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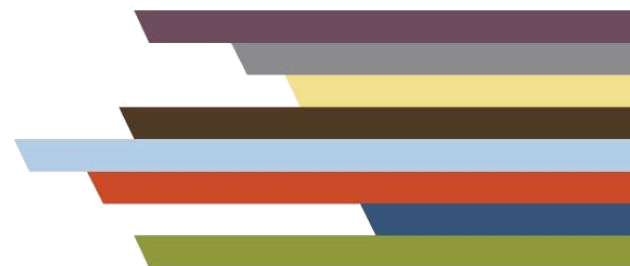
APRIL 2021

# Increasing Cultural Humility for Prevention Specialists Who work with SWANA Populations



New England (HHS Region 1)

**PTTC** Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration





# Introduction

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This tool is serving prevention specialists that want to establish positive relationships with **South West Asian, Northern African (SWANA)** populations and those who are already working with this population and want to improve their cultural humility. The goal of this product is to help **lessen the barriers** that prevention specialists and SWANA populations may face when discussing substance misuse and addiction. Covered in this tool are **geography** of SWANA populations within new England, **linguistics** to consider, **substances** specific to this population, **risk and protective factors**, and New England **state specific resources** for people who identify as a part of SWANA with whom prevention specialist may want to connect. This tool was written in the spring of 2021, during a time of increasing cultural awareness and humility which when incorporated into all aspects of life will benefit everyone. This resource is specific to the New England region which includes **Maine, Massachusetts, Rhode Island, Connecticut, New Hampshire, and Vermont**. This tool speaks to some specific cultural aspects of SWANA people, often referred to as the Middle Eastern region, discussed further in the Linguistic section.

## From the Author:

"The original reason as to why this tool was created is because **I am apart of SWANA**. I was also born and raised in a part of New England where there is a large population of SWANA people which made my connection to the creation of it stronger. As the development of this tool continued though, more crucial reasons started to form. While research was being done, it became very apparent that **there was little information and resources for my population, specifically dealing with substance misuse and addiction**. I have seen first-hand what the **effects of war and violence** are on people and what it is like to be a **refugee in the United States**. To not have those resources be there for them and professionals not understanding how to communicate with our population had a huge impact on **seeking help and treatment**. I can only hope that there is an initiative soon for the advancement of research, resources, and education for SWANA people and substance misuse and addiction."

**-Ani Aroyian**



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# Geography

SWANA communities, like many other communities that immigrated to the United States, placed themselves in areas that could be potential safe havens for those of their background. In these areas with larger SWANA populations, markets, restaurants, schools, religious institutions, and other community spaces started to open and thrive. These areas have since gathered hundreds of thousands of SWANA peoples and are well known in accepting immigrants, refugees, and native-

born citizens. Of that 3.5 million, the New England region is home to a significant portion of them. Massachusetts has the seventh largest population of SWANA people in the United States. The growth in SWANA immigration was projected to reach 2.5 million by 2010 and as of spring, 2021 that population prediction was hit and now the United States is home to around 3.5 million.

## Cities with larger SWANA populations

**Massachusetts:** Boston, Worcester, Dedham, and South Carver

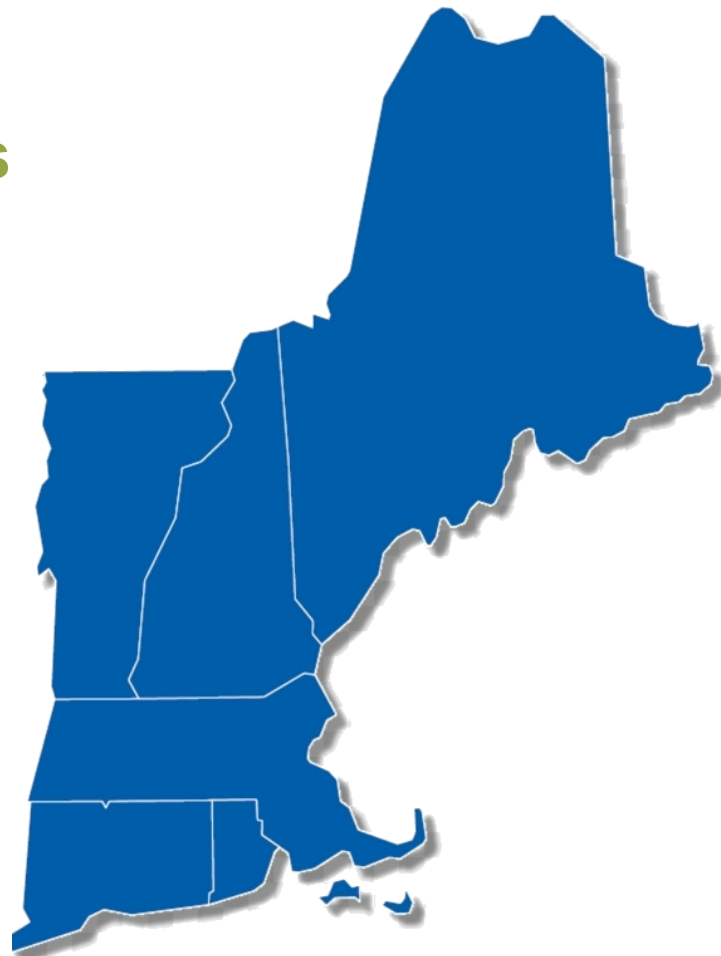
**Rhode Island:** Providence and Lincoln

