

Project Title: Community-Based Assessment: Overcoming the Opioid Crisis in the Somali Community

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This report contains the findings of a community needs assessment related to the impact of opioids on the Somali American community in Minnesota and highlights community-identified strategies to combat this crisis.

Background

The Somali community in Minnesota is dealing with the opioid addiction crisis. Between 2020 and 2021 many young people have overdosed on the powerful opioid fentanyl. The exact number of overdoses is hard to track because addiction has long been a source of shame in the East African communities, where youth overdoses are often masked as heart attacks or unexplainable deaths. Additionally, Somali American opioid deaths are often recorded as African American/black, and numbers for Somali and East African overdose and deaths are not easily available.

Substance abuse impacts and costs the individual, the family, and the community in significant, measurable ways including loss of productivity and unemployability; impairment in physical and mental health; reduced quality of life; increased crime; increased violence; abuse and neglect of children. For refugee and immigrant families struggling to build new lives the impact can be devastating and can lead to hopelessness, and despair.

Culture and religion are important in substance abuse because the addict's experiences of culture precede and influence their experience. Treatment setting, coping styles, social supports, stigma attached to substance use disorders, and even whether an individual seeks help—all are influenced by an addict's culture.

While combating the stigma and normalizing the conversation about addiction has started, the leading causes of opioid addictions within the Somali community are still unknown. Many speculate that civil war trauma, racism, and unemployment, many East African youth develop depression and anxiety disorders and turn to alcohol and other drugs to cope.

The report contained here is the product of a community-led needs assessment to harness community knowledge, experiences, and practices to lay a foundation for interventions that

prevent substance misuse among Somali American youth and provide services and support for those who are already impacted by this crisis.

In Somali culture, there is a saying, “biyo gacantaada baa looga dhargaa” (one is only satisfied from thirst when one uses one's own hands). This cultural value of collective action and ownership acted as a guiding principle for the activities reported here and are also reflected in the community input that highlights the need for community-led, community-owned, and culturally grounded healing practices and spaces that provide support for youth and families in our communities who are impacted by the opioid crisis.

Acknowledgment:

Project partners would like to thank Propel Nonprofits for providing funding for the project. We also like to thank the many community members who took time out of their busy schedules to participate in this work providing both ideas, advice, and guidance. The success of the project and the knowledge developed here are only possible because of the willingness of community members from all walks of life to be partners with us in this process. Community members expressed the desire to continue to be a part of this process and willingness to support activities to meet this crisis. We hope there will be opportunities to harness this goodwill and investment that community members are willing to make in this work

Methodology

The project used the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) to guide project activities. This approach was created because “research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse”([Strategic Prevention Framework | SAMHSA](#)). Therefore, foundational to creating an effective prevention and intervention program is assessing community knowledge, perception, and identified needs. This is only the first step, but it is one we cannot overlook

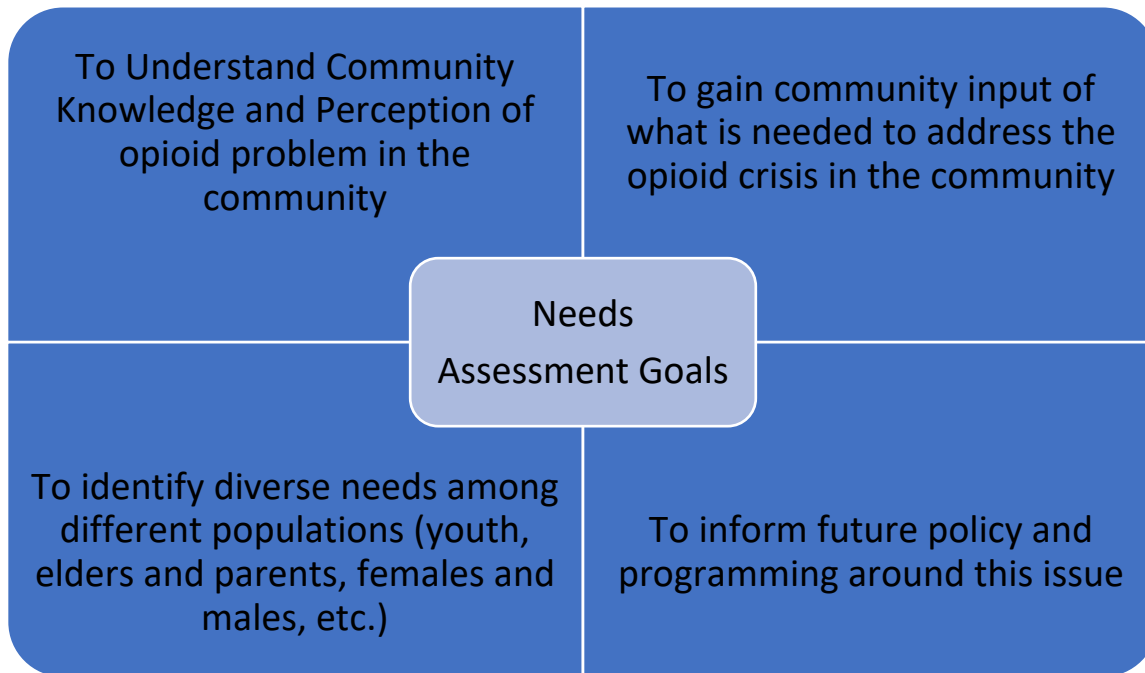
The SAMHSA SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (e. g., What is the problem?)
2. Capacity: Build local resources and readiness to address prevention needs (e. g., What do you have to work with?)
3. Planning: Find out what works to address prevention needs and how to do it well (e. g., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (e. g., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (e. g., Is your plan succeeding?)



