



December 18, 2024

Unaccompanied Refugee Minors Affected By Substance Use

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connecting resettlement experts





Thank you for joining today's training!

We will begin momentarily.



Today's Speaker



Claire Hopkins

Training Officer

Child and Family
Services

Learning Objectives



By the end of this session, you will be able to:

1

EXPLAIN

substance use disorder (SUD) and the prevalence of substance use in countries where URMs commonly originate

2

ANALYZE

the cultural and contextual factors influencing substance use among URMs

3

IDENTIFY

supportive strategies that foster resilience, encourage healthy coping mechanisms, and promote non-judgmental conversations about URMs' experiences with substance use



1

Substance Use Disorder

Prevalence in countries where URMs commonly originate



What is Substance Use Disorder (SUD)?

- DSM-5 recognizes substance-related disorders from use of 10 classes of drugs
- SUD requires substance use for at least one year
- SUD has 11 criteria (symptoms) grouped into four categories
- SUD can range in severity:
 - Mild: 2–3 symptoms
 - Moderate: 4–5 symptoms
 - Severe: 6 or more symptoms

Eleven Criteria for Substance Use Disorder



IMPAIRED CONTROL

1. Using larger amounts/longer
2. Repeated attempts to control use or quit
3. Much time spent using
4. Craving

Eleven Criteria for Substance Use Disorder



IMPAIRED CONTROL	SOCIAL IMPAIRMENT
<ol style="list-style-type: none"><li data-bbox="343 771 976 911">1. Using larger amounts/longer<li data-bbox="343 953 976 1168">2. Repeated attempts to control use or quit<li data-bbox="343 1210 976 1350">3. Much time spent using<li data-bbox="343 1391 976 1459">4. Craving	<ol style="list-style-type: none"><li data-bbox="1009 765 1609 906">5. Neglecting major roles to use<li data-bbox="1009 947 1609 1238">6. Social or interpersonal problems related to use<li data-bbox="1009 1279 1609 1420">7. Giving up activities to use

Eleven Criteria for Substance Use Disorder



IMPAIRED CONTROL	SOCIAL IMPAIRMENT	RISKY USE OF SUBSTANCE
<ol style="list-style-type: none">1. Using larger amounts/longer2. Repeated attempts to control use or quit3. Much time spent using4. Craving	<ol style="list-style-type: none">5. Neglecting major roles to use6. Social or interpersonal problems related to use7. Giving up activities to use	<ol style="list-style-type: none">8. Hazardous use9. Physical or psychological problems related to use