**Connecticut:** Hartford, New Haven, Bridgeport, Danbury, Middlebury

**Maine:** Portland, Lewiston, Augusta and Waterville

**Vermont:** Burlington and Wardsboro

**New Hampshire:** Dover and Salem





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# Linguistics

**SWANA is an acronym for Southwest Asian and North African** and is a more appropriate term to describe people of the region more well-known as the **Middle East**. The ethnic groups include Kurds, Nubians, Sudanese, Armenians, Circassians, Arabs, Iranians, Persians, Druze, Assyrians, Chaldeans, Turks, Yazidis, Azeris, Turkmen, Afghans, Copts, and Amazigh. The countries included are Algeria, Armenia, Afghanistan, Azerbaijan, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, United Arab Emirates and Yemen. This region is commonly known as the “Middle East.” **The term “Middle East” was not coined by people of that region** but instead by Alfred Thayer Mahan in 1901. The term stuck and has been used in ways that did not benefit

the SWANA region or people, and the effects of this term can be seen today. The term “Middle East” is not all encompassing of the **diverse culture and politics** of that region. The term also perpetuates a Western viewpoint of SWANA areas as a foreign land and depicts the groups of people that live there as fearsome, inferior, and othered. The term “Middle Eastern” has a negative and perverted connotation in the Western world in which anyone from that region is seen as a terrorist or out to kill those that do not think like them. It is steeped in controversy for having European imposition as the Middle East is in the middle of the United Kingdom and India and being East of the United Kingdom. As the term “Middle Eastern” is very common among SWANA and non-SWANA members, it will likely still be commonly used.





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# Linguistics

## Continued

Groups of people that come from the SWANA region have and continue to face negative stereotypes and racism, but those judgments should not be automatically assumed and followed. A big stereotype that is perpetuated in many ways, including by western media, is that all people from the SWANA region are Muslim or that Islam is an accurate religious and cultural representation for all groups. **The terms SWANA, Arab, and Muslim cannot be not interchanged.** There is a wide variety of other religions that are practiced within SWANA groups such as Christianity, Judaism, Zoroastrianism, Parsiism, Samaritanism, Shabakism, and Mandaism.

Whenever you are working with a new population or a population that you're not apart of, it's best practice to listen to that population to determine what they are comfortable identifying as.

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# Definitions

These terms reflect a current understanding, and we recognize that as people change, so do terms and understandings.

## ASYLUM SEEKER

Refers to someone who has fled war, violence, conflict, or persecution and whose request for sanctuary in another country has yet to be processed.

## FIRST GENERATION

First generation and second generation refer to those descendants of immigrants and refugees in the new country that they decided to reside in. Someone that is first generation would have one or both parents that are immigrants.

## IMMIGRANT

The term immigrant is a person that migrates to another country, usually for permanent residence.

## REFUGEE

refugee refers to those that have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country.

## SECOND GENERATION

Second generation is someone that has one or more grandparents that are immigrants.

**In context:** When working with this population, its best to understand the different **labels** that may be put on them. The term **immigrant** is a person that migrates to another country, usually for permanent residence. Then there are the terms **asylum seeker** and **refugee**. Both have different meanings and are not interchangeable. Asylum seeker refers to someone whose request for sanctuary has yet to be processed while refugee refers to those that have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country. **First generation** and **second generation** refer to those descendants of immigrants and refugees in the new country that they decided to reside in. Someone that is first generation would have one or both parents that are immigrants while a second generation is someone that has one or more grandparents that are immigrants.



