Substance Use and Addiction in Newcomer Communities

This info sheet provides useful information and resources on substance use and addiction for newcomer communities in British Columbia, including related statistics and data as well as resources for seeking help.

Introduction

Currently, there is a lack of research that explores the distinct needs and differences in accessing healthcare services as it relates to substance use and mental health within immigrant and racialized populations[1]. For the purpose of this document, newcomer will encompass all immigrants and refugees regardless of pathway of entry to Canada. Newcomers face significant barriers in accessing substance use services such as: Cultural differences, stigmatization or feelings of shame[2]; under-recognition of addiction issues, such as miscategorising addiction symptoms as physical rather than mental[3]; lack of cultural services including linguistic or religious[4]; lack of awareness of information or available resources[5]; distrust and unfamiliarity with the Western medical model[6]; and others, such as lengthy wait times, transportation and healthcare cost[7].

Statistics Canada reported characteristics of people who overdosed in British Columbia between January 2014 – December 2016[4].This graph shows opioid use among immigrant populations, broken down into immigration categories, the population total of those who overdosed, and the fatal and non-fatal percentages.

Statistics Canada 2014 - 2016	Total Overdose Cohort	Non-fatal Overdose Cohort	Fatal Overdose Cohort
Opioid Overdose, Analytical File, Total Members	13,318 (100%)	11,843 (100%)	1,475 (100%)
Immigration Status at Time of First Overdose			
Immigrants	928 (7%)	850 (7.2%)	78 (5.3%)
Family-Class Immigrants	416 (3.1%)	380 (3.2%)	36 (2.4%)
Economic-class Immigrants	261 (2%)	239 (2%)	22 (1.5%)
Refugees	236 (1.8)	x	X
Other Immigrants	15 (0.1%)	x	x
Temporary Residents	59 (0.4%)	51 (0.4%)	8 (0.5%)

Immigration as a Factor for Substance Use

Newcomers often suffer from complex, overlapping mental health issues that compound social needs, and the ability to cope with trauma. The estimated range of refugee populations that suffer from mental illness is 10% to 40%[9]. This can include en-route migratory traumas such as depression, post-traumatic stress disorder (PTSD), anxiety, and insomnia[10]. Coexisting psychiatric disorders, also known as co-morbidity, are likely for those with PTSD, and can include major depression, substance use, additional anxiety disorders, and externalizing disorders, such as attention-deficit hyperactivity disorder (ADHD)[11].

Upon arrival, newcomers are exposed to the vulnerabilities associated with being a newcomer such as culture shock, hardships within poor living conditions and low-wage jobs, limited access to resources or services, stigmatization, family separation, isolation, displacement, and racialization[12,13].The interconnected pressures of living with associated migratory traumas, a lower quality of life upon arrival, and the nuanced traumas of being in a foreign country, create a viable environment for substance use and addictions.

Substance Use and Addiction

Substance use refers to the use of drugs or alcohol and includes cigarettes, cannabis, illegal drugs, inhalants and solvents. A substance use problem occurs when individuals that use alcohol or drugs cause internal harm (such as to yourself) or external harm (such as to others) and can lead to addiction[17]. Addiction can be defined as "a condition that leads to a compulsive engagement with a stimuli, despite negative consequences"[18]. This can lead to physical and or psychological dependence. For instance, addictions can be substance related, such as the use of illicit drugs or alcohol, or process-related, otherwise known as behavioural addictions, and can include gambling or internet addiction[19].

Type of Substances	Examples
Legal Substances	Cigarettes, Alcohol, Marijuana
Illegal Drugs	Heroin; Cocaine; Lysergic Acid Diethylamide (LSD); Mescaline, Phenylcyclohexyl Piperidine (PCP) also known as "Angel Dust"; Methamphetamine, and Psilocybin; and Gamma-Hydroxybutyrate[1]
Prescription Drugs	Opioids: Codeine, Hydrocodone, Morphine, and Oxycodone[2]
Solvents/Inhalants	Four different categories[3]: * Volatile Solvents - Gasoline (Benzene), cleaning fluids (Toluene), paint thinners (Acetone), hobby glue (Naphtha), correction fluid and felt-tip markers (Hexane) * Aerosol or spray cans with Fluorocarbon and Butane- Hair spray, spray paint, cooking spray * Gases - medical anesthetics, Nitrous Oxide (laughing gas), Chloroform, Halothane and Ether * Nitrates - Amyl Nitrite, Butyl Nitrite and Cyclohexyl Nitrite
Polysubstance Use	Polysubstance or polydrug use is defined as using multiple illicit drugs concurrently. For instance, when an individual may use a prescription drug with alcohol.

