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EVIDENCE SUMMARY
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What works to prevent or reduce substance use among newcomer populations?

Very strong evidence suggests that culturally adapted and family-centered substance use programs can be effective in immigrant and minority adolescents.

- Incorporating some level of cultural adaptation into a substance use program (even just translating materials) is associated with more positive outcomes in minority adolescents than maintaining the original format of a program.
- Programs that either included or just focused on parental participation had generally positive outcomes when looking at delaying or reducing substance use among adolescents.
- Group- and/or school-based interventions appear to be the most common format among programs targeting adolescent substance use.

Strong evidence indicates culturally adapted programs can be more effective with newcomers, especially those already at higher risk.

- Fully adapted programs appear to have at least slightly better outcomes than those that are only moderately adapted, and at least moderately better outcomes than programs that either are A. not adapted at all or B. only culturally adapted on the surface level.
- There appear to be mixed results when looking at longer-term follow-ups, with some studies seeing greater reductions in substance use at later points and others seeing a drop off in positive results after six months.
- Certain programs may be more effective for specific substances or with participants who were at higher risk at baseline.

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of substance use prevention and reduction programs on rates of substance use in newcomer communities. It aims to answer the following questions:

1. What types of interventions appear to be most effective in preventing or reducing substance use in newcomer communities?
2. What areas of substance use should future programs or research focus on?

What is meant by "substance use"?

Substance use refers to any harmful or life-impacting use of substances such as alcohol, cigarettes, marijuana, and non-prescription drugs.

What is meant by "cultural adaptation"?

In this summary, cultural adaptation generally refers to "cultural, linguistic, and contextual modifications to existing evidence-based practices that take into consideration a client's worldviews, including personal and cultural values" (Hai et al., 2021). There are different levels of cultural adaptation including surface level (translation, location, etc.) and deep level (cultural norms, values, etc.).

What is meant by "adolescent"?

The included studies that focused on the adolescent age range defined it as starting around 11 or 12 years old and ending around 17 or 18 years old.

What does the evidence show?

Very strong evidence suggests that culturally adapted and family-centered substance use programs can be effective in immigrant and minority adolescents.

- Bo et al. (2023) conducted a meta-analysis of randomized controlled trials of culturally specific programs targeting substance use in U.S. adolescents of color, ages 11 to 18. The analysis included 36 reports on 30 unique studies. All the studies were either culturally adapted (modification of existing program) or culturally grounded (original design reflecting a specific culture). Sixteen studies were majority Hispanic, seven majority Black, and seven majority Native American. **Sixteen studies also involved substantial parental (or adult primary caregiver) participation**. Overall outcomes were stronger in reducing substance use behavioral outcomes (e.g. intent to use, frequency of use) than substance use consequences (e.g. criminal charges, loss of relationships). **There were noticeable differences in the outcomes for specific types of substances**. Programs targeting cigarette smoking or unspecified substance use had larger effects than programs targeting marijuana use. **Programs were effective across all three demographics;** however, programs tailored for Native American adolescents had slightly lower effect sizes when compared to the other demographic groups. This may be attributable to the lack of parent-based programs for Native American adolescents (0%) compared to those for Hispanic (75%) and Black (57%) adolescents.

- Robles et al. (2018) conducted a meta-analysis of culturally adapted substance use interventions for Latino adolescents 11 to 18 years old. Included studies reported at least 50% of their sample identifying as Hispanic and/or Latino, and used some sort of cultural adaptation. The analysis included 10 studies reported in 14 articles. Seven of the studies were randomized controlled

