= 41)
- Sarris et al. 2013a; Sarris et al. 2013b (n= 58)
- Kuchta et al. 2017 (n= 69)
- Sarris et al. 2020 (n= 171)
- Smith et al. 2024 (n= 15)

3.2.3 Toxicokinetics of potential hepatotoxicity

Over 100 studies since 2005 have been published relating to kava's safety, many of which have put forward hypotheses for mechanisms of hepatotoxicity relating to kava, in an attempt to establish (a) whether kava is indeed hepatotoxic, (b) if so how, and (c) how risks may be mitigated/managed.

Areas of study have included kava plant compounds, contamination, plant parts used, cultivars, extract type, dosage, genetic/ethnicity factors and kava-drug interactions.[185] Key potential culprits for hepatotoxicity are:

- Pipermethysticine
- Flavokavain B (FKB)
- Myotoxins (mould)
- Pharmacogenomics
- Interactions with other substances



Pipermethysticine

Pipermethysticine is a toxic alkaloid found in kava leaves and stem peelings, and a potential cause of hepatotoxicity.[186,187] The risk of these non-root plant parts contaminating kava products rises with poor quality control and during high production.[186] Both these risk factors have been established to have been present during the spike in suspected hepatotoxicity cases from 1998—2003 (see Section 3.1.3).

The authors of this report spoke to one well-established kava farmer in Vanuatu who noted:

> *'The bark of the kava stems are reported to contain an alkaloid known as pipermethysticine, which has been described as hepatotoxic.*
>
> *'For this reason, Vanuatu has banned the export of bark peelings and unpeeled basel roots chips, in order to safeguard product safety.*
>
> *'Out of scientific interest, I worked with a local scientist to attempt to isolate pipermethysticine from peelings we had obtained. However, we were not successful in detecting it.*
>
> *'This suggests that the compound may be present only in very small quantities in those basal roots (only parts exposed to the sun normally) and is unlikely to have been the primary cause of the infamous hepatotoxicity cases.'*
>
> —Michael Louze, Vanuatu kava exporter[161]

Flavokavain B (FKB)

This compound has been shown to cause liver cell death in lab studies, although it is not confirmed that this translates to human patients.[33] A 2010 paper concluded that 'FKB is the major, and perhaps the exclusive, chalcone contributing to the hepatotoxicity of kava extracts'.[187]

A 2014 study cautions that 'despite vigorous research efforts, there is little evidence that in vitro cytotoxic compounds such as pipermethystine or flavokavain B may have caused human kava hepatotoxicity'.[188] This study showed FKB to be present in far higher concentrations in non-noble cultivars; the levels of FKB in noble cultivars are considered safe.[188–190]

FKB is also present in higher amounts in organic (ethanol or acetone) extracts compared with cold water extracts[189]; supercritical CO2 extracts also showed lower levels of FKB.[52] In the early 2000s, kava consumed outside the South Pacific was 'usually dried ethanol or acetone extract'.[140] Some case reports suggest that plant material is a more likely source of toxicity than extraction type.[186] A significant body of research evidence points to FKB having anti-cancer properties.[90,191,192]

Mycotoxins

Hepatotoxicity caused by mould in raw plant material has been explored as a hepatotoxicity culprit for kava.[188,193,194] Aflatoxins, which may be present in improperly stored kava (and, indeed, other crops[195] such as grain[180]), have been identified as a subject for further study; hepatitis has been reported from food contaminated with aflatoxins in India and Kenya.[188]

Pharmacogenomics

It has been hypothesised that genes may play a role in cases of suspected kava hepatotoxicity. Inflammation has been a feature of cases of suspected kava hepatotoxicity; there may be a genetic aspect to the severity of the inflammation response.[186]

Interaction with other substances

Kavalactones, kava's key active compounds, inhibit some cytochrome P450 (CYP 450) enzymes, an important group of enzymes in the liver.[171,196,197] This suggests 'a high potential for causing pharmacokinetic interactions with drugs and other herbs which are metabolized by the same CYP 450 enzymes'.[171] Central dopaminergic antagonism has been identified as another potential mechanism of action.[196] Several studies warn against consuming kava while taking neuropsychiatric[196] or other medications.



— a selection of products containing kava (photo courtesy of Dr Vincent Lebot)

3.2.4 Suspected cases of kava-associated hepatotoxicity since 2005

The 2025 American Herbal Pharmacopoeia kava monograph notes that there have been 'very few confirmed incidences of hepatotoxicity,[13] noting that in the majority of cases of suspected kava-associated hepatotoxicity 'causality between kava consumption and hepatotoxicity was indeterminate' and deeming the risk 'acceptably low'.

The United States Food and Drug Administration (FDA) operates a pharmacovigilance system, the FDA Adverse Event Reporting System (FAERS).[177] The FAERS database lists only 10 cases associating kava with hepatotoxicity from 2001 – 2026, despite the sustained growth of the US kava market.[60,198]

3.3. Other health concerns

Dermatological concerns

A dermatitis-like skin condition sometimes referred to as 'kava dermopathy,[160,199,200] is a well established side effect of excessive kava consumption.[110] Such a reaction is well-documented in multiple papers. It has been variously described as 'a state of scaly exfoliation',[20] 'dry, scaly skin',[20,160] or 'a scaly rash'.[116]

The rash disappears soon after kava consumption ceases.[201] It is of note that long-established traditions and formalities limit dosage of kava consumption to a level below the threshold for causing this condition.[45]

Kava and cancer

A 2012 study[202] exposed rats and mice to very high doses of kava extract and reported an increase in carcinogenic activity. The International Agency for Research on Cancer (IARC) released a monograph on possible carcinogenicity of kava which concluded there was

- inadequate evidence in humans for the carcinogenicity of kava extract; and
- sufficient evidence in experimental animals for the carcinogenicity of kava extract.[203]

The IARC currently classifies kava extract as Group 2B (possibly carcinogenic to humans).

Conversely, a number of studies suggest kava may offer protective effects against some cancers.[33,81,82,90]

Kidneys

A case report published in 2025 linked kava to acute kidney injury,[204] reporting:

'An 18-year-old male presented with severe vomiting after a night out with friends. He had consumed 15 cups of kava tea but denied other drug or alcohol consumption...

...Kava tea was deemed the causative agent given the temporal association with his acute kidney injury and no other identified causes.'[204]

Two other case reports were found in the literature associating kava with possible kidney damage, one from 2010 and one from 2011. Of these the former notes consumption of kava alongside guarana and Ginkgo biloba and the latter presumes a causal link between kava and rhabdomyolysis based on a temporal association. This very rare incidence rate may be compared to, for example, chamomile tea.[205,206] Very rare case reports that rely on temporal association – i.e. postulating an association between kava and an adverse health event on the basis that kava was consumed at the time of that adverse health event – should not be taken as evidence of causality.

3.4 Safe consumption of kava

In response to a Written Parliamentary Question (WPQ) tabled on 4 September 2025, the Parliamentary Under-Secretary of State for Public Health and Prevention (Ashley Dalton MP) stated that 'evidence that indicates a safe level of human consumption for kava-kava'[207] would need to be submitted to the Food Standards Agency (FSA) in order to facilitate a possible revocation of the 2002 legislation.

3.4.1. Determining a safe dosage

A placebo-controlled study of kava consumption at a dosage of 280mg daily for four weeks found no difference in adverse events between kava and placebo groups.[186] A 1988 study of kava consumption among an indigenous community in Arnhem Land, Australia, defined a heavy dose of kava as 310g+ of kava per week, and a very heavy dose of 440g+ per week.[116] Much higher doses – 2500mg kavalactones daily – are not uncommon in traditional recreational use in the South Pacific.[86]

3.4.2 Cultivars

The 2007 World Health Organization assessment makes a clear recommendation for the use of noble cultivars of kava in the production of kava products.[63] This specification is now standard practice in kava for export in all kava exporting countries (see Section 3.4.2).

3.4.3 Extraction

A link between extraction type and suspected kava hepatotoxicity[208] was in part postulated because this data was made available in a significant number of cases; data on contamination, plant parts used and cultivars is much less readily available. The strongest safety record is associated with cold water (CWE) and supercritical CO2 extraction.[8]

3.4.4 Plant materials

Multiple studies since 2005 have highlighted the importance of robust quality standards for kava plant material.[209] During the 'kava boom' of the 1990s/early 2000s, demand outstripped supply on the global kava market.[63] Western wholesalers providing the pharmaceutical industry fuelled demand for large volumes of kava with a preference for high kavalactone content.[167] Regional, national and industry quality standards are crucial to ensure safe plant materials are entering the supply chain. Such standards have now been put in place, as laid out in Section 3.4.2 below.

3.5 Policy responses

The 100 – 130 global case reports associating kava with hepatotoxic events, most of them from BfArM,[141,210] prompted distinct and differing policy responses in Europe, the South Pacific, the United States and Australia/New Zealand. These responses ranged from immediate suspensions and bans (Europe,[154] Australia[211]) to warnings and quality control (New Zealand,[212] United States).[66]

3.5.1 Policy response in the United States

Kava is legal to import, buy and sell as a dietary supplement in the United States.[213] It has not been granted GRAS status, so may not be used as a food ingredient or additive.[213] Kava products are not considered medicinal products in US law.[213]

Safety assessments for kava as a food – timeline

2002 The US Food and Drug Administration (FDA) issues a consumer advisory statement[214,215] warning US consumers of suspected hepatoxicity cases in Europe. The statement makes reference to several additional US reports of suspected kava hepatotoxicity.

2020 The FDA releases a memorandum concluding that 'indiscriminate use of kava either as a "recreational" or "relaxation" beverage is not safe for human consumption'.[66] Kava is denied GRAS status, chiefly due to perceived hepatotoxicity risk.

2023 The State of Michigan Department of Agriculture and Rural Development (MDARD) grants GRAS status for 'use of the noble variety of kava root mixed with water'.[216] They recommend the following consumer advisory note be added to packaging:

'Please be advised kava is not for use by persons under 18 years of age, or by pregnant or breastfeeding women. Not for use with alcoholic beverages. Excessive use, or use with products that cause drowsiness, may impair your ability to operate a vehicle or heavy equipment. A potential risk of rare, but severe, liver injury may be associated with kava-containing dietary supplements.'

