Targeting khat or targeting Somalis? A discourse analysis of project evaluations on khat abuse among Somali immigrants in Scandinavia

JOHAN NORDGREN

BACKGROUND – In Denmark, Norway and Sweden, the use of the psychoactive plant khat is widely seen as a social and health problem exclusively affecting the Somali immigrant population. Several projects by governmental and municipal bodies and agencies have been initiated to reduce khat use and abuse within this target population. AIM – This article analyses the khat abuse discourse as it is presented in evaluation reports describing projects initiated by the social services to reduce khat abuse. METHODS – Six publicly available and formally evaluated khat projects conducted in the Scandinavian countries were found, and these evaluation reports were subjected to a Foucauldian discourse analysis. The “What's the problem represented to be?” approach was used to generate questions, which were then applied to the material. RESULTS & CONCLUSIONS – The problem of khat abuse is represented to be that it is the cause of unemployment, lack of integration and relationship issues among Somali immigrants. The analysis shows that the notion of cultural competence is used instrumentally to govern the target population and that the Somali immigrant group is exclusively targeted. This instrumental use of cultural competence partly places the onus on the “Somali community” itself to reduce khat use, which may engender stigmatisation of Somali immigrants in general. The author maintains that an overreliance on cultural explanations overlooks socioeconomic issues and that the focus should be on potentially problematic patterns of khat use rather than Somali immigrants in general.

KEYWORDS – khat, ethnicity, discourse analysis, cultural competence, Scandinavia, Somali immigrants

Submitted 24.02 2015 Final version accepted 15.05 2015

Introduction

In Scandinavia, the psychoactive plant khat has been a controlled substance for almost two decades, while the Netherlands and the United Kingdom banned khat in 2012 and 2014, respectively. In the UK the decision to criminalise khat was taken by the government against the advice of the Advisory Council on the Misuse of Drugs (ACMD, 2013), the non-departmental public body which the government is obliged to consult before taking major drug policy-related decisions. In the official statement concerning the decision to classify khat as a class C drug, references were made...
to the risk of the UK becoming a “single, regional hub for the illegal onward trafficking of khat” to countries which have criminalised khat, and to the need to “protect vulnerable members of our communities”, implicitly pointing to immigrant groups from Yemen and Somalia. This focus on “vulnerable” immigrant groups has also been frequent in the Scandinavian countries. An analysis of the Swedish media discourse about khat found that there was a strong focus on negative social effects of khat use, predominantly the breakdown of family relationships and economic difficulties, specifically within the Somali immigrant group (Nordgren 2013).

This focus on the negative social effects of khat use is one reason why several projects aimed at persuading users to quit khat have been initiated in Denmark, Norway, and Sweden. These have mostly been funded by municipalities for a fixed term and have subsequently been formally evaluated. This article analyses the khat abuse discourse as represented in documents evaluating six different khat abuse projects in Scandinavian countries by answering the question of what the problem of khat abuse is represented to be. This is an essential task, as there is a lack of research analysing and problematising how measures by the social services and public health interventions with regard to khat abuse have been implemented in the Scandinavian context.

Khat use and abuse
Academic research uses the word khat to refer to the leaves and stems of the *Catha edulis* tree which, when chewed and stored in the cheek, give the user a mild to strong stimulant effect. It is referred to as *miraa* in Kenya, *qāṭ* in Yemen and *chat* in Ethiopia. The khat tree grows well at high altitudes and is commercially grown especially in Kenya, Ethiopia and Yemen (Anderson et al., 2007). The plant contains several alkaloids, of which cathinone and cathine have been found to be the main psychoactive compounds. Cathinone degrades into the milder cathine after harvest, and trade networks have become highly efficient in quickly bringing khat to customers after harvesting in order to offer a fresh product (Carrier 2007, pp. 103).

Unlike most psychoactive drugs used today, khat is consumed without any further processing than the packaging of the plant material, which is tied together with fibre strings and then wrapped in banana leaves to keep the leaves and stalks from withering (Carrier 2007, pp. 44–45). Because the leaves tend to wither and lose effect, historically the use of khat has been centred around the production areas in those countries where khat is broadly used and often seen as socially accepted. As air cargo has advanced from the 1960s on, it has become possible to bring khat to Europe and North America as well (Anderson et al. 2007, p. 62).

This existence of khat in western countries has been described by Neil Carrier as khat having “traveled into lands not traditionally associated with its consumption /…/ khat arrived along with representatives of the indigenous groups who consumed it in its lands of origin” (Carrier 2009, p. 186). He argues that the latter aspect has been crucial to its reception, which at times has been fraught with panic over its impact on health and social relations, especially in the media. Carrier also notes that “the moral panic over khat...
sometimes appears to camouflage what is really concern about immigration” (Carrier 2009, p. 198) and mentions that the right-wing British National Party has become interested in the issue, “using it as another rhetorical tool with which to attack immigration” (ibid, p. 198). A similar process is evident in Sweden, where right-wing nationalist news websites and blogs have taken a particular interest in khat and have in some cases published personal details of persons convicted of khat smuggling.

Khat is typically described as a mild stimulant, but the social aspects of the use are often more important than the acute psychoactive effects. Carrier writes: “Clearly khat’s stimulant effects are important but not to the degree that one can posit some kind of simplistic explanation for consumption of a pharmacological-determinist variety” (Carrier, 2009, p. 200).

