

# A sociological study of substance use among Turkish youth in Germany

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## Abstract

Migration is a complex system that can lead to stress among migrants who are uprooted from their homes. Immigrants are often associated with increased risk factors for behaviors such as substance use and addiction. A multitude of intersecting factors determines this relationship. One issue that has been a subject of study by public-health and sociology academics has been the substance use among immigrants stemming from this displacement. This study focuses on the increase in substance use among Turkish youth in Germany, who are part of the Germany's largest immigrant population. Five main themes emerged from the analysis: (1) generational patterns in substance use, (2) identity conflict, acculturation stress and mental health issues, (3) structural and social exclusion, (4) barriers to addiction treatment, and (5) protective factors. The results of the literature review reveal the need for empirical studies that consider the specific characteristics and context of Turkish youth in Germany regarding their substance use trends.

**Keywords:** substance use, risk factors, migration, Turkish youth, Germany, acculturation

## Main points

- Substance abuse is higher among younger generations of Turks than among older generations.
- Cultural and religious factors serve as a protective measure against substance use and other unhealthy behaviors.
- Racism, stigma, and perceived discrimination create social isolation, reinforcing the tendency to use substances.
- Cultural interpretation framework of addiction and illness are among the most significant barriers to accessing addiction treatment.
- Studies that consider the social, economic, and cultural characteristics of Turkish immigrants and structural shortcomings are needed.

## Introduction

Nearly 3 million individuals with a Turkish migration background live in Germany, of whom 1,520,400 still hold Turkish citizenship. As of 2024, this population had aged significantly, with only about 101,190 under the age of 20, largely due to the naturalization of many younger Turkish-origin individuals of over time (Destatis Statistisches Bundesamt, 2025). This age group consists of immigrants who can be defined as second, third and fourth generation immigrants rather than first generation immigrants. The generational effect is one of the important variables considered when examining integration processes. Unlike the first generation, which was employed in low-skilled and labor-intensive jobs, subsequent bilingual generations have shown diversity in education, occupational status, economic and social participation in society (Demirağ

& Kakişım, 2018). As Turks became more established, they demonstrated greater educational and professional diversity and, lacking a language barrier, greater cultural interaction with the host society (Kırmızı, 2016; Şahin, 2010). However, this integration process was not merely positive; they also faced complex challenges, encompassing cultural, social, and economic difficulties. On the one hand, they desired to exist socially and economically in the country where they were born and raised, where they were largely citizens and to which they felt a sense of belonging. On the other hand, they experienced identity closure due to deficiencies in social and structural acceptance (Demirağ & Kakişım, 2018; Şahin, 2010). The struggle to maintain and manage the balance between the challenges of occupational mobility and economic insertion, on the one hand, and the preservation of cultural identity and integration into mainstream society, on the other, remains a

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fundamental issue at both the individual and collective levels. The challenges experienced by Turkish youth in Germany during this integration process place them at a disadvantage in terms of health-harming behaviors compared to previous generations. Acculturation theory offers a useful framework for understanding generational differences. Individuals navigating two cultures may experience acculturative stress, a form of psychosocial strain associated with adapting to a new cultural context (Berry et al., 1987). Research on immigrant youth across 13 countries, including Germany, shows that acculturation profiles vary by length of residence and generation. Integration is associated with more positive outcomes, whereas a diffuse profile, marked by uncertainty about cultural identity, is linked to poorer psychological and sociocultural adjustment (Berry et al., 2006). These challenges may place Turkish youth at greater risk.

Health-harming behaviors have been studied in relation to mental health problems among immigrant youth. In the study by Schulz et al. (2025), young adults with migrant backgrounds reported more behavioral and mental health problems, received less social support, exhibited lower life satisfaction, and reported more frequent smoking and alcohol abuse. Research by Efendioğlu and Özcebe (2024), a meta-analysis by Najdini et al. (2025), and Salas-Wright et al. (2014) all indicate that second-generation immigrants have higher rates of substance use compared to first generation immigrants. One reason for this is that the protective effects provided by the culture of origin diminish over generations, especially among those who immigrated at a younger age. Because affiliation with the culture of origin and religious values is strongly maintained in the host society in the early generations, culture and religion serve as important social control mechanisms that guide behavior. The influence of the culture of origin and values on framing and guiding behavior diminishes among immigrants who spend more time socializing through interaction with the host society, in other words, those who immigrated at an early age, or those born and raised in the host country. While younger generations experience less of a protective effect than earlier generations, they still exhibit lower rates of health-harming behaviors than their native peers. The HELIUS study found that Turkish and Moroccan immigrants in the Netherlands are more likely to be distant from alcohol than their host communities, based on the role of cultural and religious factors in determining and framing behavior, and are not at higher risk of alcohol dependence. Immigrant adolescents, particularly those of non-European or Muslim origin, report lower levels of alcohol use compared to their native-born peers, while findings regarding tobacco and illicit drug use are still inconclusive (Van Dorp et al., 2021).

