Literature Review on Roots to Resilience (R2R):

Reducing Substance Use Risk and Harm in Newcomer Communities

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Introduction

Manitoba is grappling with the rising harms of substance use, yet there remains a significant gap in culturally tailored substance use therapies and programs, for the growing newcomer population. This gap, in knowledge and nuanced practice, has created barriers for those seeking culturally appropriate treatment options (Nguemo Djiometio et al., 2020). The lack of a community-based response to substance use, addiction, and overdose has worsened health crises in marginalized communities and limited public education on the consequences of substance use only further increases the risks associated with harmful substance use (Armstrong, 2017 as cited in Djiometio et al., 2020). These issues highlight the urgent need for a targeted community response that addresses the cultural gaps in addiction services.

For over two decades, the Elmwood Community Resource Centre (ECRC) has been committed to serving the diverse population of the Elmwood Neighbourhood and the broader Winnipeg community. Guided by core values of inclusiveness, respect, community, and organizational excellence, ECRC offers a wide range of programs aimed at meeting the needs of its residents. These values drive the organization's mission to foster a vibrant community in Elmwood, ensuring it remains a great place to live, work, and raise a family. ECRC's comprehensive programming includes services for Adult Literacy and Employment, Newcomer Settlement, Youth Afterschool Mentorship and Supports, Counselling, Drop-In space and community-based events all working toward positive outcomes for community members.

Recognizing the growing challenges faced by newcomers, especially in health and wellness, ECRC is developing the Roots to Resilience (R2R) program to reduce the risks and

harms of substance use and foster community recovery. As part of the program development process, this literature review aims to identify best practices for substance use recovery that will inform the design and implementation of R2R. The review will explore effective strategies and approaches for substance use recovery in newcomer communities, with a particular focus on culturally sensitive, trauma-informed care, community-based interventions, and wholistic treatment models. The insights gained from this review will serve as a foundation for the program, ensuring that Roots to Resilience is built on evidence-based practices that support the needs of newcomers in Winnipeg

Background

Newcomers in Winnipeg, Manitoba and the Elmwood Community

Winnipeg, Manitoba is a rapidly growing and culturally diverse city, home to over 800,000 residents, 25% of whom are immigrants or refugees (Statistics Canada, 2021). The city's increasing newcomer population presents both opportunities and challenges, in social integration, housing, healthcare, and community support. Immigrants and refugees face numerous obstacles in adjusting to their new lives in Canada, including language barriers, unfamiliarity with Canadian systems, cultural differences, and the stress of past trauma (Virgo Planning and Evaluation Consultants Inc., 2018). Fear of discrimination or previous negative experiences with government services can also deter many from seeking support, including substance use treatment (Nguemo Djiometio et al., 2020).

Elmwood, a vibrant and diverse neighbourhood on the east side of the Red River, mirrors the broader demographic trends in Winnipeg. With a population of around 20,000, including 5,000 newcomers, the community reflects the challenges faced by immigrants in accessing services. Despite the presence of over 60 newcomer-serving organizations in Winnipeg, there is a significant gap in services specifically addressing substance use among newcomers (City of Winnipeg, 2021) (see appendix X for list of newcomer specific substance use supports). As the city's immigrant population grows, organizations like the Elmwood Community Resource Centre (ECRC) are crucial in developing culturally appropriate addiction support services that consider the complexities of settlement, acculturation stress, and cultural barriers to seeking help for substance use.

Substance Use in Newcomer Communities

Newcomers generally have increased well-being compared to native born citizens in the country of migration, including lower rates of substance use. In an article by Ru & Li (2021), the authors used the Canadian Community Healthy Survey data to explore the differences in substance use between recent and established immigrants and people who were born in Canada. This nationally representative sample determined that new and established immigrants, regardless of mental health status, consumed less alcohol than native-born Canadians, with new immigrants consuming the least (Ru & Li, 2021). This pattern of consumption was similar for marijuana use (Ru & Li, 2021) and extends beyond Canada with similar data found in the United States and Europe (Salas-Wright et al., 2018; van Dorp et al., 2021.). There are a few theories that explore the reason for this effect.

The “Healthy Immigrant Effect” is a commonly coined term to describe the phenomenon where newly arrived immigrants tend to exhibit better health outcomes compared to their native-born counterparts including mental health and substance use (Egesionu, 2024; Hassan et al., 2024; Kock, 2020; Ru & Li, 2021). This hypothesis assumes self-selection in migration, that individuals who chose to and are able to migrate are also more likely to be healthy (Salas-Wright & Schwartz, 2019). However, although self-selection may play a role in the correlation between migration and health status, there are many factors out of the individual's control that affect migration and health status. Salas-Wright and Schwartz (2019) examine three additional hypotheses (see table X). Furthermore, Canada’s point-based selective immigration system controls for the characteristics of those who are allowed to migrate (See Appendix X for more information about Canada’s points-based immigration system).

Table X. Hypotheses to explain the lower rates of alcohol and other drug use among immigrants.

Name	**Core Principles**
Inoculation hypothesis	Internalized conservative norms around AOD (alcohol and other drugs) in country of origin protect against AOD use in country of migration
Cultural armamentarium	Immigrants benefit from community-level protective norms as long as they remain embedded in immigrant communities
Deterrence theory	Experience and legal realities of immigration act to deter against AOD use

Note. Table reproduced from Salas-Wright & Schwartz, 2019

While the immigration system often seeks to minimize social and economic vulnerabilities, the experience of migration itself is complex and multifaceted. For many immigrants, particularly those who arrive at a young age, the relationship between migration

and health outcomes evolves over time. For example, studies have found that children who immigrate to Canada are less likely to experience the lower risks of substance misuse that adult immigrants experience compared to their native-born counterparts (Salas-Wright & Schwartz, 2019). In fact, research by Patterson et al. (2013) found that those who immigrated as children were at an increased risk of developing a mental health or substance use disorder compared to those who immigrated as adults. Additionally, second and third-generation immigrants are more prone to substance use issues than first-generation immigrants (Kock, 2020). These issues are linked to the process of acculturation, wherein later generations may move away from the protective cultural norms or behaviours of their heritage and adopt the behaviours of the host country (Salas-Wright & Schwartz, 2019).