trials and the remaining were quasi-experimental. Sample sizes ranged from 25 to 6,035 adolescents and the mean age was 13.13 years. Among the included studies, the majority of adolescents were born in the U.S.; the majority of parents were born in another country; and the majority of all participants spoke Spanish at home. **Education and skills training were the most common intervention strategies, followed by family therapy and cognitive behavioral therapy**. Most of the interventions occurred in group formats or school settings, and 40% of the studies also included parents. The lengths of interventions ranged from one to 28 weeks (mean of 12.37) with a range of two to 32 sessions (mean of 12.26). **Almost all the studies incorporated cultural values into the intervention** and 70% relied on a literature review as their strategy for identifying areas for cultural adaptation. Six studies reported **immediate post-test substance use outcomes; while there was a positive effect, it was small and not considered clinically important**. Eight studies reported outcomes at a follow-up time ranging from two to 24 months post-intervention; data indicated a small positive effect on substance use outcomes. **These outcomes indicate that there are increased effects when looking at longer-term outcomes as compared to immediately post-intervention**. The authors indicated that a large proportion of the studies were at high risk of performance and selection bias.

- Steinka-Fry et al. (2017) conducted a meta-analysis of culturally adapted experimental and controlled quasi-experimental substance use treatment programs for racial and ethnic minority youth. The analysis included seven studies reported across 23 articles. The culturally adapted conditions had comparatively higher rates of female and lower-risk participants than the control group. Most of the comparison groups received an alternative treatment rather than services as usual. The average duration was 118 days with an average of 1.74 hours per week over one to two sessions. Overall**, the culturally adapted treatments had greater reductions in substance use relative to the comparison groups**. But due to the differences in the studies and types of comparison groups. it is hard to make recommendations or claims for a particular intervention. Nine of the articles reported outcomes at longer follow-up times, ranging from three to 12 months post-treatment. **Longer follow-ups generally showed maintenance of the differences seen at more immediate follow-ups**.

- Conteras-Perez et al. (2023) conducted a systematic review of culturally adapted randomized control trials targeting substance use in minority adolescents (12 to 18 years old). The review included seven studies, most of which included parents/primary caregivers. Most of the adolescent participants were male. One study was internet-based, one occurred in a clinical setting which mostly included mandated therapy, and the rest were school-based. Three of the studies used the Keepin' it REAL (kiR) program.
    - Living in 2 Worlds (Kulis et al., 2017) was an adapted kiR program for urban American Indian adolescents. Assessments yielded outcomes trending more positively for the intervention group, **indicating some efficacy in delaying initiation and slowing the increase of substance use, especially cigarettes**. Other risky behaviors (e.g. fighting or skipping school) also had better outcomes in the intervention group.
    - Bridges/Puentes (Gonzales et al., 2018) aimed to reduce frequency and rates of alcohol misuse and disorders in Mexican American adolescents. Reported outcomes indicated a medium effect from the intervention. **The five-year follow-up indicated noticeably reduced likelihood of alcohol and substance use disorders for participants that reported substance use at baseline.**
    - A comparison of a non-adapted urban kiR and kiR adapted for rural areas (Hect et al. 2018) found that **the adapted version was effective in reducing cigarette use** and had smaller reductions in alcohol, marijuana, and chewing tobacco use.
    - A comparison of a standard group-based cognitive-behavioral treatment against a culturally accommodated version with Latine adolescents (Burrow-Sánchez & Hops, 2019) found **a markedly greater reduction in substance use at the 12-month follow up for participants in the culturally accommodated version** compared to participants in the standard version.

- A combined parent and kiR intervention trial (Marsiglia et al., 2019) compared effects of a combined adolescent-parent program with a parent-only version of kiR. **Results showed noticeable decreases in substance use in the parent-only condition, for any substance, at the 16-month follow-up**. The control group experienced increases in substance use and the parent-youth group remained at about level.
- An efficacy study of a healthy lifestyle family-based intervention adapted for Hispanic adolescents (Fernandez et al., 2021) found that, at the six-month follow-up, alcohol, marijuana, and non-prescription drug use did not noticeably change for the intervention group from baseline. However, there **was a noticeable difference in use between the control group (prevention as usual) and the intervention group**.