These findings align with the broader framework of the “healthy immigrant paradox” or “healthy immigrant effect”. This concept generally refers to the better health status of newly arrived immigrants compared to the native population in industrialized societies (Riosmena et al., 2017). In this study, the healthy immigrant paradox emerges among first-generation immigrants, who, despite the socioeconomic disadvantages and challenges they experience, have greater health advantages and tend to exhibit lower rates of substance

use and other risky behaviors. Understanding the propensity for risky behavior among Turkish-origin youth in Germany, and how to combat it, therefore, requires considering generational effects and acculturation during the integration process, along with other socioeconomic factors.

## Methods

The study employed a qualitative research method. This study aimed to reveal the structural and sociocultural factors influencing substance use and health-risk addictive behaviors among Turkish youth in Germany through a thematic analysis, based on existing literature. Since articles and reports were used as data sources, document review was determined as the most appropriate method. The researchers did not use any qualitative data analysis software for the data analysis. Studies in the literature were color-coded within the text. The coding was then organized into themes. Thus, the process progressed from raw data to condensed meaning units, coding, categorization, and themes (Erlingsson & Brysiewicz, 2017).

The literature search was conducted in PubMed, Scopus, Web of Science, and Google Scholar using predefined keywords related to Turkish youth and substance use in Germany, including “Turkish youth in Germany,” “substance use among Turkish immigrants,” and “addiction among Turkish youth in Germany.” To increase the sensitivity of the search and capture a broader range of studies, these keywords were combined using Boolean operators (AND, OR) in different configurations. For example, search strings such as “Turkish migrants” OR “Turkish immigrants” OR “Turkish Youth” AND Germany AND “substance use” OR “addiction” OR “alcohol consumption” OR “smoking” were employed. A total of 2,440 records were initially identified. After removing duplicates, titles and abstracts were screened, and studies were assessed for eligibility based on predefined inclusion criteria. Studies were included if they: (1) focused on youth or young adults of Turkish origin or with a Turkish migration background in Germany; and (2) addressed at least one substance use-related outcome (such as alcohol, tobacco, illicit drugs, or related risk/protective factors). Studies were excluded if they focused exclusively on other immigrant populations without disaggregated data for Turkish-origin youth, were conducted outside Germany, or did not report empirical findings. Following the application of inclusion and exclusion criteria, a total of 26 studies were identified and included in the final analysis. As a result of the systematic search, relevant studies were identified, with the earliest publication dating back to 2003 and the most recent dating to 2025.

Given the population-specific focus of this review, it should be noted as a limitation that the experiences and substance use patterns of other immigrant groups — such as those of Moroccan, Arab, or other, European and non-European backgrounds residing in Germany — were not systematically analyzed. While some risk and protective factors related to acculturation stress referring to stress arising from the acculturation process and causing identity confusion and a

decline in health status (Berry, 1992; Berry et al., 1987, 2006), discrimination, and structural marginalization may be shared across these populations, the cultural, religious, and socio-structural circumstances specific to Turkish-origin youth warrant a dedicated analytical focus. Additionally, a number of systematic reviews and empirical studies not exclusively focused on Turkish-German youth were consulted and incorporated into the findings section for contextual and comparative purposes. These sources were not subject to the same inclusion criteria applied to the core review but were drawn upon where they provided relevant theoretical or empirical grounding. A comparative examination across ethnic minority groups in Germany remains an important direction for future research.

## Results

The related articles found in the literature were coded by the two researchers. Thematic analysis of the included studies resulted in the coding of findings into five main themes: (1) generational patterns in substance use, (2) identity conflict, acculturation stress, and mental health, (3) structural and social exclusion, (4) barriers to addiction treatment, and (5) protective factors (see Table 1).