Although the prevalence of substance use is often lower in newcomer communities, this does not negate the possibility of substance use or exclude newcomers from experiencing the associated harms (DeFries, 2022; Maina et al., 2023). Infact, immigrants face unique challenges, including acculturation stress, social isolation, and discrimination, which can contribute to substance use problems (Egesionu, 2024; Salas-Wright & Schwartz, 2019.) The social and environmental stressors, when combined with a lack of culturally sensitive support systems, can intensify the vulnerability of immigrants to substance use.

Many factors contribute to a person’s risk of substance use, including individual, relationship, community, and societal factors (Lough et al., 2023, see Table X). In particular, the migration experience is inherently intersectional, with factors such as precarity, gender, and trauma intersecting to affect a migrant's overall wellbeing. Specific risk factors for newcomers include trauma resulting from forced migration, cultural adjustment difficulties, and economic

hardship. Adjusting to life in a new country, often with limited social support, can exacerbate pre-existing mental health conditions, leading to self-medication through substances (Maina et al., 2020). This issue is often compounded by cultural and systemic barriers that hinder access to care, especially for those with migration-related trauma.

For refugees, these challenges are even more pronounced. Refugees are particularly vulnerable, with many experiencing posttraumatic stress disorder (PTSD) and adverse childhood experiences because of trauma encountered in their home countries or during the migration process (Lough et al., 2023). The Triple Trauma paradigm is used to encompass the three distinct points where refugees may experience trauma. These include trauma experienced in their home country that precipitated the need to flee, trauma experienced after displacement, and trauma experienced during re-settlement (Miller & Rasco, 2004). This multi-layered experience of trauma can increase the risk of substance use and presents unique considerations for providing substance use treatment and supports to refugees.

Gendered experiences add an additional layer of complexity to the risks of substance use. Specifically, immigrant women are at an increased risk of experiencing gender-based violence (GBV), and witnessing violence against the mother can increase the risk of harmful substance use (Lough et al., 2023). Research by Nguemo Djiometio et al. (2020) found that acculturation stress, along with experiences of discrimination, racism, social isolation, and family instability, increased the risk of substance use, particularly alcohol, in newcomer populations (B. Agic et al., 2011, 2016; Baidoobonso et al., 2012). These findings underscore the complex interplay between migration, Settlement, and the increased vulnerability to substance

use, particularly for those who face compounded experiences of trauma, marginalization, and cultural dislocation.

Table X Risk factors for developing substance use disorder

Individual	Relationships	Community	Society
• Mental health condition • Physical or emotional trauma • Posttraumatic Stress Disorder (PTSD) • Genetic predisposition	• Family history of substance use disorder (SUD) • Child abuse or neglect • Familial financial obligations • Lack of parental supervision	• Poverty • Violence • Lack of adequate school structures • Availability of substances	• Racism • Lack of economic opportunity

Note. Adapted from Lough et al., 2023

Newcomers' cultural beliefs and values significantly influence their attitudes toward substance use and recovery. For instance, in communities from Muslim or South Asian backgrounds, addiction may be viewed as a moral failing or source of shame, leading individuals to avoid seeking treatment due to fear of dishonoring their families or communities (Dela Cruz et al., 2023). This reluctance can result in hidden or unaddressed substance use and severe outcomes, including increased health risks, social isolation, or homelessness. In the Canadian Filipino community stigma impacts help seeking. Filipino scholar Dr. Rowalt Alibudbud shared their concerns in a letter to the editor of S*ubstance Abuse: Research and Treatment*. Alibudbud noted that in the Philippines, substances like marijuana are heavily criminalized, while in Canada, marijuana is legal. This cultural divide is important, as the Philippines typically separates substances based on what they are, marijuana is viewed as an illicit drug subject to strict criminal penalties, while alcohol is more socially accepted. The concept of socially

acceptable and unacceptable substance use varies across cultures, and this difference in perception between countries like the Philippines and Canada can create confusion and reluctance to seek help for Filipino immigrants. Additionally, cultural factors, such as the moral influence of the Roman Catholic Church, contribute to a strong moral condemnation of substances like marijuana. These factors can exacerbate the stigma for Filipino immigrants, further hindering their willingness to seek support. Alibudbud recommends using knowledge mobilization to help inform Filipinos new to Canada about the drug laws and the therapeutic non-criminalized approach to substance use treatment and culturally appropriate health promotion (2023).

In the Muslim community, stigma plays a significant role in preventing individuals from accessing substance use and addiction treatment services. Muslim immigrants dealing with substance use may carry the burden of shame associated with substance use, which is further exacerbated by the strict interpretation of Islam, where substance use, including alcohol and drugs, is viewed as prohibited or "haram." (Jozaghi et al., 2016). This stigma can make it even more difficult for individuals to seek help, as they fear judgment from family and community members. As one participant noted, families often isolate themselves due to fear of social stigma, which further deters help-seeking behavior (Jozaghi et al., 2016). Additionally, the stigma surrounding mental health and addiction can prevent individuals from recognizing the need for help, leading to further denial and isolation (Jozaghi et al., 2016).

Further complicating this issue is the tangible lack of culturally relevant substance use services and supports within the newcomer community. Research by Hassan et al. (2024)

reveals that immigrants, including those from Muslim-majority countries (MMC), use substance treatment services less frequently than Canadian-born individuals. This underutilization may be due to barriers in accessing appropriate care, as Hassan (2024) found that immigrants from MMC are more likely to experience repeated hospitalizations for substance use-related issues despite underutilizing outpatient treatment options. These gaps in culturally sensitive services contribute to the reluctance to seek help and may lead to the increasing severity of addiction-related issues before individuals seek support in emergency situations.

Addictions Services, Supports, and Treatments for Newcomers in Winnipeg

Recognizing the need for improved mental health and addictions services, the Government of Manitoba commissioned an external research team to create a strategic plan to improve access and coordination of services. The report, known as the Virgo Report, published in 2018 consisted of a thorough review of the current state of Manitoba's Mental health and substance use care approach, including significant stakeholder engagement and review of past reports. Through their initial review they identified that the strategic plan would need to take into account the evolving demographics in Manitoba, such as the growing population of newcomers. Through stakeholder engagement the Virgo report captured the unique challenges newcomers face when accessing mental health and substance use supports (See Table X).

