

# SUBSTANCE USE AMONG AFGHAN REFUGEES

**Substance use disorder (SUD)** is a complex and chronic medical condition of the brain that involves a problematic pattern of substance use leading to clinically significant impairment or distress. Symptoms fall under four groupings as follows:

## **Impaired Control**

- Substance is taken in larger amounts or over a longer period than was intended.
- Persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent obtaining the substance, using the substance, or recovering from the effects of the substance.
- Craving, or strong desire or urge to use the substance.

## **Social Impairment**

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- Important social, occupational, or recreational activities are given up or reduced because of substance use, including withdrawal from family activities.

## **Risky Use**

- Recurrent substance use in situations in which it is physically hazardous.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

## **Pharmacological or Dependence**

- Tolerance as defined by a need for markedly increased amounts of a substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.
- Withdrawal as manifested by the characteristic withdrawal syndrome for the substance, or the substance is taken to relieve or avoid withdrawal symptoms.

Severity of SUD depends on how many of the above symptoms are present. One symptom may indicate an individual is at-risk. The presence of 2-3 symptoms indicates mild SUD. The presence of 4-5 symptoms indicates moderate SUD. The presence of 6 or more symptoms indicates severe SUD.

## Substance Use Among Refugees

Refugees have a higher-than-average incidence of mental health conditions due migration- and resettlement-related stressors and traumatic experiences. Because mental health disorders, in turn, can increase the risk of problematic substance use, migrants and refugees may also be at a greater risk of abusing substances as a means of coping with these stressors, traumas, and/or losses - to numb, self-regulate, or self-medicate. However, systematic reviews of substance use among forced migrants globally have found significant variations in prevalence rates of SUD, with many studies finding lower prevalence rates among forcibly displaced people compared to the general population (Saleh et al., 2022).

## Risk Factors & Motives for Substance Use Among Afghan Refugees

Although research is limited, the following risk factors have been associated with problematic substance use among Afghan refugees:

- Premigration experiences of trauma and torture
- Post-migration adjustment difficulties (i.e., language, culture, education, and employment)
- Maladaptive coping strategies & self-medication
- Lack of mental health awareness
- Exposure to & availability of substances in host country
- Intergenerational conflicts
- Low income & long hours working stress
- Substance use in country of origin (Saleh et al., 2022)

Potential motives for Afghan refugees using substances include:

- To cope with different kinds of losses and trauma
- To cope with social exclusion, frustration, and loneliness
- To cope with family separation and anxiety
- To escape the past
- Family problems (Saleh et al., 2022)

## Stigma

Mental health conditions, including problematic substance use, are highly stigmatized, particularly in Afghan culture. Sociocultural and religious norms and beliefs facilitate stigma related to SUD. Alcohol and drug consumption is

considered *haram* in Islam and brings shame upon the individual, their family, and community. Afghan refugees may find it extremely challenging to discuss substance use issues with their families due to fear of being rejected and excluded, as well as damaging the reputation and honor of their families and ethnic communities. Stigma may manifest as *anticipated stigma* (expectation of experiencing bias if a stigmatized condition is discovered), *internalized stigma* (feelings of shame and internalized negative labels), *secondary stigma* (shame extends to family), and *experienced stigma* (individual is rejected, excluded and shunned). As a result, substance use will more than likely be concealed or denied by an Afghan client, as well as by his/her family.

Stigmatization can negatively impact affected migrants' and refugees' mental health, exacerbate their use of substances, decrease their chances of finding suitable employment, and destabilize their lives. A study of Afghan refugees in Iran (Deilamizade et al., 2019) found that Afghan refugees who used drugs experienced stigma in 5 areas: self-stigma, family and friends, workplace, neighborhood, and treatment centers. The consequences of stigma on Afghan refugees who used substances included frequent treatment failure, family relationship disruption, superficial conformity with the host society, and self-stigma (Deilamizade et al., 2019).

## Prevention & Intervention

Awareness raising, early intervention, risk assessment, and preventive support are crucial in addressing SUDs among refugees. The following are key recommendations:

- Standard orientation activities should be expanded to include psychoeducation on substance use by providing accurate information about SUD as a chronic relapsing medical condition that affects the brain and associated areas of functioning. Dispel myths and inaccurate perceptions about SUD and explain the various risk factors and harmful consequences. Provide information on how a standard alcoholic drink is defined in the U.S., the difference between moderate and excessive drinking, and how to read alcohol content of beverages. Provide information on strategies for managing somatic pain and safe and appropriate use of prescription medication for anxiety, sleep problems, and pain management. Educate clients on physical, psychological, social, and legal consequences of substance use in the U.S. These important messages can be couched within a larger dialogue on healthy behaviors and habits in order to avoid the stigma commonly associated with substance use problems.
- Use culturally sensitive screening instruments such as the World Health Organization's (WHO) [Alcohol, Smoking, and Substance Involvement Screening Test \(ASSIST\)](#).