Osman & Söderbäck found diverging perceptions about khat in their interviews with Somali immigrants living in Sweden. Opinions differed as to whether khat should be seen as food or an illegal drug. Khat was by some seen as quud awliye, as “spiritual food”, and a normal part of life in Somalia, or as a regular type of food (quud) comparable to a vegetable. Others defined khat as haram and as a drug that should not be used according to the Islamic faith, for it was seen as “changing people’s behavior and making people lose control of themselves” (Osman & Söderbäck, 2011, p. 214). Some of the women interviewed felt that “the men became happy and lived in an unreal world, but that afterwards all problems once again became real”, echoing the adage that those who chew khat build “castles of spit” (Klein & Beckerleg, 2007). Osman & Söderbäck noted that the majority of the men argued that khat could not be compared to other drugs. It was instead compared to alcohol and seen as “a form of Somali alcohol and better and milder than ordinary alcohol” (Osman & Söderbäck, 2011, p. 215). These differences in the perception of khat mirror the gender-segregated nature of khat use sessions, as there is generally great social stigma attached to female use of khat (Carrier, 2007, p. 246; Klein & Beckerleg 2007, p. 243). A frequent issue brought up in the discourse about khat is that male khat users spend long periods of time away from their families, spend too much money on khat and thus neglect their responsibilities for the family and children (Klein & Beckerleg, 2007, p. 243). Osman & Söderbäck (2011) found that khat was seen as a cause of social problems, mainly because its use occupies too much time, preventing users from working, and thus leads to unemployment. Despite these recurrent accusations against khat, it is difficult to assess whether “khat is in fact the cause of these social ills” (Anderson et al., 2007, p. 178). The overall picture emerging from the social scientific literature is that there is a certain degree of scapegoating on khat, with a range of problems – perhaps without real cause – ascribed to its use (Carrier, 2007; Klein & Beckerleg, 2007; Anderson et al., 2007).

As regards the medical harm of khat abuse, Thomas & Williams (2013) reviewed the scientific literature and found that khat use might be related to liver failures and myocardial infarction. Liver damage seems to be the most serious issue facing khat users, because some users appear prone to developing hepatitis with a potential need for liver transplants, even
among relatively young persons (28–40 years of age) (Thomas & Williams, 2013, p. 4). It also seems that heavy or moderate users are most at risk of myocardial infarction while mild users exhibited no elevated risk (Thomas & Williams, 2013, p. 5). There have been numerous investigations into whether khat causes psychosis among users or not, and this risk is “widely repeated in nonmedical accounts of khat” (Carrier, 2009, p. 188). Nevertheless, establishing the existence of “khat psychosis” has proved difficult, and most research is based on individual case studies. Carrier argues that the discourse about the potential link between khat use and psychosis has focused strongly on the Somali immigrant population in the UK, and goes on to claim that there are “no reports at all of khat-related psychosis among Yemeni, Ethiopian, or Kenyan consumers in the United Kingdom” (Carrier, 2009, p. 188–189). He suggests that there are social issues underlying cases of psychosis among Somali khat users, such as high rates of unemployment, social exclusion and possible post-traumatic stress syndromes related to participation in warfare in Somalia or linked to forced migration.

In Scandinavia, khat was banned in Norway and Sweden in 1989 and in Denmark in 1993. Subsequently the use of khat has been constructed as a problem limited to the Somali immigrant group (Nordgren 2013). Survey data suggest that most persons with a “Somali background” living in Scandinavia do not use khat, although some may have tried it at least once in their lives (Sundhedsstyrelsen, 2009; De Cal, Osman, & Spak, 2009; Gundersen, 2006). In the wake of the civil war in Somalia, many refugees have settled in the Scandinavian countries (Melander, 2009; Pérouse de Montclos, 2003). In Denmark (2015) there were 17,907 persons of Somali background, in Norway (2015) 37,631 persons and in Sweden (2014) 57,906 persons. People of Somali background living in these countries often face racism and discrimination in everyday life (cf. Schmauch, 2006). From time to time media debates flare up about “the lack of integration” of the Somali immigrant population, and Somalis are widely seen by government agencies as the immigrant ethnic group most “difficult to integrate” in the Scandinavian countries (cf. Abdirahman et al., 2011, p. xiii; Fangen, 2007a, p. 418).

In this context khat use is thus defined as something specific to Somali ethnicity and culture.

As the notion of ethnicity is central to the khat discourse in the Scandinavian countries, a theoretical positioning is in order here. The discourse presents a largely essentialist notion of ethnicity as static, which is different from the view presented in this article. The academic literature on ethnicity and culture is extensive, but for the purposes of this article ethnicity is viewed as a socially pliable construction: “ethnicity is not an identity given by nature, but an identification created through social action” (Baumann, 1999, p. 21). This means that concepts pertaining to ethnicity and culture (such as Somali/Somalis) used in this article should be read with implicit quotation marks, as an indication that these concepts should be seen as contextually contingent and symbolic constructions (cf. Baumann, 1996). In relation to Somali ethnic identity, Katrine Fangen has found different ways of relating to “Somaliness” – self-identification as Somali, feel-
ing Somali but acting more “Norwegian” in everyday life, or identifying as “Norwegian-Somali” (Fangen, 2007a). However, this process of identification is not entirely straightforward since “[t]he way young Somalis are ascribed ethnicity by majority members [of society] sets limits for their self-ascription” (Fangen, 2007b, p. 403), for example as “Norwegian”.

The evaluated khat projects
The situation described above concerning the Somali immigrant group has led to a special focus on Somali immigrants by various governmental and municipal bodies and agencies, which have initiated projects to “speed up” or “ease” integration, constructing this population as one in need of targeted initiatives on, for example, employment, housing and language training. The projects which have been evaluated and are analysed in this article can be seen in light of these specific interventions intended to help the Somali immigrant population.

Denmark, Norway and Sweden are often seen as representing a unified Scandinavian welfare state approach with a strong focus on social equality. However, in terms of drug policy and broad patterns of drug use, Denmark, Norway and Sweden differ in important ways and have done so historically. Despite these differences, the reports analysed in this article bear a striking resemblance in methods and aims. The various projects are to a lesser degree influenced by specific drug policies in each country, but rather represent a common welfare-centred approach to social problems where government agencies generally intervene to improve the health and welfare of both the population as a whole and within specific target groups defined as living unhealthy lives (cf. Vallgårda, 2001). All of the projects focus on improving the general health of a part of the population constructed as highly marginalised and in need of publicly funded support aimed at reducing khat use, which by way of extension is seen as a means of improving the health and welfare of the Somali immigrant group as a whole (see Table 1 for the makeup of each initiative).

Overall, the projects have several similarities in that they focus on: identifying a target group, conducting outreach work to establish rapport with the target groups, cooperating with local “Somali community” actors and organisations, informing the target group by way of brochures about the negative effects of khat abuse and employing the notion of “cultural competence”, either explicitly or implicitly. The projects thus represent what can be defined as welfare institution initiatives implemented to solve problems concerning khat abuse where this “problem” is seen as an issue of social welfare and public health, not as an issue of criminality.