Table X. Challenges Newcomers Face when Accessing Mental Health and Substance Use Supports

Challenge	**Description**
Navigating the Canadian system and customs	Participants found it difficult to learn about Canadian systems and customs, with language

	barriers intensifying stress and hindering access to services.
Cultural differences in parenting	Fear that children might be taken away due to differing cultural practices, with some families experiencing trauma related to the Child and Family Services (CFS) system.
Fear of government services	Distrust of government services due to prior experiences in their countries of origin, leading to reluctance in seeking support.
Racism and discrimination	Encounters with racism and discrimination, especially in the context of seeking employment.
Racism and bullying among children	Experiences of racism and bullying among youth, contributing to vulnerability to gang involvement as it offers a sense of belonging.
Financial hardships	Economic struggles, including difficulties in finding employment due to language barriers and the pressure of repaying transportation loans from the federal government.

Note. Table reproduced from the Viro Report.

With this understanding the Virgo Report includes culture as a core principle and includes in their recommendations to, "Enhance and accelerate community-based SUA/MH [(substance use and addictions/mental health)] services and supports for newcomers and refugees, with a focus on **trauma-focused interventions** delivered through appropriate **community-based organizations**; support to **the whole family**; and ensuring integrated capacity for SUA." (p. 226, emphasis added). After the release of the Virgo report in 2018, the Government of Manitoba responded with their report, *A pathway to mental health and community wellness: A road map for Manitoba* in 2022. The *Road Map* commits to listening to and working with people with lived and living experience representing the diverse populations across Manitoba to ensure a more equitable and inclusive system. However, the report does not include considerations or initiatives targeted towards newcomers, immigrants, or refugees, leaving out an important section of Manitoba's diverse population.

Purpose and Scope of This Review

Effective strategies to address substance use in newcomer communities must be developed with careful consideration of the specific challenges that newcomers face. Despite the growing demand for culturally appropriate treatment programs, significant gaps remain in the current service landscape, particularly for individuals facing barriers such as language, cultural differences, and trauma. The challenges outlined in this background section underscore the urgent need for addiction services that are tailored to these unique needs.

This literature review aims to outline best practices and evidence-based approaches for substance use treatment that can be adapted to meet the needs of newcomers in Winnipeg. By examining successful models of culturally sensitive, trauma-informed care and integrating the lessons learned from similar populations, this review will provide a foundation for the *Roots to Resilience* program at the Elmwood Community Resource Centre. The following sections will highlight the most relevant practices and interventions that can guide the development of a comprehensive, inclusive, and effective substance use recovery program for the newcomer population in Winnipeg.

Reducing Substance Use Risk and Harm in Newcomer Communities

Methodology

This review adopts a wholistic approach to identifying best practices by focusing on strategies for addressing substance use and addiction in newcomer communities, with an emphasis on both prevention and intervention. Substance use is a multifaceted issue that intersects with a wide array of social, psychological, and environmental factors. Harmful

substance use can have far-reaching consequences, including the deterioration of physical and mental health, strained family relationships, and financial difficulties, among others.

It is important to note that while there is substantial research on substance use recovery, the body of work concerning newcomer populations, particularly those who are non-white and from refugee backgrounds, is limited (Provincial System Support Program, Centre for Addiction and Mental Health, 2018; Thandi et al., 2014). Although there has been increasing attention on recovery for marginalized groups, little research specifically addresses substance use recovery among newcomers. Existing literature tends to focus more on mental health issues or the acculturation process rather than directly examining substance use (DeFries et al., 2022).

This review draws from a range of studies, literature on mental health promotion, and general best practices for substance use recovery, with a specific focus on marginalized populations. It incorporates insights from the limited but growing body of research on substance use recovery in newcomer communities, supplemented with information from the broader mental health field. As substance use and mental health are closely intertwined, many of the best practices for substance use recovery also overlap with mental health interventions.

Further to this, the review is informed by diverse sources, including academic articles, book chapters, and grey literature, primarily sourced from Google Scholar. Although not a systematic review, the findings presented reflect the current state of knowledge on substance use recovery for newcomers and related populations. The goal is to identify actionable

strategies that can be employed to support newcomers facing substance use and support recovery.

Best Practices for Substance Abuse Prevention and Intervention in Newcomer Populations

This review highlights eleven (11) best practices for developing programming for both prevention and intervention with newcomer communities to reduce the harms associated with problematic substance use and addiction (See Table X).

Table X

Best Practice	**Sub-Components**	**Description**
Cultural Tailored Services	-	Design programs respecting cultural values, beliefs, and practices.
Cultural Safety	Trauma-informed Care Understanding trauma Creating culturally safe spaces	Recognize trauma's impact and create safe, healing environments.
Wholistic and Integrated Care	Wraparound Services Interdisciplinary Collaboration	Provide comprehensive support addressing all aspects of recovery.
Community Engagement and Social Integration	Peer Support and Community Engagement Engaging Religious and Cultural Organizations Building a Recovery Community	Build accessible, community-driven programs for newcomers.

Accessibility and Flexibility	Language Support Flexible Programming Low Barrier Access	Provide language support and flexible, low-barrier service delivery.
Empowerment through Person-Centered Services	-	Focus on strengths-based, individualized care for each person.
Prevention Programming	-	Engage newcomers early with addiction prevention and awareness programs.
Youth-Centered Programming and Family Support	-	Address youth challenges and involve families for wholistic recovery.
Advocacy for Policy Change	-	Advocate for policy changes to improve newcomer access to services.
Cultural and Trauma-Informed Training	-	Provide continuous training in cultural competence and trauma care.
Sustainability and Community Ownership	Building Community Leadership Long-Term Engagement	Build community leadership for long-term recovery program success.

1. Culturally Tailored Services

Programs should be designed with an understanding of the cultural backgrounds, values, and beliefs of the participants (Kock, 2020; Pouille et al., 2023; Sherzoi et al., 2018; Thandi et al., 2014). Evidence suggests that culturally adapted interventions are more effective than generic programs. This includes offering language support and integrating cultural practices into recovery processes. An example of culturally grounded recovery programs includes indigenous healers, community support, and culturally specific metaphors and frameworks, which offer a better fit for minority populations (Wagner & Baldwin, 2020; Pouille et al., 2023; White & Sanders, 2008). Additionally, it is crucial that programs are developed to

be culturally safe (Bekteshia et al., 2024; Jozaghi et al.). An important component to this is in ensuring that staff members are trained in cultural safety, and that programs are adaptable to accommodate the diverse cultural needs of newcomer populations.

