



An Introduction to Substance Use

Guidance for refugee service providers

Pre- and post-migration stressors such as trauma, loss, and cultural adjustment may put refugees and other newcomers at a heightened risk for substance use disorders. Additionally, newcomers frequently face challenges accessing health care, further increasing their vulnerability to substance use disorders and their effects. To best support clients, service providers should understand substance use and know how to connect newcomers with substance use disorders to appropriate services and care. This information guide introduces substance use disorders and special considerations when working with newcomers.

Key Terms

To avoid stigmatization, carefully consider the language you use to talk about substance use.

Substance use refers to the consumption of alcohol, drugs, or other substances that can alter mood, perception, or behavior.

Substance use can become problematic and lead to **addiction** when it causes significant impairment or distress and ultimately affects a person's ability to function in daily life. Addiction is a treatable, chronic medical disease involving complex interactions among

brain circuits, genetics, the environment, and an individual's life experiences.

Substance use disorder is the clinical term for a syndrome with a set of signs and symptoms that cause significant distress and/or impairment. Substance use disorders are specific to the type of substance used and classified as mild, moderate, or severe. Use this language instead of "substance abuse" or "habit."

A person diagnosed with a substance use disorder is someone who has difficulty controlling their substance use (or other reward-seeking behavior, such as gambling) despite suffering harm due to this activity.

Use **person-centered terminology** (“person using substances”) as opposed to stigmatizing language such as “substance abuser,” “addict,” “user,” or “alcoholic.”¹

What Are Substances?

Substances are psychoactive chemicals that affect the brain and body, leading to changes in mood, perception, behavior, or functioning. Common substances used in the United States include:

- **Alcohol** (beer, wine, liquor)
- **Tobacco/nicotine** (cigarettes, chew, vapes, etc.)
- **Cannabis** (marijuana, edible marijuana, K2, Spice, etc.)
- **Prescription medications** (OxyContin, Percocet, Xanax, Adderall, etc.)
- **Over-the-counter medications** (dextromethorphan, e.g., Robitussin; loperamide, e.g., Imodium, etc.)
- **Opioids** (heroin, fentanyl, kratom, etc.)
- **Stimulants** (cocaine, methamphetamine, khat, bath salts, etc.)
- **Inhalants** (solvents, aerosols, gases, etc.)
- **Hallucinogens** (PCP, LSD, psilocybin mushrooms, mescaline, ayahuasca, etc.)
- **Other drugs** (ketamine, MDMA, GHB, Rohypnol, etc.)

Culturally Specific Substance Use

Some substances that are less common among U.S.-born populations are commonly used in the home countries of certain newcomers due to cultural familiarity, traditional practices, or perceived health benefits. Be aware of use of the following substances:

- **Betel Nut** (areca nut): Common among Burmese and other Southeast Asian populations; chewed for stimulant effects
- **Khat**: Common among East African and Yemeni communities; leaves chewed for stimulant effects
- **Kratom**: Common in Southeast Asian communities; leaves chewed, brewed in a tea, or ground into a powder and consumed for mild stimulant or opioid-like effects
- **Bhang**: Used primarily in South Asian communities; edible cannabis consumed during cultural or religious ceremonies
- **Ayahuasca**: Used by some South American populations; consumed as a brew for spiritual or healing practices

Different cultural groups may use other, less common herbal or traditional remedies. While these substances are often integral to cultural or traditional practices, they may be unfamiliar, restricted, or even illegal in the United States, presenting unique challenges for newcomers and service providers. These substances may have the potential for addiction and/or significant health risks.

Alcohol use carries many dangers, particularly when consumed in large quantities, either in a single instance or over time.

When the body is unable to break down the toxins from alcohol due to the volume, alcohol poisoning occurs. Young people are especially susceptible to alcohol poisoning due to social pressure to binge drink.

For individuals whose body has become dependent on alcohol, withdrawal can be life threatening.