The documents have been analysed with the “What’s the problem represented to be?” approach and discourse analysis, both of which will be discussed in the following sections.

Analysing policy with the WPR approach
The ‘What’s the problem represented to be?’ approach (henceforth termed WPR) was developed by Carol Bacchi (Bacchi, 2009; 2012) and is theoretically grounded in the thinking of Michel Foucault and the governmentality studies research programme. The approach is based on a social
Table 1. Description of evaluated projects

| Project                  | Author                  | Country       | Pages | Target Groups                      | Initiative Contents                                                                                                                                 |
|--------------------------|-------------------------|---------------|-------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Isbeddel                | Pedersen & Tou Dahl     | Denmark       | 38    | Somalis with substance abuse problems | Outreach work, housing assistance, bridge-building to the substance abuse treatment system, psychiatric assessments, assessments of family relations, informing about the social welfare system and the labour market. |
| Århus                   | Kragegaard (2010)       | Denmark       | 36    | Somali khat users                  | Establishing contact with users, encouraging treatment seeking, establishing local cooperation around the khat issue, supporting access to the labour market |
| Somali youth project    | Omar (2008)             | Norway        | 22    | Somali youth in Norway             | Information dissemination (brochure and online information)                                                                                         |
| Vocational rehabilitation project | Schafft (2010)   | Norway        | 53    | Somalis within the khat-burdened milieu | Group meetings, labour market courses, vocational training and language course (arbeidsnorsk or “working Norwegian”)                                      |
| Spånga-Tensta           | Frejd (2011)            | Sweden        | 4     | Somalis in three different residential areas | Information dissemination (brochure and TV programmes)                                                                                             |
| Borlänge                | Bolmgren (2011)         | Sweden        | 31    | Persons of Somali background       | Survey of use, information dissemination (brochure)                                                                                                 |
|                         |                         |               |       |                                     | 184                                                                                                                                                 |

constructionist perspective which focuses on analysing policy to study “how governing takes place, and with what implications for those so governed” (Bacchi, 2009, p. VIII). A crucial premise for this approach is that governments do not respond to already existing “problems” but they constitute problems through policies, which shapes particular representations of these (ibid., p. 2). In the WPR approach, public policy is viewed broadly and can encompass a range of government programmes containing different proposals for solving what is represented to be a “problem”. This means that the evaluation reports analysed in this article are viewed as policy proposals (more specifically “practical texts”), as they contain representations of the problem at hand, present certain assumptions about the problem and leave certain aspects unproblematised. This could potentially have negative effects for those categories of people (Somali immigrants) who are explicitly drawn into the khat abuse discourse.

The WPR approach to policy analysis consists of six interrelated questions that can be applied to problem representations. These are:

1) What is the “problem” represented to be in a specific policy?
2) What presuppositions or assumptions underpin this representation of the “problem”?
3) How has this representation of the “problem” come about?
4) What is left unproblematised in the problem representation?
5) What effects are produced by this representation of the “problem”?
6) How/where has this representation of the “problem” been produced, disseminated and defended?
The first question aims to clarify the specific problem representations present in public policy and thus rests on the assumption that policymaking is a problematising activity which constitutes implicit problem representations (Bacchi, 2009, p. 2). It should be noted that policies are for the most part complex, and a range of proposals may exist which may also contradict each other at various points. As a result, it is possible to identify several problem representations, out of which some may be more dominant than others. The second question focuses on the presuppositions underpinning identified problem representations and concerns what is assumed, taken for granted or not questioned. This enables us to identify conceptual logics that certain problem representations are based on. The reference is here to the “meanings that must be in place for a particular problem representation to cohere or to make sense” (ibid., p. 5). In this step the focus lies on the forms of knowledge that arguments rely on, not the individual or personal beliefs of specific policymakers. Question 3 concerns how this representation of the problem came about and includes two interconnected objectives: analysing the specific developments and decisions (extra-discursive practices) which contribute to the formation of identified problem representations and a recognition that competing representations exist over time and across space (ibid., p. 10). Question 4 centres on the critical potential of the WPR approach by investigating limitations in the problem representations, asking what has not been problematised. This analysis draws attention to tensions and contradictions in problem representations which can highlight limitations or inadequacies in the way a problem is represented (ibid., p. 13). The fifth question concerns the impact produced by the representation of the “problem” and presumes that certain problem representations may create difficulties for members of some social groups. Three effects are highlighted: discursive effects (limits imposed on what can be thought or said within a particular discourse), subjectification (the ways in which subjects and subjectivities are produced within a discourse) and lived effects (the material impact of problem representation for those targeted by the policy). The last question draws attention to “practices and processes that allow certain problem representations to dominate” (ibid., p. 19), as well as to how these representations can be questioned or replaced if they risk being or turn out to be harmful.

**Discourse analysis**

The WPR approach is influenced by Foucauldian discourse analysis, and policymaking is seen as a discourse constituting problem representations which can be found in policy documents. The aim is to analyse problematisations, that is, how and why certain things become a “problem”, and how these issues are turned into particular objects for thought. The starting point for policy analysis based on this approach is to turn to the chosen prescriptive (practical) texts. According to Bacchi, “every policy or policy proposal is a prescriptive text, setting out a practice that relies on a particular problematisation (or particular problematizations)” (Bacchi, 2012, p. 4). The evaluation reports analysed in this article are thus seen as prescriptive texts which contain problem representations and proposals about how
to “fix” the constituted “problem” of khat abuse.

It is often said that there is no one method of Foucauldian discourse analysis (Fadyl, Nicholls, & McPherson 2013, p. 479; Hook, 2001, p. 542), but it is nonetheless important to specify both the theoretical assumptions that lie behind this form of discourse analysis as well as the actual practical steps which were taken when analysing the chosen textual material. In the Foucauldian theoretical framework, discourse can be conceptualised as a kind of structure which contains systematic ways of thinking expressed through specific ideas, concepts and ways of discussing issues. This sets up boundaries for what can and cannot be said about the issues in question, by extension regulating what is seen as “true” and “false” (Hook, 2001, pp. 523–524). This in turn generates certain effects in relation to power, knowledge and truth. To Foucault, truth was not something transcendental, but had to be produced, more specifically by excluding certain ways of speaking or thinking about an issue. This means that there is a constant struggle over which discourse is judged to be the dominant one, and power can be employed to elevate certain ways of speaking while excluding others (Bacchi, 2009, p. 37). Foucauldian discourse analysis focuses more on what the effects of certain discourses are and what they produce in terms of actions and social structures, rather than on the language (as text) itself (Fadyl, Nicholls, & McPherson, 2012).