2. Trauma-Informed Care

Trauma-informed care involves understanding the impact of trauma and integrating this knowledge into an organization's policies and practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) has been a leader in recognizing the need to address trauma as a fundamental obligation for public mental health and substance abuse service delivery and has supported the development and promulgation of trauma-informed systems of care. SAMHSA's concept of a trauma-informed approach is grounded in four assumptions, known as the four "R's," and six key principles:

The Four R's:

- Realization: All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect individuals, families, groups, organizations, and communities.
- Recognition: People in the organization or system are able to recognize the signs of trauma.
- Response: The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.
- Resisting Re-traumatization: A trauma-informed approach seeks to resist re-traumatization of clients as well as staff.

Six Key Principles:

- Safety: Staff and clients feel physically and psychologically safe.
- Trustworthiness and Transparency: Organizational operations and decisions are conducted with transparency to build and maintain trust.
- Peer Support: Mutual self-help is key to establishing safety and hope, building trust, and enhancing collaboration.
- Collaboration and Mutuality: Importance is placed on partnering and leveling power differences between staff and clients.
- Empowerment, Voice and Choice: Strengths and experiences are recognized and built upon, fostering a belief in resilience and recovery.
- Cultural, Historical, and Gender Issues: The organization actively moves past stereotypes and biases and incorporates policies and processes that are responsive to the needs of individuals served.

Implementing a trauma-informed approach involves change at multiple levels of an organization and systematic alignment with the six key principles (Huang et al., 2014).

2a. Understanding trauma

Understanding trauma-informed care is often described as shifting the mindset from “what is wrong with you” to “what has happened to you”. Addiction programming for newcomers must be trauma informed (Jozaghi et al.2016; Sherzoi et al., 2018). Many newcomers may have experienced significant trauma (e.g., from war, poverty, displacement, etc.), and this should be taken into account when designing recovery programs. This approach includes understanding the psychological, emotional, and physical effects of trauma.

2b. Creating culturally safe spaces

Creating a culturally safe space is a fundamental best practice in substance use recovery programs, particularly when working with newcomers. Cultural sensitivity involves recognizing and respecting the diverse backgrounds, values, and healing practices that individuals bring, especially in the context of substance use recovery. Cultural safety prioritizes the perspectives of the individuals and communities served, ensuring that their unique experiences, values, and needs are central to care and treatment (Chief Public Health Officer Health Professional Forum, 2023). To ensure a culturally safe environment, it is crucial to have staff who are both trained in cultural safety and reflective of the communities they serve. This includes understanding how cultural differences affect substance use patterns, recovery experiences, and treatment perceptions (Kumpfer et al., 2016). Staff training should go beyond basic awareness, providing a deeper understanding of how cultural factors, such as acceptance of problems, goals for treatment, and familial or community support, influence the recovery process (White & Sanders, 2008). Furthermore, when staff share lived experiences with participants, particularly those from similar cultural or community backgrounds, it fosters a sense of trust and belonging (Pouille et al., 2023). This is especially crucial since an individual's strengths and weaknesses in recovery are often influenced by cultural factors, such as coping styles and support systems (White & Sanders, 2008).

Moreover, having staff representation that mirrors the cultural diversity of the community served is essential for creating a culturally safe space. As Kumpfer et al. (2016) highlight, staff who are from the same cultural background as the clients are better able to engage participants and provide culturally relevant care. This representation should extend

beyond direct service roles to include leadership and management positions, ensuring that policies, funding, and program development reflect the needs of diverse populations (Gainsbury, 2016). The cultural competence of management is a significant factor in increasing retention and reducing wait times for culturally and linguistically diverse clients, as culturally sensitive leadership supports an environment that fosters trust and reduces barriers to access (Gainsbury, 2016). Staffing decisions that prioritize diversity at all levels, from program delivery to organizational leadership, help ensure that addiction services are not only culturally responsive but also reflective of the communities they aim to serve (Sherzoi et al., 2018). As Sherzoi et al. (2018) recommend, creating a warm, welcoming, and responsive environment that promotes a sense of belonging is essential for building trust and fostering long-term engagement in recovery. Additionally, ensuring the recovery environment is supportive, non-judgmental, and conducive to healing (Kock, 2020) is crucial for participants to feel safe and supported throughout their recovery journey.

Finally, cultural competence and sensitivity require that addiction facilitators engage in critical reflexivity, particularly when working in culturally diverse settings. Practitioners must be aware of their own biases and actively work to create a non-judgmental, inclusive environment (Thandi et al., 2023). Engaging in self-location allows staff to understand and navigate differences in cultural beliefs, ensuring that participants feel respected and supported throughout their recovery journey (Gainsbury, 2016). Programs that incorporate culturally neutral approaches, such as motivational interviewing, are also beneficial, as they are designed to be flexible, non-judgmental, and reflective of the client's goals and values (Gainsbury, 2016).

By continuously adapting services to meet the cultural needs of participants, recovery programs can create a space that is safe, empowering, and conducive to healing.

3. Wholistic and Integrated Care

Wholistic and integrated care for addiction recovery in newcomer communities involves providing a broad range of wraparound services that address various aspects of their lives, along with interdisciplinary collaboration among different service providers. Community involvement, cultural sensitivity and continuity of care are key for these programs to be effective and accessible to newcomers.

3a Wraparound Services

Providing a range of supports that go beyond just addiction treatment, addressing housing, employment, legal services, mental health, and family support are essential for addictions treatment with newcomers. Recovery is enhanced when there are a greater quantity and quality of extra-personal/familial assets available to initiate and maintain recovery (Evans et al, 2012). This wholistic approach acknowledges the multiple challenges newcomers may face.

3b Interdisciplinary Collaboration

Partnering with mental health professionals, social services, and community organizations allows for the provision of comprehensive care. For example, The Calgary Immigrant Women's Assocation (CIWA) runs mental health and addictions programming for newcomers, and while they provide a range of services the program does not offer clinical services directly. However, they are able to effectively meet the needs of their clients through an extensive and robust network of community and health partnerships. By leveraging these

relationships with mental health services, the community is able to access high-quality care and support tailored to their specific needs.

