

Addressing Substance Use in Newcomer Communities

Trauma, Self-Medicating, and Impacts on Adolescent Newcomers

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Minnesota Center of Excellence in Newcomer Health



Acknowledgment

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Learning Objectives

- **Objective 1:** Explain how opioid dependence can occur in newcomer communities and protective factors that can be put in place
- **Objective 2:** Identify key assessments, treatments, and challenges to accessing care for opioid use disorders
- **Objective 3:** Describe how a community-centered approach to treatment can benefit the recovery for newcomers experiencing opioid use disorders
- **Objective 4:** Recognize two communication strategies clinicians can implement to facilitate conversations regarding substance use with newcomers

Agenda

- Introductions
- Opioid Use Disorder in newcomer communities
- Approaches to prevention
- Communication strategies for healthcare providers
- Challenges in addressing the issue
- Community-based solution
- Q&A
- Wrap up

Today's Speakers



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(Moderator)

Case Example #1

Saw's Story

- Saw is a 15-year-old boy who came to the U.S. with his family in 2010 after spending significant time in a refugee camp
- He is in high school and has experienced bullying; started skipping school
- Saw joined a gang, which led to his starting to use fentanyl
- He tried Suboxone once in front of his mom, and went into precipitated withdrawal. Now, both Saw and his family are suspicious of Suboxone

Case Example #2

Bishaaro's Story

- Bishaaro is a 32-year-old woman who recently immigrated to the United States from Somalia with her 7-year-old daughter
- Bishaaro presented with symptoms of trauma, relational concerns, and opioid use
- She expresses experiencing shame and stigma from her family and friends
- Limited english proficiency

The Opioid Overdose Crisis

- The increased use of opioids by people of every background from across the U.S. has driven the overall number of U.S. drug overdose deaths up to 106,699 (2021).
- Although the overdose crisis was initially driven by prescription opioids, it then transitioned to heroin and recently **fentanyl and other synthetic opioids** have begun to account for a large portion of these deaths.
- The opioid overdose crisis **affects both people who use and don't use opioids.**
 - For example, teens who are not using opioids themselves may be stressed out about parents, other relatives and friends who use opioids. They may be worried that their relatives or friends will overdose, be arrested, or die. Teens whose parents are addicted may also feel hurt, angry or abandoned.

Early Education/Primary Prevention:

Not a topic of this talk due to time restraints, but, for audience information:



[Safety First: Real Drug Education for Teens](https://drugpolicy.org/resource/safety-first/)

[\(https://drugpolicy.org/resource/safety-first/\)](https://drugpolicy.org/resource/safety-first/)