This means that discourse is seen as an instrument of power which affects material, extra-discursive practices (Hook, 2001). This latter point can be exemplified by the fact that once khat began to be discussed as a drug, actual (extra-discursive) measures to classify khat as a narcotic substance were taken, and subsequently tons of khat have been intercepted and seized by the customs in Scandinavian countries, khat smugglers convicted in court, sent to prison and, in some cases, deported. To exemplify this approach to power and knowledge in relation to the project evaluation reports analysed in this article, one can say that these texts are analysed to study how certain “truths” about the represented problem (khat abuse) are constructed and legitimised by claims to specific knowledge. In terms of effects, this is potentially twofold, producing specific ways of discussing and thinking about khat use as well as having extra-discursive effects: the knowledge produced about khat use and “Somali khat users” in the texts may strongly guide future actual interventions and targeted campaigns against khat abuse.

The material

Evaluation reports were found through the search engines Google and Bing by using the search terms “Somali*”, “khat”, “report”, “evaluation”, “project” and “initiative”. The inclusion criterion was that the report should evaluate an initiative which focused on khat use or abuse in Denmark, Norway or Sweden. This criterion excluded literature reviews and statistical surveys. These three countries where chosen for the sake of convenience as the author is a fluent reader of the three languages. In addition, these countries where among the first to ban khat in Europe. The literature search yielded six evaluation reports assessing projects conducted between 2007 and 2011. This was a period when munici-
pal agencies began to take an interest in the “problem” of khat use. To my knowledge, the reports represent all publicly available, formally evaluated khat projects conducted in Scandinavia.

Analysis
The analysis was performed in three steps. First the reports were read through one by one without taking notes to get a grasp of the material. Then they were read again, this time taking note of frequently occurring aspects. In this step of the process the whole material was coded by assigning specific excerpts to thematic categories (such as “target group”, “cultural competence”, etc.). Finally, the key questions introduced by Bacchi were applied to the analysis in a third reading to critically analyse the khat abuse discourse as presented in the evaluation reports. It should be noted that question 3 in the WPR approach has been left out, as a genealogical or historical analysis of how the “problem” of khat use came about is beyond the scope of this article. Quotes which represented the thematic coding of the material were translated into English by the author.

What is the problem of khat abuse represented to be?
All of the project evaluations analysed are by their nature problem-focused, for the projects are predicated on the identified “problem” of khat abuse and thus aim to solve this “problem”. This section examines the ways in which khat abuse is represented to be such a “problem”. These discussions set the stage in the reports for the subsequent elaborations about the specific solutions proposed.

The Spånga-Tensta project report focuses on social problems related to khat abuse:

The experience of the project is that the consequences of abuse are not seen in reported crimes, but manifest themselves to a greater extent as social consequences within families, divorces, unemployment and absent parents (Frejd 2011, p. 1).

The Borlänge project report discusses health issues (irritability, depression, lack of sleep, psychosis, etc.) and social problems, which are described as “great social harms” and more specifically related to the costs of regular khat use, a reduced ability to work and problems within the family: “Both the person with the abuse and the rest of the family become socially limited and the integration process is prolonged” (Bolmgren, 2011, p. 1). A Norwegian vocational rehabilitation project focuses on the employment rates of Somali immigrants and thus represents the problem of khat abuse as the users becoming “trapped” in their homes, which reduces their ability to work. The report states that it was important to “mobilise” the users to “leave their homes so that they can see what happens around them, mix with other people, become accustomed to working life and see opportunities concerning education and work” (Schafft, 2010, p. 4). The Oslo youth project claims that khat abuse “discourages integration” and that preventing khat abuse will reduce criminality and school dropout rates (Omar, 2008, p. 3). The report quotes a newspaper article which claims that khat abuse makes men violent towards their spouses, “ruins” the family economy and makes men chew khat all...
night and sleep throughout the day. The Århus project was influenced by media reports of an open khat market. Municipal social workers argued that khat abuse was “a significant reason why a group of Somali men had lacked the capacity to participate in employment-related initiatives or did not have the resources to engage in family life” (Kragegaard, 2010, p. 3). The Isbeddel project differs slightly from the others as the target group was more specific, focusing initially on a group of “30 to 40 homeless Somali men with substance abuse problems” which had been identified. The target group was subsequently broadened to include Somali immigrants in general who sought help and assistance in their interactions with the social services (Pedersen & Toudahl, 2009, p. 11). The evaluation report states that the general problems identified with frequent khat use include those on family relationships, work and financial and health issues. Three main problems were identified in relation to daily khat use within the target group: lack of sleep, alcohol use and financial problems (Pedersen & Toudahl, 2009, p. 18).

As can be seen in this descriptive analysis of the evaluation reports’ problem representations, the main “problems” proposed with khat abuse are “lack of integration”, labour market participation and relationship issues. Medical problems related to khat abuse are mentioned, but are not the main focus in these projects, as khat abuse is predominantly seen as negatively affecting an already precarious socioeconomic situation among Somali immigrants. Having presented what the “problem” with khat abuse is, the reports describe how they went about trying to solve the represented problems. The main solution proposed was to inform the Somali immigrant population of the negative effects of khat abuse, which it was assumed would persuade khat users to quit using and instead focus on how to integrate in society, learn Swedish, Norwegian or Danish and find gainful employment. One prominent method advocated was to employ “cultural competence”, which was constructed as a crucial strategy to enable successful interventions in what is constructed as a widespread and socially harmful behaviour among Somali immigrants. The next section analyses the instrumental use of cultural competence as a strategy to solve the problem of khat abuse.