- The stigma and resulting shame associated with SUD in Afghan culture provide powerful incentives to deny and conceal problems and isolate oneself from family and friends. Therefore, confidentiality and privacy must be emphasized and adhered to by service providers. A significant proportion of time may need to be spent on building trust, reducing feelings of shame, helping the client acknowledge that substance abuse is indeed a problem, and then working with them to overcome fears or ambivalence about making positive changes related to substance use. Use **Motivational Interviewing (MI)** techniques to develop a trusting working alliance with refugee clients in order to help resolve ambivalence or resistance about behavior change and enhance intrinsic motivation to change (Potocky, 2016). MI can be used in brief interactions which makes it ideal for resettlement case managers and other resettlement workers who are not trained mental health professionals. For more information and resources about Motivational Interviewing, see the following:

1. [Case Western Reserve Center for Evidence-Based Practices Motivational Interviewing Resources](#)
2. [Substance Abuse and Mental Health Services Administration \(SAMHSA\) TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment](#)
3. [Institute for Research, Education, & Training in Addictions Motivational Interviewing Toolkit](#)
4. [Motivational Interviewing Network of Trainers \(MINT\)](#)

- Family functioning, involvement, and cohesion are key protective factors for substance abuse among refugee populations, particularly for refugee youth. Parenting styles that are high on expectations and support have also been found to serve as protective factors against alcohol and drug use among refugee adolescents (Aleer et al., 2023). Preventive interventions with Afghan families should focus on strengthening family involvement and cohesion and improving parent-child relationships, as well as educating Afghan parents and children and supporting effective parent-child communication about substance use and its harmful effects.
- Acculturation stress and its impact on mental health should be a focus. Identify stressors and assist Afghan refugees in accessing resources and meeting their basic needs, such as stable housing and employment.
- Information about mental health, problem substance use, legal rights and health services navigation should be made available in Dari and/or Pashto, and targeted information programs should be directed towards Afghan refugee communities to combat stigma and increase mental health literacy.
- Help clients understand that overcoming a substance use problem is not as simple as resisting the temptation to use alcohol or drugs. While no single treatment method is right for everyone, emphasize that help and treatment are available, and recovery is possible.
- There are many barriers that prevent refugee populations from receiving and/or seeking substance abuse treatment. Mainstream treatment services are more than likely culturally, linguistically, and geographically inaccessible. Providers, therefore, may need to conduct significant groundwork to connect refugee clients to appropriate care. Case management preparation and ongoing coordination of care can contribute to referral success.
- Determining what kind of support or treatment is needed for a client with a substance use issue is based on the client's clinical needs and situation which should then be matched with the right level of care, in the most appropriate available setting.

## Substance Use Treatment Options

Below are the various voluntary substance abuse treatment options that are available, from those that treat the most severe forms of substance use to least severe:

- **Medically supervised withdrawal or detoxification** uses medication to help people withdraw from alcohol and other drugs.
- **Inpatient treatment programs** (high intensity) are typically connected to a hospital or clinic and provide 24-hour care for mental health issues and/or substance misuse.
- **Residential treatment programs** (medium to high intensity) provide a living environment with supervised treatment and structured care plans that usually last a few weeks to a few months, or a year or more for those with more serious substance use disorders.
- **Partial Hospitalization Programs** (medium to high intensity) provide four to eight hours of treatment a day while individuals continue living at home or in a sober living home/community.

- **Intensive Outpatient Programs** (medium to high intensity) provide 10-20 hours of treatment a week at a specialty facility while continuing to live at home or in a sober living home/community.
- **Outpatient Programs** (low to medium intensity) provide no more than nine hours of treatment a week at a specialty facility while individuals continue to live at home or in a sober living home/community. Many Harm Reduction Programs that aim to minimize negative health, social, and legal impacts associated with substance use are offered in outpatient programs.

To find substance use treatment centers near you, please visit [Behavioral Health Treatment Services \(SAMHSA\)](#) or [Opioid Treatment Program Directory by State \(SAMHSA\)](#).

## Substance Use Support Groups

For those with insurance or a primary care doctor, assist Afghan clients in contacting their insurance to find out what mental health and substance use coverage is available or their primary care doctor to receive an initial evaluation and referral.

Additional resources for support:

- [Connect with your local National Alliance on Mental Illness \(NAMI\) affiliate](#) and ask about resources for immigrated, undocumented, and refugee persons in your area. Also inquire about mental health support groups and education programs available through your local NAMI affiliate.
- 12-Step Programs focus on building a community of support through sharing, attending regular meetings (in-person and online), and embracing spirituality through the 12-Steps. Please see the below links for additional information and to find a meeting near you:

1. [Alcoholics Anonymous \(AA\)](#)

2. [Narcotics Anonymous \(NA\)](#)

3. [Millati Islami World Services](#) is a fellowship of Muslim men and women, joined together on the “Path of Peace” while recovering from substance use. Download readings for Millati Islami [HERE](#). Click [HERE](#) for a pamphlet, Am I Addicted?

4. [Self-Management and Recovery Training](#) (SMART; non-12-step)



For resources or more information about USCRI’s Refugee Health Services program for resettled Afghans, please visit: <https://refugees.org/the-behavioral-health-support-program-for-afghans/>.

If you or someone you know is thinking about suicide or would like emotional support, call or text 988, the [Suicide and Crisis Lifeline](#) that is available 24/7. If you or someone you know is having a life-threatening emergency, please call 911 or go to your nearest hospital emergency room.

### References

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