Overall, these studies found noticeable differences between the control and intervention groups, yielding **strong evidence that including family members in interventions has a greater impact on youth substance use.**

- Li et al. (2024) conducted a scoping review of family-based interventions aiming to prevent substance use in immigrant youth 12 to 17 years old. The review included eight different intervention models covered in 13 articles. Most of the interventions were in-person group settings, and participants were randomly assigned. Six of the models adapted the interventions in both surface and deep structures. The delay or reduction in substance use was the most common measure of the interventions' effectiveness. Active learning comprised a large portion of the activities across interventions, including role play, group discussion, and reflection.
  - Familias Unidas was designed specifically for parents and contained three stages: introducing parents to established connections, introducing parents to their children's worlds, and fostering parental skills and knowledge. Parents attended 24 sessions on average. **Outcomes indicated that parental investment and monitoring increased in the intervention groups and was associated with reductions in substance use**.
  - Two studies covered Preparing the New Generation (FPNG), one consisting of eight workshops and the other involving 10 group sessions. Topics included introducing kiR, establishing support, learning about their child's world, and developing communication and parenting skills. Parents were also given assignments to complete after each session. The intervention was **successful in delaying alcohol and cigarette use and increasing anti-drug norms**.
  - Family Skills Training Program included eight sessions with topics covering parenting styles, cross-cultural parenting, conflict resolution, communication, maintaining connection, and adolescent development. **Outcomes showed lower perceived internalizing and externalizing behaviors, but no clear reduction in substance use behaviors**.
  - Adelante consisted of youth capacity building, prevention sessions, youth community engagement, parent/family skills building, media engagement, community resources, and extra support for higher risk youth**. Participants in the intervention group experienced a reduction in risky sexual behavior and substance use.**
  - Family Check-Up (FCU) involved three sessions: a 20- to 30-minute interview, a 60-minute assessment, and a 60-minute-plus feedback session. Parents were able to share their concerns during the interview, with their consultant sharing information and discussion topics related to family issues and youth development. **Participants had a reduced likelihood of general substance use in adolescence and marijuana use in early adulthood**.
  - ¡Unidos Se Peude!/Juntos Para Una Mejor Educación provided family workshops, youth coaching, and a youth group specifically for Latino immigrant youth. **Parental involvement in school was associated with reduced substance use among their children**. Particularly, maternal involvement was associated with a delay in alcohol use.
  - Nuestras Familias: Andando Entre Culturas was based on Parent Management Training but added specific cultural expectations. **Outcomes indicated an improvement in parenting behaviors and a delay in drug and tobacco use among their children**.

- CAPAS-Youth held sessions for both parents and youth presented in a culturally adapted way. **Female participants were more likely to demonstrate increased perceptions of the harms of alcohol and drug use**.

Overall, the review indicated that family-based interventions can be an effective means of addressing substance use in immigrants.

- Estrada et al. (2015) conducted a randomized controlled trial of a brief version of Familias Unidas—an intervention to reduce substance use and HIV infection risk among Latino youth. The experimental group attended five parent group sessions (two hours each), three parent homework assignments, and one family visit with both parents and adolescents (one hour). The control group adolescents participated in the community practice condition (CPC), a school-based HIV risk reduction provided by the school system to all students. Assessments were conducted at baseline, six months, 12 months, and 24 months post-intervention. Outcomes included noticeably lower rates of sexual and substance use initiation, with the experimental group scoring higher on positive parenting scales compared to the CPC group. The brief version of Familias Unidas **appears to be more effective among girls regarding substance use**, but the authors speculate this could be attributed to the fact that most of the parent participants were females**. Adolescents who reported low to moderate parental involvement at baseline had better outcomes in reducing illicit drug use and improving positive parenting than those who reported high parental involvement at baseline**. Overall, the brief version of Familias Unidas appears to be effective—but the authors report that full-length trials of the program reported even greater efficacy for higher risk families.

Strong evidence indicates culturally adapted programs are more effective with newcomers, especially those already at higher risk.

