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The Escalating Crisis of Narcotics Use Among Youth in Mogadishu, Somalia A Community Based Mixed Methods Study

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Abstract

Background

Narcotics use among youth is a significant global public health challenge, particularly in conflict-affected regions like Somalia. Somali youth, comprising a substantial portion of the population, face myriad vulnerabilities amplified by political instability and limited opportunities. This study aimed to investigate the prevalence, patterns, and contributing factors of narcotics use among youth in Mogadishu, Somalia, to inform targeted public health interventions.

Methods

A community-based mixed-methods study was conducted in Mogadishu from September to December 2023. The quantitative component involved a survey of 420 youth aged 12–25 years, selected via multistage random sampling from four districts. Data were collected using a structured, interviewer-administered questionnaire. The qualitative component consisted of semi-structured in-depth interviews with seven purposively selected homeless youth who use narcotics and seven key informants from relevant sectors. Quantitative data were analyzed using descriptive statistics and logistic regression, while qualitative data underwent thematic analysis.

Results

Quantitative findings indicated that among the surveyed youth, lifetime use of specific opioids was reported, with self-reported addiction rates of 6.9% for oxycodone and 8.3% for pethidine. Homelessness was strongly associated with the use of hydromorphone (Crude Odds Ratio 30.3, $p < 0.001$), oxycodone (COR 25.9, $p < 0.001$), and pethidine (COR 44.6, $p < 0.001$). After adjustment for potential confounders, these associations remained statistically significant. Qualitative analysis revealed that peer pressure, widespread unemployment, pervasive drug availability, and the use of narcotics as a coping mechanism for stress and trauma were primary drivers of use. Participants reported easy access to opioids through pharmacies and social networks.

Conclusions

The study underscores an escalating crisis of narcotics use among youth in Mogadishu, fueled by complex socioeconomic factors, drug availability, and peer influence, with homeless youth being exceptionally vulnerable. There is an urgent need for multisectoral interventions, including strengthening legal and pharmaceutical regulations, expanding education and employment opportunities, and establishing sustainable, youth-friendly, non-stigmatizing rehabilitation programs. Comprehensive policy responses must address the socioeconomic determinants of youth drug use in Somalia.

Background

Narcotics use among youth constitutes a pressing public health concern globally, imposing profound social, economic, and health burdens. Adolescence and early adulthood are critical periods for the onset of substance use disorders, with young people in low- and middle-income countries often facing heightened vulnerability. According to the United Nations Office on Drugs and Crime (UNODC), substance use disorders significantly contribute to morbidity and mortality among young people worldwide (United Nations Office on Drugs and Crime 2018). For instance, in a high-income country like Australia, while daily tobacco smoking has declined, the use of illicit drugs remains highest among young adults aged 18–24 years.

Somalia, and particularly its capital Mogadishu, presents a context where such vulnerabilities are amplified by decades of conflict, political instability, and severely limited access to educational and economic opportunities. The youth population in Somalia is substantial; the United Nations Population Fund (UNFPA) estimates that individuals aged 10–24 years constitute approximately 33% of the total population, while about 75% of the population is under the age of 30. Despite their demographic significance and potential as agents of positive change, Somali youth confront immense challenges, including pervasive exposure to violence, displacement, chronic unemployment, and, increasingly, substance abuse.

Recent media reports and stakeholder accounts highlight a surge in opioid overdoses among young Somalis, with a notable number of victims being young women (Ahmed 2022; Hassan et al. 2024). The misuse of substances like pregabalin, driven by accessibility and affordability, is an emerging trend. This ease of access, coupled with factors such as peer pressure, social alienation, limited awareness about drug-related risks, and the normalization of drug use within some peer groups, further exacerbates the vulnerability of Somali youth. Khat (*Catha edulis*), a stimulant plant widely chewed in the Horn of Africa and Yemen, remains prevalent and may act as an introductory substance for some youth, potentially leading to the use of other, more harmful narcotics (Al-Juhaishi et al. 2012).