4. ***Community Engagement and Social Integration***

Community-based approaches are critical in reaching immigrants who are unlikely to engage with more institutionalized services. These models are seen as more flexible, accessible, and culturally resonant (Virgo Report, 2018; White, 2010). In the context of addiction recovery, a community-based approach refers to the integration of services within the local community. These services often involve local organizations, like the Elmwood Community Resource Centre (ECRC), which is deeply embedded in the community and exemplifies many of the best practices in supporting newcomers. ECRC plays a key role in providing welcoming spaces, facilitating support groups, and offering recovery activities that are culturally resonant.

4a Peer Support and Community Engagement

Incorporating community members into the development, delivery, and evaluation of programs ensures that services are aligned with the cultural values and needs of participants. Community advisory groups, including those with lived experience, should be involved in shaping program materials, group activities, and treatment approaches. This participatory approach empowers the community, ensuring programs remain relevant and culturally respectful (Pouille et al., 2023). The inclusion of lived experience has been shown to improve engagement and treatment outcomes. For example, Arafat, a young person from a Muslim minority background, struggled with substance use due to a lack of culturally relevant prevention initiatives. However, he was deeply moved by a theater play organized by a therapeutic community, highlighting the importance of culturally competent prevention

strategies. Arafat emphasizes the need for prevention workers who share both lived experience of substance use and cultural background, as their ability to relate and provide culturally sensitive support enhances treatment engagement for youth from Islamic or similar backgrounds (Pouille et al., 2023).

4b Engaging religious and cultural organizations

Engaging religious and cultural organizations is key to promoting recovery within immigrant and minority communities. These organizations can provide trusted spaces for individuals to seek help, reduce stigma, and connect with culturally competent support services. The involvement of religious or spiritual leaders can be instrumental in creating an environment that encourages recovery while respecting cultural values (Gainsbury, 2016). For example, the Amistad Village Project (AVP) in New Haven, Connecticut, successfully integrates community health initiatives, including involving clients in volunteer work with local faith communities and other organizations. This approach strengthens the relationship between individual recovery and the broader community, fostering a sense of belonging and reinforcing social support (Achara-Abrahams et al., 2012). Faith-based organizations can also serve as important touchpoints for people in recovery, helping to bridge the gap between treatment and long-term social integration.

4c Building a Recovery Community

A community of recovery is a network of relationships and support systems that play a crucial role in the recovery process. It recognizes that recovery is not an individual journey but is deeply connected to the well-being of the surrounding community. This community framework emphasizes the role of social support, collective healing, and mutual engagement in

fostering long-term recovery. By normalizing the experience of substance misuse and creating a sense of belonging, it combats social isolation, reduces stigma, and enhances engagement in recovery services (Jozaghi et al., 2016).

One example of fostering a community of recovery comes from Philadelphia, highlighted in an article by Evans et al (2012), where efforts to increase recovery capital have mobilized community resources and promoted culturally diverse peer leadership. These initiatives ensure that recovery support networks are inclusive, reflecting the cultural diversity of the community, which makes them more accessible and effective. Philadelphia's focus on youth leadership and peer support within communities of color has created spaces for marginalized youth to develop leadership skills and advocate for themselves, enhancing both individual recovery and community-wide support (Evans et al., 2012). By integrating peer leaders and involving the community in the recovery process, Philadelphia has successfully built a shared recovery experience, empowering individuals and strengthening social networks.

Similarly, the Amistad Village Project (AVP) in New Haven, Connecticut, fosters a community of recovery by using a wholistic approach that addresses not just substance use but also other aspects of participants' lives, such as family, spirituality, and skill-building. This approach has been well-received by participants who previously encountered treatment programs that neglected these broader life aspects. AVP emphasizes the importance of non-hierarchical relationships, creating a "family-like" atmosphere where clients feel supported and respected (Achara-Abrahams et al., 2012). Through community health initiatives, such as involving participants in volunteer work with local faith communities, AVP strengthens the connection between individual recovery and the wider community. These activities help

integrate individuals into their local networks, reinforcing social bonds and supporting long-term recovery (Achara-Abrahams et al., 2012).

By framing recovery within the context of a community of recovery, these examples illustrate how fostering a sense of belonging, integrating culturally relevant support systems, and promoting peer leadership can significantly enhance both individual and collective recovery outcomes.

5. Accessibility and Flexibility

Accessibility and flexibility are crucial for substance use recovery programs in newcomer communities. This involves providing language support through translation services and multilingual staff, offering flexible program hours and individualized treatment plans, and ensuring low-barrier access to services regardless of immigration status or financial resources. These elements are crucial to meeting the diverse needs of newcomers and ensuring equitable access to care.

5a Language Support

Providing multilingual services and materials to ensure that language barriers do not prevent newcomers from accessing services is crucial for successful programming. This could include having materials that are accessible and translated into multiple languages (Kock, 2020; Sherzio et al., 2018; Thandi et al., 2014), not excluding people based on language (Kock, 2020) and having multilingual staff (Banks et al., 2023). This is a crucial component of successful programming for newcomers. For example, the Calgary Immigrant Women's Association offers counselling services in multiple languages, which is a key strength of their Supports for Immigrants and Refugees for Mental Health and Addiction Issues (SIMHA) program.

5b Flexible Programming

Service delivery must be flexible to create programming that is able to meet the needs of newcomers. This includes providing childcare and transportation support to enable participation, having flexible hours, be delivered at times and places that are accessible to newcomer families, such as weekends or community settings, and be available in or near clients' home communities (Virgo Planning and Evaluation Consultants Inc., 2018). SIMHA offers services from multiple locations, one of which is a larger community center, thus bringing the services to the community, reducing the barriers to treatment.

5c Low Barrier Access

Successful programming must ensure that services are accessible regardless of immigration status, financial resources, or previous substance use history. Programs should be non-judgmental and open to everyone, with minimal entry requirements (Hassan et al., 2020; Jozaghi et al., 2016).

6. Empowerment through Person-Centered Services

Addiction programming for newcomers must be person-centered and empower individuals through a strengths-based approach (Sherzoi et al., 2018). Rather than focusing on deficits, treatment should identify and build upon the existing strengths and resilience of individuals, families, and communities and recognize that people are the experts in their own lives and have already overcome many challenges and barriers (Achara-Abrahams et al., 2012; Virgo Planning and Evaluation Consultants Inc. 2018). This approach fosters hope and empowerment by helping people re-envision their lives and believe they can effect important

changes. A strengths-based approach is culturally appropriate, flexible, and tailored to the unique needs of the individual (Block et al., 2018).