- Hai et al. (2021) conducted a meta-analysis of culturally adapted interventions for adults with substance use problems. Their search yielded 22 studies; nine were conducted in the U.S., three in Russia, three in China, two in Kenya, two in Taiwan, one in Rwanda, one in Poland, and one in Georgia. Eight of the U.S. studies focused on Latino Americans and the remaining focused on Native Americans. Fourteen of the 22 total studies were specific to alcohol use; five were specific to illicit drug use; four did not specify the substances; and four measured substance use-related consequences. More than half of the interventions were based on motivational interviewing. Over 75% were delivered in a one-on-one format. **Analysis of the overall effects of the included studies was noticeably favorable to the culturally adapted interventions, with the strongest differences visible in interventions focusing on alcohol use**. There were also greater differences in outcomes between studies that used an inactive control and those using an active control. Most of the active controls, however, had translated information and were therefore only partially adapted. **Fully adapted programs had slightly more favorable outcomes, though the differences were minimal**. Many studies also followed community-based participation and sociocultural component approaches, which combine elements such as translation and ethnic matching with additional social and cultural factors incorporated into the intervention curriculum.

- Alegría et al. (2019) conducted a randomized clinical trial of the Integrated Intervention for Dual Problems and Early Action (IIDEA) which aims to reduce substance misuse and improve mental health in Latino immigrant communities. The trial was conducted between September 2014 and February 2017 across 24 community sites in Boston, Madrid, and Barcelona. IIDEA includes 10 to 12 sessions, lasting 45 to 75 minutes each. The course of the intervention lasts three to six months and is delivered by trained clinicians either in person or by phone. Trial participants were randomized into either the intervention (n = 172) or an enhanced usual care program (n = 169), which involved meeting with their primary care physician as usual. Outcomes were collected at baseline and then at two, four, six, and 12 months after baseline. Participants received a financial incentive for participating in the follow-up assessments. If care managers identified enhanced usual care participants that were deteriorating during assessments, they made

referrals to available mental health or social services. IIDEA methods and topics include cognitive behavioral therapy, motivational interviewing, cognitive restructuring, strategies for reducing cravings, preventing relapses, and strengthening coping skills. The primary outcomes measured were changes in the drug and alcohol components of the Addiction Severity Index Lite and changes in urine drug test findings. Of IIDEA participants, a little over half attended at least six sessions; one quarter attended between one and five; and the rest dd not initiate treatment. **Participants 35 and older with a high school diploma, equivalent, or higher were more likely to complete treatment**. Those who completed treatment also had higher scores on the mental health symptom and benzodiazepine dependence assessments at baseline. **Overall changes in drug use were not particularly notable at the six month follow-up, but depression, PTSD, and overall mental health symptoms did meaningfully decrease in the IIDEA group**. **Among participants who had moderate to severe substance use and mental health symptoms at baseline, IIDEA was effective in reducing substance use (based on urine test), depression, anxiety, PTSD, and overall mental health symptoms**. Other notable outcomes were more positive results for those who attended at least four sessions and those who participated in-person compared to telephonically.

- Manuel et al. (2015) conducted a literature review of adapted Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs with minority groups in the U.S. The review was broken down into articles that discussed each individual portion of SBIRT. The first section, screening, included 13 articles; the second, brief intervention or motivational interviewing, included eight; and the third, referral to treatment, included four. Seven different screening measures were covered in the 13 included articles, but Alcohol Use Disorders Identification Test (AUDIT) was the most recommended for screening in a primary care setting because it had been tested on the greatest number of different groups. The brief interventions generally involved one or two discussions between a provider and patient. The goal of these discussions was to increase motivation to reduce alcohol and drug use. **One study found that motivational interviewing had greater effects with sample groups made mostly of minority groups**. Brief interventions with diverse groups found mixed results, with some studies identifying no or minimal differences and others finding reductions in substance use. **Specifically adapted interventions saw reductions at six month follow-ups, but findings at 12 months were not as positive**. In referral to treatment, findings indicated that minorities may experience a delay in admission to outpatient treatment programs, especially for opiate users. Issues reported by minority groups included a lack of care/empathy on the part of the provider and receiving insufficient information about their own health. Some patients were more open to programs that included providers of similar backgrounds, information about and access to social resources, and creative intervention methods (art, journaling, etc.).