Amidst these challenges, empirical research on the prevalence, patterns, and determinants of narcotics use among youth in Mogadishu remains scarce. Existing literature on substance abuse in Somalia is limited, hindering the development of evidence-based interventions and policies. This community-based, mixed-methods study was undertaken to address this critical knowledge gap. The study aimed to comprehensively examine the extent of narcotics use among youth in Mogadishu, explore the multifaceted factors associated with drug use, and provide actionable insights to inform targeted interventions, harm reduction strategies, and policy initiatives. The ultimate goal is to promote the health and well-being of Somali youth and mitigate the adverse consequences of substance abuse on individuals, families, and communities.

Methods

Study Design and Setting

A community-based mixed-methods cross-sectional study was conducted in Mogadishu, Somalia, between September and December 2023. Mogadishu, the capital city, has experienced prolonged conflict and instability, which has significantly impacted its social fabric and the well-being of its population, particularly youth.

Study Population and Sampling

The target population for this study comprised youth aged 12–25 years who were permanent residents of Mogadishu. For the quantitative component, a multistage random sampling technique was employed to select 420 participants. The sample size was calculated as 384, based on an estimated prevalence of 50% for a conservative estimate, a 95% confidence level, and a 5% margin of error, with a 10% addition for potential non-response, resulting in the final sample size of 420. The sampling involved the random selection of four districts in Mogadishu: Hodan, Abdiaziz, Yaqshid, and Hamar Jajab. Within these districts, further stages of random selection were applied to ensure representativeness. Local authorities and community leaders facilitated participant recruitment.

For the qualitative component, purposive sampling was used. Seven homeless youth who were narcotics users were selected for in-depth interviews to ensure a diversity of experiences. Additionally, seven key informants were purposively selected based on their expertise, including two representatives from civil society, two from the health sector, one from law and justice, one from education, and one Islamic scholar.

Inclusion criteria for youth participants were: age between 12 and 25 years, permanent residency in Mogadishu, and provision of informed consent (and parental/guardian consent for those under 18). Individuals with cognitive impairments or who did not speak Somali were excluded.

Data Collection

Quantitative Data Collection

Data were collected using a structured, interviewer-administered questionnaire developed for this study. The questionnaire covered demographics and narcotics use (types, age of first use, frequency, patterns). To aid in substance identification, visual aids, including photographs of various narcotics, were used. In some instances, under controlled conditions approved by the ethical review board, non-active placebo samples of drugs were shown. The questionnaire was pre-tested, reviewed by experts for cultural appropriateness, and translated into Somali and back-translated. Eight trained community health workers administered the surveys on tablets, with interviews lasting approximately 20–30 minutes.

Qualitative Data Collection

For the in-depth interviews with the seven homeless youth, a semi-structured interview guide explored personal experiences with narcotics, contributing factors, impacts, and awareness of support systems. For the key informant interviews, a similar guide explored their perspectives on the current state of narcotics use, contributing factors, and potential mitigation strategies. Interviews were conducted in private settings and audio-recorded with permission.

Data Analysis

Quantitative Data Analysis

Quantitative data were analyzed using Epi Info version 7. Descriptive statistics (frequencies, percentages, means) were used to summarize participant characteristics and drug use patterns. Bivariate logistic regression was used to assess the association between residence type (homeless vs. non-homeless) and narcotics use. Variables found to be significant in the bivariate analysis were included in a multivariate logistic

regression model to calculate adjusted odds ratios (AORs) and their 95% confidence intervals (CIs), controlling for potential confounders. A p-value of \leq 0.05 was considered statistically significant.

Qualitative Data Analysis

Audio recordings were transcribed verbatim in Somali and then translated into English. The translated transcripts were analyzed using thematic analysis, following an inductive approach to identify recurrent themes. This involved familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Results

Quantitative Findings

Sociodemographic Characteristics of Participants

A total of 420 youth aged 12–25 years participated in the quantitative survey. The sociodemographic characteristics of the study participants are presented in Table 1. The majority of participants were in the 19–25 age group (61.9%, n = 260), and males constituted 77.4% (n = 325) of the sample. Most participants resided in households (80.5%, n = 338), while 19.5% (n = 82) identified as homeless. Regarding education, 38.3% (n = 161) had completed secondary education, and 7.4% (n = 31) were illiterate.

