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

Danielle Gilbert¹, Laura Meimari¹, and Janet Meredith²

1: University of Colorado School of Medicine
2: University of Colorado Department of Family Medicine

Background
Population and Substance Use
- High rates of problematic substance use in refugee populations
- High substance availability in refugee camps contributes to misuse
- Complicated by cultural beliefs and limited interventions

Prior Research and CBPR
- Prior research by CUSOM students via community-based participatory research
- Identified culturally sensitive education intervention to address alcohol misuse reflecting community concern about issue

Methods
- Study Setup: Approved by the institutional review board, the study aimed to conduct focus groups and alcohol health seminars in a partner community.
- Preliminary Efforts: Researchers interviewed community members and leaders, and attempted community events and outreach over 36 months.
- Challenges Faced: Minimal participant enrollment and engagement hindered the study's aims.
- Identified Barriers: Themes aligning with published considerations in similar communities emerged, including substance use (especially alcohol) among displaced refugees and Myanmar or Burmese populations.

Results
Community contact history
- Over 36 months, researchers made attempts to engage with community and community members:
  - Community events, including school supply drives, vaccination clinics, game nights
  - Participant recruitment events, with meals provided and in-person interpretation
  - Distributed materials about project, including flyers, posters, newsletters
  - Virtual events
- Majority of community outreach occurred in partnership with refugee housing complex

Barriers to engagement with CBPR methodologies
- Barriers identified in literature and evident in this study include community definition, community representation, and mutual commitment of and benefit to community and researcher
- Partnership with housing complex resulted in narrow audience
- Small number of participants were unlikely to be representative of larger community
- Intended benefit of study to population not adequately conveyed
- Additional situational barriers were contributory to inadequate engagement

Future recommendations for community engagement
- Recommendation for successful engagement with communities via CBPR methodologies have been identified in literature
- Most important recommendation for future work on this study is to understand complexity of community
- Sufficient relationship-building did not occur in establishing trusting relationship with community
- Additional time and resources should be spent in establishing trusting relationship with community
- Future researchers should aim to develop relationships with individuals to advise on culture, best practices, and stigmatized topic

Conclusions
- Stigma, language barriers, gender differences, and difficulties connecting with community leaders hindered participation.
- CBPR barriers included difficulty in identifying and engaging the target community due to resource limitations and uncertainty.
- Situational barriers included COVID-19, community member relocation, loss of a community member, and high staff turnover.
- Future research should prioritize understanding community complexities, building trust, engaging community members for cultural insights, and tailoring communication.

Implications
- CBPR seeks to progress population research to a new equitable standard.
- Barriers between participants and researchers are particularly evident around topics such as substance use, which carry more stigma in certain populations.
- When engaging in CBPR, researchers should investigate known barriers to best serve the community and investigate research questions ethically.

Disclosures
The authors have no conflict of interest to disclose. Funding for this project was provided by:
- Rotary International
- CUSOM Global Health Track scholarships
- University of Colorado Department of Family Medicine

References: