The Perspective of Young Maghrebi People With a Migratory Background and Their Social Agents on Substance Use During the Migration Process: A Qualitative Study

Leticia Lopez-Pedraza, PhD, MSc, RN1 ,

Victor Fernandez-Alonso, PhD, MSc, RN1,2 ,

Juan Francisco Velarde-Garcia, PhD, MSc, RN1,2,3 ,

Raquel González-Hervias, PhD, MSc, Psy, RN1 ,

María Garcia-Ines Alcalde, RN4 , Petra Galiano-Fernandez, SW4,

and Beatriz Alvarez-Embarba, PhD, MSc, RN1,5

1 Research Group in Social Health Care Needs for the Population at Risk of Exclusion. Red Cross University School of Nursing, Autonomous University of Madrid, Spain

2 Research Group in Nursing Care. Gregorio Maranon Health Research Institute (IiSGM), Madrid, Spain

3 Research Group of Humanities and Qualitative Research in Health Science of Universidad Rey Juan Carlos (Hum&QRinHS), Alcorcón, Madrid, Spain

4 Madrid Red Cross Addiction Centers, Spain

5 Hospital La Paz Institute for Health Research (IdiPAZ), Madrid, Spain

Corresponding Author: Victor Fernandez-Alonso, Red Cross University School of Nursing, Autonomous University of Madrid, Av. De la Reina Victoria 28, 28003 Madrid, Spain. Email: victor.fernandez@cruzroja.es

Abstract

Introduction: People with a migratory background often face traumatic experiences increasing the risk of mental health problems and substance use. It is important to gain a greater understanding of the perspectives of substance use among North African young people with a migratory background and social agents. Methodology: A qualitative phenomenological study was conducted. Purposive sampling methods were used to recruit 14 male participants and 9 social agents. Data were collected through semi-structured interviews and focus groups, and processed by thematic analysis. Results: Four themes were identified: beginning of cross-border consumption that worsens at the reception centers; different ways of obtaining and accessing substances; reasons leading to substance use; and mental health care needs during the migration process. Discussion: The implementation of individual-centered and culturally adapted psychosocial support programs can significantly contribute to mitigating psychological challenges, preventing substance use, and promoting greater well-being among people with a migratory background.

Keywords: mental health, transients and migrants, substance-related disorders, nursing care, qualitative research

Introduction

The World Health Organization reported that people with a migration background (PMB) face a significant risk of mental health issues, including elevated rates of depression, anxiety, and post-traumatic stress disorder. These mental health challenges are largely a consequence of the traumatic experiences associated with migration, such as violence, exploitation, and separation from family. Their exclusion from national health services exacerbates their vulnerabilities. Barriers such as high fees, lack of health literacy, cultural differences, and stigma prevent many PMB from accessing necessary care. The combined effects of these factors lead to a heightened risk of mental health issues among this population, making it crucial to address these barriers to improve their overall health outcomes (World Health Organization, 2023). Migration-related stressors further compound these challenges. Key stressors include language barriers, difficulties adapting to a new culture, and socioeconomic pressures (Berger Cardoso et al., 2019). These stressors can significantly affect the mental health of young PMB, who may adopt coping mechanisms, such as increased substance abuse and antisocial behavior (Asociación de trabajadores e inmigrantes marroquíes en España, 2010). The lack of a stable support network in the host country further exacerbates these issues, highlighting the need for comprehensive support systems to address these challenges. These young PMB have a higher risk factor for substance use; tobacco, tranquilizers, cannabis, cocaine, gamma-hydroxybutyric acid (GHB), and volatile inhalants (Manzani & Arnoso Martínez, 2014). Cannabis is the most consumed substance in Africa with a prevalence ranging from 5.2% to 13.5%, followed by amphetamine-type stimulants and benzodiazepines (Onaolapo et al., 2022). Youth migration has surged from 29 million in 1990 to 40.9 million in 2020, with a notable increase among young Maghrebi PMB between 15 and 24 years of age. A total of 3,307 unaccompanied migrant minors (UMM) arrived to Spain in 2020, which is 15.1% more than the previous year (United Nations Department of Economic and Social Affairs, 2021). Morocco is the main country of origin of UMM reaching Spanish shores, accounting for 42.8% of all PMB (Berger Cardoso et al., 2019; Instituto Nacional de Estadística, 2022). The UMM often travel alone due to extreme socioeconomic hardships, facing significant challenges and in highly vulnerable situations. This heightened vulnerability requires specialized legal protections to ensure their safety and well-being. The primary reasons for migration include extreme poverty and lack of opportunities in the home countries, compelling these adolescents to undertake dangerous journeys in search of a better future (Sin Fronteras IAP, 2014). Spain is a common destination due to its geographical proximity and favorable legal frameworks that provide some level of protection and support for young PMB, such as the authorization of a residence permit that enables employment from the age of 16 years and the application for residence aimed at young people aged 18–23 years who, as minors, are under the guardianship of a UMM protection service (Bravo & Santos-González, 2017; Ministerio de la Presidencia Relaciones con las Cortes y Memoria Democrática, 2021; Gobierno de España, 2015). The general objective of this study was to describe the phenomenon of addictive substance use among young PMB from North Africa living in Spain, from their condition as UMM children and adolescents into adulthood, from the perspective of both PMB and social agents. As a secondary objective, this study sought to describe the relationship between the migratory process and the consumption of addictive substances; identifying the risk and protective factors that lead to their consumption; and describing the needs that arise during the migratory process that could help to prevent the consumption of toxic substances.