The activities reported in this report represent only the beginning of the work and our purpose is to use this as the launching pad for future collaborations addressing this urgent issue and many other issues that impact Somali and East African American communities. We are hoping they will also guide future activities to implement each of the steps through planning with stakeholders, implementing interventions and prevention activities, and evaluating them to ensure that our programs are meeting the needs of Somali and East African communities impacted by the opioid pandemic.

Project Goals



Community Contributors (participants)

The community contributors (focus group participants) were very diverse, representing different gender, age, and experiences. Our community contributors included teachers, religious leaders, educators, youth counselors, mental health clinicians, mothers, fathers, grandfathers, teenagers and retirees, recent arrivals, and native Minnesotans. Contributors had a range of experiences with opioids and substance abuse, bringing diverse lenses to the issue.

We had 4 initial community meetings (one each for fathers, mothers, and youth females and males). There were 39 participants in total. After the initial community meetings to gather community input, we had a meeting with a group of 8 representing the 4s initial groups, to share the findings and get their feedback. This group helped us develop the final recommendations and create priority areas for action.

All community meetings were led by community leaders from Ayada Leads and SAPA with support from Dr. Abdi.

Parent meetings were in Somali and youth meetings were in English, but contributors were encouraged to use whatever language they felt comfortable with. Project staff translated when needed.

Guiding questions: While the process was open, contributors were encouraged to speak of the issue as they wish. There were some questions we asked across groups to guide the discussion.

These included:

1. When you hear (opioids) what comes to your mind? Why?
2. Where does a Somali American youth go for help if they are concerned about opioid use/abuse?
3. Can we map resources that are available? What services or resources are missing? What is available? Why? Why not?
4. Which service do Somali American youth use?
5. Which one's don't you use and why?
6. Where does the community get its information about opioids and opioid use/abuse? Can we map trusted sources/information providers about this issue?
7. What other issues do you think need to be addressed to prevent youth from getting involved in opioid use?

What Did We Learn from the Community Needs Assessment?

1. Community Knowledge and Perception of Opioids

We learned that most community members regardless of age, gender, education, and or migration experience know about opioids and the dangers they represent to the community. Community members were able to name this both in Somali and English and they were able to explain some of the negative impacts. When asked the question “when you hear (opioids) what comes to your mind?” some of the answers included:

- ▶ “Drugs”
- ▶ Maandooriye (Somali for something that alters the brain/mind/consciousness)
- ▶ “Something Psychedelic”
- ▶ “When I think of opioids, I think of stuff that are being sold on the streets”
- ▶ “Something created to destroy the community”

The last answer is interesting because community members were saying that this was an attack against our community meant to destroy us. While communities know of the problems of

opioids, they felt that there was not enough knowledge and resources about prevention and interventions.

2. Attitudes towards those who are Struggling with Opioid Addiction

When asked about the community's attitudes towards those who are struggling with opioid addiction, many communities talked about the devastating effects of this disease on youth and families and how families face shame when loved ones are affected by opioids. They also talked about how youth who misuse opioids and other substances are cast aside and ostracized from the community, removing crucial social support when they need it most.

Many youth talked about the negative what they called “Ceeb Culture”, the shaming of those who are struggling with addiction. This is how one contributor put it.

“I think Somali culture is a very shameful culture. It's like this a lot of ceeb to situations like this... So it's a mixture of like, shame and xishood that you wouldn't necessarily go (to seek help)”. A young woman stated: “I feel like that's because of the shame... they just have to hide it because of the shame and the community” (Female contributor)

This shame leads to opioid-impacted youth being treated as lost forever and this community member shared: **“I have seen a lot of parents and they seem to be hopeless. Once they see their child is using drugs, they see it like their child is as good as dead. They give up”**

3. Where do Community Members Go for Help?

While many people were able to identify Masjids/Mosques as a place where people go for help when youth are struggling with opioids, many community members could not identify any existing treatment centers or other resources that can help those impacted by this crisis. **When asked where people go for help many spoke about religious institutions and cultural healing practices that community members turn to for help when their family members are in trouble.**

People also talked about the lack of information about where to go for help.