7. Prevention Programming

Including prevention strategies in a substance use program for newcomers is important. Engaging newcomers early in their settlement process to provide substance use prevention education and raise awareness about available supports before substance use becomes problematic. This can include education and awareness programming in schools (Thandi et al., 2014) and knowledge sharing events to reduce stigma (Hassan et al., 2021).

8. Youth-Centered Programming and Family Support

Programs should address the unique challenges faced by newcomer youth, such as peer pressure, identity, and community belonging. Involving families in the recovery process is vital for providing wholistic support to youth (Egesionu, 2024; Jozaghi et al.; Sherzoi et al,. 2018) and family-based interventions are more effective than youth-only prevention interventions (Li et al., 2024).

9. Cultural and Trauma-Informed Training

Organizations should aim for a diverse workforce that reflects the communities they serve (Maleku & Aguirre, 2014). All staff must be continuously trained in cultural competence, trauma-informed care, and the specific needs of newcomer populations. Ongoing training and the normalization of culturally relevant frameworks will help foster a more inclusive and empathetic environment for recovery (Gainsbury, 2016). Training should increase awareness of the different beliefs and expectations of diverse populations and focus on cultural self-awareness, enabling service providers to consider these factors in treatment planning

(Gainsbury, 2016; Kock, 2020). Additionally, training should include cultural humility, which involves being comfortable discussing and incorporating clients' cultural norms into treatment (Banks et al., 2023).

10. Community Empowerment and Leadership for Sustainable Recovery

Community ownership and sustainability are vital for the long-term success of recovery efforts, especially in marginalized and newcomer communities. Empowering these communities through leadership roles and ensuring ongoing engagement are central to the success of recovery initiatives. Building leadership within the community creates a foundation for cultural relevance, trust, and long-lasting recovery efforts. This can be done through strategies such as recruiting and training local leaders, promoting community-driven initiatives, and engaging cultural and religious organizations to create a supportive environment.

10a Building Leadership and Ownership within Communities

Building leadership and ownership within communities is essential for creating sustainable and culturally relevant recovery programs. A key strategy is recruiting and training local leaders who are intimately familiar with the unique challenges and cultural contexts of their peers, ensuring that recovery programs are accessible and resonate with the local population (Banks et al., 2023; Monari et al., 2024). This approach is highlighted in the work of Evans et al. (2012), who discuss the importance of engaging local leaders to create community-driven initiatives. Evans et al (2012) discusses how, in Philadelphia, the integration of local leadership into recovery programs has been shown to increase the cultural relevance of services and promote greater community engagement. For example, one strategy implemented

in Philadelphia involved recruiting community members to serve as peer recovery coaches, sharing their lived experiences to provide support and build trust within the community.

Creating opportunities for leadership development, such as training and mentorship programs, is also crucial. This approach ensures that community members acquire the necessary skills to take on leadership roles and drive recovery efforts. Monari et al. (2024) emphasize the importance of empowering individuals from within the community to lead recovery initiatives, fostering a sense of ownership and responsibility for the success of the programs. The Amistad Village Project (AVP) in New Haven, Connecticut, demonstrates how such an approach can be successful (Achara-Abrahams et al., 2012). The AVP focused on recruiting individuals from within the local African American community to lead recovery efforts, ensuring that the services were culturally grounded and aligned with the community's values. Additionally, promoting community-driven initiatives allows recovery efforts to be shaped by the specific needs and aspirations of the community, increasing engagement and the likelihood of long-term sustainability (Achara-Abrahams et al., 2012). Evans et al. (2012) observed that community-led initiatives in Philadelphia, such as the Youth Move program, had a significant impact on increasing youth participation in recovery programs, as they felt more connected to and empowered by programs shaped by their peers. By building leadership from within and promoting community-driven recovery efforts, these programs ensure that recovery services remain locally relevant, culturally sensitive, and sustainable over time.

10b Engaging Religious and Cultural Organizations

Faith and spirituality are often deeply embedded in marginalized communities, making religious and cultural organizations powerful allies in the recovery process. Engaging with these organizations helps to foster a supportive, non-judgmental environment where individuals feel accepted, which is crucial in reducing stigma and increasing participation in recovery services (Monari et al., 2024; Thandi et al., 2014). One approach highlighted by participants in Monari et al. (2024) is the need for culturally specific recovery resources, including programs that involve faith and cultural traditions. For instance, some participants emphasized the importance of having recovery support services that align with Black community values, such as employing Black community professionals or providing home visit programs, as a way to build trust and cultural relevance in the recovery process (Monari et al., 2024).

Incorporating faith-based leaders into the recovery process is another key strategy. Religious leaders often serve as trusted figures within their communities, and their involvement can help bridge the gap between individuals in recovery and necessary resources. According to Thandi et al. (2014), religious leaders' support not only boosts engagement but also helps reduce feelings of isolation among participants. In the Philadelphia community, for example, initiatives aimed at integrating recovery services into non-traditional spaces, like faith-based organizations, have been shown to increase the recovery orientation of treatment providers and enhance community capacity for peer-based recovery support (Evans et al., 2012). This approach makes recovery services more accessible and less stigmatized.

11 Long-Term Engagement

Recovery from substance use is a dynamic, individualized, and ongoing process that requires sustained effort and engagement even after the formal treatment phase, such as the end of a 90-day treatment program. This aligns with the definition of recovery provided by the Recovery Science Research Collaborative (RSRC), which defines recovery as "an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness" (Ashford et al., 2018, p. 5). This definition emphasizes that recovery is not a linear process; individuals will face setbacks and challenges, and as such, it requires continuous, adaptive support.

Research has consistently shown that recovery is a long-term endeavor. Sustained remission, where the risk of relapse drops significantly, typically requires 4 to 5 years of recovery (White, 2008, as cited in Achara-Abrahams et al., 2012). This finding underscores the importance of continued care after the initial treatment phase, as relapse risk decreases the longer an individual remains in recovery (Finney, Moos, & Timko, 1999 as cited in Achara-Abrahams et al., 2012). However, despite the evidence supporting the effectiveness of post-treatment monitoring and support, many individuals, especially marginalized populations, fail to receive adequate continuing care.