Method

Study Design

A qualitative phenomenological study was conducted to understand how individuals construct their worldview based on the experience of other people (Giorgi & Giorgi, 2003). Qualitative methods are useful for understanding complex social processes, capturing essential aspects of a phenomenon from the perspective of study participants, and uncovering the beliefs, values and motivations that underlie individual health behaviors; therefore, these methods are most suitable for fulfilling the study objectives (Curry & Nunez-Smith, 2015). Context This study was carried out at an addiction care center that is part of the network of the Institute of Addictions of the City of Madrid, which provides personalized individual and group outpatient care to people with alcohol and other drug abuse or dependence problems. Part of the Mediation Project with UMM took place in the facilities. The main activities were to establish interaction with PMB, who were mostly undocumented and living on the streets, through mediation in the parks and the open environment. Furthermore, outreach and promotion of collective awareness with the close environment deconstructing stereotypes and prejudices that may interfere with the coexistence of citizens. This project has an educational, integrative, and preventive character, and has attempted to respond to the situation of these children and youth by establishing systems and elements of rapprochement, which allow them to recover the relationship with adult referents and which operate as a bridge with the normalized services as a channel for social integration. Although the Mediation Project serves all types of PMB without discriminating by sex or gender, in the city of Madrid, Spain, there are other social resources focused on young female PMB. For this reason, our study sample only included male participants. Sample/Participants Interviews were conducted with two groups of participants. Participants were identified through purposive sampling, during which individuals were selected according to the research objectives (Table 1) (Carpenter & Suto, 2008). Notably, 14 young Maghrebi PMB (aged 18–24 years) were recruited by the Street Mediation Team or by contacting those who came to the social and health center. To determine the number of participants, the proposal by Turner-Bowker et al. was followed, which provides a practical guide to estimate the number of interviews that may be necessary to achieve saturation in a qualitative study (Turner-Bowker et al., 2018). The second group of participants was recruited by directly contacting the nine staff members who worked directly with these young PMB (eight social mediators and one social worker). These members of staff were interviewed.

Table 1. Criteria for Inclusion and Exclusion of Participants.

Participants	Inclusion criteria	Exclusion criteria
Young PMB	Young people aged 18–24 years. Having been cared for as a UMM by the institution. Participation in the different reintegration projects developed by the institution. Able to understand and express themselves in Spanish.	Being under the influence of substances during data collection (intoxication)
Workers of the Mediation Project for the Prevention of social risk for UMM and young PMB	Working with these young people in one of the direct care projects. Minimum of 1-year experience	

Note. PMB = people with a migratory background; UMM = unaccompanied migrant minors.

Table 2. Semi-Structured Interview and FGs Question Script.

