Barriers and Facilitators to Accessing Inpatient and Community Substance Use Treatment and Harm Reduction Services for People Who Use Drugs in Muslim Communities: A Systematic Narrative Review of Studies on Service Users and Providers Experiences

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No conflict of interest exists, and no ethical approval was required for this study.

INTRODUCTION

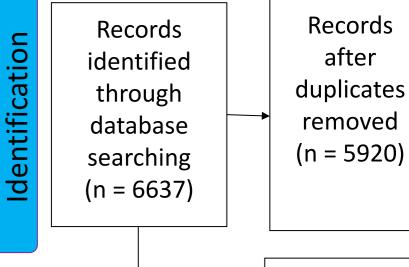
- Most research on drug use has been conducted in North America and the Global North¹.
- ☐ The prevalence of drug use in Muslim communities is difficult to estimate due to religious, social, and cultural prohibition toward drug use².
- People from Muslim Communities who use drugs choose to travel abroad for treatment or even not seek treatment to avoid stigma and disclosing their use of drugs in their own communities².
- <u>AIM</u>: Explore the perspective of both service users and providers on the barriers and facilitators to accessing inpatient and community-based drug treatment and harm reduction services for people who use drugs in Muslim Communities.

METHODS

- PROSPERO registered: CRD42020201623.
- Seven databases searched: Medline, PsycINFO, Global Health, EMBASE, CINAHL, Web of Science and ASSIA.
- Inclusion criteria:
- Qualitative, quantitative, and mixed methods.
- Adults from countries where at least 70% of the population were Muslim or where data were presented separately for Muslim communities in other countries.
- Quality assessment: Mixed Methods Appraisal Tool (MMAT).



Figure 1. PRISMA flow diagram of included studies



Records

screened

(n = 5920)

Full-text

articles

assessed

for

eligibility

(n = 161)

Screening

Eligibility

Included

Records excluded (Do not fulfil review aim) (n = 5759)

Full-text articles excluded, with reasons (n = 137)

• Study not about barriers or facilitators to accessing inpatient or community substance use treatment or harm reduction services or perceptions of service providers towards people who

use drugs (n = 122) • Study not conducted in a **Studies** Muslim country or included data not presented separately for Muslim (n = 24)communities in other

countries (n = 11)• Study is a conference paper, pilot, review, dissertation (n = 4)

FINDINGS

Figure 2. Barriers and facilitators to accessing drug use treatment and harm reduction services in Muslim communities

Interaction with the police:

Barriers: Can be caught by police with used needles and syringes while trying to return them to harm reduction services.

Services implications:

- Barriers: lack of services, inflexible timings, far-off appointments.
- Facilitators: availability of outreach workers.

Awareness:

Barriers: lack of awareness on available treatments, services and transmissions risks.

Drug use registration:

Barriers: having to have a narcological registration leading to police registrations.

Affordability:

ORGANIZATIONAL

BARRIERS &

FACILITATORS

Service providers:

Barriers: negative staff

attitudes denying service

users and access to services.

Barriers: expensive and not cost-effective services

Individual disposition:

Barriers: denying the need for treatment and mistrusting the system.

Meta-

Theme

STIGMA

Religion:

- Barriers: Islam considers people who use drugs sinners and overdose as suicide.
- Facilitators: In Islam sinners are encouraged to go to the mosque and ask for help and support. Also, Islam supports harm reduction.

Women who use drugs:

Barriers: being stigmatized more than men, lack of support and accused of immorality. Facilitators: integrated women services.

Social support: Privacy:

PSYCHOLOGICAL

BARRIERS &

FACILITATORS

- Barriers: negative attitudes in the society leading to people who use drugs being excluded by the community including families.
 - Facilitators: having supportive friends.

DISCUSSION

The findings suggest that the barriers and facilitators are similar between Muslim and non-Muslim countries such as stigma³.

Barriers: service users

denying to disclose

being identified as

their drug use to not

people who use drugs.

- ☐ The barrier that was truly unique to an Islamic view was the availability or absence of harm reduction services and methadone maintenance therapy (MMT)⁴, though, this was only reported in one study in Egypt. Nevertheless, in fact, Islam encourages harm reduction by concepts of doing no harm to oneself or others and the preservation of life^{4,11}.
- Islam may or may not impact all psychosocial and organizational barriers and facilitators identified:
 - o impacted by Islam:
 - Reflective of Conservative Islamic views, e.g., the availability or absence of harm reduction services and MMT⁴, and services for women who use drugs^{5,6}.
 - Not impacted by Islam:
 - Governmental and organisational policies. E.g., having a long waiting list⁷ and expensive services^{8,5}
 - Stigmatizing organizational policies i.e, narcological registration^{8,9,10}.
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