The Recovery Management (RM) approach emphasizes the need for comprehensive, continuous care rather than a focus on acute treatment alone. This shift from traditional aftercare to more proactive, assertive continuing care is critical for improving long-term recovery outcomes (White & Sanders, 2008). In the Amistad Village Project (AVP), for example, recovery coaches and volunteers worked alongside clinicians to provide ongoing support to individuals even after formal treatment had ended (Achara-Abrahams et al., 2012). This

proactive approach included strategies such as family involvement and connecting participants to local community resources, demonstrating how support can be embedded within individuals' natural environments, rather than being confined to the treatment setting itself (Achara-Abrahams et al., 2012).

Further enhancing this approach, continuity of care between formal and informal support networks is critical. Arafat's personal experience, shared in Pouille et al. (2023), highlights the importance of maintaining support through and after treatment. Arafat, who experienced a relapse after 12 years, credits his quick re-engagement with treatment and support services with helping him regain control over his recovery. He stresses that relapse is often a part of the recovery process, and treatment systems should support individuals even after a relapse by providing relapse-sensitive care and re-establishing therapeutic relationships (Pouille et al., 2023). Importantly, continuity of care must also address social and structural barriers, such as discrimination, which can hinder the recovery process. Arafat highlights how, for individuals with an Islamic background, stigma and discrimination at societal and community levels can complicate their access to resources like housing and employment, thereby increasing the challenges they face in long-term recovery (Pouille et al., 2023). Thus, it is essential to incorporate support mechanisms that not only address the substance use itself but also address broader societal barriers.

The AVP's emphasis on community-based support provides valuable insight into creating long-term recovery systems. This model includes the use of recovery coaches, active family involvement, and integration with community organizations like faith-based groups, all of which work together to foster a holistic recovery environment. In addition, treatment teams

at AVP initiated discussions about continuing care early in the treatment process, ensuring that participants were well-prepared for post-treatment support before they completed their formal care (Achara-Abrahams et al., 2012).

Furthermore, research shows that individuals who successfully maintain recovery often rely on ongoing supportive networks. As indicated by McQuaid et al. (2017), 75.9% of respondents continue to engage with friends, 73.1% with family members, and 69.2% participate in 12-step mutual support groups as part of their ongoing recovery process. In addition, people in recovery reported that meditation or mindfulness (61.4%) and exercise (53%) are also commonly used to sustain recovery. This reinforces the idea that long-term recovery is not solely dependent on formal treatment but rather on a combination of social support, self-care practices, and community involvement.

For the R2R program proposed by ECRC, it will be essential to implement these strategies to ensure that individuals remain connected to support systems throughout their recovery. The program will include peer support groups, alumni networks, and ongoing case management to assist participants in transitioning from formal treatment to sustained recovery. The 90-Day Aftercare Group will offer immediate support following residential treatment, addressing the stress and temptations that often trigger relapse. The Maintenance Group will continue this support, helping individuals navigate the challenges of maintaining sobriety and reintegration into the community. Building recovery-supportive environments through community partnerships, including collaboration with local faith communities and cultural organizations, will further help individuals manage the complexities of recovery and reintegration into society.

12 Advocacy for Policy Change

Advocacy for policy change is crucial to address the systemic barriers and resource gaps that impact newcomer communities' access to mental health and addiction services (Pouille et al., 2023). Raising awareness at the systemic level can lead to increased resources and better support for this population. Policy change should recognize the unique challenges faced by newcomers, including refugees (Banks et al., 2023), such as language barriers, cultural differences, and difficulties securing basic needs (Sherzoi et al., 2018). The intersectional framework, which includes factors like race, gender, immigration status, and socioeconomic status, should be considered when developing policies (Bekteshi et al., 2024).

Real-World Examples: Canadian Newcomer Addiction Programs

Programs like the Calgary Immigrant Women's Association's (CIWA) Supports for Immigrants and Refugees for Mental Health and Addiction Issues (SIMHA) program and the Muslim Food Bank and Community Services' Actualizing Self-Reliance by Providing Inspiration, Resources, and Education (ASPIRE) program exemplify how culturally competent care, trauma-informed practices, and community engagement can be effectively applied to support newcomer populations. These programs offer a wholistic approach to addiction recovery, integrating mental health services, community support, and cultural considerations.

In Canada, several organizations have successfully implemented addiction and mental health programs tailored to the unique needs of immigrant and newcomer communities, despite the limited availability of such services in places like Winnipeg. One prominent example is the Calgary Immigrant Women's Association (CIWA), which offers a wholistic approach

through its SIMHA (Supports for Immigrants and Refugees for Mental Health and Addiction Issues) program. The SIMHA program focuses on preventative mental health and addiction services, utilizing community engagement through workshops, presentations, and culturally appropriate resources. Staff at CIWA are multilingual, which helps reduce barriers for newcomers in accessing support. Additionally, CIWA's strength-based counseling approach empowers individuals to recognize and build on their personal strengths while addressing challenges such as gender-based violence, family conflict, and substance use. Through the SIMHA program, CIWA reduces stigma by providing services in a culturally sensitive environment, reaching out to immigrants through outreach initiatives and community-based partnerships.

Similarly, in Vancouver, the Muslim Food Bank and Community Services (MFBCS) offers a comprehensive program called ASPIRE (Actualizing Self-Reliance by Providing Inspiration, Resources, and Education). This program focuses on supporting young Muslims struggling with addiction and mental health issues through a combination of education, awareness, prevention, case management, and outreach services. The HOPE Project, a key component of ASPIRE, emphasizes a faith-based harm reduction approach, acknowledging the intersection of cultural and religious factors in addiction recovery. The project aims to prevent substance use and promote recovery by offering mentorship, counseling, and reintegration programs for individuals, including those transitioning out of prison. The use of faith-based principles, such as integrating Islamic teachings with harm reduction strategies, has proven to be effective in supporting Muslim youth and addressing substance use and mental health challenges within the community. Both CIWA and MFBCS showcase successful models of culturally informed

interventions that can serve as valuable examples for other communities seeking to address similar challenges.

