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

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## 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

- community members and leaders, and 36 months.
- study's aims.
- **Identified Barriers:** Themes aligning with published considerations in similar communities emerged, including substance use (especially alcohol) among displaced refugees and

#### Results

#### **Community contact history**

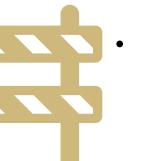
• Over 36 months, researchers made attempts to engage with community and community members:



- 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

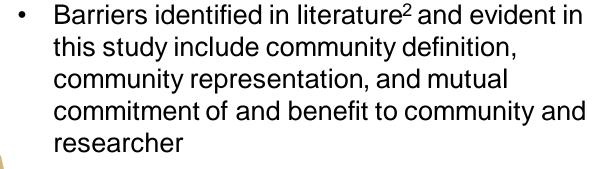
#### Barriers to engagement with substance use programs

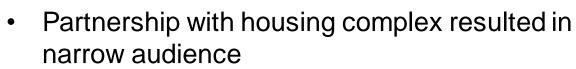
Many barriers to substance use prevention/treatment have been identified in literature<sup>1</sup>



- Barriers to engagement with target population of study included:
- Stigma surrounding alcohol use and its discussion, lack of guidance in culturallyappropriate approach to topic
- Language barriers and inadequate interpretation
- Gender differences
- Closed community

### **Barriers to engagement with CBPR** methodologies





- 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<sup>3</sup>



- Most important recommendation for future work on this study is to understand complexity of community
- Sufficient relationship-building did not occur
- 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**

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- **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 attempted community events and outreach over
- **Challenges Faced:** Minimal participant enrollment and engagement hindered the
- Myanma or Burmese populations.

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