	Questions	
Area of interest	Semi-structured interview	FGs
Migratory movement	What was the experience from the time you left your country until you arrived in Spain? What difficulties did you face during the journey? Which country do you intend to reach?	What do the young PMB tell you about their journey from leaving their country until arriving in Spain? What difficulties do they encounter during the journey? Which countries do they plan to reach?
Support/needs	Once you arrived in Spain, what was your experience, what needs did you have, and what were the most important ones? If you are currently using substances, what would need to happen or what would you need to do to stop using substances? What support have you received/do you expect to receive on your journey?	Once they arrived in Spain, what was your experience? What help did they receive throughout their journey from social/health workers or organizations? What needs did they raise? Which were the most important?
Use of addictive substances	If you have used or are using tobacco, alcohol, cannabis, medicine, or other drugs, how and when did you start using them, how do you access them, did you use any substances before you started your journey (type and frequency of use), did you use any substances in the process? How did you get hold of them, and why did you need to use them? What would you have needed in order not to have to resort to substance use at that time? Do you continue to use any substances today (type and frequency of use)? Do you think this can be a problem? Have you missed any opportunities to improve your situation because of substance use?	Do you think they are consumers of tobacco, alcohol, cannabis, medicines or other drugs? How do you think they access them? Do you know if they were already consuming them before starting their trip? And during the trip? Do you think they continue to consume them now? Do you think it could be a problem for them? Do you know if they have lost an opportunity for improvement due to their consumption?

Data Collection

Data were collected during June 2023; in the first study phase, data were collected through individual face-to-face semi-structured interviews conducted with young PMB, along with sociodemographic data. Field notes were taken during data collection. A question guide was used according to the areas of interest (Table 2) (Malterud, 2012). Interviews with all participants were conducted in a private room at the care center, to ensure confidentiality. The interviews were audio-recorded after obtaining the consent of each participant. Sampling and data collection continued until data saturation was achieved, at which point no new information emerged from the estimated data analysis of the interviews (Turner-Bowker et al., 2018). In the second phase, two focus groups (FGs) were created with the social agents. One of the FGs was formed by four social agents, while the other was formed by the remaining five social agents. The same questions were asked in the FGs and in the semi-structured interviews, adapting them in the FGs, to contrast their perspective as social agents with the young PMB (Table 2). FGs were carried out in a private Microsoft Teams video chat room (Archibald et al., 2019). Each participant of the FGs was given the option to activate their camera if they desired to do so. At the beginning entering the platform. The FGs were carried out by a moderator and an observer (Bloor et al., 2001). The moderator asked questions to each participant in turns and the social agents participated by raising their hands in the chat platform. The moderator then clarified any issues

that arose in the discussion (Bloor et al., 2001). The observer supported the moderator by identifying key points and taking field notes.

Data Analysis The analysis was carried out by three researchers with experience in qualitative studies. A thematic analysis of the data was carried out using Atlas.ti version 23 software. During the analysis process, the following steps were followed: (a) each interview and FG were transcribed verbatim, along with the information collected in the field notes; (b) the data were reduced by grouping convergent and divergent themes and issues; (c) finally, the results were shared. In the case of differences of opinion, the identification of themes was decided by consensus. In the initial phases, the analysis was more descriptive. Subsequently, as the level of abstraction and complexity of the analysis advanced, this enabled the definition of units of meaning, groups of thematic codes and, finally, themes that represent the experience of the participants (Malterud, 2012). Ethical Consideration The study was conducted in compliance with Organic Law 3/2018, of December 5, on Personal Data Protection and guarantee of digital rights, and Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 on Data Protection (GDPR) (European Parliament, 2016; Spain, 2018). Approval for this study was granted by the Escola Superior de Saúde Norte da Cruz Vermelha Portuguesa Ethical Committee (code Art.INT/002/2023, minute 012/2023). Written consent was requested from each participant.

Research Team

The team consisted of seven researchers (five women and two men), comprising six nurses (one of whom was a psychologist) and one social worker. Two of the researchers maintained close contact with the study context, one of whom coordinated the project for the prevention of social risk of UMM, while the other coordinated the treatment center and day care center for drug dependence. Neither of these researchers participated in data collection during the study. The remaining researchers were involved in teaching and research at the University and had experience in qualitative health sciences research. Before carrying out the study, the researchers believed that young PMB had limited contact with addictive substances in their country of origin, and began consuming them during their migration process, consolidating their consumption in adulthood. The motivation for carrying out the study was to obtain information on addictive behavior during the migration process from childhood to adulthood to improve social and health care provided (Carpenter & Suto, 2008). Rigor The reporting for this study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007) and the Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014). In addition, the criteria for ensuring trustworthiness cited by Guba and Lincoln were applied (Table 3).