Variables	Category	Frequency (n)	Percent (%)
Age in years	12–18	160	38.1
	19–25	260	61.9
Sex	Male	325	77.4
	Female	95	22.6
Residence	Household	338	80.5
	Homeless	82	19.5
District	Hodan	136	32.4
	Abdiaziz	113	26.9
	Yaqshid	98	23.3
	Hamar Jajab	73	17.4
Family Income (US$)	< 100	46	11.0
	100–300	179	42.6
	> 300	195	46.4
Level of Education	Illiterate	31	7.4
	Informal/Quranic	24	5.7
	Primary	69	16.4
	Secondary	161	38.3
	Tertiary	135	32.2

Table 1: Sociodemographic characteristics of youth in Mogadishu (n = 420). Source: Study data.

Prevalence of Narcotic Use

The reported prevalence of use for specific opioid narcotics among the 420 surveyed youth is detailed in Table 2. The majority of participants reported never having used the specified substances. Among those who reported ever using these substances, the prevalence of self-reported addiction was highest for pethidine (8.3% of the total sample, n = 35) and oxycodone (6.9%, n = 29). These figures suggest relatively low self-reported lifetime use and addiction rates for these specific opioids within the broader surveyed youth population. However, the sensitive nature of drug use and the potential for underreporting due to stigma should be considered when interpreting these rates.

Drug type	Usage Pattern	Frequency (n)	Percent (%)
Codeine Use	Never used	407	97.0
	Addicted	5	1.2
	More than once	4	0.9
	Only once	4	0.9
Hydrocodone Use	Never used	418	99.5
	Only once	2	0.5
Hydromorphone Use	Never used	381	90.7
	More than once	22	5.3
	Addicted	11	2.6
	Only once	6	1.4
Oxycodone Use	Never used	384	91.4
	Addicted	29	6.9
	More than once	5	1.2
	Only once	2	0.5
Pethidine Use	Never used	366	87.1
	Addicted	35	8.3
	More than once	15	3.6
	Only once	4	1.0

Table 2: Prevalence of different drug types among youth in Mogadishu, Somalia (n = 420).
Source: Study data.

Association Between Homelessness and Narcotic Use

Table 3 presents the association between homelessness and the use (at least once) of different narcotics. In unadjusted analyses, homeless individuals had significantly higher odds of using hydromorphone (COR: 30.3, 95% CI: 12.67-72.25, p<0.001), oxycodone (COR: 25.9, 95% CI: 10.79-62.06, p<0.001), and pethidine (COR: 44.6, 95% CI: 20.13-98.19, p<0.001) compared to non-homeless individuals. After adjusting for potential confounders (age, sex, education, and income), the associations for these three substances remained statistically significant (p<0.001 for all). However, the adjusted odds ratios were substantially reversed (AOR for hydromorphone: 0.03, 95% CI: 0.01-0.10; AOR for oxycodone: 0.04, 95% CI: 0.01-0.11; AOR for pethidine: 0.02, 95% CI: 0.01-0.06). This dramatic shift from high CORs to AORs less than 1.0 suggests that while homelessness is a powerful unadjusted marker of risk, its relationship with opioid use is heavily confounded by the other sociodemographic factors in the model. The factors that co-occur with homelessness, such as poverty and lower education, appear to be the primary drivers of this association.

Variables	Residence	At least once use (n)	Never used (n)	COR (95% CI)	p-value	AOR (95% CI)	p-value
Codeine Use							
	Homeless	9	73	10.3 (3.09–34.34)	< 0.001	0.5 (0.04–4.93)	0.53
	Non-Homeless	4	334	1 (Ref)		1 (Ref)	
Hydrocodone Use							
	Homeless	2	80	0.2 (0.01–3.89)	0.33	0.4 (0.00-54.07)	0.73
	Non-Homeless	2	336	1 (Ref)		1 (Ref)	
Hydromorphone Use							
	Homeless	32	50	30.3 (12.67–72.25)	< 0.001	0.03 (0.01–0.10)	< 0.001
	Non-Homeless	7	331	1 (Ref)		1 (Ref)	
Oxycodone Use							
	Homeless	29	53	25.9 (10.79–62.06)	< 0.001	0.04 (0.01–0.11)	< 0.001
	Non-Homeless	7	331	1 (Ref)		1 (Ref)	
Pethidine Use							
	Homeless	45	37	44.6 (20.13–98.19)	< 0.001	0.02 (0.01–0.06)	< 0.001
	Non-Homeless	9	329	1 (Ref)		1 (Ref)	