— Consumer Advisory Statement for kava recommended by Michigan Department of Agriculture and Rural Development, 2023[216]

2024 The State of Hawaii Department of Health (DOH) grants GRAS status to kava, citing evidence of a history of safe use of kava, which negates the need for 'the quantity or quality of scientific procedures required for approval of a food additive':

'DOH concludes that the use of the noble variety of 'awa root, mixed with water or coconut water to make a beverage through aqueous extraction... [is] GRAS under those specific set of circumstances'

— State of Hawaii Department of Health GRAS determination for *'awa*, 2024[29]

In the determination, DOH recommends the following consumer advisory statement be provided:

'Please be advised that 'awa/kava should not be used by persons under 18 years of age, or by pregnant or breastfeeding women. 'Awa/kava should not be used with alcoholic beverages. If taking medication, consultation with your doctor prior to 'awa consumption is strongly advised. Excessive use, or use with products that cause drowsiness, may impair your ability to operate a vehicle or heavy equipment. A potential risk of rare, but severe, liver injury may be associated with 'awa/kava-containing dietary supplements.'

— Consumer Advisory Statement for kava recommended by State of Hawaii Department of Health, 2024[29]

As an adjunct to the State of Hawaii DOH GRAS determination, a 2023 letter from the University of Hawaii's Department of Tropical Plant and Soil Sciences criticised the FDA's 'erronious' 2020 denial of GRAS status to kava, highlighting:

'a fundamental error, in which concentrated 'Awa/Kava extracts, which rightfully should be classified as supplements, are being conflated with the 'Awa/Kava beverage, which should be classified as a traditional food. This is akin to considering almonds unsafe to eat because cyanide can be extracted and concentrated from the nuts.'

—Department of Tropical Plant and Soil Sciences, University of Hawaii, 2023

Regulation of the US kava market

In the US, kava is regulated as a dietary supplement. Alongside powdered root material, other kava products including teas and capsules can be purchased online and on the high street.[60] Estimates of the number of kava bars range from 180 to 500.[109]

In New York City, sale of kava beverage in kava bars was banned in 2022 due to its non-GRAS status; kava continued to be sold in shops as a supplement. This was challenged in the courts by the owners of a New York kava bar, Kavasutra.[217] The judge ruled in August 2025 that mixing kava with water constitutes use as a food additive and therefore upheld the ban.

The US kava market continues to display strong growth.[198]

3.5.2 Policy response in the South Pacific

Policy responses in the South Pacific have centred around the creation and implementation of quality standards, most of which were developed in cooperation through the Pacific Horticultural and Agricultural Market Access (PHAMA) initiative[13] supported by Australia and New Zealand. This initiative aims to 'to improve market access for Pacific agrifood products and facilitate trade that benefits Pacific farming households'.[218]

Vanuatu's Kava Act 2002 (Amended 2015)

Vanuatu's initial policy response to reports of hepatotoxicity was the Kava Act (No. 2 of 2002).[25] This was amended in 2015.[28] The Act makes provision for the regulation of the cultivation, sale and export of kava and kava products. In the act, kava is defined as:

'*(a) plants of the species, Piper methysticum; or*
(b) the traditional beverage obtained by cold water extraction of the plant's underground organs.'[25]

The Act stipulates that kava intended for sale in Vanuatu must be:

'*nobles kava that:*
(a) was planted at least 3 years before it was harvested; and
(b) was cultivated using organic methods of cultivation.'[25]

The Act explicitly bans sale of *narafala* (non-noble) kava cultivars for sale in Vanuatu or export.[28] It makes provision for labelling, stipulates who can export kava from Vanuatu, and prohibits the exports of 'stumps, shoots, growing buds, lateral branches and other planting materials of kava' as well as fresh plant parts that could be used for kava propagation.[25]

It also stipulates that kava intended for export must be:

'nobles kava that: (a) was planted at least 5 years before it was harvested; and (b) was cultivated using organic methods of cultivation.'[25]

Vanuatu's 2016–2025 Kava Strategy

Vanuatu's 2016-2025 Kava Strategy (and revised 2025-2030 strategy) reflects the country's prioritisation of kava as a key industry and its desire to play its role in shaping the global kava industry.[219]

The strategy set out four objectives, with the overarching goal of being the world's leading producer of quality kava:

1. Quality standards in all facets of the kava value chain
2. Consistent and sustainable supply
3. Meeting market expectations and encouraging value adding
4. Position Vanuatu at the forefront of kava research and development[219]

National Fijian Quality Standard

The kava industry is a major contributor to Fiji's economy. Fiji's Ministry for Agriculture released the National Fijian Quality Standard in 2017.[37] The stated objectives of the standard and accompanying manual are 'that Fiji kava

1. is produced and stored according to good hygiene standards maintaining its quality;
2. is safe to consume; and
3. is locally and internationally renowned and recognised as a quality product'.

The Fiji Kava Quality Manual – the most detailed and comprehensive of the South Pacific national standards – contains stipulations for agronomic practices, propagation and planting, weeds, pests and disease management, fertiliser and chemical use, record keeping, farm workers, harvest, post harvest, packaging, storage, transportation and processing.

A 2016 Kava Bill was proposed to establish a regulatory body to oversee the standard, but was shelved.[220] In 2024 the Fiji government announced its intention to reintroduce the bill.[221]

Samoa 'Ava Standards

In 2018 Samoa's Ministry of Commerce Industry and Labour published the Samoa 'Ava Standards. This identified five Samoan noble kava cultivars and set out objectives for quality, maturity, contaminants, moisture content, kavalactones and defects (including pests and mould), hygiene, traceability and labelling, as well as providing for inspections of producers, handlers, processors and exporters.[17]

Tonga Kava Quality Standard

Tonga's 2020 quality standard for kava stipulates that kava should be produced from (a) noble cultivars of ***Piper Methysticum***, and (b) rhizomes, basal stems and roots plant stock only.[36] It sets out quality standards, production, hygiene and inspection mirroring those of Samoa's standards.

Codex Alimentarius

In 2004, the FAO/WHO Coordinating Committee for North America and South West Pacific (CCNASWP) began work on a regional standard for kava products for use as a beverage when mixed with water.[34] Vanuatu led on development of the standard.[34] The standard made the following stipulations for production of kava products:

Regional standards for kava (North America and South West Pacific)

- Plant matter – peeled fresh or dried rhizomes, basel stems (up to the first node on each kava branch) and roots.
- Only noble cultivars (see Appendix 2).
- Production and post-harvest handling standards
- Moisture content <12% for dried kava products
- Plant matter free from contaminants including leaves, bark, stems, visible mould, soil, foreign materials and foreign odour
- Plant matter practically free from pests and pest damage
- Plant matter free from food additives
- Storage & packaging standards
- Production hygiene standards
- Clear labelling standards

— CXS 336R-2020[30]

Pacific Regional Kava Development Strategy 2024–2028

This strategy, developed by the Pacific Islands Forum with EU funding, is intended to 'help Pacific stakeholders increase the volume and value of exports of products from the KAVA value chain and increase competitiveness of enterprises in the Pacific operating in this value chain'.[35,222,223]

While a strategy for economic growth, it is 'anchored in' three principles:
- Culture, heritage and traditions
- Sustainable development
- The Pacific way (talanoa)

The report highlights that kava is a sector of growing importance to seven South Pacific nations (not in order of market size):

- Federated States of Micronesia
- Fiji
- Papua New Guinea
- Samoa
- Solomon Islands
- Tonga
- Vanuatu

This report primarily focusses on four of these, Fiji, Samoa, Tonga and Vanuatu, because market share is currently concentrated in these nations (especially in Vanuatu and Fiji) but this wider focus indicates the ambition in the region for strong and sustained growth in the global kava market.[35,198]

Regional kava workstreams

'Vanuatu has in place a KAVA Act 2002 (amendment 2015) and a national KAVA strategy, and Fiji a draft KAVA Bill 2016. With the support of PHAMA Plus, Fiji, Samoa, Tonga, and Vanuatu have in place national KAVA quality standards, with the Solomon Islands in progress. There is an ongoing effort to develop a KAVA National Strategy Plan (KNSP) for Tonga with a first draft in the pipeline. It is envisaged that there be a regional approach in the review and update of KAVA related legislations.'

— Pacific Regional Kava Development Strategy 2024–2028

The strategy lays out areas of improvement in cultivation, hygiene, harvesting, processing, storage and packaging. It stipulates that kava should be from the rootstock of noble cultivars.[35]

Pacific Horticultural and Agricultural Market Access Plus (PHAMA Plus) Program

The PHAMA Plus programme, jointly funded by Australia and New Zealand, has supported the development of the above national kava standards,[13,224] as well as producing resources for kava producers such as the Kava Plant Health Guide (2025)[225] and working with national governments in the South Pacific to improve quality testing, industrial development, research and other aspects of kava production.[224]

3.5.3 Policy responses in Australia and New Zealand

Kava legislation in Australia

Australian legislation relating to kava has been implemented at both federal and state level. Both

legislation and regulation has been used to try to reduce excessive consumption of kava (see Section 2.3).[226] A comprehensive 2019 review found that while 'the harms associated with moderate kava use are low' the excessive use or abuse of kava 'may cause kava dermopathy, raised liver enzymes, nausea and weight loss in a dose dependent fashion'.[227] Concerns about potential hepatotoxicity were investigated but 'no studies... demonstrated that hepatocellular damage or hepatic failure has occurred as a result of elevated liver enzymes'.[227] The review concluded that 'moderate and short term use is unlikely to cause irreversible liver damage'.[227]

From the late 1980s to 2021, a broadly prohibitionist approach was taken[211,228]; since 2021 a pilot programme to open up access to kava has been found to have led to no significant health harms, no cases of hepatotoxicity relating to kava, and significant benefits to the community, as well as economic benefits in both Australia and kava exporting nations.[184,211]

As of 2025, the programme has been a success; while the pilot period ended in 2023, kava continues to be available, and assessments to date report that concerns about health, social and community harms did not materialise. No hepatotoxicity events linked to kava were reported. A timeline of the key legislation is as follows:

1981/82 First documented use of kava in Arnhem Land, Northern Territory.[228,229]

1988 Western Australia bans sale and supply of kava.[229]

1990 Kava given Schedule 4 (prescription only medicine) status at the request of the Northern Territory Government due to concerns relating to excessive consumption.[228,229] Northern Territory Government prohibits sale and supply of kava except under license and limited to 50 grams of kava powder per person per day, as well as limited to people over the age of 18.[228]

1992 A Northern Territory Government review concludes this system is ineffective.[228]

1993 Kava removed from Schedule 4.[229]

1994 Australia's Food Standards Council lists kava as a prohibited plant, stopping import.[229] All kava licenses revoked by the Northern Territory Government.[228]

1997 National Code of Kava Management developed and endorsed by Federal and State Territory Ministers. This allows for regulated sale and distribution of kava, and for import of up to 2kg by individuals.[229]

2002 Licensed sale of kava recommences in the Northern Territory.[228]

2004 Following European case reports of suspected hepatotoxicity, kava is placed back in Schedule 4.

2007 Border controls on kava as a food enforced.[229]

2016 Kava allowed as an ingredient in listed medicines, as well as being a prescription only medicine.[229]

2017 Western Australia Government revokes kava ban to allow medical access to kava[229].

2019 The Australian Government lifts import restrictions and launches a pilot programme in two phases: Phase 1. individuals allowed to import 4kg of kava (December 2019); Phase 2. commercial import of kava as a food allowed.