Table 3. Trustworthiness Criteria Applied.

Credibility:
- Researcher triangulation: each interview was analyzed by three researchers and the results will be pooled.
- Triangulation of participants: the study included participants from different regions of North Africa.
- Triangulation of collection methods: semi-structured interviews were conducted, researchers took field notes, and FGs were held.
- Triangulation of data: information from young people and the agents involved in their care were used to understand the phenomenon under study.
- Participant validation: participants were asked to confirm the data obtained during data collection. All participants were offered the opportunity to review the audio and video recordings to confirm their experience. No additional comments were made by any of the participants.
Transferability: Detailed descriptions of the study are provided, including characteristics of the researchers, participants, settings, sampling strategies, data collection, and analysis procedures.
Dependability: An external researcher evaluated the research protocol, focusing on the aspects related to the applied methods and study design. In addition, this researcher will be responsible for verifying the results.
Confirmability: This is ensured through triangulation techniques, encouraging the reflexivity of researchers through reflective reporting and describing the rationale for the study.

Results Participants In total, 14 male participants, who self-identified as men, were included in

this study. The mean age of the participants was 20.62 (SD 1.71) years. On average, the decision to migrate from their home countries was made at the age of 14.55 (SD 1.62) years, and the migration process began at 17.92 (SD 1.93) years. Participants had been in Spain for an average of 2.75 (SD 2.04) years, and only 14% of them had been in Spain for more than 5 years. However, 13 participants (80%) came from Morocco, from cities such as Tetouan (6), Tangier (2), Casablanca, Maghreb, Midelt, Nador, and Rincon. One participant (20%) came from the city of Oran, in Algeria. Among the young people interviewed, different access routes to Spain were described, such as jumping the fence, swimming, traveling by inflatable boat, hiding in heavy transport vehicles, and crossing other borders (Figure 1). The time young people spent at the border until they managed to cross was between 1 month and 3 years. Before arriving in Spain, these young people underwent several attempts to reach the country. Regarding substance use, of the 14 interviewees, 5 acknowledged active substance use, 4 PMB stopped using substances when they entered Spain, and 3 had never used these substances. The substances recorded in the interviews included glue, solvent, alcohol, cocaine, pills (anxiolytics), tobacco, and hashish. Nine mediators took part in the discussion groups: three women participated, one of whom was of Maghrebi origin and two of whom were Spanish (33.3% Maghrebi origin), and six men, one of whom was Spanish and five were of Maghrebi origin (83.3% Maghrebi origin). Their qualifications were social mediator (six professionals), social educator (one professional), psychologist (one professional), and social worker (one professional). The average age of the male mediators was between 50 and 55 years and that of the female mediators was between 30 and 35 years. The average time spent working with this population in different areas (reform, street, flats, first reception centers, Spanish Red Cross) was between 20 and 25 years. The country of origin of the mediators of Maghrebi origin was Morocco (Tangiers, Tetouan, Casablanca, Rabat, and Oujda). Four themes were identified. In the description of each theme, narratives from the participants, taken directly from the interviews, are included in relation to the emerging themes (Table 4). Theme I: Beginning of Cross-Border Consumption That Worsens At the Reception Centers Subtheme I.I: The Border. The process of illegal migration requires great physical and mental momentum to carry out this taxing process. The participants acknowledged that consumption began on the African side of the border: They consume at the border. . . to eliminate their fear, and to be more agile. (E10) Consumption is easy for them (PMB) when they are at the border. (M2) Subtheme I.II: The City of Ceuta. Although the participants stated that it is at the border where they have the greatest access to consumption, once they arrive in Spanish territory they tend to consume, especially in the city of Ceuta, Spain: In Ceuta, substance abuse was almost obligatory, in order to survive on the streets. (E3) Nonetheless, the mediators reported that consumption tends to decrease once the destination is reached and the minors cross to the mainland. . . . there are few people who use substances, they reduce their consumption, and they wish to stop once their situation changes, if they gain a little more stability, they altogether stop using substances. (M5) Subtheme I.III: UMM Care Centers. Subsequently, when their legislative situation stabilizes, and they enter residential care centers for children and adolescents or other resources, such as supervised flats, consumption has sometimes become chronic, limited only by their financial situation: . . . they are at a Juvenile Center, with 12, 13 or 15 euros, they can buy a pack of cigarettes, they smoke a lot. . ., all my friends and my colleagues, they were all at the Center using glue. (E1) Theme II: Different Ways of Obtaining and Accessing Substances Subtheme II.I: The Companions. The places and ways of obtaining different substances vary according to the type of substance. Companions have been described as the main access and exerting a great influence and inciting others to initiate use: If a companion has one, I smoke with him . . . (E1) Subtheme II.II: Ease of Acquisition. Access to alcohol and tobacco, being legal substances, are readily available from the legalized trade. The