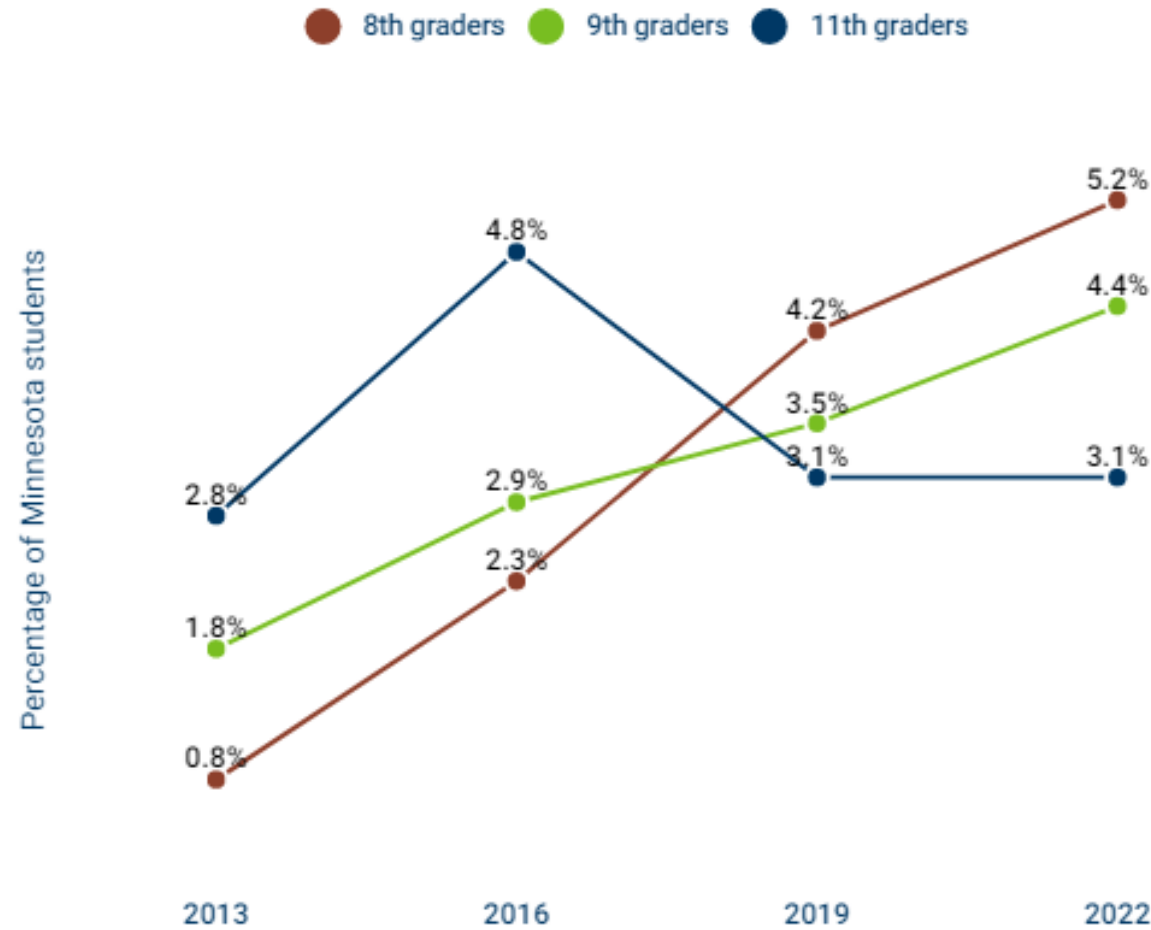
[Safety First: Halpern-Felsher REACH Lab | Stanford Medicine](https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html)

[\(https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html\)](https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html)

- For Teens already using...