Table 3: Association between residence type (homeless vs. non-homeless) and at-least-once drug consumption among study respondents (n = 420). Source: Study data.

Qualitative Findings

The qualitative component involved in-depth interviews with seven homeless youth who use narcotics and seven key stakeholders. Thematic analysis revealed several critical insights into the nature of narcotics use, influencing factors, consequences, and challenges in Mogadishu.

Themes from In-depth Interviews with Youth Narcotics Users

The narratives of the seven interviewed youth, all of whom were homeless, painted a stark picture of their realities. They frequently turned to narcotics to cope with pervasive stress, anxiety, and emotional distress, compounded by easy drug availability and a lack of positive alternatives.

Theme 1: Drivers and Conditions of Use

Participants described how socioeconomic despair, peer influence, and the pervasive availability of drugs created an environment conducive to substance use. Initiation was often unintentional, occurring through friends or following medicinal use for pain relief. A 19-year-old male (P3) stated, "My friends often share prescription opioids with me... They make it seem like it's no big deal." Another (P5, 24 years, Male) recounted his first experience with tramadol for a toothache: "Later, I found myself wanting to feel that way again, even when I wasn't in pain." This normalization within peer circles facilitates experimentation. A critical enabling factor was accessibility. A 19-year-old female (P4) noted, "Drugs are very accessible. Dealers are everywhere... It seems like there's no serious effort to stop this." Poverty and unemployment were profound underlying drivers. A 20-year-old male (P1) expressed this sentiment: "Many of us don't have jobs or a clear future, and that creates a lot of hopelessness. Drugs become an escape from that reality."

Theme 2: Patterns of Use and Escalation

Khat, tramadol, and morphine were commonly reported substances. Participants described an ability to obtain almost any narcotic if needed. There was clear evidence of progression from less potent to more potent drugs. A 23-year-old male (P2) said, "Khat is very popular because it's easily accessible and socially accepted to some extent." Another participant (P5, 24 years, Male) described his escalation: "I was only using low dose of tramadol tablets... Now even an injection with high dose of tramadol won't give me what I need that is why I am on morphine now."

Theme 3: Social and Personal Consequences

The influence of friends was paramount in both initiation and sustained use. A 17-year-old male (P7) stated, "All of my friends smoke cannabis, so it's hard not to get influenced by them... I started smoking too, just to fit in." This social pressure was often compounded by family rejection upon discovery of their drug use, which exacerbated their vulnerability. A 17-year-old female participant (P7) said, "My family was so devastated when they found out about my cannabis smoking they abounded me and no longer see me as their daughter anymore." The financial cost of addiction led to desperation and, for some, criminal activity. A 24-year-old male (P5) admitted, "Since I am jobless it is so difficulty for me to afford tramadol injection... Many times I participated in dangerous criminal activity out of desperation."

Themes from Key Informant Interviews

Stakeholders from health, law enforcement, education, and religious sectors corroborated and expanded on the users' perspectives, highlighting systemic failures and the need for a coordinated response.

Drug Availability and Weak Regulation

All stakeholders emphasized the pervasive availability of drugs in Mogadishu, linking it to regional trafficking networks. The UNODC has specifically reported on the regional crisis of tramadol availability, which mirrors the local experience (United Nations Office on Drugs and Crime 2018). A health sector informant reported, "There are pharmacies giving out tramadol freely; you can even get pethidine injections without a doctor's note," pointing to critical gaps in pharmaceutical regulation and enforcement.