The crucial role of “cultural competence”

The concept of cultural competence features frequently in the evaluation reports, both explicitly and implicitly. Parallel concepts to cultural competence are cultural sensitivity and cultural appropriateness, but there is no clear agreement in the scientific literature as to what these concepts actually entail (Bhui et al., 2007). Tseng & Streltzer, for example, argue that health care providers “need to have a culturally sensitive attitude, appropriate cultural knowledge, and flexible enough skills to provide culturally relevant and effective care for the patients of diverse backgrounds” (Tseng & Streltzer, 2008, pp. 12–13). Generally, strong emphasis has been put on language and interventions based on “culturally” grounded knowledge, which is often conceptualised as cultural norms or practices. In relation to public health information campaigns, the
preferred methods are commonly based on consideration of “culture-specific” values and norms, use of terms appropriate to the target group and using channels of information perceived as credible, for example by employing “peer educators”. These methods are expected to “enhance the effectiveness of interventions in terms of acceptability and power to produce long term attitudinal, informational, and behavior changes” (Marin, 1989, p. 413).

The method used in the Spånga-Tensta project was “information dissemination” on the negative consequences of khat abuse and the availability of treatment. This was done by employing “a person with cultural competence and knowledge about khat” who tried to reach out to the target group (Frejd, 2011, p. 1). In the Borlänge project, employing an expert group and a junior project leader with “the right cultural competence” was deemed crucial for a “successful outcome of the project”. Such persons are described as able to offer fruitful contacts, “pathways into the Somali group”, and information about “cultural values and traditions” (Bolmgren, 2011, p. 29). The Norwegian vocational rehabilitation project report did not focus as extensively on cultural competence as the others, but the project did employ a Somali project leader who recruited course participants directly through his contacts in the Somali milieu (Schafft, 2010, p. 10). The Oslo project targeting Somali youth decided that information dissemination would work better if the information in a brochure would be seen as coming from “Somalis themselves”, not from “ethnic Norwegians” (Omar, 2008, p. 14). The project leader therefore contacted a well-known Somali dentist, whose opinions about khat were presented in the brochure. The Århus project used a psychiatric outreach team, and resources were dedicated to the hiring of “a co-worker with Somali background”. Everyone employed in this team “except for the project leader, has an ethnic minority background and they are moreover employed because they are personally recognised and trusted within the Somali community” (Kræggaard, 2010, p. 17). In the Projekt Isbeddel report, the notion of cultural competence is discussed in relation to networking and the need for “convincing presentations”; “/…/ there is a need for very close cooperation with representatives from the Somali community to be able to establish convincing presentations and events” (Pedersen & Tou Dahl, 2009, p. 11). In the Isbeddel report the authors do problematise the focus on culture when they state that, with regard to “homeless Somali men”, the problem is related to the fact that the men have grown up with parents with mental health issues rather than to “factors linked to Somali culture” (Pedersen & Tou Dahl, 2009, p. 15). Here it seems that when the target group falls into the category of homelessness, there may be a stronger pressure to relate the problem of khat abuse to factors outside “Somali culture”.

Trying to convince the target population about the negative effects of khat abuse is common to all of the projects and the assumption is that the persuading should be done by “trusted” members of “the Somali community”. One clear assumption in relation to khat abuse present in the reports is thus that this is something “cultural” and specific to “Somali ethnicity”. This assumption leads to the conclusion that the problem represented is to be solved
with the help of increased levels of “cultural competence” and dissemination of information about the harmful effects of khat use. The instrumental use of cultural competence in this context appears as a conceptual logic where the “taming” or removal of what is constructed as a “cultural practice” is seen as the solution to the represented problem. It is clear that the project evaluations consider the “cultural competence” represented by members of the “Somali ethnic group” imperative to the expected success of the intention of the projects to inform and thus govern the target population. This one-sided focus on culture or ethnicity is problematic in that it overlooks other aspects, such as social class, gender, age, recency of immigration, education, place of residence or income (cf. Bhui et al., 2007). The cultural lens is used almost to the exclusion of all others.

One might ask if it is possible at all to disentangle “ethnic culture” from these other aspects (Betancourt et al., 2003, p. 294). Writing on the needs of “cultural minorities” in drug treatment, Finn states:

“…/ traits that are ascribed to an ethnic or racial group may not reflect cultural influences at all; they may instead be caused by the poverty, lack of education, or poor living conditions that a disproportionate number of minority group members [might] share (Finn, 1994, p. 328).

Cultural competence is constructed as absolutely crucial for the projects, although the reports also discuss problematic aspects, such as that brought up in the Projekt Isbeddel report. The project became vulnerable when a Somali-speaking psychiatrist had to quit due to an increased work load: “It has not been possible to find a Somali-speaking doctor who could replace [NN’s] unique knowledge about the relationship between psychiatry, culture and [substance] abuse” (Pedersen & Toudahl, 2009, p. 8). It seems that projects of this kind, relying heavily on one or a few key individuals with “cultural competence” are jeopardised if this source of “knowledge” about the target groups’ “cultural practices” is lost. The Borlänge project report also problematises the use of cultural competence, noting that one negative effect was that the Somali association which cooperated with the municipality found itself in a negative light as rumours were spread that they were the instigators of the project and that they wanted to send the khat users to prison. The report states that the association had to put much effort in responding to questions and criticism from Somali immigrants. The report goes on to argue that this should be taken into account for the future, so as not to “deplete an important channel into the target group” (Bolmgren, 2011, p. 27). Another negative result was that prior to the initiation of the project, khat was not a taboo subject and social workers were told openly of problems related to khat. The report states:

After it had become known that the municipality had started focusing on the issue, these channels of communication were cut off and the Somalis who were employed in the project’s expert group could no longer get information. A few even lost contact with persons they knew well because of this (Bolmgren, 2011, p. 27).
The report also notes that two persons with a Somali background working with the municipality received “indirect threats”, warning them to quit the project, an issue that was “solved in cooperation with the police” (ibid., p. 29). These issues are only briefly described in the report and were not further problematised. This offers an example of how minimising risks of threats are framed more as advice for future projects (not “depleting” valuable communication channels to the target group), and less as actual extra-discursive negative effects emanating from the project itself and impacting those Somali community representatives involved in it.