Use and Misuse Among Youth

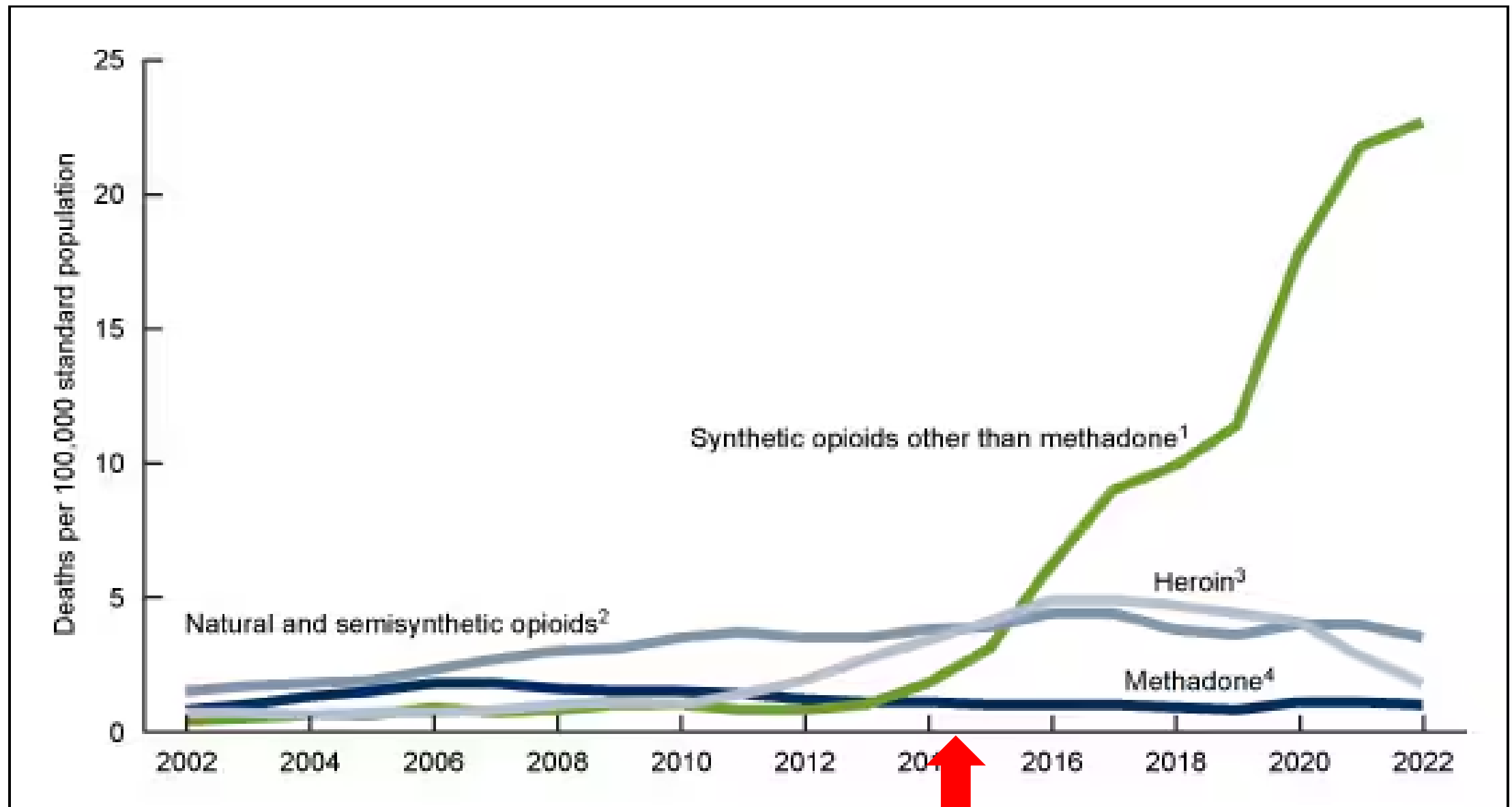
Among Minnesota students surveyed, the percentage of 8th and 9th graders who reported inappropriate use of pain medications (e.g., OxyContin, Percocet, Vicodin) in the past 12 months has continued to increase. Inappropriate use among 11th graders remained steady from 2019 to 2022.



 Download data

Source: Minnesota Department of Education Minnesota Student Survey

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2002–2022



Drug Knowledge: Fentanyl

What is it?

- Most well-known and potent of the **synthetic** opioids approved for medical use
- Intended for treating severe pain or for chronic pain patients who have developed a tolerance to less potent opiates such as oxycodone or morphine and which no longer help them manage their pain.
- “Hospital Grade Fentanyl” used by doctors for patients in the hospital for pain control and anesthesia, and in palliative care
- Recently fentanyl is often produced **illicitly**—outside of the legal regulatory system—and many related compounds (analogues) have been appearing that have no prior use in medicine.

What are the effects of fentanyl?

- Fentanyl’s effects are generally the same as other opioids like heroin
- Because of the drug’s potency, the effects often appear faster and can last longer.