Sociocultural Factors and Lack of Support

Community leaders described how substance use is increasingly normalized among homeless youth as a survival strategy. An Islamic scholar stressed that stigma and denial about addiction complicate outreach efforts. A common theme was the urgent need for comprehensive strategies, with stakeholders lamenting the absence of youth-friendly rehabilitation centers and community-based support programs.

Impact on Crime and Security

Several informants, including justice officials, linked the rise in narcotics use to increases in petty crime and instability, noting that addicted youth often engage in theft to fund their habits. This observation aligns with broader research linking illicit economies and militant groups in Africa (Alcaro 2014).

Discussion

This community-based mixed-methods study provides critical insights into the escalating crisis of narcotics use among youth in Mogadishu. The findings reveal a complex interplay of socioeconomic factors, drug availability, peer influence, and individual vulnerabilities that collectively drive substance use in this conflict-affected urban setting.

Interpreting the Dual Realities: Quantitative Prevalence and Qualitative Depth

A striking aspect of the findings is the apparent discrepancy between the quantitative data, which suggests relatively low self-reported lifetime use and addiction rates for specific opioids like codeine, hydrocodone, and hydromorphone among the general surveyed youth, and the profound qualitative narratives from both youth users and stakeholders, which depict a deeply entrenched and accessible narcotics problem. For instance, while over 87% of the surveyed youth reported never using pethidine, qualitative accounts highlighted its availability and use, alongside other opioids like tramadol and morphine. This divergence likely reflects significant underreporting in the quantitative survey due to the intense social, cultural, and religious stigma associated with drug use in Somali society, as well as potential fear of legal repercussions. Such underreporting is a common challenge in substance use research globally, particularly in conservative settings. The mixed-methods design of this study proved invaluable in unearthing this nuance, with the qualitative data providing crucial context and illuminating the lived experiences and systemic issues that structured surveys may not fully capture. The narratives of easy access to drugs from pharmacies without prescription and the normalization of sharing prescription opioids among peers suggest a reality far more alarming than the survey prevalence figures alone might indicate.

Homelessness: A Nexus of Extreme Vulnerability

The quantitative findings underscore homelessness as a significant correlate of narcotic use. Homeless youth exhibited dramatically higher unadjusted odds of using potent opioids like hydromorphone, oxycodone, and pethidine. This aligns with global research identifying

homelessness as a major risk factor for severe substance use and related harms. The 7 youth interviewed in-depth were all homeless, and their testimonies vividly portrayed the extreme desperation, lack of social safety nets, and compounded vulnerabilities they face, often resorting to crime to sustain their addiction. The substantial reduction in odds ratios after adjusting for confounders (AORs for hydromorphone, oxycodone, and pethidine becoming very low while remaining significant) is a complex but important finding. It suggests that while homelessness itself is a critical marker, the factors that often co-occur with or lead to homelessness in this context—such as extreme poverty, family breakdown, trauma, lack of education, and severe mental distress—are powerful underlying drivers of addiction to these potent substances. Interventions, therefore, must not only target homeless youth but also address this wider constellation of severe socioeconomic and personal disadvantages.

Drivers of Narcotics Use: A Multifaceted Problem

The study identifies several interconnected drivers of narcotics use among Mogadishu's youth.

- **Socioeconomic Deprivation and Hopelessness**: Consistent with literature from Somalia and other Sub-Saharan African countries, this study found that poverty, high unemployment rates, and limited educational and future prospects create a pervasive sense of hopelessness, pushing youth towards narcotics as an escape or a coping mechanism. The "poly-crisis" environment of Mogadishu, shaped by prolonged conflict and instability, exacerbates these conditions.
- **Peer Influence and Social Normalization**: The powerful role of peer networks in initiating and sustaining drug use was a dominant theme in youth narratives, a finding that resonates globally. The sharing of drugs and the pressure to conform highlight the need for interventions that target social dynamics and promote positive peer influences.
- **Pervasive Drug Availability and Weak Regulation**: Both youth users and stakeholders emphasized the ease with which narcotics, including prescription opioids, can be obtained. This points to significant weaknesses in drug control policies, pharmaceutical regulation, and law enforcement. The UNODC has highlighted the crisis of tramadol availability and misuse in West and Central Africa, a concern that appears highly relevant to Mogadishu. This environment of easy access and perceived impunity for dealers creates fertile ground for addiction to flourish.
- **Narcotics as a Coping Mechanism**: In a city marked by trauma, violence, and daily stressors, many youth reported using narcotics to self-medicate or cope with anxiety, depression, and emotional distress. This underscores the critical need for mental health services, which are largely absent or inaccessible in this setting.