The notion of cultural competence centres “knowing” and knowledge within the discourse, as the key project actors are inclined to employ people who “know” the culture of Somali immigrants. Without these “bridge-builders” within the “Somali community”, the projects would seemingly be impossible, as there is assumed to be extraordinarily high levels of suspicion against the social service agencies behind the projects (Bolmgren, 2011, p. 16). Cultural competence is seemingly used as a governing strategy where the knowledge of the habits, culture and ethnic markers of Somali immigrants is to be used instrumentally to produce what is almost constructed as a “new culture”, where the practice of using khat is erased from “Somali culture” as it is manifested in the lives of Somali immigrants living in Scandinavia. This use of cultural competence may emanate from a well-meaning intention to understand and help specific minority groups, but carries its own dangers if an essentialising notion of culture is used. It is often the minority groups which are seen as “having culture”, and the majority society as being “postcultural” (Eliassi, 2013, p. 38). Eliassi argues that this culturalist view has meant that the notion of “cultural competence has emerged in order to make the cultural Other intelligible for the dominant society” (ibid.). Solutions to various problems are sought in knowledge about these “foreign cultures”, which implicitly have to be “modernised” or “normalised” (Ålund, 2002, p. 298), for example by being persuaded to reject “traditional” practices, such as khat use. This understanding of cultural or ethnic identity constructs culture and ethnicity both as the problem (the use of khat is “cultural”) and as the solution (“cultural competence”) to the problem. This may have the effect of reducing the complexity of the issue and disguising social and/or economic “problems” as simply “cultural” ones (Ålund, 2002). The khat abuse discourse in the analysed material presents an instrumental use of cultural competence, which can be defined as the use of this notion to further the aims and goals of specific projects. This is not the cultural competence which ethnic majority employees in the social services are supposed to acquire by training or personal experience (cf. discussion in Dean, 2001), but rather cultural competence used as a teleological tool to govern a specific target population. Examples of such instrumental use of cultural competence is the employment of “trusted” and high-status representatives and individual “bridge-builders” from the Somali community, and the characterisation of the negative impact of one project on these individuals and their associations as possibly harming future projects, not the individuals or association in question.
Targeting “Somalis”

One of the effects highlighted by the WPR approach is subjectification, in the sense “how subjects are constituted in problem representations” (Bacchi, 2009, p. 41). This is one premise of the approach, namely that “the discursive elaboration of problem representations constitutes political subjects of particular types”, which for example entails that some categories of people are defined as “troublesome” while others are not (Bacchi, 2009, p. 42). One notable subject position which appears in the evaluation reports is that of the “Somali khat user”, associating “being Somali” with the use of khat, where the latter part of this subject position is always assumed to be problematic use of khat. When describing the “Somali group”, the reports homogenise it to include certain elements, above all the view of khat use “as part of the culture” (Frejd, 2011, p. 1) of Somali immigrants. The grounds for the interventions are that khat use has been defined as a problem and that a specific target group can be identified. These target groups differ somewhat in the reports, but the common denominator is always based on the category of the “Somali immigrant community”, constructed as, for example, “Somalis” or the “Somali ethnic group” (Frejd, 2011, p. 1). The Isbeddel report notes that khat “is used exclusively by a minority” and constructs khat use as a “barrier to integration” (Pedersen & Toudahl, 2009, p. 20). The assumption is that khat use is an unwanted tradition which the Somali immigrants have brought with them and which they must give up to be able to participate in the project of integration.

One example of how this targeting of the Somali immigrant group had lived effects in relation to one of the projects can be found in the Borlänge report. As a way of collecting data on khat use within the municipality in question, the project decided to gather information in schools. The evaluation report states that this had one negative effect:

It was negative that pupils of other nationalities than Somali were asked to leave the room when the questionnaire was to be filled in. As a consequence, the respondents felt targeted and many expressed unease about what their classmates (who had to leave the room) would think – that all Somalis chew khat? (Bolmgren, 2011, p. 16).

Here we see how the subject position of “being Somali” was used to specifically target this group and how the implied connection between khat use with Somali immigrants had a stigmatising extradiscursive, lived, effect. This is considered “negative”, but is not further problematised in the report, which goes on to discuss issues concerning the generalisability of the survey data. It is notable that the target groups are defined by their “Somali ethnic identity”, an identity taken for granted. The term “Somalis” is used rather unreflectively and in the way it is often used in common parlance, i.e. referring to persons with a Somali background living in the Scandinavian countries as simply “Somalis”. This can be seen as a case of “rhetorical targeting” (Campbell, 1999), where a strong connection is established between the “Somali immigrant group”, or persons with a “Somali identity”, and khat use. The reports ascribe an ethnic identity to the target group, constructing the cate-
gory of “Somalis”, even though other identity categories might be preferred by the actors themselves (cf. Fangen, 2007a/b). More importantly, the reports could undoubtedly refer to “khat users” instead of taking a connection between “Somaliness” and khat use for granted. It seems that this generalisation is a necessary component for the targeted interventions on the group in question, as this reduces the complexity of the “problem” and posits Somali immigrants as in need of “behavioral interventions” (cf. Campbell, 1999, p. 912). This positing of the “Somali” population as marginalised and requiring behavioural interventions – help and care – stands out clearly in the analysed material. These interventions might be understood as “corrective projects” which aim to instil “moral discipline into the hearts, minds, and bodies of deviants who reject sobriety and economic productivity” (Bourgeois, 2000, p. 167). To the list one can also add an implied and assumed rejection of “integration”. What is explicit is that the “problematic” target groups should be “governed and controlled through social policy, legal and social service interventions and policing” (Eliassi, 2013, p. 35). The result of this process is that “being Somali” is constructed as a risk factor for khat use, which by extension stigmatises the Somali population as a whole. The reports constitute the subject position of “Somali” and associate khat use with this, but the discourse also constructs the implicit binary opposition between “Somalis” and “non-Somalis” (the ethnic majority or members of other ethnic minorities who are not seen as khat users).