Illicit Fentanyl

- Fentanyl can come as a powder or a tablet.
- The tablets can be made to look like many other pills:



Counterfeit Drugs

*Source: DEA

LEFT: Authentic oxycodone M30 tablets (top) vs. counterfeit oxycodone M30 tablets containing fentanyl (bottom)

RIGHT: Authentic Adderall tablets (top) vs. counterfeit Adderall tablets containing methamphetamine (bottom)

The image is a composite of four photographs of tablets, arranged in a 2x2 grid. The top-left photo shows two authentic oxycodone M30 tablets, one with 'M' and '30' and the other with '30'. The bottom-left photo shows two counterfeit oxycodone M30 tablets containing fentanyl, one with 'M' and '30' and the other with '30'. The top-right photo shows two authentic Adderall tablets, one with '6' and '973' and the other with '-2|0-'. The bottom-right photo shows two counterfeit Adderall tablets containing methamphetamine, one with '5' and '974' and the other with '-3|0-'. The background of the entire image is dark with a faint 'POLICE' watermark.

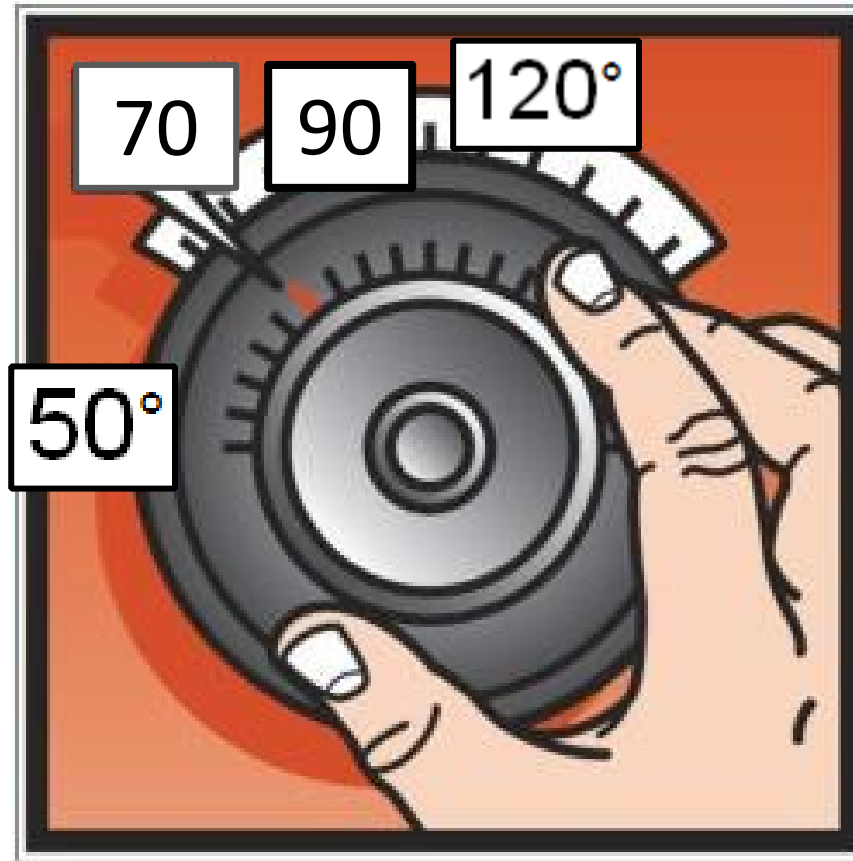
How Does Opioid Dependency Happen?

There are many ways someone can become dependent. Some examples:

- Post-surgical exposure
- Stimulant exposure working nights
- Youth experimenting with easily accessible pills



How Does Opioid Dependency Happen?



How Does Opioid Dependency Happen?

Increased Risk with Experimentation

- MANY reasons teens experiment with drugs
- Conditions aggregate within **vulnerable** members of the community
- **Generational Trauma**
- **Intergenerational Trauma** and its impact on familial access to mental health
- Parent-teen power-dynamic issues
- Teens with lack of belonging, LOTS of stress, undiagnosed depression, all complicated by increased isolation during COVID