2021 Phase 2 of the kava pilot implemented.

2023 Pilot reaches completion; Australian Government releases its final report,[230] Monitoring and evaluation of the kava pilot program.

Outcomes of Australia's pilot programme opening up access to kava

- Pacific Islander communities reported greater access to kava and supported the programme
- To date no harms have been identified as arising from the pilot (reinforced in a 2025 study)[211]
- The economic evaluation reported no kava-related crime, high value for increased cultural impact in Pacific Islander communities, and a large positive economic benefit in trade to both Australia and Pacific Island countries
- Culturally, kava was used for social gatherings, recreation and ceremonies including weddings and funerals. Improvements in cultural and social connections were reported[211]
- There was no significant evidence to support concerns that the pilot could cause family disruption, with men neglecting their families, or community harms[184]
- Very few health problems were reported; the main reported harm related to skin issues. Most users of kava did not consume alcohol in the same time period
- Fears of health harms to youths and Aboriginal/Torries Strait Islander communities did not materialise[184,211]
- Most users of kava reported 'relaxation' rather than a health-related motivation for use[230]
- The net benefits to trade, cultural and social impact and bilateral cooperation (41.31 million AUD) outweighed implementation costs and minimal reported harms[230]

—Monitoring and evaluation of the kava pilot program report, 2023

New Zealand policy response

New Zealand's response to hepatotoxicity concerns relating to kava in the early 2000s differed to that of Australia. This is perhaps due to the comparative size of the Pacific Islander diasporas in both countries – while comparable in number (c. 415,000 in Australia[231] vs 440,000 in New Zealand[118]) this represents c. 1.6% and 8.9% of the respective populations of Australia and New Zealand. 6.3% of New Zealanders are estimated to have consumed kava in their lifetime.[232]

In 2002, New Zealand's Medicines Adverse Reactions Committee considered its response to suspected cases of kava-related hepatotoxicity, concluding that consumer advice labelling warning of the risk of serious liver damage should be required for kava products.[212] The New Zealand Food Safety Authority released a statement emphasising that kava hepatotoxicity risk was associated with 'concentrated kava extract' and not with 'traditionally prepared kava'.[233]

Australia New Zealand kava standard

In July 2002 a 56 year old woman died after taking a number of supplements, including Kava 1800 Plus. A 2003 case report concluded it was '"probable" that the kava-containing preparation caused this patient's illness'.[234] While at least one other ingredient in the preparation was also noted for potential hepatotoxicity, the case spurred the governments of Australia and New Zealand to develop new legislation for supplements safety standards and screening.[235]

The resulting standard, 2.6.3 (Kava), prohibits the sale of kava as a food with the exception of cold water extract kava beverages,[236] which are allowed. The latest version of the standard has been updated (23 March 2022) to specify that noble cultivars should be used in such beverages,[39] as well as that food additives and processing aids must not be present. New Zealand has not accepted the amended version,[237] meaning that as of January 2026 these amendments only apply in Australia.[238]

3.5.4 Policy responses in Europe

As the majority of cases of suspected kava hepatotoxicity in the late 1990s/early 2000s emerged in Germany, the Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM) – Germany's equivalent body to the UK's MHRA – was instrumental in setting the regulatory response.

Germany

The first case report of a suspected hepatotoxic event associated with kava was reported in 1998 in Germany.[173] At this time, as discussed in Section 3.1.2, a number of medicinal products containing kava were licensed in Germany.[162] Kava was not authorised as a food in Germany[239] (this is still the case today).

A growing number of case reports were received over the next few years[162,240]; by November 2001thirty case reports had been received[154] from Germany and Switzerland, all relating to ethanol or acetone extracts.

The BfArM began an investigation into suspected kava-associated hepatotoxicity in 2000 and shared the case reports they had received with other EU member states in 2001. A 2002 paper argued that 'many of the adverse events cited by the BfArM should not be attributed to kava'.[154] Nevertheless, all licenses for kava-containing medicinal products were cancelled in 2002,[162,241] except those of homeopathic dilution (1:10,000). This precipitated a domino effect of similar legislation across Europe.[162]

A regulatory tussle ensued between pharmaceutical manufacturers and BfArM, with the former taking BfArM to court in 2012.[242] In June 2014 the Administrative Court of Cologne ruled that the alleged hepatotoxicity risk could not be clearly and scientifically corroborated[242,243] and ruled the ban illegal.[162] The Higher Administrative Court of Münster confirmed the ruling in February 2015.[242]

Despite the ruling, BfArM required changes to safety information and new dossiers before reinstating the marketing authorisations that had been suspended; the new safety information required was prohibitively difficult to provide, keeping kava products off the market.[242] In 2019 BfArM reopened a drug safety protocol that had been lifted by the 2014/15 court ruling, leading to a pharmaceutical manufacturer taking them to court a second time in 2020.[242] In 2024 the Administrative Court of Cologne again found BfArM to have acted unlawfully.[242] BfArM appealed the ruling, and at the time of writing no decision had been delivered, though one is due in 2026.

Other European countries

Multiple European states enacted immediate suspensions of kava-containing products, followed by formal bans, in line with Germany.[83] France was in fact the first European country to suspend licenses for kava-containing medicinal products in 2001 (this was formalised with a legal decree in 2003).[244]

The table below (p60), taken from the MHRA's reassessment of the UK's 2002/03 kava legislation, shows the legislative positions of European countries relating to kava in 2005.

European Union

The prohibitions of kava discussed above were implemented at national level by European Union (and non-EU) states. Kava is recognised as an unauthorised Novel Food by the EU[245]. As such it cannot be marketed as a food in a member state without first being approved for sale in the EU.[246]

The debate around kava in Europe is mostly centred around the potential re-institution of medicinal use[86,242], mostly likely because other European countries do not have the same degree of cultural ties with South Pacific nations as Britain.

In 2015 the European Medicines Agency (EMA) published an assessment report on kava, though this considered kava almost exclusively as a medicinal product. It acknowledged that 'In the [clinical] trials [conducted on kava preparations] that included the assessment of liver function the only effect observed was the raised liver enzyme levels, which cannot be considered as an evidence of hepatotoxicity'[155] but cautioned that it could not be excluded.

Table 5 Current European position

Country	Regulatory position
Austria	Medicinal products containing Kava have been suspended.
Belgium	No authorised products. Homeopathic dilutions above D4 allowed.
Czech Republic	No authorised products since 2002.
Denmark	No Kava products marketed.
Finland	No authorised products.
France	Suspended all food and medicinal products in January 2002 except homeopathic preparations with a dilution lower than 5CH. Prohibition completed in March 2003.
Germany	All product licences revoked in June 2002. Only homeopathic products with dilutions below D4 are available. Revocation amended to a suspension in May 2005.
Greece	No authorised products.
Hungary	No authorised products.
Iceland	No authorised products.
Ireland	No authorised products. Voluntary withdrawal of all unlicensed products in 2002.
Italy	No authorised products. Sale of Kava containing homeopathic products at dilutions lower than 5CH prohibited in 2005.
Liechtenstein	No authorised products.
Lithuania	No authorised products.
Malta	All Kava-containing products are prohibited.
Netherlands	No herbal Kava products registered. Food products containing Kava were prohibited in June 2003.
Norway	No authorised products. Only legal basis is personal import or named patient prescription.
Portugal	No authorised products. Renewed the suspension for a further year (on 20 January 2003) of the marketing of Kava homeopathic pharmaceutical products at dilution lower than 5CH. There are other Kava unlicensed products which are not under INFARMED (the Portuguese Regulatory Authority) supervision.
Slovakia	No authorised products. All renewals for medicinal products containing Kava were suspended in 2003.
Spain	No authorised products. Since 2004 the use, sale and supply of Kava in unlicensed medicines has been prohibited.
Sweden	No authorised products.
United Kingdom	In December 2001 licensed Kava products were voluntarily withdrawn from the market and in January 2003 unlicensed medicines and food containing Kava were prohibited.

— MHRA, 2005[83]

3.5.5 Policy response in the United Kingdom

The UK was an EU member state until January 2020. The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, The Kava-kava in Food (England) Regulations 2002, and equivalent Northern Irish, Scottish and Welsh regulations became law in early 2003, formalising bans on the sale, supply and import of kava. A 2005 MHRA review upheld the legislation.

Several EDMs and Parliamentary attempts to quash the S.I.s, as well as a judicial review brought by the industry, were unsuccessful. The legislation remains in place.

It was explicitly acknowledged in archived communications provided to the CEBDP by the House of Commons Library that the UK's assessment in 2002, which led to the UK's kava

legislation, relied on evidence shared by the German regulatory authorities.[247] This evidence was subsequently found in German court rulings to be insufficient to justify prohibition (see Section 3.5.4).

These communications highlight that the initial decision to withdraw kava products from the market was a temporary precautionary measure taken while evidence was being assessed. They cited 'evidence of possible toxicity' but acknowledged that the 'evidence of possible toxicity... could not be quantified' and noted there was 'no clear evidence in respect of the mechanism of hepatotoxicity associated with Kava'. The decision to proceed with a temporary and voluntary suspension of sale and supply was made in the light of the working group's view that the medicinal 'risk:benefit profile remained negative'.[247]

Timeline

1998: Strahl et al.[173] report two cases of acute hepatitis in Germany suspected of association with kava tablets.

2001: The Medicines Control Agency (MCA) begins monitoring reports from Germany and Switzerland.[63] They call for a voluntary withdrawal by industry.[63]

2001: Several cases of liver damage suspected of being associated with kava extracts are reported in Switzerland and Germany.

2002: Further case reports are suspected of association with kava; there is growing global concern about potential hepatotoxicity related to kava. A number of other countries suspend access to kava.

July 2002: Kava is briefly debated in Parliament.[250] The Minister notes that 'The Food Standards Agency (FSA) has also considered the CSM's assessment as kava-kava may be used as an ingredient in some foods' despite the CSM specifying that kava would not be considered as a food in the assessment.[83]

October 2002: EDM 1836 is tabled in the UK Parliament, opposing proposed prohibition on kava sales. It is signed by 73 MPs. It criticises the lack of scientific basis for the legislation, instead calling for label warnings.

December 2002: The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 (SI 2002/3170) is laid before Parliament.[143] The legislation provides for the prohibition of import, sale or supply of unlicensed medicinal products containing kava, with the exception of external use only medicines.

