

INTRODUCTION

- Several studies documented that distressed populations are at high risk for substance use and SUDs.
- Survey instruments about SU designed with standardized scales might not reflect the different contexts and concepts among different groups.

Refugees from different cultural backgrounds.

Migration and post-migration challenges.

Quantitative methods might be prone to misinterpretation.

Social & cultural differences.

Attitudes, Beliefs, and Experiences of Substance Use: A Systematic Review of Qualitative Research among Refugees & Practitioners

EA.Saleh¹, FB.Lazaridou^{1,2,3}, F.Klapprott¹, M.Wazaify⁴, A.Heinz^{1,2}, U.Kluge^{1,2}

Contextualization and deeper understanding of SUDs by the Qualitative Research

- Risk factors
- Motives
- Knowledge
- Experiences
- Prevention / Interventions

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1.Department of Psychiatry and Psychotherapy, Campus Charité Mitte (CCM), Berlin, Germany. 2.Berlin Institute for Integration and Migration Research (BIM), Humboldt University of Berlin, Germany. 3.Department of Conflict and Consensus, German Centre for Integration and Migration Research, Berlin. 4.Department of Biopharmaceutics and Clinical Pharmacy, School of Pharmacy, The University of Jordan, Amman, Jordan.

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METHOD

241 Qualitative studies identified

Screening and critical appraisal by 3 independent reviewers.

Studies

Systematic review process

Questions

- What are the factors and reasons behind SUDs among refugees?
- What is the contribution of qualitative research in this issue to inform us about the challenges to treatment of SUDs?

Strategy & Criteria

- Identify published and unpublished studies using six medical and social sciences databases.
- Relevant studies imported to JBI-SUMARI software for assessment.

Selection

- Titles and abstracts were screened by three independent reviewers.
- Study inclusion process presented in PRISMA-chart.

Critical Appraisal

- Meta-aggregative approach where all studies included in this review were assessed using CASP (the critical appraisal skills program).

26 Qualitative Studies Included

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The System for the Unified Management, Assessment and Review of Information (SUMARI) is the Joanna Briggs Institute's premier software for the systematic review of literature.

PubMed, Cochrane Library, ScienceDirect, EBSCO, Google

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RESULTS

Qualitative Studies Regarding SUDs among Refugees Based on Countries

Country	Number of Studies
U.S	7
Australia	6
Thailand	5
Iran	3
Germany	2
Ecuador	2
Liberia	1
Norway	1
Uganda	1
Jordan	1

Qualitative Studies Based on Refugees' Groups

Group	Percentage
Brumese	32%
African	25%
Afghan	14%
Arab	11%
Nepali	11%
Latino	7%

The Qualitative Thematic Findings

- Refugees are susceptible to substance use and SUDs.
- Harmful consequences of SU complicated by social and organizational factors.
- High barriers for refugees to access health facilities for SU treatment.
- There is a need to provide effective access to treatment, intervention, and prevention.

- Illiteracy, unemployment, poverty and lack of documentation were reported as risk factors of SU among refugees.
- Socializing and self-medication for their emotional and physical pain are the motives behind SU as mentioned by refugees.
- Consequences on refugees' relationship and self-image, another consequences through interaction with the host community.
- Organizational and cultural barriers, lack of linguistic and intercultural supported services.
- Lack of mental health awareness and psychosocial barriers.

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DISCUSSION

Language

Health Insurance

Barriers to Treatment

Stigma and Fear of Deportation

Lack of Mental Health Awareness

For Future Studies

- Future qualitative studies should focus on effective treatment and preventive strategies in various host communities.
- More studies are needed on the effectiveness of SU interventions, or their acceptability among refugees.
- There is a need to understanding the recovery or relapse experiences among refugees who attended the treatment.

Refugees are already struggling with post-migration challenges, and the drug's availability and low-cost pose further risks for them. In different studies, refugees in Germany and the US documented that they are challenged by differences in socially accepted substances and different legalization levels.

The stigma and legal consequences of SU among refugees impose them on fear of deportation, which prevents affected refugees from attending the treatment services.

Acknowledgement: The main author has a scholarship from The German Academic Exchange Service (DAAD), ref.no: 91604276. Technical tools and final proofreading costs were covered by the research grant – Doctoral Programmes in Germany, grant number (57440921).

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