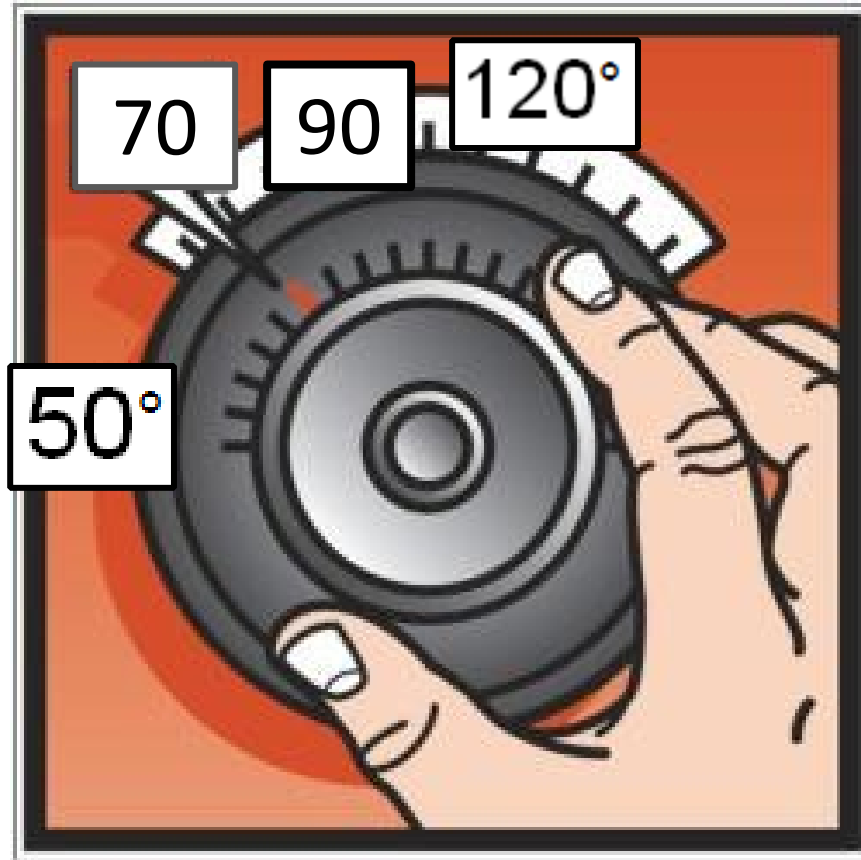
Increased Negative Outcomes

- Changing street drug scene (pills are seen as “less of a big deal”), despite fentanyl pills being MUCH more potent
- Increased truancy, need for money (feeding opioid withdrawal), need for companions, leads to gang involvement
- For teens that want support, Emergency Departments and hospitals are full, residential chemical dependency treatment has a 2-month waiting list
- Even with the greatest intentions and family support, teens who aren’t following parental rules/recommendations are difficult to motivate to make it to appointments designed to help them

What are some solutions?



Medications for Opioid Use Disorder (MOUD)



MOUD options:

- Methadone
- Buprenorphine products

Abstinence or tapering = relapse

Medications for Teens

- Methadone: for **18+**!
- Buprenorphine (Suboxone) is the main option
 - Taken daily, dissolves under tongue (doesn't work if swallowed)
 - Can come as a monthly injection, called **Sublocade**
- First dose is TRICKY!
 - If patients take buprenorphine while other opioids are “in their system,” it **CAUSES PRECIPITATED WITHDRAWAL** (sudden severe opioid withdrawal)
 - Patients need to be in withdrawal prior to first dose
- New injectable option: Brixadi

How to Discuss Substance Use with Youth

Education is Prevention!

Be aware of Existing Cultural Beliefs about Healthcare

Ask for input from Interpreters!

[Safety First | Halpern-Felsher REACH Lab | Stanford Medicine](https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html)

<https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html>



Returning to Saw's story...