December 2002: The Kava-kava in Food (England) Regulations 2002 (SI 2002/3169) are laid before Parliament.[144] This legislation provides for the prohibition of the import and sale of food containing kava.

2003: Further case reports[174,234,251] linking kava to liver injury are published.

January 2003: SI 2002/3170 and SI 2002/3169 come into effect.

January 2003: EDM 516 tabled[145] in the UK Parliament, calling for SI 2002/3169 to be annulled. Signed by 32 MPs. EDM 517 tabled[148], calling for SI 2002/3170 to be annulled. Signed by 31 MPs.

March 2003: EDM 818 tabled[252] questions the evidence behind SI 2002/3170 and SI 2002/3169. Signed by 21 MPs.

May 2003: EDM 1241[253] tabled notes the National Association of Health Stores (NAHS) has called for a full judicial review of SI 2002/3170 and SI 2002/3169. Signed by 8 MPs.

2003–2004: NAHS judicial review proceeds.[150,254] The legislation is upheld, with the precautionary principle cited, also it is noted that the evidence is contested.

March 8, 2005: An MHRA review supports the continuation of the legislation, concluding kava poses a "rare but unpredictable" hepatotoxicity risk.[255]

2005: A comprehensive review of all suspected kava hepatotoxicity cases as of February 2003 in The Essential Guide to Herbal Safety. It concludes 'only three cases could be attributed to kava with a high probability'.[141]

2007: The WHO releases a comprehensive assessment reviewing 93 global hepatotoxicity cases (1990–2002) (see Section 3.2.2).

2007: Two MHRA members publish a commentary on kava in the British Journal of Pharmacology. The authors support the ban, but note that almost all documented cases of hepatotoxicity related to kava occurred in the context of 'a massive increase in global demand... [and] in order to meet the demand... an increase in the use of parts of the plant other than the traditional kava root, such as stem peelings...'[163] and conclude that it may be possible to 'exonerate some forms of kava, or to provide recommendations that will assure their safe use'.[163]

2016: The WHO releases Kava: a review of the safety of traditional and recreational beverage consumption, which concludes 'it is possible for kava beverage to be consumed with an acceptably low level of health risk'.

Reevaluating the evidence

Since 2005, the number of new global cases of suspected kava-associated liver damage has reduced dramatically.[13] Regulators including the MHRA may take this as evidence supporting the continued prohibitions in place.[83] However, as seen in Section 3.1, there is an alternative explanation – namely that market pressures caused by sudden European demand for kava led to

inappropriate plant matter and/or contaminants entering the supply chain. A review of the body of case reports also shows a large proportion of the suspected associations to be either demonstrably false, unlikely, or unassessable. The smaller number of cases deemed 'probable' or 'possible' causes of kava-associated liver damage (with almost no cases deemed 'certain') in addition to the dearth of further cases despite growing use in the United States, Australia, New Zealand and the South Pacific, further suggest a very low risk of harm.

In the final part of this report, changes are proposed to the UK's kava legislation to better reflect the current state of the evidence and international experience. There is clear demand for any loosening of legislation to be accompanied by suitable regulations; a regulatory framework is also proposed to protect consumer safety, allow the UK's South Pacific diaspora cultural expression, and facilitate the emergence of a wider UK kava market.

3.6 Kava and health – conclusions

The review of the literature in Section 3.2 indicates that the majority of suspected cases of kava-associated hepatotoxicity were associated with European-made pharmaceutical products containing kava, produced over a period of several years from the late 1990s to 2002. During this period, demand for kava plantstock outstripped supply due to a rapid increase in demand from primarily European pharmaceutical companies during the 'kava boom' of the late 1990s. As a result, kava plantstock achieved record prices on the global market. This likely led to unsuitable and substandard plant matter entering supply chains and incentivised export of tudei kava cultivars, which are faster-growing.[164]

From 2002, national regulatory frameworks (Vanuatu, Fiji, Samoa, Tonga and Papua New Guinea), regional regulatory frameworks (South Pacific) and industry standards (Kava Coalition) were put in place and kava-exporting countries, notably Vanuatu and Fiji, saw concerted drives to improve quality standards.[37,219]

The number of suspected hepatotoxicity cases involving kava since 2005 has fallen to a very low level despite a steady increase in global kava use.[13,198]

Isolated case reports, where they do arise, tend to implicate kava by association rather than by establishing a clear mechanism of hepatotoxicity.[174,178,256]

A 2020 study estimated that, of the cluster of cases of suspected kava-associated hepatotoxicity reported in the late 1990s and early 2000s: 'even if all these cases resulted from kava use, the estimated risk would be less than 0.3 cases per one million daily doses'.[8,257] Investigations into other potential health harms, notably a postulated link between kava and cancer, have found even less evidence of a link between properly produced kava and toxicity in humans.[82,203,204,258]

4. KAVA IN THE UK - THE CASE FOR LEGISLATIVE CHANGE

Key points

The impact of current UK legislation

- The UK's kava legislation prohibits South Pacific communities in the UK from practicing and preserving a core part of their traditions and culture.
- Members of the South Pacific diaspora in the UK are generally proud of their kava culture. It is an important part of this community's cultural life, playing a key role in weddings, funerals and other community events.
- Contemporary UK government and institutional views on kava tend to re-state the 2002 and 2005 findings of the MHRA, with little engagement with new evidence from the intervening 20 years, the development of kava standards since 2002, or legislative changes in peer countries (the US and Australia).

Opportunities available from legislative change

- Many kava drinking nations have a history of British colonial rule. However, the UK is generally viewed positively, with diplomatic and personal ties.
- The Pacific is a region of strategic interest to the UK and of UK/US geopolitical rivalry with China. In 2018 the UK announced a 'Pacific Uplift' strategy to deepen engagement with the region.
- Kava trade between the UK and South Pacific is an opportunity to foster positive post-colonial relations, deepen ties and strengthen UK soft power in the region.
- A UK kava market may be comparable in value to the growth markets of kombucha (worth £140 million in 2024),[259] kefir (worth £62 million in 2024)[260] or matcha tea (worth £27 million in 2024).[261]

Assessing and addressing concerns

- New hepatotoxicity data indicating a safe level of consumption for kava would be required for a reassessment of the evidence for kava hepatotoxic risk.
- Research data since 2005 and reevaluations of the original case reports meet this test, addressing the hepatotoxic risk concerns associated with kava. A small minority of the

original case reports have been found on reassessment to show a 'probable' causal link between kava and a hepatotoxicity event. Even if every case report showed a certain causal link, this would represent at most 0.3 cases per million[8].

- Quality standards, in particular the Codex Alimentarius,[34,262] set out how kava can be produced to a standard that is safe for human consumption.

Changing the UK's kava legislation

- There are two clearly defined regulatory mechanisms in place for a reassessment of the evidence around kava's safety, primarily the hepatotoxic risk pertaining to kava.
- These are:
  - Through a new MHRA assessment, and
  - Through an FSA assessment.
- This report argues that the most appropriate route to a regulated kava market in the UK is through the FSA assessment route. The rationale for this is:
  - The majority of use of kava as the UK's South Pacific community consume/would like to consume it cannot be reasonably described as medical use
  - Controlling kava primarily as a medicine precludes all other use, but controlling primarily as a food would not preclude separate applications for medicinal use and/or investigation of kavalactones as ingredients in medical products to be taken through the normal MHRA route
  - Contemporary uses of kava, such as in nakamals in Vanuatu, in kava bars in the United States, or in community events/ceremonies, cannot reasonably be described as medical use.
  - Treating kava primarily as a medicine ignores the cultural importance of kava to the South Pacific communities living in the UK.
  - The FSA notification route is more appropriate for kava, a plant product.

Towards a UK kava market

- Kava should be primarily regulated as a food in the UK due to traditional use among the UK's South Pacific heritage community and consumption patterns in comparable countries with regulated kava markets (e.g. the United States, Australia).
- In the event of the revocation of the 2002 kava legislation and kava being granted either food or medicinal/herbal ingredient status, kava would likely be exempt from the Psychoactive Substances Act 2016.
- The most appropriate route to legal access to kava in the UK would be through a traditional food notification ('Article 14') application to the Food Standards Agency.
- The 2002 kava legislation should be repealed, and the Medicines and Healthcare products Regulatory Agency should remove kava from their list of banned herbal ingredients.

This final section considers the case for a change in UK legislation governing kava. As laid out in Section 3.6 above, the body of evidence regarding kava's hepatotoxicity—the key health concern underpinning the 2002 controls on kava in the UK—has been substantially updated since 2005, when it was last considered by HM Government. The basis for the 2002 legislation should be reassessed to reflect this.

If an assessment of the evidence proves sufficient for the revocation or amendment of The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 and The Kava-kava in Food (England) Regulations 2002, a regulatory regime would be required to ensure safe use of kava as a food and/or herbal or medicinal product. Comparable jurisdictions such as Australia, New Zealand and the United States provide examples of existing standards and regulatory frameworks.

4.1 The impact of UK kava legislation on South Pacific communities in the UK

At present members of the South Pacific diaspora in the UK are effectively prohibited from consuming kava by UK legislation, and are thus unable to legally practice or participate in a core part of their traditions and culture.

Kava in Tongan society

'It seems trivial to many why we travel around the world with our kava, but kava is still very much central to the cohesion in our communities.

'It's that space where one gives respect to each one, where everyone gets a turn to speak, where all walks of life come together.

'Kava is present in weddings, funerals, fundraising, before and after church (members briefly share some bible verses around a few bowls of kava).

'After rugby matches, players often prefer to share their win or loss around the kava bowl instead of going to the pub.'

—Viliami Lolohea, First Secretary, Tonga High Commission in London[46]

Kava consumption in the UK

In the preparation of this report, CEBDP had discussions with kava consumers of South Pacific heritage. We also spoke to the High Commissions of Fiji and Tonga, as well as members of the wider South Pacific community, notably those connected with rugby. These discussions took place from April 2025 to February 2026, were not structured interviews, and are presented below as anecdotal information rather than as representative evidence.

For UK residents of South Pacific heritage, the current legislation places significant constraints on their ability to practice their culture. Others wishing to consume kava for recreation or supplementary purposes are prohibited from legally doing so.

Kava is often sent by relatives[130] or brought to the UK in the course of travel to and from the South Pacific.[31] This is in contravention of the legislation and leads in some cases to confiscation of kava at the UK border.[136]

Confiscations of kava reportedly sometimes occur at the UK Border, and at other times do not. There was some confusion and lack of knowledge as to what the rules are. In some cases, people import kava by having it labelled as not for human consumption, e.g. as 'pet medicine'.[31]

Kava brought into the UK in this manner is not subjected to any UK regime of quality control, posing potential risks to the user and to the natural environment of the UK – for example by the inadvertent import of non-native pests and fungi. However, no cases of kava-related hepatotoxicity in the UK in recent years emerged in our review of the literature, suggesting this is not a significant problem in practice (see Section 3.2.2.).