Discussion
Social science researchers in the alcohol and drugs fields have pointed out the frequently constructed connection between certain psychoactive substances and ethnic or religious groups, often those perceived as threatening (Musto, 1973/1999; Gusfield, 1963; Jenkins, 1999). In the evaluation reports analysed in this article it is clear that khat use in Scandinavia is constructed as specific to one ethnic group, namely “Somalis”. Within this discourse there is a strong focus on the use of khat as a part of ethnic culture or tradition. The channelling of resources to the projects by the municipalities could be seen as a way of governing this specific population towards more “productive” actions than using khat. Here the dissemination of information about the negative effects of khat use has the aim of producing “non-using”, sober subjects fit for “integration”, language courses and subsequent labour market participation. This can be seen, for example, in the Norwegian vocational rehabilitation project with its focus on the ways khat use stands in direct opposition to labour market integration. We have seen that integration and labour market participation is generally a strong component of the initiated projects. In a general sense the projects can be viewed as an example of a specific rationality of governing – not the population as a whole – but the presupposed habit (khat use) of a discursively constructed part of the population (“Somali immigrants”). This is done through what Goddard calls the “responsibilisation of communities”, where in this case local Somali organisations and leaders are expected to take responsibility for minimising khat use, while government
welfare agencies (the municipalities) provide “behind the scenes assistance” (cf. Goddard, 2012, p. 355). Thus some of the responsibility for preventing khat use is devolved to the specific ethnic community discursively constructed as “khat-burdened”. The target groups are constituted as “populations at risk” (Castel, 1991) and the subject position of “Somali” becomes an abstract risk factor for khat use or abuse. It seems that the projects aim to enhance the participation in the solution to the khat “problem” by “fostering ‘communities’ as governmental categories through which diverse moral, social or regional interests are mobilised” (O’Malley, 2002, p. 283). It is interesting to note the relative lack of focus on the responsibility of the individual for khat abuse. The onus is rather placed on “Somali immigrants as a group” for minimising khat use (constructing “culturally competent” individuals as crucial). As Eliassi proposes, “culture” may sometimes be an important consideration, but an “over-reliance on cultural explanations” risks overlooking important structural factors such as unemployment, poverty, marginalisation and social exclusion (Eliassi, 2013, p. 39). The static notion of culture and ethnicity used in the discourse assumes that culture is the driving factor behind the use of khat rather than other aspects, such as the structural factors above. In the khat discourse, ethnicity and culture seem to override other possible factors such as social class, gender, social exclusion and socioeconomic marginalisation, making the constructed “problem” seem less complex. The discourse limits more complex ways of thinking about and discussing khat use or abuse, while the “problem” is simplified by an over-reliance on “cultural” explanations. Instead of focusing exclusively on culture and ethnicity in relation to khat abuse it would be preferable to bracket these aspects and discuss socioeconomic or other processes which may result in problematic use of khat regardless of whether those affected by this are categorised as or identify themselves as Somalis or not.

Conclusion

In relation to the khat abuse discourse in the analysed policy documents, the problem represented is that “Somali immigrants” use the criminalised plant khat, which in turn creates social, economic and health problems. As local government bodies want to minimise these problems within the target groups, the khat users must be given information and help which will allow them to stop using khat and instead direct their focus to the project of integration and labour market participation. One of the proposed and assumed solutions to the general problem of khat abuse is constructed as increased levels of cultural competence, which is used instrumentally to acquire this goal. This has the effect of establishing the subject position of “being Somali” as a risk factor for khat abuse. It constitutes a stigmatising process in which the “Somali community” is given a large part of the responsibility to reduce khat use among their peers. A more preferable course of action in the case of interventions aimed at khat use or abuse would be to put the “Somali” identity and culture in brackets, and instead focus on identifying processes which cause or provoke problematic patterns of khat use. This would conceivably serve to minimise the stigmatisation of the Somali immigrant
population as a whole, provided that it allows for a more complex and differentiated khat use/abuse discourse. Such a strategy – targeting potentially problematic patterns of khat use rather than “Somalis” – would probably stand a greater chance of success.

NOTES

1 Written statement by Secretary of State for the Home Department (of the United Kingdom), Theresa May. Available: https://www.gov.uk/government/speeches/khat. Accessed December 11, 2014.

2 Of the ten first Google search results for the term “Somalis khat” in Swedish, four are from right-wing nationalist news sites. Available: https://www.google.se/?gfe_rd=cr&ei=s7rHVLzbLbGr8wIcIDABQ&gws_rd=ssl#q=somalier+khat. Accessed January 27, 2015.

3 Statistics collected from official statistics bureaus of the respective countries (statistikbanken.dk, ssb.no and scb.se). These figures should be interpreted cautiously, as each country uses slightly different definitions of “immigrants”. However, the numbers include both those born in Somalia and those born of parents who have emigrated to Denmark, Norway and Sweden from Somalia.

4 See the special issue of Nordic Studies on Alcohol and Drugs on the approach to problematic substance use in the Nordic countries (Room, 2014).

5 Danish: Somali*, khat, rapport, evaluering, projekt and indsats. Norwegian: Somali*, khat, rapport, evaluering, prosjekt og tilltak. Swedish: Somali*, kat, rapport, utvärdering, projekt och insats.

6 The term used in the reports to denote some type of problematic use of khat is misbrug/misbruk/missbruk, which would translate into English as misuse or abuse. This concept is never explicitly defined in the reports and no distinction is made between use and abuse, in contrast to the common practice in scientific literature about psychoactive substances.
Abdirahman, M., Brinkemo, P., Carlson, B., Hussein, A., & Sandberg, P. (2011). Företagarnas flykt – somalisk flyttning till England [The flight of the entrepreneurs – Somali movement to England]. Stockholm: Fores.

ACMD. (2013). Khat: A review of its potential harms to the individual and communities in the UK. London: Advisory Council on the Misuse of Drugs.

Anderson, D., Beckerleg, S., Hailu, D., & Klein, A. (2007). The khat controversy: Stimulating the debate on drugs. Oxford: Berg.

Ålund, A. (2002). Sociala problem i kulturell förklännad [Social problems in cultural disguise]. In A. Meeuwisse & H. Swärd (Eds.), Perspektiv på sociala problem [Perspectives on social problems] (pp. 293–312). Stockholm: Natur och Kultur.

Bacchi, C. (2012). Why study problematizations? Making politics visible. Open Journal of Political Science, 2(1), 1–8.

Bacchi, C. (2009). Analysing policy: What’s the problem represented to be? Frenchs Forest, NSW: Pearson Australia.