participants described differences affecting the ease of acquisition between countries, as these drugs are cheaper and more accessible in their country of origin, Morocco:

Table 4. Identified Themes.

Subthemes	Themes	Description
The border The city of Melilla Unaccompanied Migrant Minors Care Centers Companions	Beginning of cross-border consumption, which is aggravated in receiving centers	Access to the substances is through PMB companions or direct purchase, through begging or the buying and selling of stolen objects, with differences in the ease of accessing them between the country of origin and Spain.
Ease of acquisition Direct purchase	Different ways of obtaining and accessing substances	Consumption starts mainly in the country of origin, at the border it worsens in the receiving centers in the border cities, such as Ceuta, and continues in the shelter centers.
Illegal migration process Finding courage and bravery The need to forget and loneliness	Reasons for substance use	Consumption is motivated by the problematic situations of an illegal migration process that requires courage and bravery to face dangers and adversities but also needs oblivion to be able to move on.
Harmful effects of substance use Mental health care	Mental health care needs during the migration process	Substance use can be detrimental to the pursuit of personal well-being of PMB. Mediators stress the need for psychological and mental health care.

In Morocco, hashish and tobacco costs 1 euro, it is easy to buy. (E11) In Morocco, access to and consumption of solvents and glues is also simple and cheap, available in street shops, and used by those with limited economic resources: The bottle of glue is 50 or 60 dirhams. . . the glue they use is the glue they use to glue the inner tubes of bikes, they put it in a bag or in socks; 15 dirham is 1.50 euros, the value of a bottle of solvent. (E14) According to the participants, in Spain, access to legal drugs is limited due to the higher price; however, access to other drugs, "pills," is easier as these are more readily available: . . .In Spain, here you ask, and they give you the exact address, they tell you the guy who sells the pills under a coat. It is easier to buy drugs in Spain than in Morocco. (E13) The mediators also reported the ease with which they were able to purchase other drugs, such as clonazepam (benzodiazepine), during the migratory process: Rivotril® costs them €1, they buy it very easily, and benzodiazepines in general. (M5) Subtheme II.III: By Direct Purchase. Access to cocaine, which is illegal in Spain and more expensive than the previous substances, and to pills, anxiolytics, which require a medical prescription to be dispensed, is obtained through direct purchase. To obtain the money to purchase these drugs, different methods are used, such as begging and buying and selling stolen objects: He would go to the port and ask travelers, and they would give him money. They go off stealing one night, three pieces of furniture and they have enough for three or four grams, they have enough to eat, they get the coke by stealing, or whatever. (E12) The mediators reported that prostitution was used as another means to access financial resources, although this was not acknowledged by the participants: . . . they prostitute themselves as an intermediate step in search of money, or for the consumption of drugs, especially anxiolytics and, therefore, as a means of survival. (M6) Theme III: Reasons Leading to Substance Use Subtheme III.I: Illegal Migratory Process. The migration process is complex in itself; however, this process is worsened when it involves illegal migration, which involves jumping over border crossings or other untimely situations that are dangerous and frightening: They turn to drugs, not because of family problems, but because of other kinds of problems: sleeping on the streets, not eating, lack of money, it's because they are on the wrong track. (E4) Subtheme III.II: Finding Courage and Bravery. The participants described the need to find the courage to carry out certain dangerous practices when crossing the border, which cease when they reach their destination. These situations require the use of substances that act as an unconscious driving force to carry them out: brave enough to get into a lorry, when he came to the peninsula, he stopped consuming. (E3) The use of substances for travel coincides with the mediators' view that when young people achieve stability, they no longer feel the need