These programs exemplify best practices in engaging immigrant and ethnocultural communities in addiction and mental health services. Their strength lies in the integration of culturally relevant strategies, community engagement, and comprehensive, client-centered care, which can be replicated in other regions to address the gaps in services for newcomers and reduce the stigma around seeking help for mental health and addiction issues. These successful programs provide models for others to follow and highlight best practices.

Treatment Modalities: Adapting Evidence-Based Therapies

While community-based, culturally sensitive approaches are essential for supporting newcomer populations in addiction recovery, effective therapeutic modalities are equally important in addressing the psychological and behavioral aspects of substance use. The integration of evidence-based treatments (EBTs) such as Cognitive Behavioral Therapy (CBT) and third-wave therapies with culturally relevant approaches can create a more wholistic and responsive treatment framework for newcomers.

Cognitive Behavioral Therapy (CBT) has long been recognized for its efficacy in treating substance use by focusing on the identification and modification of maladaptive thought patterns. However, as effective as CBT is in many contexts, it has limitations when applied to newcomer populations. CBT's individualistic approach often overlooks systemic factors such as discrimination, acculturation stress, and cultural identity struggles, which are highly relevant for

newcomers. Studies like those by Cruz et al. (2023) suggest that therapies with a broader cultural and social lens, such as third-wave therapies, can offer a more suitable framework for addressing these challenges. Third-wave approaches, such as Acceptance and Commitment Therapy (ACT) and mindfulness-based interventions, emphasize mindfulness, acceptance, and the exploration of contextual factors that influence addiction. These therapies have been found to be more effective for individuals from collectivist cultures, which many newcomers to Canada come from, as they allow space to address acculturation stress, and the societal pressures newcomers often experience.

In a comparative review, Cruz et al. (2023) found that third-wave therapies produced better outcomes than CBT for people of color (POC) and individuals from collectivist cultures. Notably, these therapies incorporate a more flexible approach, allowing individuals to adapt their thought patterns and engage with cultural identity and systemic challenges more effectively. The studies show that third-wave therapies not only resonate better with collectivist cultural values but also account for factors such as social stigma, family dynamics, and racial identity, issues that often intersect with substance use among newcomers.

While third-wave therapies are highly promising, another treatment modality gaining attention is faith-based approaches. These programs integrate spiritual practices with therapeutic models, tailoring recovery processes to the religious and cultural contexts of specific communities. For example, in Muslim communities, programs that combine Islamic teachings with addiction treatment have shown promise. Studies such as those by Hassan et al. (2020) demonstrate that spiritually adapted psychoeducational programs offered in mosque

settings have successfully reduced stigma around seeking addiction treatment, while also increasing participants' engagement with both religious and medical recovery support. By aligning recovery practices with religious values, these programs help foster an environment of support and accountability, encouraging individuals to seek help in a culturally resonant space.

Integrating faith-based approaches with clinical treatments also strengthens the relationship between the individual and the broader recovery community. This approach not only reduces stigma but enhances the likelihood of sustained recovery by aligning addiction treatment with deeply held cultural and spiritual beliefs.

Conclusion

ECRC’s Roots to Recovery program will center on implementing the best practices identified in this review, including cultural sensitivity and competence, trauma-informed care, wholistic and integrated service delivery, community engagement, and strengths-based approaches. These best practices are essential for addressing the unique needs of newcomer populations, and fortunately, ECRC's established programming already aligns with many of these key practices. By building on a framework of integrated service delivery, the R2R program can provide comprehensive and culturally appropriate support for individuals in recovery.

As highlighted throughout this review, understanding the cultural factors at play, as well as the specific stressors faced by newcomer populations, is critical in designing addiction programs that are not only effective but also sensitive to the diverse needs of these individuals. Programs aimed at newcomers must go beyond providing general addiction services; they must

be specifically tailored to address cultural nuances, language barriers, and the unique trauma experienced by these communities. Creating a safe, welcoming environment, free of judgment or discrimination, is key to ensuring that individuals feel empowered to seek help and embark on their recovery journey.

The need for substance use services tailored to newcomers in Manitoba, particularly in the Elmwood area of Winnipeg, is critical. ECRC is well-positioned to address this need through the proposed R2R program, which will offer culturally relevant substance use prevention and intervention services. These services will include educational programs like the Substance Use Awareness Group and targeted aftercare support through the 90-Day Aftercare and Maintenance Groups. By recognizing and adapting to the unique challenges faced by newcomers, including issues of housing instability, mental health, and social integration, the R2R program will provide vital recovery support. Additionally, by integrating culturally grounded healing approaches and involving community members in program development, this initiative will ensure that services are meaningful and impactful. This program addresses a significant gap in services for marginalized groups and will contribute to the well-being, stability, and successful integration of newcomer populations in Winnipeg.

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Appendix X

Substance Use and Addiction Services in Winnipeg for Newcomers

Although there are over sixty (60) Newcomer Serving Organizations there are only four (4) organizations that could be identified whom offer addictions services for newcomers. The

first organization, Aurora Family Therapy Centre, has a strong focus on providing counselling services that are culturally informed, wholistic and able to meet the diverse needs of newcomers. Aurora Family Therapy Centre includes counsellors that specialize in addictions therapy. Similarly, Thrive Community Support Circle is a community resource that offers inclusive counselling services suitable for newcomers with counsellors specializing in addictions. Family Dynamics, the third organization, provides wrap around supports for newcomers including mental health supports. Finally, Mount Carmel Clinic's Community Wellness Program provides culturally appropriate support for newcomers, including parenting and family supports as well as addiction counselling offered in several languages making it accessible for different groups of newcomers. While these four organizations continue to provide supports in the community, the limited number of organizations and general focus on individualized counselling creates an overburdened system with large gaps that are unable to address the root challenges of stigma and bias.

Appendix X

Canada's Points-Based Immigration System

Canada's immigration system is selective, often focusing on attracting individuals deemed to be the "strongest and brightest." The country uses a points-based immigration system, assigning scores to predetermined criteria chosen by the government (Government of

Canada, n.d.). While this system is designed to prioritize newcomers who meet certain qualifications, such as education and skill level, some human rights advocates have raised concerns. Critics argue that the system risks violating human rights by promoting unequal treatment and enforcing "culturally hegemonic views" (Cinquerrui, 2018). This is particularly evident in Canada's prioritization of economic migration, which favors individuals whose qualifications benefit the Canadian economy (Dirks, 2006).