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# Substances

The culture of SWANA is different from other cultures in the United States or around the world. **Each ethnicity within SWANA have their own ideals, morals, and values which can influence policies, traditions, and population behavior.** As SWANA is in a region where Islam is a dominant religion, though not the only one, this has led to certain substances being more “tolerable” than others.


Alcohol is one of the most highly consumed and misused substances globally. For those in SWANA populations, that is not the case. With Islam being the dominant religion in that region and alcohol consumption prohibited in that religion, alcohol misuse and alcohol use disorder is not an issue that is widely reported or focused on in this community.

There is still alcohol misuse and alcohol use disorder among Muslim SWANA members, but there are **several factors which reduce alcohol use, misuse, and alcohol use disorder in this community.** These include being overtly religious, living in a neighborhoods with large Muslim populations, and having people in their close network that do not regularly drink.

Since alcohol is such a highly stigmatized substance in Islam, the research for this topic may be skewed. **Not wanting to have the disapproval of their parents, community members, or their family name, alcoholism is not always truthfully reported among this population.**

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# Substances



Studies show that SWANA youth and emerging adults drive far away to **secluded or rural areas to drink** so that their families do not find out about their substance use.

Christian SWANA groups have a higher prevalence of drinking, while Muslim SWANA groups did not use alcohol as much.

Syria, Lebanon, North Africa, and Egypt have large populations, and a variety of other substances originate from these countries. Jordan and Turkey are also large shipping checkpoints for illegal substance shipping.

**The highest reported substances of use in the SWANA population are marijuana, heroin, amphetamine (mostly methamphetamine), and sedatives.**

These substances often originate from the SWANA region, which makes them more accessible.

With the rise in drug misuse and the heavy stigmatization of this topic, there is also a rise in HIV/AIDS because of needle use. SWANA adolescents are more likely to partake in the substances listed above rather than drink alcohol. **Marijuana is one of the most commonly used and misused substances that SWANA populations consume.** This may be due to accessibility or the decriminalization of the substance in some states.



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# Risk and Protective Factors

Specific to SWANA populations



Being of SWANA decent is one of the larger risk factors for several reasons. This group is severely understudied in the social sciences because of the difficulty in what classification they fall under (White, Asian, their own group) and because of the **lack of cultural background research and understanding** of the variety between the different groups that make up the SWANA region. There is a culture of SWANA groups regarding **shame, fear, and stigma around substance misuse** which is a risk factor. The cultures, despite each being unique and having their own traditions and values, share that honor-shame dynamic as a foundational aspect. Everyone in the family must watch their speech, actions, behaviors, and

beliefs in fear of dishonoring or bringing shame to the family. This may cause **barriers in spreading awareness, promoting education, and reducing stigma around prevention work, and seeking treatment for substance misuse disorders**. Studies show that SWANA people seek out treatment less than white people, and when they do seek treatment, leave much earlier.

**While SWANA groups may experience the same risk and protective factors that other populations do, there are some that apply to this population specifically, and must be addressed accordingly.**

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# Risk and Protective Factors

## Continued

Another specific risk factor is exposure to **political violence**, which many SWANA countries have experienced in the near past or are going through now.

Examples of mass violence include the Civil War in Syria, the famine in Yemen caused by Saudi Arabia, the illegal occupation of Palestine by Israel, and the Armenia-Azerbaijan conflict over the territory of Artsakh. That political violence, added to the **stress of being an immigrant, refugee or asylum seeker, being displaced, and cultural differences**, can create mental health challenges including depression and anxiety. Being an immigrant, refugee, asylum seeker from a country with mass or political violence can be an intense and extremely stressful experience.

Protective factors that impact substance misuse of SWANA communities are limited institutionally but abundant culturally. A large protective factor for the younger generation would be using school as a support. **A student's perception of safety at school is a protective factor.**

Having the student feel safe in school and having social support from peers, staff, and teachers, especially having a healthy teacher-student relationship, would increase academic learning, decrease acts of violence, decrease acts of risky behavior (such as alcohol and substance misuse), and overall promote a connection to school. Decreased school support is linked to increased risky behaviors. **Low school support is reported from SWANA populations that had great exposure to mass political violence.**

Another protective factor would be **organizations partnering with local communities** and places of worship where SWANA groups often assemble and educate, spread awareness, and offer resources for prevention, treatment, recovery options. An example of an organization that does this work is the SAFE Coalition that directed worked with the SWANA community in Michigan and helped with trying to destigmatize substance misuse and abuse among SWANA adolescents and young adults.