Eleven Criteria for Substance Use Disorder



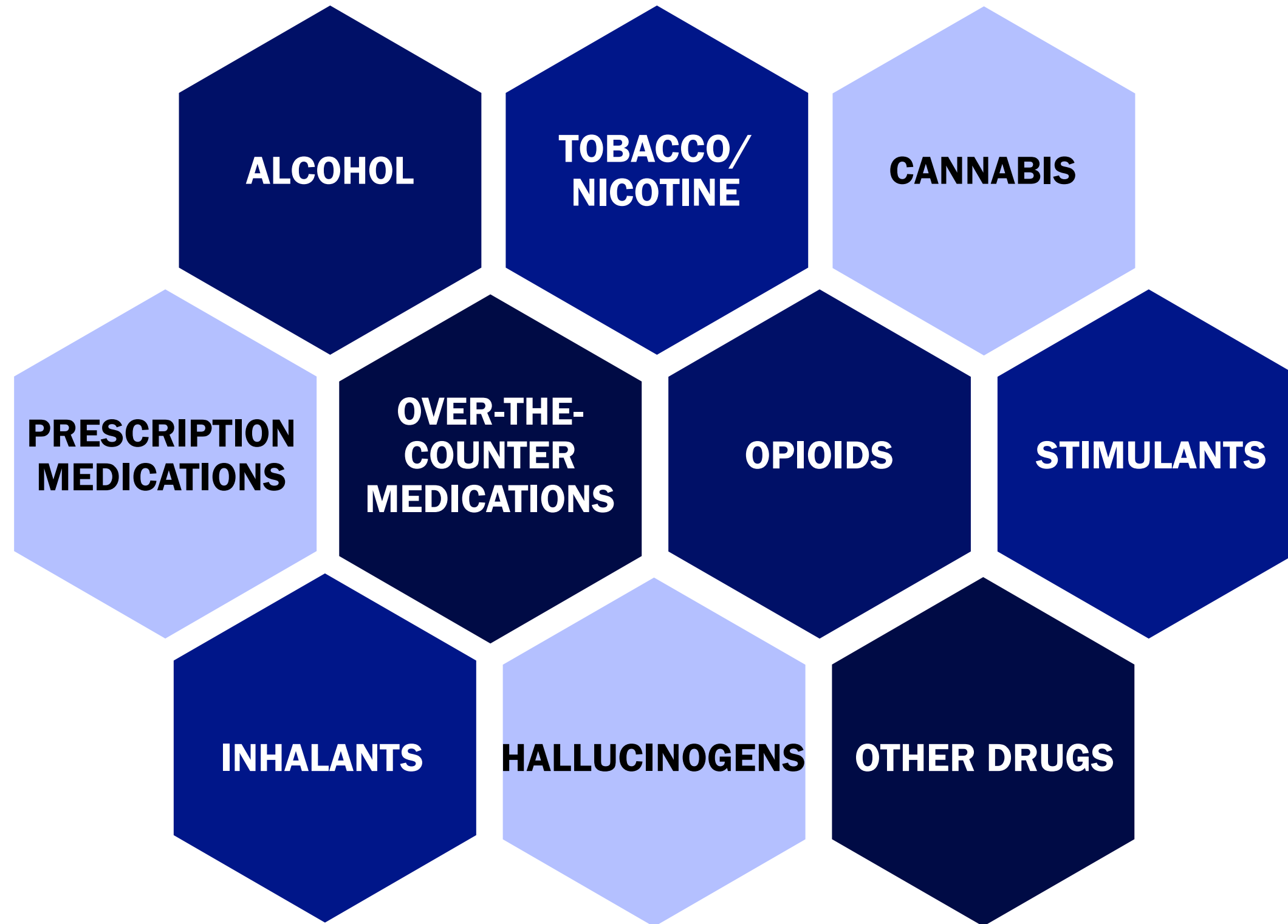
IMPAIRED CONTROL	SOCIAL IMPAIRMENT	RISKY USE OF SUBSTANCE	PHARMACOLOGICAL CRITERIA
<ol style="list-style-type: none">1. Using larger amounts/longer2. Repeated attempts to control use or quit3. Much time spent using4. Craving	<ol style="list-style-type: none">5. Neglecting major roles to use6. Social or interpersonal problems related to use7. Giving up activities to use	<ol style="list-style-type: none">8. Hazardous use9. Physical or psychological problems related to use	<ol style="list-style-type: none">10. Tolerance11. Withdrawal

What is Recreational Substance Use?