### Theme (1) Generational Patterns in Substance Use

Substance use patterns among migrants are not only shaped by individual trajectories but also reflect intergenerational dynamics and migration-related life-course experiences (Haasen et al., 2004). Cultural baggage, duration of residence in the host society, and integration processes influence the health behaviors of immigrant communities. There is a significant relationship between generation, age, gender, and substance use. The STEPS study conducted by the Presidency

for Turks Abroad and Related Communities (YTB) on Turks in Germany provides important data in this regard (Efendioğlu & Özcebe, 2024). Third-generation Turks in Germany have higher rates of substance use and risky behaviors compared to other generations. The rates of substance use increase significantly from the first generation to the third generation; they are 9.4%, 24.9%, and 29.4%, respectively (Efendioğlu & Özcebe, 2024). In terms of gender, consistent with previous studies, substance use among men is approximately twice as prevalent as among women. These data provide an interpretative framework for evaluating young immigrants vis-à-vis substance use within the context of social and economic integration, cultural belonging, and identity conflicts.

A systematic review of cannabis use among immigrants, refugees, and asylum seekers highlights important generational patterns in substance use (Kortas et al., 2022). The findings indicate that cannabis use rates are generally lower among first-generation immigrants compared to native populations but tend to increase across subsequent generations.

In the case of Turkish migrants in Germany, the age at migration (average of 8.7 years) indicates that many individuals experience migration during a critical developmental period, potentially disrupting socialization and identity formation (Haasen et al., 2004). At the same time, family structures play a dual role across generations. Strong family ties and extended kinship networks act as protective factors, contributing to a relatively late onset of regular substance use (mean age of 19.7 years) and potentially improving prognosis (Haasen et al., 2004). Moreover, migrant families tend to frame substance use as a private issue, delaying contact with formal treatment systems. This results in a significant lag between onset and intervention (mean age at first contact: 27.2 years), reinforcing patterns of delayed help-seeking.

**Table 1.** Main themes and corresponding studies identified through thematic analysis

Theme	Categories	Quantitative Studies	Qualitative Studies	Mixed Methods
Generational Patterns in Substance Use	-	Beutel et al. (2016); Efendioğlu and Özcebe (2024); Haasen et al. (2004); Reeske et al. (2009); Reiss, Sauzet et al. (2014).	-	-
Identity Conflict, Acculturation Stress and Mental Health	-	Gül and Kolb (2009); Haasen et al. (2004); Janssen-Kallenberg et al. (2017); Reiss, Breckenkamp et al. (2014); Schulz et al. (2025); Van Dorp et al. (2021); Yıldırım and Dilbaz (2024).	-	Penka et al. (2003).
Structural and Social Exclusion	Education, Racism, Discrimination and Stigma	Haasen et al. (2004); Schunck et al. (2015).	De Kock and Decorte (2017); Fernandez-Kelly (2012); Moffitt et al. (2019); Yeşil (2020).	-
	Socioeconomic Precarity and Workplace Discrimination	Haasen et al. (2004).	Güllüpinar (2010); Lodigiani (2018).	-
Barriers to Addiction Treatment	-	Bermejo et al. (2012); Bondar and Machleidt (2007).	-	Penka et al. (2008).
Protective Factors	-	Dimitrova and Aydinli-Karakulak (2016); Donath et al. (2011); Donath et al. (2016); Henkel and Zemlin (2016); Mechammil, 2020.	De Kock and Decorte (2017).	-

However, a generational reversal of smoking behavior is observed. While smoking is higher among first-generation male Turkish immigrants in Germany than among second-generation male immigrants, it is generally lower among female immigrants (Reeske et al., 2009). However, among low-educated second-generation female immigrants, the prevalence of smoking approaches that of German women. This may indicate that, with increasing length of residence, the persistence of cultural attitudes among first-generation women partially diminishes in the second generation. The study's results indicate that socioeconomic status and education level, which can be considered indicators of the integration process, influence health behaviors. The lower smoking behavior among highly educated second-generation male immigrants compared to first generation immigrants demonstrates the relationship between low socioeconomic status and high-risk behavior. A comparative study examining the role of education and gender in smoking behavior found that smoking prevalence among Turkish migrants is higher in the Netherlands than in Germany, with lower-educated men smoking at significantly higher rates than lower-educated women (Reiss, Sauzet et al., 2014). Therefore, gender-specific awareness-raising activities regarding social and cultural factors are important.

