

## Alcohol and Substance Use Disorders among Refugees: A summary for public health officers

Unhealthy substance use (alcohol and other drugs) is a prevalent but often-neglected problem affecting many refugee communities. The challenges of substance use, including medical and social problems, are compounded by the lack of prevention and treatment services for refugees.

In 2018, UNHCR commissioned a review to synthesize the evidence on prevention and treatment interventions for substance use in refugees in low- and middle-income countries (LMIC). The consultants identified six substance use interventions evaluated in refugee populations and twenty-nine relevant interventions administered to other disadvantaged populations in LMIC.

- Half of the refugee studies described screening and brief interventions to reduce hazardous substance use. Brief interventions are intended to prevent transition from hazardous use to disorder, while it is recommended that individuals who meet criteria for severe SUD also receive more intensive psychosocial and/or pharmacological intervention.
- Harm reduction was described in one refugee study, yet the evaluation focused on implementation challenges, not effectiveness.
- The review did not identify studies describing promotion, universal prevention, or selective prevention interventions in refugee populations.
- The majority of studies reported on the implementation of substance use interventions but lacked an evaluation component.
- Most studies focus on mild/subthreshold alcohol and substance use problems. More evidence is needed for more severe and complex problems, including moderate-to-severe alcohol/substance use disorders, polysubstance use, and mental health/psychosocial comorbidities. Particularly striking was the lack of studies on substances other than alcohol.

There will not be a single, catch-all solution for addressing the complex public health problem of substance used disorders in refugee settings. Rather, various approaches that are known to work in non-refugee contexts should be implemented and evaluated in synergy while considering contextual aspects such as the role of gender, related health and social problems, and structural factors (e.g., criminalization of illicit drug use) that may introduce barriers to utilization and implementation.

Such a comprehensive package will likely consist of the following elements:

1. Community-based approaches to raise awareness, promote primary prevention, and reduce alcohol and other drug-related harm.
2. Brief interventions delivered within an integrated, stepped care model to identify and manage people with substance misuse in primary care, many of whom may be seeking care for health problems exacerbated by substance use (e.g., common mental disorder, infectious diseases). Capacity building including supervision for non-specialist providers is essential to ensure that interventions are delivered with fidelity and providers are confident in their ability to deliver this type of care.
3. Clinical interventions for individuals with more severe substance use disorders to receive higher levels of care, including psychological interventions, medication-assisted treatment and managing withdrawal.

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For more information contact Pieter Ventevogel, Snr Mental Health Officer ([ventevog@unhcr.org](mailto:ventevog@unhcr.org))

The full review can be found on Public Health pages of the UNHCR website:

Kane JC, Greene MC. Addressing Alcohol and Substance Use Disorders among Refugees: A Desk Review of Intervention Approaches. UNHCR; 2018
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