Another anecdotal point (from a white British kava drinker) was a perceived quality difference between kava brought back from the South Pacific, where quality standards are in place, and online resellers stocking potentially lower quality Chinese processed kava.

The regulation that would come with a legal kava market in the UK would establish quality standards for those choosing to consume it; this arguably would reduce any potential hepatotoxicity risks associated with kava for this group. The UK is an active member of the Codex Alimentarius Commission[263] and while Codex standards are not automatically adopted[263,264] the UK's stated position is that 'UK foods standards generally go above and beyond the Codex standards'.[264] A Codex standard for kava was published in 2020.[34](see Section 3.5.2)

UK government and institutional views on kava

Beyond the legislation itself institutional attitudes towards kava tend to misrecognise and/or ignore the cultural significance and safety profile of kava. These attitudes reflect the now outdated evidence meant to justify the 2002 ban.[265,266] Below are several examples:

- A 2007 commentary by Professor E Ernst comments that 'Pacific Islanders used water extracts of kava [for centuries], apparently without adverse effects' but concludes that 'uncertainty does prevail but, on the basis of existing evidence, hepatotoxicity cannot presently be ruled out... The onus is now on the kava industry to generate data which are compelling.[265]

- In 2015 the British Army reportedly issued an internal memo explicitly banning the consumption of kava on military compounds[267] citing hepatotoxicity concerns. There is no indication this was based on new data.

- In 2022 Birmingham City Council published their Pacific Islanders community health profile report, which made reference to kava in a subsection titled 'Drug Use'. This

characterisation of kava downplays the cultural significance of kava and disproportionately emphasises problematic use/abuse of kava. It places kava consumption within the context of Local Authority drug and alcohol services. It reads:

'Kava is also another key substance which plays an important part in Pacific life, particularly in the context of ceremony and ritual; research has found social, familial, and financial burdens associated with regular and excess kava consumption. It also suggests that amongst the Fijian and Tongan communities in New Zealand, a connection between the consumption of kava at "kava clubs" and a "washdown" process where alcohol is consumed to encourage intoxication'[131]

— Birmingham City Council Pacific Islanders community health profile report, 2022

- A 2025 note in Economic Botany included kava in a list of plants 'considered poisonous',[266] citing only the addition of kava to the UK's banned herbal ingredients list as justification for doing so (the note mistakenly states this was through a 2008 Statutory Instrument, SI 2008/548; it was in fact through S.I. 2002/3170).

Despite the institutional attitudes discussed above and the UK's prohibitive kava legislation, the authors of this report have noticed instances of MPs, national institutions and indeed the Royal Family promoting, attending and/or taking part in kava ceremonies. The UK's South Pacific community is proud of kava[46,130] and such engagement is to be applauded. Yet there appears to be an uncomfortable double standard at work, in which kava culture is acknowledged and honoured in such events, but prohibited and effectively criminalised in UK legislation.

4.2 Opportunities available from legislative change

Having reviewed the case against the current kava legislation, this section reviews the potential benefits to the UK, the South Pacific heritage community and UK consumers.

4.2.1 UK and South Pacific relations

The South Pacific island nations of Fiji, Papua New Guinea, Samoa, Tonga and Vanuatu are all members of the Commonwealth with significant cultural ties with the UK.[268]

Post-colonial context

Fiji,[269] southern Papua New Guinea[270] and Vanuatu were all under some degree of British colonial rule for varying periods between 1874 and 1980. Tonga, while never colonised, was a sovereign British protectorate from 1900—1970.[271] Samoa, while not subject to British rule, was colonised by Germany and the United States in the context of fierce colonial competition with Britain in the region.[272]

As discussed in Sections 2.2 and 3.1.1, European (including British) engagement with kava

cultures during the colonial era was often characterised by stigma and efforts to suppress or replace kava cultures.[91] Kava in the post-colonial era has taken on additional meaning in parts of the South Pacific as a reassertion of pre-colonial culture and identity.[32]

Case study – a 2024 discussion on the UK's kava laws in Vanuatu

The following two quotes are taken from a 2024 paper on kava in the UK and other countries from a cross-cultural perspective. The discussion takes place on the island of Efate, Vanuatu. The quotes are from two members of the local community, the latter being from a local politician:

'Maybe [the UK's kava legislation has] got something to do with culture... I mean, I'm not saying it's racist in the UK or anything, but there's a problem there, right?"

'I have been to the UK, and it's pretty conservative, in my opinion, and for Kava, not many know about it, so I can see how what you're doing gives a clearer understanding for people there.'[81]

—Gellar, 2024

A regulated kava market in the UK would be welcomed as a break from the colonial era which ended in the 1980s, and would enable cultural exchange on the basis of parity and acknowledgement of South Pacific kava culture, breaking with historical perceptions of stigma and misunderstanding that, as has been shown, still linger today.

UK geopolitical interest

China, a geopolitical rival, has increasingly been engaging with South Pacific nations in trade, diplomacy and other forms of engagement.[273] In 2018, the UK established a post-Brexit policy of 'Pacific Uplift'[274] intended to respond to this growing Chinese influence.

The geostrategic importance of the region to the UK is further demonstrated by the recent and ongoing development of the AUKUS military partnership between the UK, US and Australia.[275]

Much of this geopolitical rivalry is characterised by soft power, in which the UK has an advantage through historical and person-to-person ties.[273] South Pacific islanders reportedly view the current West-China rivalry as advantageous, as it encourages more generous engagement from both parties.[273]

The UK 'benefits from a positive image in its former Pacific colonies'.[274] This manifests in a generally positive view of the British Royal Family in the South Pacific, including personal ties between the former and Tongan Royal Family. The Prime Minister of Tonga, 'Akilisi Pohiva, described Britain's 2018 commitment to re-engagement with the Pacific as 'music to Tongan ears'.[274]

Within this context, the emergence of a significant UK kava market would deepen UK economic relationships and soft power in kava exporting countries.

UK-South Pacific trade

Kava is a key export for Fiji and Vanuatu, and an increasingly important one for Tonga, Samoa and Papua New Guinea. While estimates vary, the global kava market is reportedly worth an estimated $1.5bn in 2024.[198,276]

The European kava bans in the early 2000s caused significant harm to kava-producing economies in the South Pacific.[167] Before the standards discussed in 3.5.2 were put in place, kava export was worth $82.5 million to the region.[167] The economic impact was especially significant for Vanuatu, the world's foremost exporter of kava.

Ministers have acknowledged the interest of South Pacific High Commissioners in the UK's kava legislation,[149] and noted that this has also been raised on a number of occasions with the UK's High Commissioners in the South Pacific.

As part of the UK's 'Pacific Uplift' strategy, in April 2018 Boris Johnson (then Foreign Secretary) announced the opening or re-opening 'diplomatic posts' in Vanuatu, Tonga and Samoa, stating 'huge potential and opportunity post-Brexit for British businesses and... to deepen our relationships across the Commonwealth'.[273] The UK's economic medium-term ambition was to 'provide services to the rapidly expanding middle classes of the developing world.'[273]

The development of a market for kava in the UK could represent a deepening of this UK-South Pacific trade in an area that does not create direct competition for the UK's food industry (a concern with UK-Australia and UK-New Zealand trade agreements)[273] despite being an important South Pacific industry.[164,219,221]

4.2.2 Envisaging a UK kava market

In the course of producing this report CEBDP held a number of discussions with members of the South Pacific diaspora in the UK. We found great enthusiasm for the prospect of a legal market for kava in the UK. Areas with significant South Pacific populations and events such as Bula Festival, an annual UK-based festival celebrating Fijian culture, would present opportunities for kava related businesses to emerge.[134] The South Pacific diaspora would be likely to play a significant role in promoting the growth of a UK kava market.[157]



— kava packaged on the supermarket shelf (photo courtesy of Dr Vincent Lebot)

Comparable emerging product markets

The global market for kava is projected to have grown to $1.58 billion (£1.18 billion) in 2025, with a compound annual growth rate (CAGR) of 15.6%.[277] This rate of growth is expected to continue, with a projected value of $5.6 billion (£4.18 billion) by 2033.[276]

In the absence of any published economic analysis an economic assessment is not offered for a potential kava market in the UK. In lieu of this, the below table offers a comparison of several emerging product markets to give an indication of the potential size of a UK kava market. This table is based on available industry data, and as such should be treated as providing estimated rather than definitive figures.

Product	Description	Entered UK market	2024 market value	UK compound annual growth rate
Kefir	Fermented dairy drink/product	Early 2010s[278,279]	£62 million[260]	4.3% (2025-30, projected)[260]
Kombucha	Fermented tea drink	Early 2000s[280,281]	£140 million[259]	13.7% (2025-33, projected)[259]
Matcha tea	Powdered Camellia sinensis (tea)	Early 2010s[282]	£27 million[261]	8.6% (2025-33, projected)[261]
Chia seeds	Seed native to Mexico; granted Novel Food status (Article 14 route) in 2009[283]	Early 2010s[284,285]	£36 million*[286] (*2023 data)	12.8% (2024-31, projected)[287]
CBD	Non-psychoactive cannabis plant extract	2016 (in medicinal products)[288] 2018-19 (as a food)[289]	£48 million[290]	23.2% (2025-30, projected)[290]

Taking the above table as a baseline, if kava were to enter the UK market, a CARG of 10+% seems a plausible conservative estimate. While estimates vary, the global kava market is estimated to be currently worth approximately £1.38 billion (2025) with a projected CAGR of 16.6% over the next decade.[291]

On the supermarket shelf

If there is sufficient consumer demand, it would be reasonable to envisage kava for sale on supermarket shelves, potentially alongside tea and coffee, with adequate labelling: there are a number of models for this, including in New Zealand,[237] Australia[292] and the United States.[293]

Online marketplaces

The United States kava market is characterised in part by a number of online specialist kava retailers.[294–296] Similar vendors could be established in the UK.

A new option for UK consumers

UK consumers are generally open to novel international food and drink products both on the high street and in supermarkets.[297] Since COVID,[298] there has also been a sustained growth in the market for wellbeing products.[299]

Kava represents a new consumer choice which has proven popular in the United States,[121] Australia[300] and New Zealand.[16] In a 2025 survey study of patterns of use of kava in the US reported that kava consumers found kava consumption to help them relax and relieve stress.[121] Research has pointed to kava as an alternative to alcohol consumption, which potentially carries fewer social and health harms.[47,301,302]

4.3 A roadmap to legislative change

Currently, the UK's kava legislation prohibits the import, sale and supply of kava as a food and a medicine. As will be discussed in Section 4.4, this effectively presents policymakers with two distinct routes for allowing regulated access to kava. In Section 4.5 below this legislative choice is discussed. First, this section lays out the two legislative routes in detail.