What are the implications for practice and research?

"Tobacco and alcohol use are of particular concern as…earlier initiation…is often related to a progression of other illicit drug use and comorbid health-risk behavior."

(Hernandez Robles, 2018)

Culturally adapted programs are favorable when working with newcomers on substance use issues.

- Youth and adult participants generally had more positive outcomes in programs that were culturally adapted on some level. There is some evidence that either fully adapted or culturally grounded programming has even greater impacts, especially in the long term.
- Family-centered approaches have strong evidence of efficacy for preventing and reducing substance use among adolescent newcomers, particularly Latinos. This remains true when programs only have parent participants rather than both parent and child.

Research should focus on testing the efficacy of substance use programs in non-Latino newcomer communities.

- Latino populations are highly represented in the current literature on substance use programs in newcomer and other minority groups. Although some studies included Black populations, it is unclear whether any included Black newcomers specifically.
- There is a lack of clarity on which programs are most effective at preventing or reducing the use of particular substances. Many of the studies included either did not specify which substances were being monitored or included broad questions about substance use.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the U.S. Studies included must have been published since 2015. To identify evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
Campbell Collaboration Cochrane Collaboration Mathematica Policy Research Urban Institute Migration Policy Institute CINAHL ASSIA Social Services Abstracts Social Work Abstracts PsycInfo ERIC	refugee OR immigrant OR "unaccompanied minor" OR asylee OR "temporary protected status" OR "victims of traffick*" OR "traffick* victims" OR T-Visa OR U-Visa OR Cuban OR Haitian OR Amerasian	evaluation OR impact OR program OR intervention OR policy OR project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	"substance use" OR "addiction" OR "drug use" OR "alcohol use" OR "substance abuse" OR "drug abuse" OR "alcohol abuse" OR alcoholism

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant available filters. All terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 330 studies. After removing duplicates, 308 studies were then screened. Of these, 295 were determined to be irrelevant to this search. Thirteen full-text articles were assessed for eligibility. Four full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Nine studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Bo, A., Clark Goings, T., Evans, C. B. R., Sharma, A., Jennings, Z., Durand, B., Bardeen, A., & Murray-Lichtman, A. (2023). Culturally sensitive prevention programs for substance use among adolescents of color: A systematic review and meta-analysis of randomized controlled trials. *Clinical Psychology Review, 99*, 1–29. Abstract.

Contreras-Perez, M. E., Morris, S., Hospital, M., & Wagner, E. (2023). Culturally sensitive treatment for underrepresented adolescents with substance use: A systematic review. *Journal of Evidence-Based Social Work, 3*, 404–424. Abstract.

Hai, A. H., Lee, C. S., Abbas, B. T., Bo, A., Morgan, H., & Delva, J. (2021). Culturally adapted evidence-based treatments for adults with substance use problems: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 226,* 1–39. Full Text.

Li, Y., Maina, G., Mousavian, G., Fang, Y., Twum-Antwi, B., Sherstobitoff, J., Amoyaw, J., & Pandey, M. (2024). Family-based interventions of preventing substance use among immigrant youth: A scoping review. *Substance Use: Research and Treatment, 18*, 1–10. Full Text.

Robles, E. H., Maynard, B. R., Salas-Wright, C. P., & Todic, J. (2018). Culturally adapted substance use interventions for Latino adolescents: A systematic review and meta-analysis. *Research on Social Work Practice, 28*(7), 1–13. Abstract.

Steinka-Fry, K. T., Tanner-Smith, E. E., Dakof, G. A., & Henderson, C. (2017). Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review. *Journal of Substance Abuse Treatment, 75*, 22–37. Full Text.