Alcohol poisoning and withdrawal are medical emergencies. Individuals should call 9-1-1 or visit their nearest emergency room if experiencing signs of [alcohol poisoning](#) or [withdrawal](#). Frequent, heavy users of alcohol planning to stop their use should seek treatment in a medical detox facility or an emergency room.

Risk Factors and Stigma

Newcomers’ substance use is affected by multiple risk factors that may increase vulnerabilities, including:

- Pre- and post-migration stressors (such as trauma, grief and loss, and financial hardship)
- Lack of awareness around mental health and substance use
- Availability of certain substances in home country (e.g., benzodiazepines, khat)
- Exposure to and availability of substances in their new U.S. community

¹ Recovery Research Institute, Addictionary, <https://www.recoveranswers.org/addiction-ary/>

Stigmas surrounding substance use further complicate risk factors. For example, the use of alcohol and drugs is prohibited in many faiths. Some clients may fear social stigma or rejection from their family and community. This stigma, compounded with **self-stigma**, or internalized feelings of shame, may stop those using substances from seeking support and treatment for substance use disorders.²

Substance Use Trajectory to Addiction

Addiction is widely recognized as a brain disease—not a moral failure—with substances like alcohol and drugs causing structural changes in the brain that affect behavior. Substance use can develop into addiction when repeated use alters brain chemistry and function, creating a powerful compulsion to continue using the substance despite negative consequences. Although challenging, addiction is preventable and treatable.

The following steps describe how substance use can progress to addiction:

1. Over time and with ongoing use, the **brain changes** in response to the specific substance. The time it takes to change brain structure is dependent on an individual's biology, the substance type, and the frequency and duration of use.
2. When the brain changes, the **reason** for substance use may change. For example, substance use may become someone's primary coping method or the way they feel comfortable in social situations.
3. Eventually, the body develops a **tolerance** to the substance. This means that the person needs a lot more of the substance to feel previous pleasurable effects or to avoid negative mental or physiological effects. This requires more time and money dedicated to using the substance and may be at a detriment to the person's responsibilities.
4. This increase in substance use leads to more **physical changes**. Over time, the body and mind adapt and become dependent on the substance.
5. During **dependence**, the body begins to require the substance. Without it, the body can go into **withdrawals** (agitation, feeling sick, delirium, tremors, coma, death). Stopping substances is extremely difficult, and success often requires the support of others (friends, family, professionals).
6. When recovering from substance use, it is common for individuals to experience **relapses**, where they begin using the substance again despite efforts to stop. Relapse does not indicate a failure. You can support individuals' attempts to quit using substances by encouraging them to keep trying and adjust their approach to recovery.

Signs of Problematic Substance Use

As a service provider, you are uniquely positioned to offer additional education and support to clients about their substance use. Be aware of signs of problematic substance use in clients, such as:

- Problems at work, home, school, or in relationships due to substance use
- Lying or becoming defensive about use
- Spending excessive amounts of money or stealing to get the substance
- Worrying about where to get the substance
- Continued use even though it causes significant social and interpersonal problems
- Taking a substance in larger amounts or over longer periods than meant to
- Cravings and urges to use substance(s)
- Wanting to cut down or stop using the substance but being unable to
- Using substances even when it is dangerous
- Developing withdrawal symptoms when not using the substance

² Saleh, E. A., Lazaridou, F. B., Klapprott, F., Wazaify, M., Heinz, A., & Kluge, U. (2022). A systematic review of qualitative research on substance use among refugees. *Addiction*, 117(12), 2958–2974. <https://doi.org/10.1111/add.16021>

Strategies to Support Newcomers

Treatment Options

Common types of addiction treatment options include:

- **Medical detoxification**, where clients can safely stop using substances with assistance from medical professionals to monitor or stabilize withdrawal symptoms
- **Medications** for addiction treatment, prescribed for inpatient or outpatient settings
- **Inpatient or residential treatment** to provide a period of sobriety with the support of counselors and medical providers
- **Outpatient treatment or therapy** (in person or telehealth) to provide alternative coping skills
- **Mutual aid groups** (such as [SMART Recovery](#), [Alcoholics Anonymous](#), [Narcotics Anonymous](#)) to provide communities of support with other people in substance use recovery

As with other medical conditions, treatment referrals will depend on the client's needs and preferences.