Presentation:

- Saw is a 15-year-old boy who came to the US with his family in 2010 after spending significant time in a refugee camp
- He has older siblings who have graduated high school. Saw is in high school now and has been experiencing bullying. He started skipping school
- Saw joined a gang, which led to his starting to use fentanyl
- He tried Suboxone once in front of his mom, and went into precipitated withdrawal. Now, both Saw and his family are suspicious of Suboxone

Outcome:

- Would hang out at school (free lunch program), developed relationship with school social worker (SW)
- Arrested for theft, and due to relationship between the police, school, and Karen Organization, he was connected to a Karen Org Case Manager (CM)
- Seen in SW office in withdrawal, and SW was able to call his Karen CM
- Taken to the Emergency Department (ED) in early withdrawal, and received dose of Brixadi
 - Connected to the Buprenorphine clinic next door to the ED
 - Transitioned to injectable Sublocade the following week (lasts a month)
- Receives injection monthly, doing well, back in school
 - Maintains relationship with peer from Karen program

Back to Bishaaro's Story

32-year-old woman who recently immigrated to the United States from Somalia with her 7-year-old daughter.

- Experienced violence civil war and personal trauma, including the loss of family members and domestic violence.
- After spending time in a refugee camp, she arrived in the United States seeking safety and a fresh start.
- She struggled with adjusting to her new environment and coping with her traumatic experiences.
- She started using fentanyl to cope with the trauma
- She shared that the using fentanyl helps her numb the emotional turmoil.
- Copes with her stressors by smoking 15-20 pills a day
- Struggling with emotions, mental health

Back to Bishaaro's Story: Treatment

32-year-old woman who recently immigrated to the United States from Somalia with her 7-year-old daughter.

- She sought out help to address concerns relating to her addiction (how she uses fentanyl to cope with her domestic violence), addressing her trauma related stressors, and difficulty forming relationships.
- Her treatment centered around building coping mechanisms to reduce her fentanyl use, manage her cravings, and implement trauma informed care.
- She has agreed to engage in trauma-informed care to work on her traumatic experiences and marital concerns.

Questions to Consider: Assessment

- What are the key factors in the client's background that may contribute to their substance use?
 - How do cultural, familial, and social dynamics impact the client's behavior and choices?
- What specific symptoms or behaviors led to the referral for counseling?
 - How do the client's substance use patterns affect their daily life, including parenting skills and relationships?
- What assessment tools were used to evaluate the client's substance use and mental health?
 - What were the key findings from the assessment, and how did they inform the treatment plan?

Questions to Consider: Treatment

- What are the primary treatment goals for the client, and how were they developed?
 - How do these goals align with the client's values and motivations?
- What specific therapeutic approaches were used in the treatment, and why were they chosen?
 - How did the interventions address both the substance use and the underlying emotional issues?
- What indicators of progress were observed during the treatment process?
 - How did the client's relationships with family and peers change over the course of treatment?
- What follow-up plans or "booster" sessions would be beneficial for the client?
 - How can the client maintain the progress achieved in therapy, and what strategies should be encouraged?

Unpack Bishaaro's Story

PRESENTING ISSUES

- **Substance Use Disorder:** Bishaaro developed an addiction to opioid use as a coping mechanism for her trauma and stress.
- **Post-Traumatic Stress Disorder (PTSD):** She experiences flashbacks, anxiety, and depression related to her past experiences, which exacerbate her substance use.
- **Isolation:** Bishaaro feels isolated from both the Somali community and the broader American society, leading to feelings of loneliness and hopelessness.
- **Parenting Challenges:** Her addiction impacts her ability to care for her child, leading to concerns about neglect and her overall well-being.

ASSESSMENT

- **Cultural Background:** Bishaaro holds strong cultural values around family and community, yet feels torn between her Somali identity and the demands of American culture.
- **Mental Health:** She exhibits symptoms of PTSD, including avoidance behaviors, flashback/nightmares and emotional numbness, contributing to her substance use.
- **Social Support:** Limited support network in the U.S., with some estrangement from her family due to her addiction and cultural differences.