to consume: They consume in order to take a risk, because when they are in a normal state, they don't risk getting into a truck, it's like a way to find strength. (M5) Subtheme III.III: Loneliness and the Need to Forget. Emotional reasons for substance use during the migration process have also been described, such as the need to forget where they come from and what they have endured, and the loneliness they are exposed to during and after migration: . . .in 2021, a lot of things happened, I needed something like pills. . . to forget, I can't sleep, there are so many things that I can't forget. . . (E13) Who is pushing you to smoke here? You're on your own, you don't speak the language of the country you're in, you don't have friends, it's a lot of things to deal with. (E12) These emotional and behavioral aspects described coincide with what the mediators described; consumption associated with avoidance: They stop thinking about the situation they are in, the number of obstacles they are facing. . . (M3) Theme IV: Mental Health Care Needs During the Migration Process Subtheme IV.I. The Harmful Effect of Substance Use. Substance use can be detrimental during the migration process and may lead to addiction. Most of the drugs described are depressants of the nervous system and therefore, the depressant effect affects the development and stability of the migration process. Detrimental consequences for physical and mental health are described: I have seen many kids here who have come here to improve their lives and now they are in a terrible state: joints, pills, drugs. They are always like this, not knowing where they are, whether they are in Spain, Morocco or in heaven. (E4) Subtheme IV.II: Mental Health Care. The mediators highlighted the importance of addressing mental health as a key aspect to improve the care of minors. They recognized that many PMB carry the burden of current and past experiences which have a major impact on their psychological wellbeing. It's something that is never taken into account: the emotional and psychological side of all these kids, who make these journeys, who go through this adventure, we should carry out a psychological diagnosis on all of them, they are lacking a stable psychological and emotional situation, hence all this negative behavior is likely to emerge: consumption, delinquency, suicide. (M3) Table 4. Identified Themes. Subthemes Themes Description The border Beginning of cross-border consumption, which is aggravated in receiving centers Access to the substances is through PMB companions or direct purchase, through begging or the buying and selling of stolen objects, with differences in the ease of accessing them between the country of origin and Spain. The city of Melilla Unaccompanied Migrant Minors Care Centers Companions Different ways of obtaining and accessing substances Consumption starts mainly in the country of origin, at the border it worsens in the receiving centers in the border cities, such as Ceuta, and continues in the shelter centers. Ease of acquisition Direct purchase Illegal migration process Reasons for substance use Consumption is motivated by the problematic situations of an illegal migration process that requires courage and bravery to face dangers and adversities but also needs oblivion to be able to move on. Finding courage and bravery The need to forget and loneliness Harmful effects of substance use Mental health care needs during the migration process Substance use can be detrimental to the pursuit of personal well-being of PMB. Mediators stress the need for psychological and mental health care.

Discussion

The participants in our study have described a highly complex migration process and its impact on PMB' health. PMB face different experiences that can favor substance use and this can lead to greater problems on arrival to the country of destination. These findings highlight the great need to provide psychological interventions for this population. According to our results, consumption of illegal or legal drugs starts in their place of origin, increasing during the migration process, eventually leading to the cessation of drug use in the country of destination. The reasons for increased consumption, such as anxiety relief and peer influence, align with the