Impact Evaluations

Alegría, M., Falgas-Bague, I., Collazos, F., Carmona Camacho, R., Lapatin Markle, S., Wang, Y., Baca-García, E., Lê Cook, B., Chavez, L. M., Fortuna, L., Herrera, L., Qureshi, A., Ramos, Z., González, C., Aroca, P., Albarracín García, L., Cellerino, L., Villar, A., Ali, N., Meuser, K. T., & Shrout, P. E. (2019). Evaluation of the integrated intervention for dual problems and early action among Latino immigrants with co-occurring mental health and substance misuse symptoms: A randomized clinical trial. *JAMA Network Open, 2*(1), 1–15. Full Text.

Estrada, Y., Rosen, A., Huang, S., Tapia, M., Sutton, M., Willis, L., Quevedo, A., Condo, C., Vidot, D. C., Pantin, H., & Prado, G. (2015). Efficacy of a brief intervention to reduce substance use and human immunodeficiency virus infection risk among Latino youth. *Journal of Adolescent Health, 57*(6), 651–657. Full Text.

Suggestive Studies

Manuel, J. K., Satre, D. D., Tsoh, J., Moreno-John, G., Ramos, J. S., McCance-Katz, E. F., & Satterfield, J. M. (2015). Adapting screening, brief intervention and referral to treatment (SBIRT) for alcohol and drugs to culturally diverse clinical populations. *Journal of Addiction Medicine, 9*(5), 343–351. Full Text.

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Aleer, E., Alam, K., & Rashid, A. (2024). A systematic literature review of substance-use prevention programs amongst refugee youth. *Community Mental Health Journal, 60*(6), 1151–1170. Full Text.

Atherton, O. E., Conger, R. D., Ferrer, E., & Robins, R. W. (2016). Risk and protective factors for early substance use initiation: A longitudinal study of Mexican-origin youth. *Journal of Research on Adolescence, 26*(4), 864–879. Full Text.

Beeler, S., Gerrish, O., Aldred, B. G., & Asher BlackDeer, A. (2024). Histories of violence among clients seeking substance use disorder treatment: A systematic mapping review. *Frontiers in Psychiatry, 15*, 1–15. Full Text.

van den Berk-Clark, C. & Patterson Silver Wolf, D. A. (2017). Mental health help seeking among traumatized individuals: A systematic review of studies assessing the role of substance use and abuse. *Trauma, Violence, & Abuse, 18*(1), 106-116. Full Text.

Bitterfeld, L., Ozkaynak, M., Denton, A. H., Normeshie, C. A., Valdez, R. S., Sharif, N., Caldwell, P. A., & Hauck, F. R. (2025). Interventions to improve health among refugees in the United States: A systematic review. *Journal of Community Health, 50*(1), 130–151. Full Text.

Chang, W. & Zhang, C. (2024). Revisiting the prevalence of unhealthy alcohol use among ethnic minority immigrant gay, bisexual men, and other men who have sex with men in North America: A systematic review and meta-analysis. *Journal of Immigrant & Minority Health, 26*(6), 1085–1098. Abstract.

Choi, S., Hong, S., Gatanaga, O. S., Yum, A. J., Lim, S., Neighbors, C. J., & Yi, S. S. (2024). Substance use and treatment disparities among Asian Americans, Native Hawaiians, and Pacific Islanders: A systematic review. *Drug and Alcohol Dependence, 256*, 1–36. Full Text.

Contreras-Pérez, M. E., Wagner, E., Hospital, M., Morris, S., Colby, S., & Magill, M. (2024). Outcomes of a brief motivational intervention for heavy alcohol use in racial or ethnic minority compared to white emerging adults. *Journal of Evidence-Based Social Work, 21*(1), 75–89. Abstract.

De La Rosa, M., Sanchez, M., Wang, W., Angel Cano, M., & Rojas, P. (2020). Alcohol use trajectories of adult Latinx immigrants during their first decade in the United States. *Addictive Behaviors, 106*, 1–15. Abstract.