The Role of Khat and Tramadol

The qualitative data highlighted that Khat and tramadol are commonly used substances, often preceding or co-occurring with the use of more potent opioids like morphine. Khat, while socially embedded in Somali culture, possesses stimulant and addictive properties. Tramadol, an opioid analgesic, is widely reported to be abused across Africa due to its accessibility and psychoactive effects. The progression from these substances to injecting opioids, as described by one participant, signifies a dangerous trajectory that warrants specific attention in prevention and treatment strategies.

Comparison with Other Literature

The findings of this study align with and expand upon existing research. Studies in Somalia by Alim et al. (2021), Adan & Mohamed (2024), and Abdullahi et al. (2023) have also pointed to various risk factors for substance use among Somali youth. The finding by Adan & Mohamed (2024) that low self-esteem is linked to higher odds of drug use in Ethiopia resonates with this study's qualitative evidence of youth using drugs to cope with negative emotions. Regionally, the high prevalence of substance use among youth in Sub-Saharan Africa, driven by factors like poverty, peer pressure, and drug availability, is well-documented (Kebede et al. 2023; Kpozehouen et al. 2021). The UNODC World Drug Reports consistently highlight Africa as a transit hub for illicit drugs and note the rising domestic consumption, particularly of cannabis, tramadol, and other opioids. The situation in Nigeria, with its high rates of drug abuse (14.4% among those aged 15–64) driven by similar socioeconomic factors and weak regulation, offers parallels, although the specific drug landscapes may differ (Okafor et al. 2024; Ogoh et al. 2023). The current study's lower quantitative opioid prevalence figures compared to some Nigerian reports might be attributable to underreporting, differing drug preferences, or variations in study methodologies, as discussed in the original manuscript. The broader context of illicit trafficking networks in the Horn of Africa likely contributes to drug availability in Mogadishu, creating a challenging macro-environment that influences local drug markets and use patterns.

Strengths and Limitations

This study has several strengths. Its community-based mixed-methods design allowed for a comprehensive exploration of a sensitive issue in a challenging, under-researched context. The rigorous methodological approaches, including culturally adapted instruments and specific ethical protocols for data collection, enhance the credibility of the findings. The inclusion of diverse perspectives from youth users and key stakeholders provides a rich, nuanced understanding.

However, the study also has limitations. The cross-sectional design precludes the establishment of causal relationships. Self-reported quantitative data on drug use are susceptible to recall and social desirability biases, likely leading to an underestimation of true prevalence. Findings are specific to Mogadishu and may not be generalizable to all of Somalia or other conflict settings. The qualitative sample sizes, while appropriate for in-depth exploration, limit the generalizability of the thematic findings. Purposive sampling for qualitative data may introduce selection bias. The dramatic shift from high CORs to low AORs for homelessness and use of certain opioids warrants cautious interpretation and suggests that the complex interplay of severe, co-occurring disadvantages requires further disentanglement in future research. Finally, conducting research in a volatile security environment may have posed logistical challenges, although these were not explicitly detailed as impacting the study's execution.

Implications for Policy, Practice, and Research

The findings carry significant implications.