Harm Reduction Strategies

Due to the impact of substances on the brain and the stigma around substance use, clients with substance use disorders may initially choose not to engage in treatment. However, you can still provide essential support in **harm reduction**, “an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.”³

To reduce harm, you can:

- Use proper terminology to reduce stigma when speaking to clients
- Provide materials on substance use and addiction in the client's language
- Incorporate substance use prevention education into programming such as cultural orientation or youth and parenting programming
- Provide psychoeducation on the impact of substances on the brain and body as a strategy to normalize and destigmatize addiction

- Provide safety information and strategies to reduce harm if clients choose to continue using substances (see box below)
- Create [safety plans with clients](#) (e.g., emergency hotlines)
- Use [motivational interviewing](#) to explore ambivalence or motivation to reduce substance use

Drug-related overdose deaths from heroin and fentanyl have been rising in the United States. Naloxone (commonly known as Narcan) is an overdose reversal drug. Learn more ways to reduce harm and support client well-being at [SAMHSA](#).

Legal Considerations

Substance use has legal implications. Some substances are legal at a certain age; for example, in the U.S., alcohol use is legal for individuals over the age of 21. However, operating a motorized vehicle or bike while under the influence is a legal and safety risk. Some substances may be legal for some people but not for others; for example, a prescription medication should only be taken by the prescribed individual.

Other substances are legal in some jurisdictions but not in others. For example, marijuana is legal in many states but remains illegal at the federal level. For this reason, **immigration law treats any marijuana activity as a crime regardless of legality in the particular state**. Marijuana use may therefore carry harsh immigration penalties.⁴

Advise clients to consult with a certified legal professional on issues related to substance use. This includes posting images of substance use to social media or working in the marijuana industry. If a client has documented incidents of operating a vehicle or driving under the influence, they should speak to their immigration lawyer while applying for naturalization or immigration status.

³ SAMHSA. *Harm Reduction*. (2023). <https://www.samhsa.gov/find-help/harm-reduction>

⁴ Brady, K., Nightingale, Z., & M. Adams. (2021, May.) *Immigrants and marijuana*. Immigrant Legal Resource Center. https://www.ilrc.org/sites/default/files/resources/immigrants_marijuana_may_2021_final.pdf

Conclusion

You can better support newcomer well-being by understanding the risks and signs of substance use disorders. Learn about treatment opportunities in your area and plan to assist clients who do not wish to seek formal treatment. By providing psychoeducation in the early stages of client resettlement, you and your agency can help reduce the stigma related to addiction and the potential harm to newcomer families and communities.

Resources

[Substance Use Among Unaccompanied Refugee Minor Youth](#). This webinar from Switchboard covers key concepts related to substance use among URM youth.

[What Is Motivational Interviewing?](#) In this episode of the Switchboard podcast, experts describe motivational interviewing and its implementation in resettlement settings.

[Substance Use Among Afghan Refugees](#). This guide from the U.S. Committee for Refugees and Immigrants (USCRI) explores substance use within the Afghan newcomer population.

[Drug Addictions and Mental Health](#). This booklet from ICNA Relief Muslim Family Services provides a comprehensive overview of substance use and addiction, with information specific to Islamic beliefs about substance use and treatment options. It is also available in Arabic, Dari, Spanish, and Ukrainian [here](#).

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) provides guidance on substance use disorders and treatment, including substance-specific guidance for service providers.

[Drug Misuse and Addiction](#) and [Words Matter: Preferred Language for Talking About Addiction](#) from the National Institute on Drug Abuse (NIDA) provide introductory information for service providers about addiction.

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