A Critical Analysis of Community Based Substance Use Interventions in Refugee and Immigrant Populations.

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Abstract

Background: Though substance use disorder and mental health concerns are widely recognized issues within displaced populations, problematic alcohol use within the Burmese refugee population of Denver in particular has been identified as an issue of importance by members of the community itself. Many of these refugees have experienced violence and persecution at the hands of a military junta, resulting in high rates of post-traumatic stress disorder and substance use. The Burmese refugee population faces alcohol-related challenges, including availability in camps on the Thai-Burma border. Through prior partnerships with University of Colorado medical students utilizing a community-based participatory research (CBPR) approach, problematic alcohol use was identified as a theme for health literacy intervention by the community. In the setting of numerous contributing factors, this project instead demonstrated key areas of consideration for conducting CBPR, working in immigrant and refugee communities, and future considerations to best engage communities. In this critical analysis, we will examine the strategies that were employed in conducting this study

and highlight current literature support in conducting substance use interventions in diverse communities.

Methods: IRB approval was granted to conduct focus groups within the Burmese refugee population of Denver to develop a health literacy program with administration of standardized pre- and post-course surveys. However, attempts to recruit participants and engage with the community were unsuccessful, and initial aims were not carried out. The researchers identified and discussed the barriers to success experienced within the framework of published literature exploring common obstacles to conducting research within communities similar to the target population (ie. displaced, refugee, Burmese, experiencing substance use disorders).

Results: Literature discussing barriers to engagement of refugee populations with substance use treatment programs and to engagement with CBPR was considered, as well as literature exploring recommendations for more successful community engagement. Many of the barriers experienced by the authors in attempts to engage the target community were aligned with those discussed in literature, with major themes including stigma of the topic, challenges posed by the COVID-19 pandemic, obstacles to forming trusting relationships within the closed community, and difficulty engaging a representative audience.

Conclusions: There are many barriers to conducting CBPR, especially within communities dealing with sensitive and stigmatized issues. Researchers should consider barriers discussed in literature to improve rates of success.