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# State by State

## SWANA Supporting organizations

Though **Maine, New Hampshire, and Vermont** are among the whitest states in the nation, they do have populations of SWANA communities who deserve and need culturally humble prevention.

### Maine:

There are several different organizations and programs that can help assist the SWANA population in Maine for a variety of different needs. There is the **NEAAO** which helps immigrant Arabs fully immerse themselves in Maine. There is also **the Maine Initiative** that has a portion that focuses on immigrant-led funds & guarantees which include SWANA and non-SWANA groups. The **Maine Cultural Center** located in Bangor, has several different events, fundraisers, and resources for new immigrants in Maine, and the **Capitol Area New Mainers Project.**

### New Hampshire:

New Hampshire has a number of organizations which specifically support SWANA populations, including the **New Hampshire Alliance of Immigrants and Refugees** which is dedicated to organizing and engaging immigrants and refugees as voters and leaders. **The International Institute of New England Manchester** site provides support to immigrants, and the website for the **Lippincott Nursing Center** is also home to multiple resources and training that are available to educate and develop skills that are helpful when working with this population.





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### Vermont:

In Vermont, there are several organizations and groups that help with more than one issue facing SWANA communities. **The Peace and Justice Center in Burlington** focuses on educational programs, donations, organization, and social justice work and aims to help aid activist groups in bettering minority groups in Vermont. There is also the **Central Vermont Refugee Action Network** located in Montpelier, who care for new Vermonters that are refugees.

Another group that does work with SWANA populations in Vermont is **NEKASAN** and they are in Northeast Kingdom. This group provides a variety of supports that range from transportation to financial help to legal support for asylum seekers in Vermont. Also working with asylum seekers and their path to Vermont is called **Bridge to Rutland**. This group has volunteers, donations, and sponsors asylum seekers to make sure they thrive when they come.





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# State by State

## SWANA Supporting organizations

Southern New England, including **Massachusetts, Connecticut, and Rhode Island**, have larger SWANA populations by proportion.

### Massachusetts:

Massachusetts has a large number of SWANA people, and several organizations which specifically work with these populations, including the **Center for Arabic Culture**, which is in both Somerville and Chestnut Hill, which promotes engagement, education, programs, and more for this population. Another organization is the **MIRA coalition**, and their work revolves around aiding refugees and asylum seekers in terms of law and policy and human needs such as medical supplies, clothing, shelter, and food. **Massachusetts Peace Action** is an organization that educates and brings awareness on issues facing several people and regions but have a section dedicated for those in SWANA.

### Connecticut:

The SWANA community is growing and thriving in Connecticut with the aid of multiple organizations and cooperatives, including the **Connecticut Institute for Refugees and Immigrants** which provides refugee, immigration, and legal services for anyone in need. There is also the Integrated Refugee and Immigrant Services organization, which aids immigrants and refugees in any way needed when first assimilating into American culture. There is also the **Center for Immigrant Opportunity** which has a workforce development, education opportunities, and legal services all revolving around helping SWANA immigrants in Connecticut. Finally, the **Integrated Refugee and Immigration Services**.





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# State by State

## SWANA Supporting organizations

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### Rhode Island:

Rhode Island is home to a few organizations and coalitions that will aid and serve as a resource to the SWANA population, including the **Dorcas International Institute of Rhode Island**, which offers a variety of services that range from translation, education, refugee resettlement, and employment. There is also the **Immigration Coalition of Rhode Island** which seeks to improve the lives of the immigrants of Rhode Island through their work which includes education, family planning, healthcare, and connecting with attorneys, and how to navigate the law.

There is also the **Refugee Dream Center**. Their work aims to advocate for refugees through programs that revolve around youth, health, adult education, and more. A Hope program also provides two subprograms in which you can either become a sponsor or a mentor and help assist incoming refugees assimilate and understand their new environment in Rhode island.

**A Hope RI** focuses on assisting new refugees coming to Rhode Island and helps families integrate into American society



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# Resources

Sources and links, numbers corresponding to text



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