

# CMMHC 2023

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# Learning objective

- Discuss the common comorbidities that present in patients with substance use disorders, specifically trauma-related.

# Co-Occurring Mental Disorders with substance use

- Major depression increased by 2-3x<sup>1</sup>
  - Lifetime prevalence: 60%
  - NB: increased suicide risk
- Bipolar disorder increased by 4x
  - Lifetime prevalence of 40%-60%<sup>2</sup>
- Anxiety Disorders
  - Disorders such as generalized anxiety & social phobias increased by 20-40%<sup>3</sup>
- Posttraumatic stress disorder (PTSD)
  - Lifetime SUD ~40-50%<sup>4</sup>
- Schizophrenia
  - ~50% lifetime Substance Use Disorder (excluding nicotine- up to 70-90%!)<sup>4</sup>
- ADHD
  - 12-month prevalence of SUD 15%<sup>1</sup>, lifetime up to 50%<sup>5</sup>

<sup>1</sup>Hasin et al., 2018; <sup>2</sup>Cerullo & Strakowski, 2007; <sup>3</sup>Grant et al., 2015; <sup>4</sup>Trull et al., 2010; <sup>5</sup>Beidermann et al., 1995

# Impact of Co-occurring/Concurrent Disorders

Poor quality of life.

Severe comorbid substance use disorder and psychiatric symptoms.

Poor treatment outcome.

