

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

qutba.s.al_ghafri@kcl.ac.uk
@qalghafri295

Qutba Al Ghafri, Gail Gilchrist, Polly Radcliffe
King's College London, National Addiction Centre

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.
- AIM:** 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).



FINDINGS

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

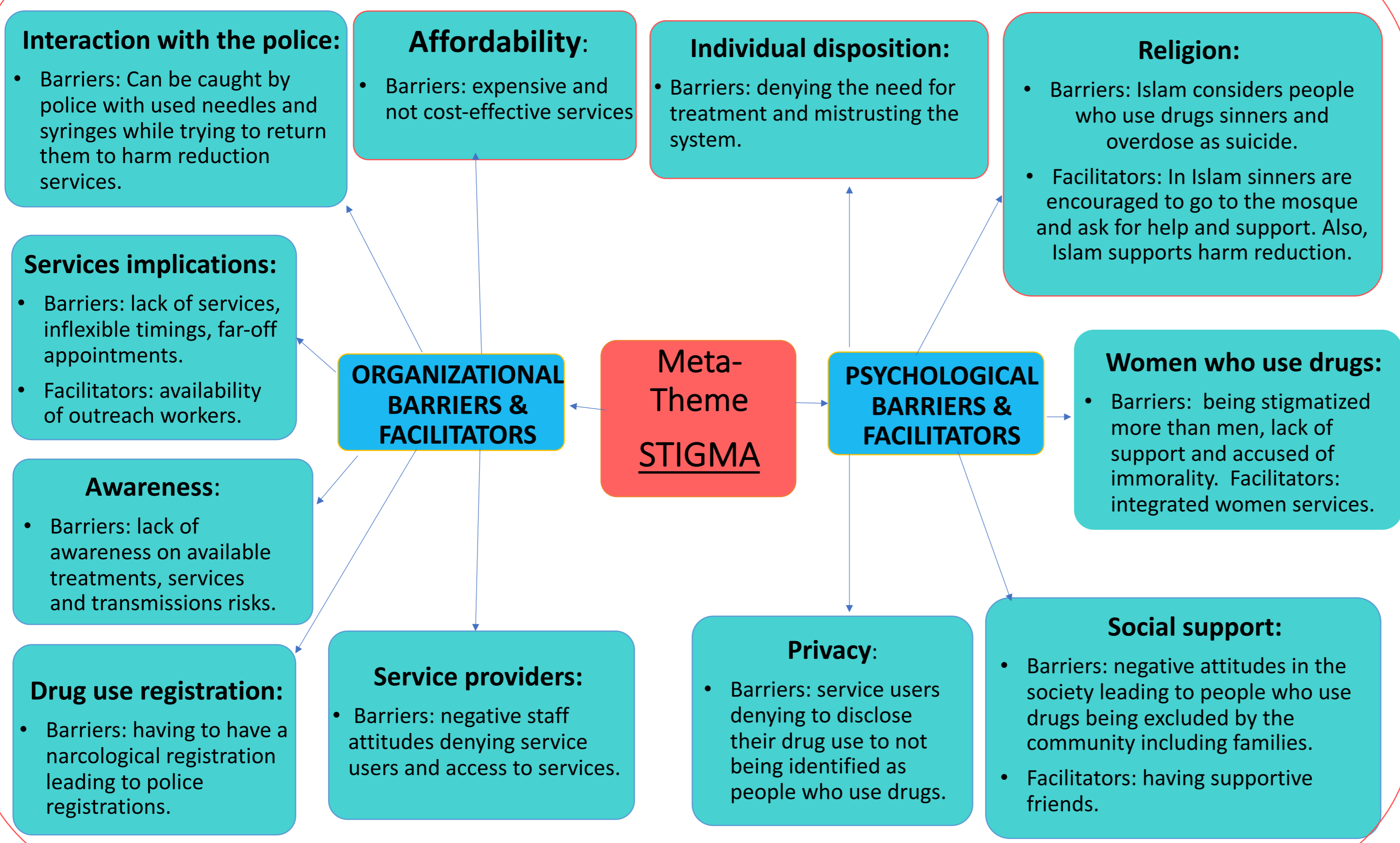
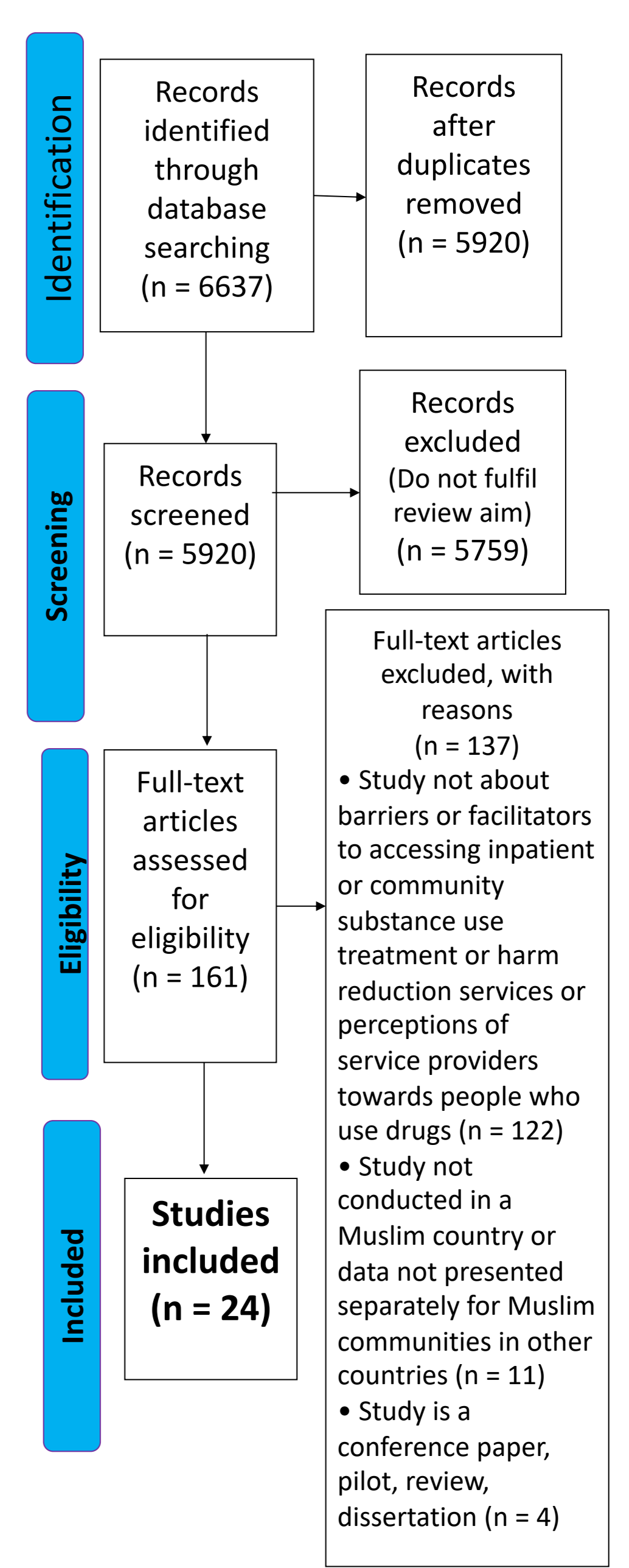


Figure 1. PRISMA flow diagram of included studies



DISCUSSION

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