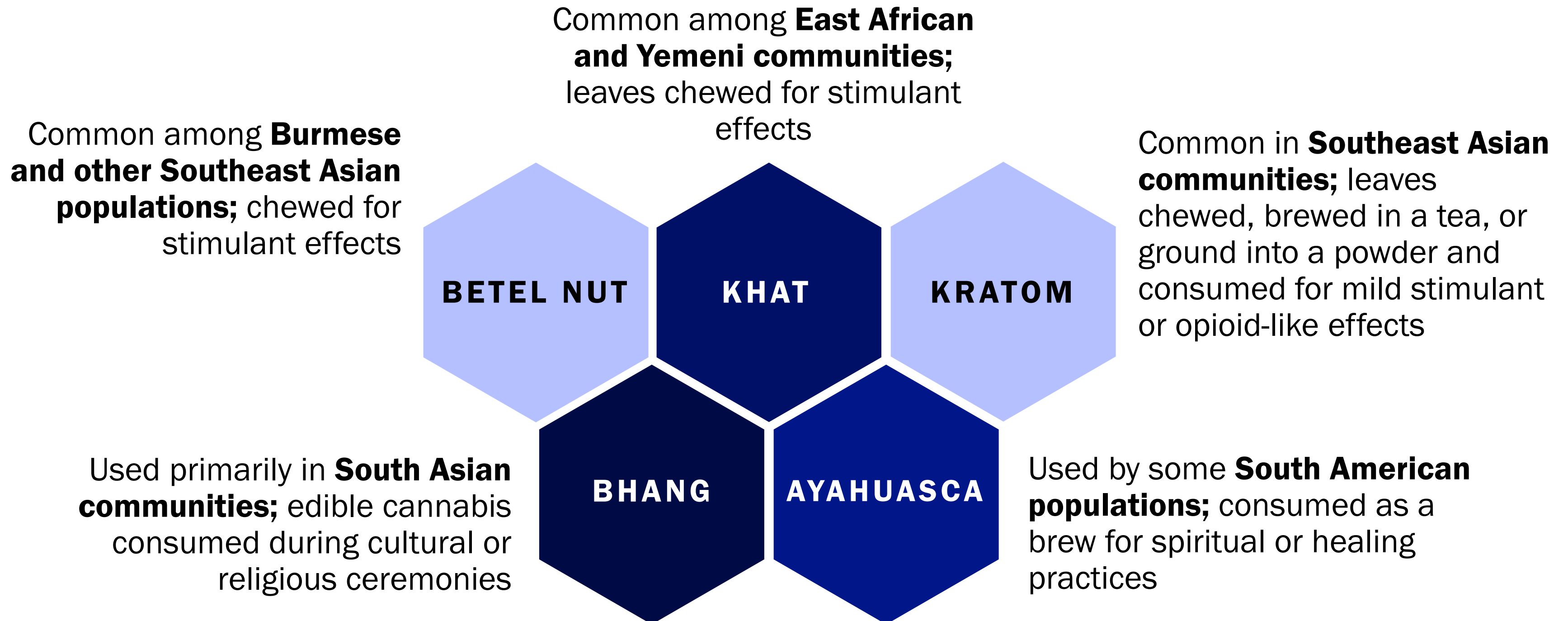


- Consumption of alcohol, drugs, or other substances that can alter mood, perception, or behavior
- Common substances: alcohol, cannabis, nicotine, sometimes stimulants/psychedelics
- Lacks physical or psychological dependence
- Occurs in social or casual settings, without major life impact
- Risk of escalation to habitual or problematic use

Common Substances in the United States



Culturally Specific Substance Use



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What cultural, religious, or social factors that affect substance use do you see in your work with URMs?

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Influence of Cultural, Religious, and Social Norms on Substance Use Patterns by Region



REGION	MAIN SUBSTANCES	NORMS
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2

Substance Use Among URMs

Cultural and contextual factors

Cultural and Contextual Risk Factors



TRAUMA AND COPING

- Exposure to violence, loss, and displacement
- Limited access to culturally sensitive mental health support
- Challenges processing trauma without family support or a cultural community

PRE- AND POST- MIGRATION STRESSORS

- Experiencing trauma, grief, and loss while unaccompanied
- Adapting to new social norms, language, and education system
- Ongoing stress due to legal/immigration uncertainties

Cultural and Contextual Risk Factors, cont.



STIGMA AND MENTAL HEALTH

- Cultural stigma around seeking mental health support, particularly for trauma
- Fear of judgment or discrimination based on ethnic or religious background
- Limited awareness or accessibility of mental health resources

ACCULTURATION AND PEER INFLUENCE

- Pressure to fit in with new peers and exposure to unfamiliar substances
- Struggles balancing home culture with new values and norms
- Loss of identity and cultural support



Case Scenario: Ahmed

You are a case manager working with a foster family who has welcomed Ahmed, a 17-year-old URM from Afghanistan.