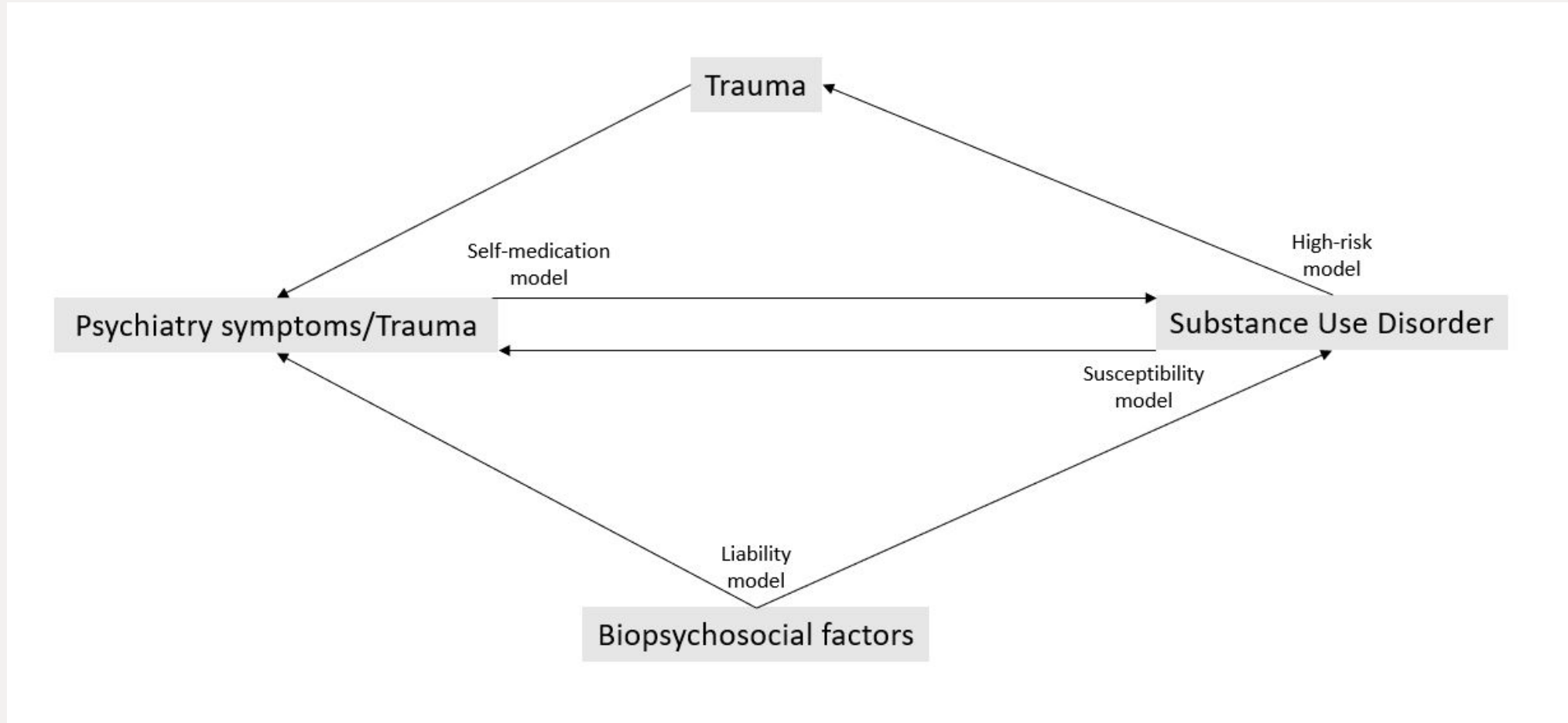
Polysubstance use

More psychosocial problems.

More suicidal attempts and violent tendencies

Inpatient hospitalizations

# Explanatory Models



# Self-medication

- Several lines of evidence indicate that individuals with PTSD may self-medicate with SUD to reduce their symptoms.

**Table 3**

Comparisons of experienced and witnessed stressful life events in individuals with and without post-traumatic stress disorder (PTSD). The table also shows the standardized mean differences between the two groups prior to and after matching.

Stressful life experience, n (%)	Control group (n = 3723)	PTSD group (n = 302)	P-value	Standardized mean differences before matching	Standardized mean differences after matching
Serious or life-threatening injury	609 (16.4)	63 (20.9)	0.035	0.1106	-0.0407
Serious or life-threatening illness	594 (16.0)	47 (15.6)	0.923	-0.0108	-0.0213
Saw a dead body or body parts	896 (24.1)	77 (25.5)	0.625	0.0328	0.0101
Injured in a terrorist attack	24 (0.6)	2 (0.7)	1.000	0.0022	0.0000
Natural disaster, like flood, fire, earthquake, hurricane	390 (10.5)	29 (9.6)	0.704	-0.0296	-0.0224
Sexually abused before age 18	394 (10.6)	164 (54.3)	< 0.001	0.8762	0.0000
Sexually assaulted as an adult	142 (3.8)	44 (14.6)	< 0.001	0.3044	0.0843
Physically abused before age 18	188 (5.0)	81 (26.8)	< 0.001	0.4906	0.0075
Beaten up by spouse/romantic partner	368 (9.9)	86 (28.5)	< 0.001	0.4113	-0.0244
Beaten up by someone else	315 (8.5)	38 (12.6)	0.020	0.1241	-0.1263
Kidnapped/held hostage	49 (1.3)	12 (4.0)	0.001	0.1358	0.0056
Stalked	151 (4.1)	30 (9.9)	< 0.001	0.1962	-0.0074
Mugged, held up, threatened with a weapon or assaulted in any other way	361 (9.7)	35 (11.6)	0.336	0.0590	-0.0448
Active military combat	106 (2.8)	8 (2.6)	0.985	-0.0123	-0.0412
Peacekeeper/relief worker	21 (0.6)	2 (0.7)	1.000	0.0121	-0.0272
Civilian in war zone/place of terror	21 (0.6)	4 (1.3)	0.216	0.0664	-0.0069
Prisoner of war	7 (0.2)	1 (0.3)	1.000	0.0249	0.0384
Juvenile detention or jail	303 (8.1)	32 (10.6)	0.168	0.0797	-0.0251
Any other traumatic or stressful event that happened	93 (2.5)	8 (2.6)	1.000	0.0094	0.0137
Other person's serious or life-threatening injury	484 (13.0)	43 (14.2)	0.600	0.0354	-0.0473
Other person's serious or life-threatening illness	623 (16.7)	54 (17.9)	0.665	0.0299	-0.0776
Seeing a dead body or body parts	139 (3.7)	13 (4.3)	0.731	0.0281	0.0000
Other person injured in a terrorist attack	220 (5.9)	21 (7.0)	0.542	0.0410	-0.0650
Other person exposed to natural disaster, like a flood, fire, earthquake, hurricane	46 (1.2)	1 (0.3)	0.259	-0.1572	0.0192
Other person's sexual abuse as a child under age 18	197 (5.3)	15 (5.0)	0.913	-0.0149	-0.0304
Other person's sexual assault as an adult	252 (6.8)	42 (13.9)	< 0.001	0.2060	0.0541
Other person's physical abuse as a child under age 18	81 (2.2)	9 (3.0)	0.480	0.0472	0.0324
Other person beaten up by a spouse/romantic partner	128 (3.4)	14 (4.6)	0.356	0.0569	-0.0629
Other person beaten up by someone else	300 (8.1)	32 (10.6)	0.152	0.0823	-0.0394
Other person kidnapped/held hostage	230 (6.2)	15 (5.0)	0.471	-0.0556	0.0101
Other person stalked	32 (0.9)	5 (1.7)	0.280	0.0623	0.0000
Other person mugged/held up, or threatened with a weapon	52 (1.4)	4 (1.3)	1.000	-0.0121	0.0771
Any other traumatic or stressful event to others that was witnessed, learned about or were repeatedly exposed to the details	55 (1.5)	3 (1.0)	0.669	-0.0487	0.0111
History of repeated traumas	599 (16.1)	79 (26.2)	< 0.001	-0.2287	0.0878