Baumann, G. (1999). The multicultural riddle: Rethinking national, ethnic and religious identities. New York: Routledge.

Baumann, G. (1996). Contesting culture: Discourses of identity in multi-ethnic London. Cambridge: Cambridge University Press.

Betancourt, J. R., Green, A. R., Carrillo, E. J., & Ananeh-Firempong II, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Reports, 118, 293–302.

Bhui, K, Warfa, N, Edonya, P, McKenzie, K., & Bhugra, D. (2007). Cultural competence in mental health care: a review of model evaluations. BMC Health Services Research, 7(15), 1–10.

Bolmgren, M. (2011). Slutrapport Katförebyggande projekt. 2010.09.27–2011.09.16 [Final report of Khat preventive project. September 27, 2010–September 16, 2011]. Borlänge: Borlänge Municipality.
case of young Somalis in Norway. *Acta Sociologica*, 50, 401–414.

Finn, P. (1994). Addressing the needs of cultural minorities in drug treatment. *Journal of Substance Abuse Treatment, 11*(4), 325–337.

Frejd, M. (2011). *Slutrapport. Projekt: Khat-missbruk prevention Spånga-Tensta* [Final report. Project: Khat misuse prevention Spånga-Tensta]. Spånga: Spånga-Tensta Stadsdelsförvaltning.

Goddard, T. (2012). Post-welfarist risk managers? Risk, crime prevention and the responsibilization of community-based organizations. *Theoretical Criminology, 16*(3), 347–363.

Gundersen, T. (2006). *Bruk av khat i Norge. Nyttelse og lidelse* [Use of Khat in Norway: Enjoyment and burden]. NOVA Skriftserie 1/2006. Oslo: Norsk institutt for forskning om oppvekst, velferd og aldring.

Gusfield, J. R. (1963). *Symbolic crusade: Status politics and the American temperance movement*. Urbana: University of Illinois.

Hook, D. (2001). Discourse, knowledge, materiality, history: Foucault and discourse analysis. *Theory & Psychology, 11*(4), 521–547.

Jenkins, P. (1999). *Synthetic panics: The symbolic politics of designer drugs*. New York: New York University Press.

Klein, A., & Beckerleg, S. (2007). Building castles of spit: The role of *khat* in work, ritual and leisure. In J. Goodman, P.E. Lovejoy & A. Sherratt (Eds.), *Consuming habits: Global and historical perspectives on how cultures define drugs* (2nd Ed.) (pp. 238 –254). London: Routledge.

Kragegaard, I. (2010) *Evaluering af styrket khatindsats i Århus Kommune 2008–2010* [Evaluation of strengthened khat initiative in Århus Municipality 2008–2010]. Århus: Århus Kommune, Socialforvaltningen.

Marin, G. (1989). AIDS prevention among Hispanics: Needs, risk Behaviors, and cultural values. *Public Health Reports, 104*(5), 411–415.

Melander, C. (2009). *Inom transnationella och lokala sociala världar. Om sociala stödutfyten och försörjningsstrategier bland svensksomali*er. [Within transnational and local social worlds: Social support exchange and strategies for making a living among Swedish Somalis]. Göteborg: Institutionen för socialt arbete, Göteborgs universitet.

Musto, D. F. (1973/1999). *The American disease: Origins of narcotic control* (3rd ed.). Oxford: Oxford University Press.

Nordgren, J. (2013). The moral entrepreneurship of anti-khat campaigners in Sweden: A critical discourse analysis. *Drugs and Alcohol Today, 13*(1), 20–27.

O’Malley, P. (2002). Drugs, risks and freedoms: Illicit drugs ‘use’ and ‘misuse’ under neo-liberal governance. In G. Hughes E. McLaughlin & J. Muncie (Eds.), *Crime prevention and community safety: New directions* (pp. 279–296). London: Sage in association with the Open University.

Omar, H. A. (2008). *Rapport for Kampanje mot khatmisbruk blant somalisk ungdom* [Report for Campaign against khat misuse among Somali youth]. Oslo: Landsforbundet Mot Stoffmisbruk & INFO123.

Osman, F. & Söderbäck, M. (2011). Perceptions of the use of khat among Somali immigrants living in Swedish society. *Scandinavian Journal of Public Health, 39*, 212–219.

Pedersen, A., & Toudahl, K. (2009). *Evaluering af Projekt Isbeddel – Projekt Rådgivning af somaliere med misbrug* [Evaluation of Project Isbeddel – Project counselling of Somalis with misuse]. Copenhagen: City of Copenhagen.

Pérouse de Montclos, M. (2003). A refugee diaspora: When the Somali go west. In K. Koser (Ed.), *New African diasporas* (pp. 37–55). Global Diasporas. London: Routledge.

Room, R. (2014). “Hard-to-define abstract concepts”: Addiction terminology and the social handling of problematic substance use in Nordic societies. *Nordic Studies on Alcohol and Drugs, 31*(5–6), 435–442.

Schafft, A. (2010). *Evaluering af prosjektet “Yrkesmessig rehabilitering av somaliere i khatbruker-miljøer”*. [Evaluation of the project Vocational rehabilitation of Somalis in khat-user milieus]. The Work Research
Institute’s Occasional Papers. Oslo: Work Research Institute.
Schmauch, U. (2006). *Den osynliga vardagsrasismens realitet*. [The reality of invisible everyday racism]. PhD thesis. Umeå: Umeå Universitet, Sociologiska institutionen.
Sundhedsstyrelsen. (2009). *Brug af khat blandt personer med somalisk baggrund i Danmark – En undersøgelse af omfang og holdning* [Use of khat among persons of Somali background in Denmark – A study of extent and views]. Copenhagen: Sundhedsstyrelsen.

Thomas, S., & Williams, T. (2013). Khat (Catha edulis): A systematic review of evidence and literature pertaining to its harms to UK users and society. *Drug Science, Policy and Law, 1*, 1–25.
Tseng, W-S., & Streltzer, J. (2008). *Cultural competence in health care: A guide for professionals*. New York: Springer.
Vallgårda, S. (2001). Governing people’s lives: Strategies for improving the health of the nations in England, Denmark, Norway and Sweden. *European Journal of Public Health, 11*, 386–392.