One youth illustrated this by saying, **“If Information is like advertised, Hey, someone can help you. A lot of people don't know that they can be helped...like, I have no I've never had Alliance (Wellness) Center. I haven't even heard of the Alliance”.**

4. How Do People Deal with this Issue?

We asked community members how people who are struggling with opioid misuse and their families deal with this issue.

People said that many hide their suffering because they are ashamed of the stigma that will fall on them and their families.

“Most of the youngsters who have drug addiction hide their addiction because they don't want you to know about it” stated a community member.

Community members reported that people do not seek help because they feel that rehab centers do not reflect our culture.

“In our community, some people will say why not take them to any rehab center. But we have deen and dhaqan and in other rehab spaces you might be exposed to other things such as alcohol and weeds”, stated a community member.

Finally, community members talked about how youth end up in the streets because help is not provided in a timely manner, and by the time the problem is acknowledged and help is sought the issue is much more serious.

5. What are some of the root causes of this crisis in our community?

Community members identified multiple issues that might contribute to this crisis, including intergenerational trauma due to war and displacement, communication barriers between children and parents, unaddressed mental health needs, lack of community resources, and lack of access to extracurricular activities.

The quote below captures what we learned from community members about the challenges around communication between children and parents.

“I think it goes back to communication again, like how can you tell your parents something that they don't understand? And not only tell them something that they don't understand, you can't even translate it because you don't understand that language?”

Different categories of root causes were cited by women, men, and older and younger community members. Mothers' kindness and the absence of father figures were cited as issues by older men community members. Additionally, they discussed the lack of security in the neighborhood and peer pressure at the school where they felt the norms were lax, allowing kids to experiment with drugs.

The mothers, on the other hand, talked about the loss of the collectivist community approach to raising children that we practice in Africa. **They talked about the challenges of mothers who are raising many children without much resources to have a community raising the children like in Africa.** Mothers also talked about the lack of mental health services and that kids who are misusing are severely depressed and are not receiving any mental health services.

Youth were focused on the intergenerational challenges around language, communication, and family expectations. They identified a cultural disconnect between children and parents as an important factor as it impacts parents' ability to support the children

Youth also talked about the lack of resources available for youth to engage in such as sports and other extracurricular activities that help youth build social skills and gain trusted mentors that can help teach them good decision making. They also asserted the importance of training and education about opioids at an early age, as well as interventions for those using opioids.

There is a lack of safe spaces for youth to seek help. All groups (parents, elders, youth, males, and females) talked about the need for community-owned safe spaces to provide education, support, and safety for community members.

What Is Needed to Tackle this Issue in the Somali-American Community?

We compiled a list of community-identified action areas from the initial four meetings.

1. Need for prosocial/extracurricular activities for kid
2. Need for early education about substance use
3. Parent education so they can better help their children
4. Parent and child communication education/promotion
5. Partnership and co-learning with religious and community leaders
6. Community-led/owned spaces for youth for both prevention and intervention
7. Mental Health services
8. Reduce stigma and provide targeted services

Once we compiled this list of issues to be addressed in the next phase of this project, we met with a subset of community contributors to seek their feedback and to determine if there were any important issues we overlooked, or if some of the issues we listed should not be prioritized. We also asked them to identify the issues they believed should be tackled first.

Below you will find the list endorsed by members of our community. The most important issue is listed first. It should be noted that all of the items on the above list were identified as being important for addressing the opioid crisis in our communities, however, some were identified as being more urgent than others by community members:

- 1. Need for early education about substance use**
- 2. Reduce stigma and provide targeted services**
- 3. Parent and child communication education/promotion**
- 4. Need for prosocial/extracurricular activities for kid**

These four were the priority issues community members identified as needing urgent action. Community members emphasized the urgent action. They tasked us with the responsibility of ensuring that these activities and the knowledge developed here lead to real and sustained action.

Conclusion

This project was a collaborative effort between Ayada Leads and SAPA to bring community members together to identify key issues related to opioid use among Somali American youth. We have an important opportunity to develop a roadmap that outlines what needs to be done in order to provide support to Somali American youth and families affected by opioid abuse.

Additionally, we should develop prevention programs for Somali American youth so that the next generation will not become victims of this disease in the future.

As part of the process, we gathered input from a diverse group of community members and then returned to a subset of them to ensure that the issues that were identified by community members were included in the final report.

Our purpose has always been to start a conversation and to be a catalyst for meaningful action around this devastating issue.

Policymakers and providers are urged to use this as a resource to assist the Somali-American community in Minnesota in overcoming the challenges presented by the opioid crisis.

To close with another Somali proverb:

“Af macaan gacan macaan baa dhaanta” (A good hand (action) is better than nice words).

Thank you