Hassan et al., 2017

# Muslims with substance use disorders

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- Addiction among Muslims is compounded by distinctive social and normative factors:
  - *Addiction stigma has been identified as a significant impediment to treatment access*
  - *Islamic prohibition. Commonly affected Muslims cannot openly discuss their SUD with their own communities because of fear of being rejected or ostracized.*
  - *Collective denial*
  - *Stress, major and minor traumas*

- **Aims:** report the prevalence, treatment utilization, and impact of SUD among Muslims in the US compared to matched non-Muslim group.

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RESEARCH ARTICLE

## The prevalence and treatment utilization of substance use disorders among Muslims in the United States: A national epidemiological survey

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# Results

- Among 372 individuals self-identified as Muslims, 53 individuals (10.9%) had lifetime alcohol/drug use disorder and 75 individuals (18.4%) had lifetime Tobacco dependence.
- Alcohol use disorder was significantly lower in the Muslim group than control group (10.6% vs. 18.8%).
- Tobacco dependence was higher in Muslim than control group (18.4% vs. 15.7%).

# Results

- Comorbidities
  - 3.6% had associated PTSD; 10% had associated anxiety disorder and 15.3% had associated mood disorders.
- Treatment utilization
  - Overall Muslims sought more professional help (24.4%) than the control group (13.8%).
  - Muslims sought more help specifically from family services, detoxification centers, outpatient clinics, therapeutic communities and 12 step meeting than the control group.
- Impact:
  - Muslims had a lower mean score (i.e., poorer functioning) on the emotional functioning scale than the control group ( $p < 0.01$ ).
- US-born Muslim individuals were more likely to have substance use disorder than Muslims born outside of US.

Rageb et al., 2023

# Issues facing Muslims

- Greater likelihood of struggling with addiction in Western cultures <sup>1, 2</sup>
- Present with poorer prognosis,<sup>4</sup> have delayed access to mental health treatment,<sup>1</sup> and underutilize mental health services <sup>5</sup>
- A systematic review of 24 studies on Muslims, indicated that affected individuals **expressed the need of support of religion to facilitate treatment** <sup>3</sup>

# Learning objective

- Discuss using case examples strategies for supporting loved ones suffering from substance use disorders and mental health disorders

# Case example

- Ms. X is mother of three (2 boys and a girl) immigrated from Algeria to Canada. Her eldest son was in high school performing well academically but after several years she started to notice poor academic performance and change in his behaviors.
- After several attempts, she was able to find out about his opioid use and struggle to stop using.
- She struggled to initiate treatment due to unfamiliarity with the health system.
- She was shocked that she was not involved in his care due to limitation of confidentiality.
- She try to reach to other mothers “close friends” but faced passive withdrawal.
- She was able to get her son a Muslim psychologist and Muslim psychiatrist
- There was occasional “big” fights at home due to unacceptability of drug use “relapse” by father.
- Unfortunately, son had OD.
- Ms. X was able to pick up early signs of drug use on her other son.
- She was able to initiate treatment quickly.
- Her son is in remission

