

Reducing alcohol and drug-related harms among refugee and host communities in Zambia

This research project aims to evaluate whether an intervention delivered by trained community members can reduce alcohol and other drug-related harms and improve mental health among Congolese refugees and host community members living in northern Zambia.

Background and objectives

Unhealthy alcohol and other drug use are important public health problems affecting individuals, families, and communities globally. In humanitarian settings, services to prevent and treat alcohol and other drug use disorders are rare. Evidence on the types of interventions that can effectively reduce alcohol and other drug-related harms in humanitarian settings is needed to inform how to address this gap in services.

The Screening, Brief Intervention, and Referral Treatment (SBIRT) model combines a brief intervention focused on reducing alcohol and other drug-related problems and, for individuals with more severe alcohol use and/or other mental health comorbidities, a transdiagnostic intervention called the Common Elements Treatment Approach (CETA). The SBIRT components can be delivered by trained non-specialists within community settings. The objectives of this project include: 1) evaluating the effectiveness of SBIRT on reducing unhealthy alcohol use, drug use, mental health problems, and related harms; and 2) exploring the implementation of SBIRT and the potential for scale-up, affordability, and sustainability within an integrated refugee-host community setting.

Preliminary findings

In February 2024 we completed enrollment of 400 refugee and host community members with unhealthy alcohol use in Mantapala refugee settlement and nearby communities who are participating in our evaluation of SBIRT. The baseline findings highlight the need for transdiagnostic interventions that can address unhealthy alcohol use and co-occurring other drug and mental health problems. In this sample:

- 93% reported moderate to high severity alcohol use patterns
- 31% used another drug in the past 3 months
- 87% had one or more mental health or substance use comorbidity

About the research

- Randomized controlled trial enrolling 400 refugee and host community members with unhealthy alcohol use in Zambia.
- Compare the effect of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) intervention model on substance use and mental health outcomes over one year.
- Explore the implementation, cost, scalability and sustainability of SBIRT within refugee settings.



Photo from SBIRT training in Nchelenge, Zambia (September 2022)

About the research team

The principal investigators of this study include Drs. Jeremy Kane and Claire Greene (Columbia University), Muzi Kamanga (Women in Law and Development in Africa), and Dr. Henry Loongo (CARE Zambia). Study partners include Johns Hopkins Bloomberg School of Public Health, University of Zambia, the Zambia Ministry of Health, the United Nations High Commissioner for Refugees, and the United Nations Office on Drugs and Crime.

Contact / find out more

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