findings from other studies (Sin Fronteras IAP, 2014). Young PMB, due to their age and lack of protection, face heightened risks, including emotional immaturity and alienation, which may lead to high-risk behaviors (Bravo & Santos-González, 2017). One of the findings of this study revealed that the objectives of these young people in the migration process are to get a job and achieve a better life in Europe compared to the situation in their own country. Bravo and Santos-González agree that the migration process is carried out alone, or sometimes accompanied by another minor, without family at the destination and without knowing anyone in the host country who can help them. For those who do have a person of reference, this tends to be a relative or friend who has previously emigrated (Bravo & Santos-González, 2017). Migration is a social determinant of health, and young PMB are vulnerable to health inequities, xenophobia, and discrimination. For young PMB, it is essential to provide a safe and appropriate accommodation, support for educational and leisure activities, and offer a safe environment that allows them to acquire the skills necessary for their emotional and psychological development (Newbigging & Thomas, 2011). In addition, the importance of effective collaboration between government authorities, non-governmental organizations, and local communities is highlighted to develop comprehensive and sustainable approaches to address the specific needs of these children and adolescents. It is crucial for health institutions to provide training in psychological first aid for the staff of shelters or PMB' homes, to attend to those who are enduring this process (Asociación Católica Española de Inmigrantes, 2023; Maldonado Valera et al., 2018; Palacín Bartroli et al., 2023). Organizations such as the Pan American Health Organization (PAHO) recommend measures to improve the mental health of the UMM: strengthening epidemiological surveillance, improving access to health services for PMB and their host populations, improving communication and information sharing to combat xenophobia, stigma, and discrimination, and strengthening intersectoral and cross-country work, and adapting policies, programs, and legal frameworks to promote and protect the health and well-being of PMB (PAHO, 2023). In addition, specific measures can be taken to support the difficulties that arise during the migration process for children and adolescents, such as improving psychological and psychosocial care, fostering positive attitudes, raising awareness of the importance of their mental health, and providing communities with access to remote psychological services (International Organization for Migration, 2022; UNICEF, 2023). However, there is a significant shortfall in resources, such as accommodation, which often forces PMB to remain on the street, undocumented, thus undermining the intervention and the progress achieved in the centers for minors (López Lajusticia, 2018). This situation, together with other risk factors (age, gender, marital status, occupation, educational level. . .) and stress factors (lack of social networks, failure to reach the destination, mistreatment, fear of authorities. . .) could contribute to the risk of drug use (Bravo & Santos-González, 2017; Sánchez-Huesca & Arellanez-Hernández, 2011). Consumption, according to the results found, is negatively related to the migratory process, which is why they allude to the reasons for abandoning consumption or dependence on these substances; those who have used drugs appear to be more exposed to the associated risks. Consumption patterns are motivated by different factors. In the case of legal substances, the main factors were tobacco and solvents/inhalants available for sale. Consumption of anxiolytics, which are legal, although consumed without a medical prescription due to difficulties in accessing the national health system, was also described. Regarding illegal drugs, the participants spoke of the use of cannabis and derivatives and cocaine, emphasizing that the high price is a major limitation for access. We have not assessed addiction to substances, nor the participants' perception of addiction. We consider that this may be a next step for future research. Future studies should include a larger sample, and consider the gender perspective in health, to offer a more comprehensive understanding of the dimension of the migratory process, how it is experienced, and assess how

the sociocultural context affects both genders and substance consumption. Also, validated scales could be included in future research to allow us to know the bio-psycho-emotional and social state of the participants. With this information, depending on the problems detected, we can design prevention and care programs suited to the needs of the migration process, to promote resilience and emotional well-being based on individualized and specialized advice. Strengths and Limitations The strengths of our study include the creation of an environment of trust and mutual respect with the young people, showing empathy for their problems and a genuine interest in their well-being when conducting the interviews. By doing so, young PMB were able to participate in the study safely and without fear of personal information being disclosed. These measures protect their privacy and confidentiality. Several limitations should be noted. The impact of substance use on young African PMB during their migration process is a complex issue involving multiple challenges and adaptations. The qualitative nature of the study may limit the generalizability of the results to other contexts. The recruitment and follow-up of young PMB was difficult as they are a group that passes through the center and their irregular situation in the territory may generate mistrust in the study and decrease their willingness to participate. Also, having a language barrier as an inclusion criterion may have been a limiting factor, as people with higher vulnerability could have been excluded from the study. Conclusion Migration has physical and emotional effects on young PMB, which may increase their increased susceptibility to drug use. In this demographic group, the risk of drug use may increase due to factors, such as migration stress, anxiety about not reaching the intended destination, lack of resources to subsist during migration, and lack of social support networks. Substance use among young PMB during the migration process is an issue of concern. The results of this study reveal that many of these young people initiate substance use as a coping mechanism for the difficulties they face during migration. This finding highlights the importance of understanding and addressing the specific needs of these young PMB, and providing them with psychosocial support and mental health services that enable them to cope in a healthy manner with the challenges associated with migration. Mental health and psychosocial support services that meet the unique needs of young PMB during their migration process are essential to address this issue. These mental health services should include assessment and treatment of mental health disorders, access to therapy and counseling, programs to support resilience and emotional wellbeing, and remote mental health services for hard-to-reach communities. The implementation of specific, culturally adapted, and individual-centered programs can significantly contribute to mitigating the psychological challenges associated with migration, thus promoting a more holistic well-being among the PMB population. The assessment of the clash between the reality and expectations of migration makes it necessary to address not only the practical aspects of migration but also the emotional and psychological dimensions involved.

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