Ahmed's foster parents recently expressed concerns about his frequent flashbacks and nightmares, which he attributes to his experiences back home. During a home visit, Ahmed confides in you about feelings of isolation and grief but is hesitant to seek further mental health support due to cultural stigma around mental health within his community.

The next day, you receive an email from Ahmed's foster parents informing you he

has begun spending time with peers who occasionally drink alcohol. The school contacted the family after discovering that the group had been drinking during lunch.

You schedule a visit, and during your discussion, Ahmed explains that, despite his religion prohibiting alcohol, he feels pressure to fit in socially in his new environment. His foster parents express discomfort with this behavior and, feeling unsure of how to help him, are considering requesting a replacement foster home for Ahmed if the situation doesn't improve.

Case Scenario: Ahmed

Factors to Keep in Mind



Cultural

Stigma around mental health



Religious

Restrictive norms around use



Social

Pressure to fit in with new peers

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How might you help Ahmed's foster parents understand the cultural, religious, and social dynamics influencing Ahmed's behavior?

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3

Strategies, Coping Mechanisms, and Conversations About Substance Use

Being supportive, encouraging, and non-judgmental



Case Scenario: New Foster Home

You are a case worker assigned to a newly licensed foster family with two daughters under the age of 10. Throughout the licensing process, the family expressed concerns about welcoming URMs with histories of substance use or trafficking, fearing these issues could negatively influence their daughters. The family is eager to foster a URM but has declined the last three placement options due to mentions of substance use in the youths' referral histories.



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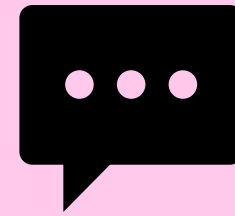


What are some non-judgmental questions or phrases you could use to help the foster family understand substance use in a supportive, contextual way?

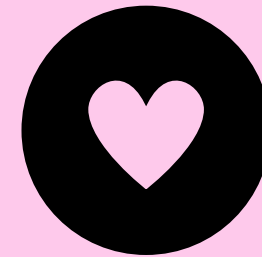
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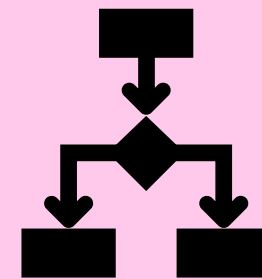
Non-Judgmental Conversations About Substance Use



Use open-ended, non-confrontational questions, and avoid shaming



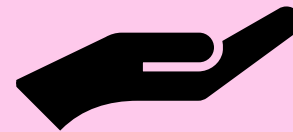
Reduce stigma by showing empathy and acknowledging challenges



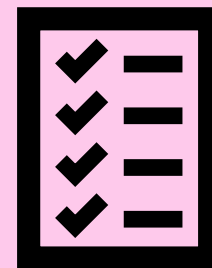
Educate on substance use impact, and offer alternative healthy choices



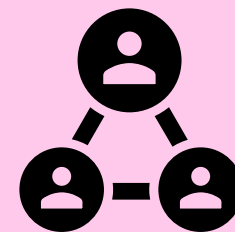
Supportive Strategies to Foster Resilience and Reduce Harm



Build safe and supportive relationships through consistency, cultural sensitivity, prevention, and early intervention services



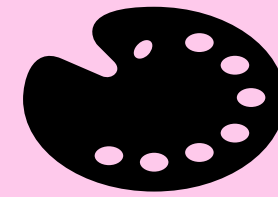
Encourage and set achievable, strengths-based goals and skill-building



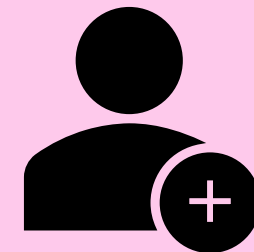
Connect with cultural and ethnic-based community resources to create belonging and reduce isolation



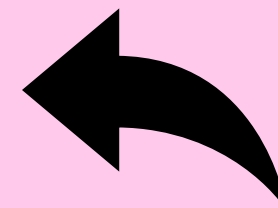
Encourage Healthy Coping Mechanisms



Introduce and model positive coping skills, and encourage creative expression through arts and hobbies