- **Policy**: There is an urgent need for the Somali government and its partners to develop and implement a comprehensive, evidence-based national drug control strategy. This must include strengthening regulatory frameworks for pharmaceuticals to curb the illicit sale of prescription drugs like tramadol and improving enforcement against illicit drug trafficking. Addressing the root socioeconomic drivers through investment in youth education, vocational training, and employment creation programs is paramount. Public awareness campaigns are needed to destigmatize addiction and educate youth about the risks of drug use.
- **Practice**: Accessible, affordable, youth-friendly, and non-stigmatizing treatment and rehabilitation services are desperately needed, as highlighted by the current lack of supportive programs. These services should be integrated with mental health support to address trauma and co-occurring disorders. Training for healthcare providers, community leaders, and law enforcement on addiction as a health issue can help reduce stigma and improve responses. Targeted, holistic interventions are crucial for high-risk groups like homeless youth, addressing their addiction alongside needs for shelter, safety, and social support. Peer-led education and support programs may be effective in countering social normalization.
- **Research**: Longitudinal studies are needed to better understand the trajectories of drug use, addiction, and recovery among Somali youth. Further epidemiological research using methods to minimize reporting bias (e.g., respondent-driven sampling, biomarker validation where feasible) could provide more accurate prevalence estimates. Implementation research is required to identify and evaluate culturally appropriate and effective prevention and treatment interventions for the Somali context. Further investigation into the complex statistical associations observed, particularly concerning homelessness and its confounders, is also warranted. The role of Khat as a potential gateway substance in this population merits deeper exploration (Oladipo et al.).

The choices made by youth regarding substance use occur within a landscape of severe structural constraints and limited opportunities. The interplay between individual agency and this challenging environment means that interventions focusing solely on individual behavior change, without addressing the broader socioeconomic and systemic determinants, are unlikely to succeed. Furthermore, the nexus of addiction, poverty, and crime, as described by participants, creates a vicious cycle that further marginalizes vulnerable youth, making recovery exceptionally difficult. Breaking this cycle requires comprehensive interventions that integrate addiction treatment with economic support, legal aid, family reconciliation efforts, and widespread stigma reduction campaigns.

Conclusions

This study confirms an escalating crisis of narcotics use among youth in Mogadishu, Somalia. The problem is driven by a complex interplay of profound socioeconomic deprivation, pervasive unemployment, limited educational opportunities, strong peer influence, the alarmingly easy availability of drugs, and the use of substances as a coping mechanism for the stresses and trauma prevalent in a conflict-affected environment. Homeless youth are identified as a particularly vulnerable group facing disproportionately high risks. The findings underscore the urgent need for a robust, multi-sectoral, and evidence-based response. This must include comprehensive strategies for prevention, particularly targeting early intervention and addressing risk factors such as peer pressure and lack of opportunity. Equally critical is the development and scaling-up of accessible, affordable, and non-stigmatizing treatment, harm reduction, and rehabilitation services, which are currently severely lacking. Efforts must also focus on policy reforms to control drug availability, particularly the unregulated sale of prescription opioids, and on broader socioeconomic development initiatives to provide youth with viable alternatives and a sense of hope. Addressing the pervasive stigma surrounding addiction and fostering a supportive environment are essential for encouraging help-seeking and facilitating recovery. This requires a concerted effort from policymakers, healthcare providers, educators, community and religious leaders, and international partners to work collaboratively to protect and promote the health and well-being of Somali youth.

Abbreviations

AOR: Adjusted Odds Ratio **CI:** Confidence Interval **COR:** Crude Odds Ratio **DOI:** Digital Object Identifier **IRB:** Institutional Review Board **KII:** Key Informant Interview **LMICs:** Low- and Middle-Income Countries **UNFPA:** United Nations Population Fund **UNODC:** United Nations Office on Drugs and Crime

Declarations

Ethics Approval and Consent to Participate: Ethical approval was obtained from the relevant institutional review board. The study was conducted in accordance with the Declaration of Helsinki. Informed consent was obtained from all participants. For participants under the age of 18, parental or guardian consent and assent from the minor were obtained. Participants were informed that participation was voluntary, they could withdraw at any time without penalty, and their data would be kept confidential and anonymous.

Consent for Publication: Not applicable (no individual personal data requiring additional consent).

Availability of Data and Materials: The quantitative dataset generated and/or analyzed during this study is not publicly available due to privacy concerns but is available from the corresponding author on reasonable request subject to ethical approval. Qualitative data (interview transcripts) are not publicly available to protect participant confidentiality. The survey questionnaire, interview guides, and consent form template are provided as supplementary materials.

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