4.3.1 The medicine route: Assessing the evidence since 2005 through the MHRA

In response to Written Parliamentary Questions, HM Government has laid out two routes for access to kava as a medicinal product:

1. traditional herbal registration; or
2. market authorisation.

Traditional herbal registration (THR)

Under Regulation 125 of the The Human Medicines Regulations 2012[303] an application could be made for kava as a traditional herbal ingredient. Five conditions must be met for an application to be successful:

- Condition A: the product is appropriate for use without a medical practitioner;
- Condition B: the product is intended for use at a specific strength and dosage;
- Condition C: the product is intended to be administered externally, orally or by inhalation;
- Condition D: the product has been in continuous medicinal use for at least 30 years, including at least 15 years within the European Union (EU) or European Economic Area (EEA);
- Condition E: data is provided showing the product to be safe, and for its intended effects to be 'plausible'.

It is not conceivable that Condition D could be met for a UK-wide application, due to The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 having been in effect throughout the stipulated period.

It would be possible for an application to be made for Great Britain only (i.e. excluding Northern Ireland) through a post-Brexit amendment, as set out in The Human Medicines (Amendment etc.) (EU Exit) Regulations 2020. For this, it would need to be shown that kava 'has been in medicinal use in the United Kingdom or a country included in the list published under regulation 125A(1) for a continuous period of at least 15 years.'[304–306] This is a list of countries deemed to have a level of pharmacovigilance equivalent to that of the UK. It includes Australia, and the United States, and it is conceivable that data could be obtained from these countries. Australia allows use of kava as a medicinal ingredient[307,308]; while kava is not listed as a medicine in the US, US data could still be used under MHRA guidance.[306,309]

Market authorisation

Regulation 49 of the Human Medicines Regulations 2012[303] lays out the process for acquiring market authorisation for a medicinal product in the UK.

The process is extremely rigorous and would require, initially, a Common Technical Document (CTD) containing pharmaceutical data on composition, manufacture and quality control, pre-clinical data (physico-chemical, biological and/or microbiological test results), and clinical trial data showing safety and efficacy, as well as a pharmacovigilance system for monitoring and reporting adverse reactions.[303]

This process is designed for industrially produced pharmaceutical products. It is our assessment that it would not be a suitable process for kava, which in most of the cultural contexts described in Section 2 is a 100% dried plant matter product prepared by infusion in water. This is not a

medicinal use, and it would be inappropriate to require a drink comparable to tea and coffee in both ingredients and preparation to undergo clinical trials and be controlled as a medicinal product.

Regulation of kava as a medicine would preclude kava consumption in a non-medical context – in other words, it would not allow for most established kava use, or indeed any cultural, community, religious or ceremonial uses. Furthermore it would be extremely costly, challenging and time intensive to successfully apply for marketing authorisation for kava as a medicine.

Revocation of 2002 legislation

In addition to these steps, The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 would need to be repealed or amended. In view of the assessment of the hepatotoxic risk of kava undertaken in Section 3, repeal is the more appropriate option, as the granting of novel food status to kava by the FSA would be accompanied by sufficiently rigorous standards to ensure safety (see Sections 4.4.2).

The same rationale and research findings were used for the medicines and foods statutory instruments. It therefore follows that The Kava-kava in Food (England) Regulations 2002, and equivalent devolved legislation, should also be revoked.

4.3.2 The food route: Assessing the evidence since 2005 through the FSA

The alternative route for assessing the evidence for the hepatotoxic risk associated with kava is through the Food Standards Agency (FSA). Given the long history of kava use in the South Pacific, the FSA's 'Article 14' traditional food notification would be appropriate. This is a simplified application route for foods which have been consumed outside the UK or EU for at least 25 continuous years.

Safe history of use data

Under this route, applicants must provide information on the safety profile of the food based on existing use. A four-month review is then conducted by the FSA. The application must include a technical dossier containing data sufficient to 'enable a history of safe use of the traditional food from a third country to be assessed'.[310]

Detailed guidance on this route is provided through the Commission Implementing Regulation (EU) 2017/2468 (a regulation carried over from EU legislation post-Brexit).[310]

MHRA's banned herbal ingredients list

As part of this process an application would also need to be made to the MHRA to remove kava

from their list of banned herbal ingredients. This would require the amendment or revocation of The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002; this report argues revocation is the appropriate path. For this, it would need to be shown that kava is primarily used as a food, rather than as a medicine or herbal product. This is a key recommendation of this report, as discussed in detail in Section 4.4.4.

Revocation of 2002 legislation

In view of the assessment of the hepatotoxic risk of kava undertaken in Section 3, it is our view that the 2002 legislation is no longer warranted. It was explicitly put in place in response to a perceived risk, and the findings laid out in Sections 3.2.2 and 3.2.4 demonstrate that these concerns have now been adequately and conclusively answered.

The revocation of both The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 and The Kava-kava in Food (England) Regulations 2002 (and equivalent devolved legislation) is one of the recommendations of this report (see Section 4.6).

The rationale for the medicines and foods statutory instruments was the same, so The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 should also be revoked.

4.4 Assessing and addressing concerns

Having reviewed the two possible legislative routes to allowing legal access to kava, this section now reviews the criteria that would need to be met for either route.

4.4.1 Establishing kava safety

In September 2025 a series of Written Parliamentary Questions (WPQs) were tabled to establish how, procedurally, an assessment of the evidence supporting The Kava-kava in Food (England) Regulations 2002 could be brought about (see: UIN 75197, 75198, 75229). WPQs have also been tabled regarding the evidence in relation to kava as a medicinal product.

In response the Parliamentary Under-Secretary of State for Public Health and Prevention stated that the key condition that, if met, would allow for a new assessment of kava's safety, was new evidence on the hepatotoxic risk of kava:

> *'If additional data on the safety of kava-kava were to be submitted, appropriate evaluations, such as a risk assessment, will be considered by the FSA.*
>
> *'Without additional evidence that indicates a safe level of human consumption for kava-kava, the FSA considers there is insufficient toxicological data available to initiate an assessment.*

'If the independent Committee on the Toxicity of Chemicals in Food, Consumer Products and the Environment is satisfied that there is a safe level of human consumption, this would inform advice to Ministers to amend or repeal the legislation.'

—Parliamentary Under-Secretary of State for Public Health and Prevention, 2025

The Minister's response (which can be read in full in Appendix 4)[207] lays out the steps of such an assessment:

1. New evidence/data on the hepatotoxic risk of kava including toxicological data, indicating a safe level of human consumption, would need to be submitted to the Food Standards Agency (FSA).
2. If this evidence is deemed sufficient, the FSA would then consider 'appropriate evaluations', such as a risk assessment.
3. New scientific evidence on the hepatotoxic risk of kava-kava would be reviewed by the FSA.
4. The FSA's independent Committee on the Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) would need to be satisfied that there is a safe level of human consumption for kava.
5. At this point the outputs of these evaluations would be used to provide advice to Ministers for potential amendments to, or repeal of, the 2002 legislation.
6. Due to the applicability of The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, any evaluation of The Kava-kava in Food (England) Regulations 2002 would be carried out in tandem with the Medicines and Healthcare products Regulatory Agency (MHRA).

A 'safe level of human consumption'

A reassessment of kava's hepatotoxicity risk would be necessary to establish whether a 'safe level of human consumption' may be established for kava. This would be carried out by the Food Standards Agency (FSA) in the event of a novel food application being made for kava.[311]

The UK Government takes a risk-based approach across central government and public service delivery, including in the work of the Food Standards Agency (FSA).[312,313] The FSA's risk analysis process provides a rationale[314] for the 2002 Prohibition Order and Food Regulations:

'There is often an element of uncertainty in both science and decision-making. In the interests of protecting public health from emerging food safety risks, the precautionary principle allows us to take action even if there isn't time or data to undertake a full risk assessment.

'When this happens, temporary risk management measures can be put in place provided they are proportionate, feasible and no more restrictive to trade than they need to be.'[313]

—Food Standards Agency

It is worth underlining the acknowledgement that any such temporary risk management measures should be no more restrictive to trade than they need to be. Further, the 2005 reassessment of kava hepatotoxicity risk suggests an adherence to the principle that risk management measures should only last as long as necessary.

Currently, kava is viewed by the FSA as 'high-risk'.[315] Should an application be made to the FSA to allow access to kava and repeal the 2002 Food Regulations (as discussed in Section 4.5), stipulations such as a daily kavalactone limit, serving size, and/or preparation restrictions/guidelines would be established.[316,317]

Multiple clinical studies of kava have been undertaken since 2005[8,38,47,318–320] and these report no serious adverse events and no liver toxicity at dosage levels of between 100 – 300 mg kavalactones per day.[47,85,321]

In Section 3.6 above ensuring plant matter safety has been discussed:

1. Kava should be produced from the root/rhizome of noble cultivars, as laid out in quality standards.[30]
2. Quality standards relating to plant material, storage and contamination should be observed.[34]
3. Non-organic extraction methods have the best safety profile for kava.[321]

Has the threshold for reassessment of kava been met?

There is a strong case that the threshold for an assessment of the evidence on the hepatotoxic risk of kava has been met, based on the conclusions laid out in 3.6 above:

1. Multiple research papers have reviewed the approximately 100 case reports that formed the basis of the 2002 legislation. It has consistently been demonstrated that many of the suspected cases cannot be shown to demonstrate a causal link between kava and hepatotoxicity.[141,162,178,256]
2. A 2020 study estimated that, of the cluster of cases of suspected kava-associated hepatotoxicity reported in the late 1990s and early 2000s: 'even if all these cases resulted from kava use, the estimated risk would be less than 0.3 cases per one million daily doses'.[8]

Quality standards and export standards have been put in place by kava exporting nations, as well as regional and industry bodies.[17,26,34,37,219,238] These standards address HM Government's call for 'a safe level of human consumption'.

4.4.2 Regulation and monitoring – kava as a food

Provision could be made for a legal market for kava as a food in UK legislation through an application to the Food Standards Agency (FSA) and a repeal of The Kava-kava in Food (England) Regulations 2002. If such an application were made, the FSA should, and likely would, adopt the quality standards laid out in the 2020 Codex Alimentarius North America and South West Pacific regional standard for kava.[262,322] This would harmonise the UK's kava standards with those of the US and South Pacific.