Ferguson, T. F., Beauchamp, A., Rosen, E. M., Ray, A. N., Theall, K. P., Gilpin, N. W., Molina, P. E., & Edwards, S. (2020). Pilot study of the adaptation of an alcohol, tobacco, and illicit drug use intervention for vulnerable urban young adults. *Frontiers in Public Health, 8*, 1–8. Full Text.

Gao, C., Cho, L. L., Dhillon, A., Kim, S., McGrail, K., Law, M. R., Sunderji, N., & Barbic, S. (2024). Understanding the factors related to how East and Southeast Asian immigrant youth and families access mental health and substance use services: A scoping review. *PLOS ONE, 19*(7), 1–29. Full Text.

Greene, M. C., Andersen, L. S., Leku, M. R., Au, T., Akellot, J., Upadhaya, N., Odokonyero, R., White, R., Ventevogel, P., Garcia-Moreno, C., & Tol, W. A. (2024). Combining a guided self-help and brief alcohol intervention to improve mental health and reduce substance use among refugee men in Uganda: A cluster-randomized feasibility trial. *Cambridge Prisms: Global Mental Health, 11*, 1–11. Full Text.

Horyniak, D., Melo, J. S., Farrell, R. M., Ojeda, V. D., & Strathdee, S. A. (2016). Epidemiology of substance use among forced migrants: A global systematic review. *PLOS ONE, 11*(7), 1–34. Full Text.

Ivert, A. & Magnusson, M. (2020). Drug use and criminality among unaccompanied refugee minors: A review of the literature. *International Journal of Migration, Health and Social Care, 16*(1), 93–107. Full Text.

Kenin, A., Dandy, J., Atorkey, P., Pelden, S., Adusei-Asante, K., & Zamboanga, B. L. (2025). Cultural values and practices in alcohol and other drug use among immigrant youth: A systematic review. *Journal of Ethnicity in Substance Abuse,* 1-42. Full Text.

Marginean, V., Sheth, P., Varma, A., & Vessie, A. (2023). A short review of acculturation and addiction among immigrant and refugee communities in the United States and abroad. *Journal of Nursing Scholarship, 55*(3), 584-589. Full Text.

Marsiglia, F. F., Ayers, S. L., Baldwin-White, A., & Booth, J. (2016). Changing Latino adolescent's substance use norms and behaviors: The effects of synchronized youth and parent drug use prevention interventions. *Prevention Science, 17*(1), 1–12. Abstract.

McCleary, J. S., Shannon, P. J., & Cook, T. L. (2016). Connecting refugees to substance use treatment: A qualitative study. *Social Work in Public Health, 31*(1), 1–8. Full Text.

Nagoshi, J., Nagoshi, C., Small, E., Okumu, M., Marsiglia, F. F., Dustman, P., & Than, K. (2018). Families preparing a new generation: Adaptation of an adolescent substance use intervention for Burmese refugee families. *Journal of the Society for Social Work and Research, 9*(4), 615–635. Full Text.

Parra-Cardona, R., Vanderziel, A., & Fuentes-Balderrama, J. (2023). The impact of a parent-based prevention intervention on Mexican-descent youths' perceptions of harm associated to drug use: Differential intervention effects for male and female youths. *Journal of Marital & Family Therapy, 49*(2), 370–393. Abstract.

Saleh, E. A., Lazaridou, F. B., Klapprott, F., Wazaify, M., Heinz, A., & Kluge, U. (2023). A systematic review of qualitative research on substance use among refugees. *Addiction, 118*(2), 218–253. Full Text.

Tremblay, M., Baydala, L., Khan, M., Currie, C., Morley, K., Burkholder, C., Davidson, R., & Stillar, A. (2020). Primary substance use prevention programs for children and youth: A systematic review. *Pediatrics, 146*(3), e20192747. Abstract.

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