Promote and emphasize the positive impacts of peer support and mentorship



Refer to intervention, treatment, support services, and family-based approaches as appropriate



Case Scenario: Maria

You are a case manager to Maria, a 16-year-old from Honduras who fled to escape gang violence. Maria resides in your girls' group home and is struggling to live with other youth. She has expressed to you that her exposure to gang violence has affected her sense of safety, and she shares having difficulty trusting others. She shares that the communal living setting is also reminding her of negative experiences at shelters. Additionally, Maria states she is constantly worrying about her family back home and feels pressure to succeed academically to get a job and support them.

You learn that in her home culture, there's little awareness or acceptance of mental health support. Maria disengages from discussing her emotions any further with you and begins isolating from staff. However, recently, you notice Maria has been spending time with a few other residents who use marijuana. When confronting Maria, she admits that because she is feeling disconnected from her family and culture, she has started using marijuana to manage stress and to feel a sense of belonging within the group.

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Keeping cultural factors in mind, how might you help Maria explore healthier coping mechanisms?

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Takeaway Tips for URM Service Providers and Foster Parents

1

Establish prevention and early intervention, specialized services, and predictable routines and support

2

Be culturally responsive, self-reflect, and recognize personal biases through continued training and education

3

Collaborate with community organizations and mental health and substance use professionals

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How might you implement these strategies as you support URMs affected by substance use?

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Questions?

Type your question in the **Q&A**

Click **thumbs-up**  to vote for others' questions

Learning Objectives

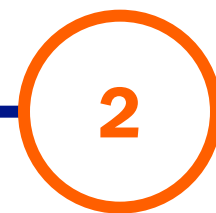


Now you are able to:



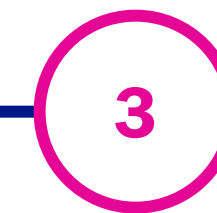
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Help us help you!

Scan the QR code or click the link in the chat to access our feedback survey!

- Five questions
- 60 seconds
- Help us improve future training and technical assistance



Recommended Resources



- **Switchboard**
 - Guide: [An Introduction to Substance Use: Guidance for Refugee Service Providers](#) (2024)
 - Webinar: [Substance Use Among Unaccompanied Refugee Minor Youth \(URM\)](#) (2022)
- **Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC)**
 - Video: [Substance Use Disorder](#) (2021), available in multiple languages
- **U.S. Committee for Refugees and Immigrants (USCRI)**
 - Guide: [Substance Use Among Afghan Refugees](#) (2024)
- **Northstar Behavioral Health Network:** [Solutions for Substance Abuse in Foster Care](#) (2024)
- **United for Global Mental Health:** [Child and Youth](#)
- **Shatterproof: Stronger Than Addiction:** [Addiction Myths vs. Facts](#)
- **Children's Bureau:** [Preventing, Identifying, and Treating Substance Use Among Youth in Foster Care](#)
- **Stop the Addiction Fatality Epidemic (SAFE) Project:** [Addiction & Mental Health Resources for the Latinx/Hispanic Communities](#) (2022)

Sources from Today's Webinar



- **Center of Excellence in Newcomer Health Minnesota**
- **Psychiatric Times:** Culture and Substance Abuse: Impact of Culture Affects Approach to Treatment
- **World Health Organization**
 - Mental Health Atlas 2020 Country Profile: Eritrea
 - Mental Health System in Eritrea
- **National Institute on Drug Abuse**
 - Most Reported Substance Use Among Adolescents Held Steady In 2022
 - Trends and Statistics
- **National Library of Medicine**
 - Adolescent Substance Use Disorder Treatment: An Update on Evidence-Based Strategies
 - Mental Health, Alcohol and Substance Use of Refugee Youth
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
- **American Addiction Centers**
 - Guide: Languages, Translators, and ESL for Drug and Alcohol Rehab (2024)



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