The FSA would have the option of reviewing the regulatory regimes for kava in Australia, New Zealand and the United States, which have themselves incorporated the Codex Alimentarius.[62,323] UK food standards 'generally go above and beyond the Codex standards'.[264] The UK government contact for Codex is the Department for Environment, Food and Rural Affairs (Defra).[264]

Codex Alimentarius kava standard – a blueprint for a UK kava standard

If the UK were to adopt the Codex Alimentarius kava standard as their baseline, the box below details what the UK kava standard might look like:

Blueprint for a UK kava standard[30]

- Kava products derived only from Noble cultivars of *Piper methysticum*
- Plantstock only from a) peeled, fresh* and/or dried rhizomes, basal stems (up to the first node on each kava branch), or b) fresh* and/or dried roots
- Dried kava should have a moisture content of below 12%
- Should be free of bark, leaves and/or stem, visible mould, foreign matter (e.g. soil), foreign odour
- Should be practically free of pests and damage caused by pests
- Properly stored & packaged
- Free from food additives
- Produced in adherence to relevant hygiene standards (CXG 21-1997, CXC 75-2015, CXC 1-1969)
- Appropriately labelled to include product name, use, origin and stipulated health guidance (see Section 3.5.2)
- Subject to analysis and sampling

*It would be impractical to import fresh kava rootstock to the UK from the South Pacific due to distance, preservation and weight.

Australia's kava standard is another model the UK could use[323], with a multi-year pilot study as described in Section 3.5.3 providing a valuable source of data.

4.4.3 Regulation and monitoring – kava as a medicine/herbal ingredient

If kava is made available in the UK via a traditional herbal registration, or as a medicine, it would fall under the Yellow Card pharmacovigilance system. This allows for both healthcare professionals and users to report adverse reactions.[324]

The Yellow Card system is administered by the MHRA. Under the Black Triangle scheme, a new medicine must include an inverted black triangle on its label to inform healthcare professionals and pharmacists that the product is under Additional Monitoring, meaning all adverse reactions should be reported, regardless of severity.

4.4.4. Should kava be primarily regulated as a food or medicine?

As detailed above, the question of whether UK legislation should regard kava primarily as a food or as a medicine determines which government body should have primary oversight. Currently kava primarily falls under the remit of the Medicines and Healthcare products Regulatory Agency (MHRA)[305] while the Food Standards Agency (FSA) has a secondary oversight role.[83]

Approaches taken in the United States, Australia and New Zealand

United States

Supplements in the UK are governed as 'food'.[325] In the US kava can be regulated as either a food or supplement,[326] depending on how it is sold.

In December 2025, The Calmer Co. International Limited (CCO) issued an advisory note to shareholders that they had received clarification from the US Food and Drug Administration (FDA) that kava beverages when prepared as a cold water extract qualify as a food under US federal law.[327,328]

At the time of writing (February 2026) this industry claim has not been confirmed in a statement on the FDA website. The FDA's position as per its website is, at the time of writing, that kava constitutes 'an unapproved food additive'[66] and as such is still regarded legally as a supplement. It is possible the CCO advisory note refers to a private case response (i.e. a notification that the FDA would not prioritise enforcement against sale/marketing of kava as a food).

Australia & New Zealand

Australia and New Zealand both treat kava as a food for regulatory purposes (in the former case, via an extended pilot). Kava is allowed as a medicinal ingredient in Australia,[211] though not in New Zealand.[237] See Section 3.5.3 for further detail.

Traditional use

Section 2 discussed the history, breadth and pervasiveness of kava use in South Pacific cultures, and amongst people of South Pacific heritage. It follows that the UK's current legal position, which primarily treats kava as a medicine, is wholly insufficient for the regulation of kava as a cultural good, and wholly insufficient as a framework for regulation of the uses of kava associated with its cultural context, both in the South Pacific and amongst the UK's South Pacific heritage communities, for several reasons:

- Community and ceremonial contexts: the consumption of kava in the context of weddings, funerals and other communal/cultural events[2] cannot be reasonably characterised as 'medicinal use'.
- The primary use of kava in the South Pacific is non-medicinal in nature. This is true both of kava consumption in traditional contexts, as well as in more modern settings, such as nakamals in Vanuatu.[58]
- Dosage and consumption patterns vary between South Pacific countries[31] and it follows that these consumption patterns will be continued by diasporas resident in the UK.

Centre for Evidence Based Drug Policy assessment

Based on the following, CEBDP takes the view that kava should be primarily viewed by UK legislation as a food, and that the FSA should hold the primary role in regulating kava:

- Kava's long history as a cultural asset of South Pacific cultures indicates that 'food' is the more appropriate category;
- Comparable peer nations in which a legal kava market exists treat kava primarily as a food;
- Consumption patterns of kava in comparable peer nations in which a legal kava market exists indicate that 'food' is the more appropriate category.

4.4.5. Kava and the Psychoactive Substances Act 2016

The Psychoactive Substances Act 2016 (PSA) came into force on 26 May 2016[329]. It created a blanket ban on the production, distribution, sale and supply of psychoactive substances in the United Kingdom for human consumption.

In the PSA, a psychoactive substance is defined as follows:

2 Meaning of "psychoactive substance" etc

(1) In this Act "psychoactive substance" means any substance which—

(a) is capable of producing a psychoactive effect in a person who consumes it, and

(b) is not an exempted substance (see section 3).

(2) For the purposes of this Act a substance produces a psychoactive effect in a person if, by stimulating or depressing the person's central nervous system, it affects the person's mental functioning or emotional state; and references to a substance's psychoactive effects are to be read accordingly.

(3) For the purposes of this Act a person consumes a substance if the person causes or allows the substance, or fumes given off by the substance, to enter the person's body in any way.

—Psychoactive Substances Act 2016, Section 2[329]

Kava beverage and kava-containing products therefore meet the PSA definition of 'psychoactive substance'. The PSA makes provision for a number of exceptions, including:

- Medicinal products
- Alcohol
- Nicotine and tobacco products
- Caffeine
- Foods (including drinks) which do not contain a prohibited ingredient

If The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, The Kava-kava in Food (England) Regulations 2002, and equivalent Northern Irish, Scottish and Welsh regulations were repealed, in the absence of food or medicine status being granted, kava would likely fall under the remit of the Psychoactive Substances Act 2016 (PSA).

Food

7 Any substance which—

(a) is ordinarily consumed as food, and

(b) does not contain a prohibited ingredient.

In this paragraph—

[F1 "enactment" includes—

(a) an enactment contained in subordinate legislation;

(b) an enactment contained in, or in an instrument made under, an Act of the Scottish Parliament;

(c) an enactment contained in, or in an instrument made under, a Measure or Act of the National Assembly for Wales;

(d) an enactment contained in, or in an instrument made under, Northern Ireland legislation;]

"food" includes drink;

"prohibited ingredient", in relation to a substance, means any psychoactive substance—

(a) which is not naturally occurring in the substance, and

(b) the use of which in or on food is not authorised [F2 by an enactment].

—Psychoactive Substances Act 2016, Schedule 1, Paragraph 7

Foods exemption

Schedule 1, Paragraph 7 of the PSA exempts substances ordinarily consumed as food provided they do not contain prohibited ingredients. As such, kava would be automatically exempted if accepted by the Food Standards Agency as a novel food or under a traditional foods notification ('Article 14').[311]

Medicinal products exemption

Schedule 1, Paragraph 2 of the PSA exempts medicinal products. Classification as a medicinal product is determined by the Medicines Healthcare Products Regulatory Agency (MHRA).[330] The Medicines for Human use (Kava-kava) (Prohibition) Order 2002 prohibits the import, sale and supply of unlicensed medicines containing kava, with the exception of external use only medicines.[331]

Kava would be exempted in the event of (a) this legislation being repealed, (b) a successful traditional herbal application being made under Regulation 125 of the Human Medicines Regulations 2012 for a specified kava-containing product, and/or (c) a successful market authorisation being granted under Regulation 49, respectively, of the Human Medicines Regulations 2012.

5. CONCLUSIONS AND RECOMMENDATIONS

This report has considered global patterns of kava use, effects and cultural/social role of kava, the lessons from different regulatory regimes, and the last two decades of scientific literature regarding the question of potential hepatotoxic risk associated with kava. This review has led to the key conclusion that kava should be legally available and primarily regulated as a food under UK legislation.

Regulated markets for kava as a food or supplement (which also fall under 'food' in UK legislation)[325] have been shown to be viable, safe, popular and economically successful in the South Pacific, the United States, New Zealand and, more recently, Australia (see Section 3.5). None of these jurisdictions have reported significant numbers of case reports suggesting hepatotoxicity associated with kava, as happened (in Germany in particular) in the late 1990s/early 2000s.

This report's findings strongly suggest that the fears upon which the current UK regulatory regime are based were significantly overstated by the original body of case reports,[63,141,142] the majority of which have been found to be either inconclusive or unlikely to be associated with kava (see Section 3.2.2) or, in the small number of cases where a probable association has been established, to be caused by factors probably not intrinsic to kava, including improper plant material, storage, or processing (see Section 3.2.3).

Taken together with the significant body of new research data on kava's safety/risk profile (see Sections 3.2.2. and 3.2.3) the conditions laid out by HM Government for a new assessment of the evidence (see Section 4.3) have been met.

While the evidence no longer supports the UK's 2002 kava legislation, it is clear that the benefits of allowing regulated access to kava are substantial. To the UK's South Pacific heritage communities, regulated access to kava would restore their ability to legally practice and preserve their culture and traditions. In the United States, kava has proven a popular choice in supermarkets, online stores and in kava bars (see Section 4.2.2).

Allowing kava imports would also strengthen the UK's relationship with Commonwealth nations in a region of growing geopolitical importance (see Section 4.2.1).

Our recommendations are:

- The FSA should grant kava novel food status as a traditional food overseas. For this to happen, an application would need to be made. The most appropriate route would be via the FSA's 'Article 14: traditional food notification' route.[311]
- The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002, The Kava-kava in Food (England) Regulations 2002, and equivalent regulations in the devolved nations, should be repealed. This would allow for safe use of kava as laid out in the Codex Alimentarius and other standards.
- The MHRA should remove kava from its banned herbal ingredients list. The usual route for such a removal would be for an application for use as a herbal ingredient, but in the case of kava the MHRA would require evidence that the primary use of kava is as a food, not a herbal ingredient or medicine. Removal from the banned herbal ingredients list would happen through revocation of the 2002 kava legislation.

Should these steps be taken, it is likely that the UK's experience would be comparable to those of the United States, Australia, New Zealand and other jurisdictions that allow a regulated kava market. Few, if any, cases of kava-associated hepatotoxicity, would occur. The UK would have a new growth market, driving economic activity, jobs, and consumer choice. Finally, and perhaps most importantly, the UK's South Pacific community would no longer be prevented from participating in and preserving their cultural life and traditions.