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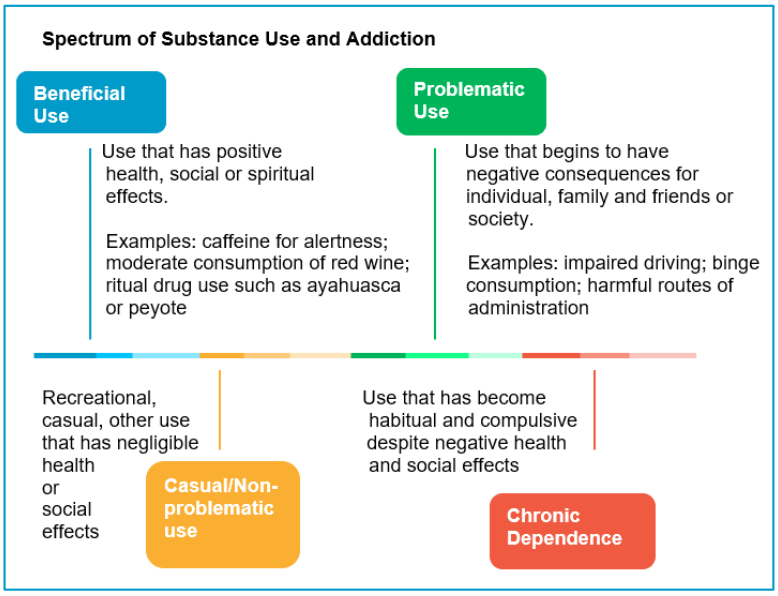
Disclaimer: The following summaries have been compiled by AMSSA.

The Canadian Mental Health Association (CMHA) has identified a simple way to understand and describe addiction: Craving, loss of control of amount of frequency of use, compulsion to use, and continued substance use despite consequences[20]. Newcomers have a higher risk of mental health or substance use problems due to higher stressors compared to Canadian-born residents. There is also a cultural difference in perspective regarding substance use and mental illness, such as differences in values, beliefs, language and culture. Oftentimes, substances are used as coping mechanisms to relieve personal pain or discomfort. This can include feeling accepted or more comfortable, the misconception of the disappearance one's own mental health issue, or act as self-medication. Substance use and addiction can be understood as being on a spectrum: Beneficial use; Casual/non-problematic use; problematic use; chronic dependence. For more information please see Spectrum of Substance Use and Addiction[21].



Health Status Over Time

The Social Determinants of Health (SDH) largely affect one's health status over time. SDH is defined as: The non-medical factors that influence health outcomes. It includes economic policies and systems, social norms, and related; and have an important influence on health inequities[22]. For the SDH's that affect substance use for newcomers, please see the social determinants of health table.

Social Determinants of Health	
Economic Status	• While many newcomers can secure full time employment, many others face difficulties in securing housing. This is due to: ○ Discrimination; overcrowding; housing affordability; lower language proficiency; poor housing conditions; conflict with neighbours or landlord; lack of references and credit ranking; family size; and varied financial constraints[5] • Lower economic status and poverty can often lead to poor mental states and can result in substance use
Ethnicity	• Canadian born individuals and immigrants of European descent who identify as Canadian, reported higher rates of substance and alcohol use than other immigrants[6] • Newcomers with darker pigmentation experienced higher rates of discrimination and stigmatization
Immigration Status	• Refugee claimants have higher emotional problems than any other immigrant category[7]
Gender	• Women are 60 percent more likely to use substances than men; women deal with their individual trauma associated with migration and are overburdened with the emotional traumas of family members[8]
Age	Youth face increased risk for substance use such as: • More likely to drink alcohol if arrived in Canada before the age of 19[9] • Difficulties in acculturation and use is more likely as the years in a new country increase[10] • Ethnic dislocation which includes the lack of integration into the new and or original culture. Families may also feel out of touch with both cultures[11] • Disruption of traditional family hierarchies while adopting Western culture[12]

Substance Use Services for Newcomers

Here is a list of organizations that provide substance use and mental health services for newcomers:

- Alcohol & Drug Information Referral Service — Provides free, confidential information and referral services to British Columbians in need of support with any kind of substance use issue
- BC Mental Health & Substance Use Services — Provides specialized treatment, education, health promotion and more in BC.
- Centre for Addiction and Mental Health — Has provided the Refugee Mental Health: Promising Practices and Partnerships Building Resources guide.
- Canadian Mental Health Association BC — Focuses on mental health, substance use and addictive behaviour.
- Finding Quality Addiction Care — A drug and alcohol treatment guide, created with the Canadian Centre on Substance Use and Addiction
- Foundry — Offers young people (12y-24y) health and wellness resources, services and supports - online and through integrated service centres in seven communities across BC
- Kelty Mental Health Resource Centre BC – A provincial resource centre that provides mental health and substance use information, resources and peer support to children,
- youth and their families.
- Pathways Community Service Directory — Has provided a list of mental health resources for refugees.
- VAST — Provides trauma recovery services and a healing community for newcomers with either group support or individual counselling.
- Provincial Refugee Mental Health Line- Information & Help Line
- Mental Health Counselling Services for Refugees Additional Services and Resources

*Currently there are no specialized services for addiction and substance use for refugees.

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