# HOW CAN I CONTRIBUTE TO THE WELLBEING OF INDIVIDUALS WITH ADDICTION?

- Addictions in the Muslim community are not new—since the time of the Prophet (SAW) and throughout time, Muslims have responded to the problem of addictions in the community, and substance-use is even mentioned in the Qur'an.
- Addiction is therefore not just an individual problem, but a community problem, and we should treat this issue with compassion and correct action. In a hadith, Prophet Muhammad صلى الله عليه وسلم said:
  - “The parable of the believers in their affection, mercy, and compassion for each other is that of a body. When any limb aches, the whole body reacts with sleeplessness and fever.”
- The prophet PBUH and his companions have always helped Muslims suffering from addiction with forgiveness, accountability, patient, and persistence.

- In a hadith of the Prophet ﷺ, it is narrated that:”Help your brother, whether he is an oppressor or he is an oppressed one.”
- The first method you can use is to **educate** yourself on addiction.
  - For families or individuals struggling with any addiction: email: [Fardowsa.Ahmed@camh.ca](mailto:Fardowsa.Ahmed@camh.ca) to learn about “C-MAP” or register at <https://www.c-map.ca/contact-us>
  - For healthcare providers who want cultural/faith training on assessment of Muslims with addiction: <https://rise.articulate.com/share/dm3l-X6fObzmTEz4E5YgUoIqzmXiQ5YU#/>
  - For imams/clergies who want training in addiction treatment: email: [Fardowsa.Ahmed@camh.ca](mailto:Fardowsa.Ahmed@camh.ca) to learn about “C-MAP” or register at <https://www.c-map.ca/contact-us>

- Avoid **stigmatizing language**, such as ‘junkie’ or ‘addict’.
  - In a Hadith that described a man named Abdullah who struggled with alcoholism. When the companions lamented about his frequent relapses, The Prophet ﷺ said, ”Do not curse him, for by Allah, I know for he loves Allah and His Apostle.“
- You can also **consider joining organizations** that offer 12-step programs tailored for the families and friends of individuals with addiction, such as Al-Anon, Ala-Teen and Nar-Anon.
- **Seek professional help:**
  - You can start by looking for local detox clinics and rehabilitation centers or search online for local health facilities and inpatient care centers. Encourage your loved one to also seek help.



- **Address your loved one's self-defeating patterns**
  - When bringing this issue to their attention, prepare for different responses they might have- including manipulative behaviours- along with how you plan to respond.
- **Persevere, while also setting boundaries.**
  - You can do so by offering emotional support, but not enabling the addiction; e.g., do not give them money to purchase more drugs or alcohol.

# HOW CAN YOU APPROACH A LOVED ONE?

- Remember these steps when dealing with an individuals with addiction:
  1. Forgiveness: forgive the harm that they have done for the sake of God (for the love that will be provided to you by Allah). “And those who restrain (their ) anger and pardon people; and Allah loves the doers of good (to others).” [Quran, 3:134]
  2. But at the same time, make them accountable. This means you hold them responsible and in charge of making changes.
  3. Be patient for these changes to happen.
- Be persistent and repeat your approach to help.

# HEALTHY HABITS & TOOLS FOR EMOTIONAL HEALTH

- **Daily journaling:** this can provide an individual with a safe place to document their journey by recording thoughts, struggles, and daily successes.
- **Cue words:** a cue word can be an encouraging word that an individual associates with positive and relaxing emotions, like “spa” or “sea”. They can also consider Islamic *zekir/dhikr* (remembrance) such as “Alhamodllah”, “AstagoforAllah”, or “SobhanAllah” since it is known to have a powerful impact on the inner and outward state.

# summary

- Addiction is considered to be a taboo condition, but you can start by helping a loved one or family member by educating yourself. This can help destigmatize addiction.
- Just because one approach doesn't work doesn't mean that another won't; likewise, just because a loved one with addiction relapses does not mean that you should lose hope in the mercy of Allah. It takes multiple attempts to achieve abstinence.
- Furthermore, by setting the goal at complete abstinence, this might even make the journey harder. So, when looking to achieving abstinence, remember that the beginning is hard; a loved one should only gradually try to reduce consumption and move towards harm reduction.
- Finally, remember to have compassion and try to help your family member or loved one seek treatment.