DECLARATION OF INTEREST



The Centre for Evidence Based Drug Policy receives funding from a variety of organisations including the Kava Coalition, a membership organisation representing kava farmers and the wider kava industry in the South Pacific and United States.

This funding is recieved with the understanding that the Centre for Evidence Based Drug Policy retains complete independence in its perspectives and projects, including the full editorial independence of this report. Our recommendations and conclusions are grounded in the most reliable evidence available, ensuring unbiased and objective analysis.

The analysis, conclusions and recommendations set out in this report are entirely those of the Centre for Evidence Based Drug Policy, driven by our analysis of the evidence and public health considerations.

RECOMMENDED READING

This report is intended to inform policymakers of the context, key considerations, research evidence and international context regarding kava. The following books and papers are a good starting point for those wishing to engage with this topic in greater detail.

Kava: The Pacific Elixir (1997)
Lindstrom, L., Merlin, M. and Lebot, V.

The most authoritative and comprehensive book on kava available. Dr Lebot is widely regarded as the world's foremost expert on kava. The book covers kava's botany, chemistry, history, cultural roles, anthropology and economic relevance.

Kava: an overview (1992)
Singh, Y. N.

A short paper by leading kava expert Y. N. Singh. Singh, who is Fijian, offers an invaluable South Pacific perspective. This paper provides an excellent brief history, botanical overview and sociological/cultural account of kava. It includes detail of kava mythologies and an overview of health concerns relating to kava.

American Herbal Pharmacopoeia Monograph and Therapeutic Compendium for kava rhizome and root (2025)
Upton, R. (ed.)

The most comprehensive and up-to-date overview of kava, including the current evidence on the crucial question of suspected hepatotoxicity. Also covers kava history, cultural significance and geography in detail. Contains sections on quality standards and an international overview of regulatory and legislative approaches.

The Essential Guide to Herbal Safety, Chapter 12: Kava: a risk-benefit assessment (2005)
Schmidt M., Morgan M., Bone K. and McMillan J.

A detailed overview of all case studies considered by the Committee on the Safety of Medicines in advising HM Government to put in place the 2002 kava legislation, as well as 15 additional cases. Includes case notes, assessment criteria and a critical overview of the evidence supporting a hepatotoxic reaction from kava.

Assessment of the risk of hepatotoxicity with kava products (2007)
Coulter, D. et al

This World Health Organization report provides an evidence-based assessment of the hepatotoxicity risk associated with kava. It includes a review of clinical and non-clinical evidence as well as production standards, kava cultivation and extraction methods.

Kava: a review of the safety of traditional and recreational beverage consumption (2016)
Abbot, P.

A technical report prepared on behalf of the Food and Agriculture Organization of the United Nations & World Health Organization on the safety of kava when consumed as a cold water extract beverage. The report provides an updated overview of the evidence for kava's hepatotoxicity risk and provides an evidential foundation for regulatory decision-making.

Regional standard for kava products for use as a beverage when mixed with water (2020)
Food and Agriculture Organization / World Health Organization

A kava quality standard was published in the Codex Alimentarius in 2020. Codex standards are generally adhered to by the UK Government and, as such, this standard would inform a future UK kava standard in the event of kava becoming legally available in the UK.

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APPENDICES

Appendix 1: Selection of kava myths

Vanuatu

A brother and sister, twins as well as orphans, lived on the island of Maewo. One night the sister received an unwanted proposal of marriage. She refused, and her brother had to step in to protect her. A struggle ensued; the girl was shot and killed with an arrow by the man whose proposal she had rejected. Distraught, the boy brought her home and buried her. A plant appeared on the grave. It looked strange, and the boy decided to let it grow. After a year, on visiting the grave, the still mourning boy watched as a rat chewed on a root of the plant, and died. He decided to end his life the same way; but when he chewed on the root, he did not die, but rather was relieved of his grief.[20]

Tonga

The King of Tonga went fishing with a companion. They failed to catch any fish. After some time they grew hungry and stopped at the island of ‘Euiki for food. Only one family lived on the island, with one daughter, who had leprosy. Her name was Kava’onau. Having no other food, the parents killed their daughter to feed the King. Moved, he requested they give her body a proper burial. One plant grew from the head of the grave and another from the foot. One day a rat gnawed at the first plant, staggered to the second, chewed on that, and recovered its balance. Some time later, the parents told this to the Tongan hero Lo’au, who told them to take them to the King, and gave instructions for how to make a beverage from the first, and that the second should be eaten. The first plant was kava; the second was sugarcane.[20]

Samoa

Tagaloa in Samoan tradition is is the equivalent name of the god Tangaloa in Tonga. Tagaloa, chief of the gods and the supreme creator god, came down from the heavens to go fishing with two helpers who, having no fishing equipment, managed to catch a fish with their bare hands. Tagaloa asked for kava to drink with it, so they travelled back to heaven and in their haste pulled out a whole plant (not just the root, which is the part used to prepare kava beverage). Preparing his drink, Tagaloa scattered the other parts of the plant around, and they took root and started to grow. He required water, and so caused it to rain. He also sent his helpers back to heaven again for a bowl (tanoa), strainer (tau-anga) and cup (ipu). Thus the drink and its proper preparation were introduced to the people of Samoa.[2]

Fiji

A Fijian origin myth tells of a group of settlers killing a cockerel belonging to their leader, Degei, then fleeing the settlement to avoid punishment. While fleeing they took with them examples of all their significant cultural artefacts, with the exception of kava – which they left for Degei, perhaps not wanting to anger him further.[2]

Appendix 2: Noble kava cultivars as listed in Codex Alimentarius (non-exhaustive list)

Origin nation	Noble cultivar(s) (non-exhaustive list)
Federated States of Micronesia	Rahmwahnger
Fiji	Damu, Dokobana loa, Dokobana vula, Yonolulu, Loa kasa balavu, Loa kasa leka, Matakaro balavu, Matakaro leka, Qila balavu, Qila leka, Vula kasa balavu, Vula kasa leka, Yalu
Hawaii	Hanakapi'ai, Hiwa, Honokane Iki, Kumakua, Mahakea, Mapulehu, Moi, Nene, Opihikao, Pana'ewa, Papa ʻEleʻele, Papa ʻEleʻele Pu ʻupuʻu, Papa kea
Papua New Guinea	Kau kupwe
Samoa	Ava La'au, Ava Le'a, Ava Loa, Ava Talo, Ava Mumu
Solomon Islands	Feo, Tahu, Temo
Tonga	Kava Lekahina, Kava ʻAkauhina, Kava Lekakula, Kava ʻAkaukula, Kava Fulufulu, Kava Valu, Kava Kofe
Vanuatu	Ahouia, Amon, Asiyai, Bir Kar, Bir Sul, Biyaj, Borogoru, Borogu, Gorgor, Ge gusug, Ge vemea, Ge wiswisket, Kelai, Leay, Melmel, Melomelo, Miela, Naga miwok, Olitao, Palarasul, Palasa, Palimet, Pia, Poivota, Pualiu, Puariki, Sese, Silese, Urukara

Appendix 3: Suspected kava hepatotoxicity cases by product

This table is taken from the REPORT OF THE CSM'S EXPERT WORKING GROUP ON THE SAFETY OF KAVA produced for the Medicines and Healthcare products Regulatory Agency (MHRA) by the Committee on Safety of Medicines' (CSM) Expert Working Group (EWG) in 2005 (no. 82 in the references list).

Table 8 Breakdown of the Kava products identified*

Kava product	Number of cases
Laitan 100; acetone-extract - 70mg kavalactones	13
Antares; ethanol-extract - 120 mg kavalactones	9
Kava-ratiopharm; ethanol extract - 60mg kavalactones	7
Kavatino; ethanol-extract - 60mg kavalactones	3
Neuronika; synthetic Kavain - 200mg	2
Kava 1800 Plus	2
Traditional water extract	2
Kavain harras	2
Kavain Harras plus – 50mg kavalactones	1
Kava Gold; acetone extract - 150mg kavalactones	1
Maoni forte - 120mg kavalactones	1
Maoni - 45mg kavalactones	1
Pritans Pride Kava – 300mg	1
Limbao 120	1
Tension Tamers	1
Kavasedon - 50mg kavalactones	1
Kavosporal forte - 50mg kavalactones	1
NutriZAC 50mg kava per dosage form	1
Herbalife K8 - 40mg kava per dosage form	1
Phyto-Geriatrikum - 25mg dry extract with ethanol	1
Biokawa contain kava 20mg as well as other herbs	1
Natures resource Kava-kava	1
Celestial Kava tea; acetone-extract - 60mg kavalactones	1

*In 2 cases patients were taking more than one Kava products

Although the majority of reports appear to be associated with the acetone and alcohol extraction methods, the distribution of these reports may simply reflect their majority share of the western market.

Appendix 4: Department of Health and Social Care response to a Written Parliamentary Question on kava, September 2025

Kava-Kava in Food (England) Regulations 2002

Show full question

Question for Department of Health and Social Care

UIN 75229, tabled on 4 September 2025

Question



Charlotte Nichols
Labour
Warrington North — Commons

To ask the Secretary of State for Health and Social Care, with reference to the Kava-kava in Food (England) Regulations 2002, what provision exists for the revocation of this legislation should the evidence no longer support such controls.

Answered by

Department of Health and Social Care

Answer



Ashley Dalton
Labour
West Lancashire — Commons

Answered on

11 September 2025

The Kava-kava in Food (England) Regulations 2002 prohibits any food consisting of or containing kava-kava from being imported or placed on the market. This regulation is in place to protect public health.

Since the introduction of this legislation, any additional scientific evidence that has been provided to the Food Standards Agency (FSA) has not been sufficient to support any amendments to the controls in place.

If additional data on the safety of kava-kava were to be submitted, appropriate evaluations, such as a risk assessment, will be considered by the FSA. The outputs of a risk assessment could then be used to provide advice to Ministers, to amend or repeal the legislation.

New scientific evidence on the hepatotoxic risk of kava-kava would be reviewed by the FSA.

Without additional evidence that indicates a safe level of human consumption for kava-kava, the FSA considers there is insufficient toxicological data available to initiate an assessment.

While there is no specific provision in the regulation that sets out the procedure for revoking the controls, as safety concerns provide the basis for the ban, an assessment of newly available data on the safety of kava-kava for human consumption would be the first step.

If the independent Committee on the Toxicity of Chemicals in Food, Consumer Products and the Environment is satisfied that there is a safe level of human consumption, this would inform advice to Ministers to amend or repeal the legislation.

Any future evaluation of the Kava-kava in Food (England) Regulations 2002, would need to be considered and carried out in tandem with the Medicines and Healthcare products Regulatory Agency as The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 is applicable.

centre for evidence based drug policy

Samuel Lawes
Timmy Davis

March 2026