Unpack Bishaaro's Story (continued)

TREATMENT PLANS

- **Achieve Sobriety:** Engage in a structured addiction treatment program.
- **Address Trauma:** Participate in therapy to process her traumatic experiences and develop healthy coping mechanisms to prove relational stressors.
- **Improve Parenting Skills:** Access resources to enhance her parenting and maintain a stable environment for her child.
- **Build Social Support:** Foster connections with community resources and support groups

INTERVENTIONS

- **Substance Use Treatment:** Bishaaro enrolled in a comprehensive outpatient treatment program that included individual counseling and group therapy focused on addiction recovery.
- **Trauma-Informed Therapy:** She began attending trauma-focused cognitive-behavioral therapy (CBT) sessions, which helped her address her PTSD symptoms while working on coping strategies for her addiction.
- **Parenting Support:** Bishaaro participated in parenting workshops designed for individuals with trauma backgrounds, providing her with tools to improve her relationship with her child.
- **Community Engagement:** She was encouraged to join a local support group for Somali women dealing with similar issues, facilitating a sense of belonging and shared experience.

How did Bishaaro Progress?

- **Substance Use:** After six months in the treatment program, Bishaaro reported significant progress in reducing her opioid use and has been sober for three months.
- **Mental Health:** She has begun processing her traumatic experiences and is using coping strategies to manage anxiety and flashbacks.
- **Parenting Skills:** Bishaaro involvement in parenting workshops has improved her confidence and ability to care for her child, resulting in a more stable home environment.
- **Social Connections:** Through the support group, she has developed friendships and a support network that has reduced her sense of isolation.

Conclusion/Recommendations

CONCLUSION

- Bishaaro's case highlights the interplay between trauma and addiction, particularly in immigrant populations. With appropriate support, including addiction treatment, trauma-informed care, and community engagement, she has made significant strides in her recovery journey. Continued focus on her mental health, parenting, and social connections will be crucial for her ongoing progress and well-being.

RECOMMENDATIONS

- **Ongoing Substance Use Support:** Continued participation in outpatient treatment and support groups to maintain sobriety.
- **Long-Term Therapy:** Regular trauma-informed therapy sessions to address lingering PTSD symptoms and reinforce coping strategies.
- **Parenting Resources:** Access to ongoing parenting support programs to strengthen her skills and confidence.
- **Community Involvement:** Encourage continued engagement in community activities to enhance her social support network and cultural ties.

Culturally Specific Treatment Options: Spotlight on Alliance Wellness Center, Minnesota

- Alliance Wellness Center provides East African specific mental illness/chemical dependency (MI/CD) treatment
- 50% are from the community we service
- Substance Use Disorder (SUD) treatment and spiritual healing is offered
 - This includes ensuring clients have the space to pray.
- Education classes for families and community members.
- Medication Assisted Treatment (MAT) education for families and community members.

Summary

- We must improve screenings and interventions focused on high risk youth
 - This includes supporting peer and other culturally specific programs that can bridge cultural, language, and other gaps
- Increasing education and access to medications for Opioid Use Disorder
- Support factors that promote resilience and identity

Factors that Promote Newcomer Resilience and Identity Formation

- Family connectedness and cohesiveness
- Positive connections between family, schools, and neighborhoods
- Improved housing
- A school setting characterized by a sense of both safety and belonging
- When these factors are not supported, youth are at high risk
- In addition, healthcare communities, schools, and youth programs need to provide improved education and screening about drugs

Citations

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Thank you!



Questions?



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NEWCOMER HEALTH



This ECHO series increases medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant (RIM) populations.

It reviews resettlement pathways, evidence-based screening recommendations, and more common diagnoses and treatment approaches for pediatric and adult populations.

Sessions include brief didactic presentations by immigrant health experts and discussion of participant-submitted cases. Participants are highly encouraged to submit de-identified patient cases for group discussion and expert consultation.



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- Output is based on the current CDC Domestic Refugee Screening Guidance.
- CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk.



[CareRef \(https://careref.web.health.state.mn.us/recommendations\)](https://careref.web.health.state.mn.us/recommendations)

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