Substance use and other harmful behaviors do not always correspond directly to mental health patterns across generations. In other words, higher levels of psychological distress do not necessarily result in higher levels of substance use. This is particularly evident in migrant populations, where first-generation migrants may report poorer mental health outcomes while still displaying lower levels of substance use than later generations. Findings from a study based on the Gutenberg Health Study (GHS) support this interpretation, showing that first-generation migrants—particularly those of Turkish origin—report higher levels of depression, anxiety, and suicidal ideation compared to native Germans, whereas second-generation migrants display mental health outcomes largely similar to those of native population (Beutel et al., 2016). This pattern may be interpreted as suggesting that substance use is shaped not only by psychological vulnerability, but also by cultural, religious, and normative frameworks that regulate behavior. It could be argued that, although first-generation Turkish migrants tend to experience higher levels of emotional distress, they often remain more strongly embedded in protective social environments that may discourage substance use. In contrast, second-generation Turkish migrants, despite showing relatively better mental health outcomes, may be more exposed to host-society norms, peer influence, and more permissive behavioral patterns, which could increase the likelihood of substance use.

## **Theme (2) Identity Conflict, Acculturation Stress and Mental Health**

Research specifically focusing on Turkish-German adolescents regarding the relationship between acculturation and substance use is limited. Studies examining other ethnic groups may provide relevant insights. Okamoto et al. (2009)

highlight that experiences of perceived discrimination during adolescence may disrupt ethnic identity formation, leading to confusion and negative self-perceptions. In a similar vein, while the risk of substance use increases in Hispanic adolescents who experience discrimination, a positive connection to the culture of origin has been shown to have a protective effect (Unger et al., 2014). While some immigrants' culture of origin may serve a protective function against substance use, persistent negative cultural experiences in the host country increase the risk of substance use, particularly among adolescents.

In the case of Turkish migrants in Germany, identity formation is often complicated by early migration experiences and disrupted socialization processes. Many individuals report repeated movements between the country of origin and the host society, leading to feelings of rejection, insecurity, and a lack of belonging (Haasen et al., 2004). These experiences can be interpreted as forms of identity conflict, where individuals struggle to reconcile differing cultural expectations and social norms. In their study examining risky behaviors among youth with immigrant backgrounds in Germany, Schulz et al. (2025) found that outcomes were more adverse for those with a one-sided migrant background than for those with two-sided migrant backgrounds. Young people with only one-sided migrant backgrounds exhibited more mental health problems and less social support and resilience. The researchers interpreted this to mean that one-sided migrant backgrounds create more uncertainty about cultural identity and, therefore, have more negative effects.

Acculturation factors, along with other factors, play a significant role in the depressive disorders of Turkish immigrants in Germany. Acculturation, which can be defined as the process of learning the patterns of another culture through exposure to that culture and changes in the relationship with the culture of origin, also refers to the immigrant's management of this process (Berry, 1992; Berry et al., 2006). Described as a complex, multidimensional process of psychological and social adjustment to a new cultural context, acculturation has been closely linked to mental health outcomes in immigrant populations (Berry, 1992; Berry et al., 1987, 2006); among Turkish and Moroccan immigrants in Northwestern Europe, ethnic discrimination and acculturation were more consistently associated with depressive symptomatology than socio-demographic factors, with Turkish immigrants showing the highest prevalence of depressive disorder compared to native-born populations (Sempértegui et al., 2023). Janssen-Kallenberg et al.'s (2017) study further noted higher rates of depressive disorders among those with a German cultural identity and those who speak only Turkish. While ethnic discrimination and acculturation emerge as particularly salient correlates of depression, socio-demographic factors are not without relevance. Age and economic status, for instance, warrant consideration, as older men and women are at greater risk of developing a depressive disorder than younger people. This situation should be considered in conjunction with age group and economic status. Older men and women are at greater risk of developing a depressive disorder than younger people. Depressive disorders are more common in low-income

men. While integration, meaning embracing both cultures, is associated with lower depression, the values and behaviors associated with these two cultures may not be compatible, creating a conflicting environment and pushing immigrants into a negative psychological situation. For immigrants, the process of finding a balance between two cultures can trigger depression. Acculturation-related family stress among Turkish patients has been shown to be associated with higher rates of co-occurring substance use and psychiatric disorders, particularly affective disorders (Gül & Kolb, 2009). Younger generations of immigrants living in the host country are shaped by the dominant German culture while simultaneously preserving their families' cultural values, resulting in a dual cultural existence that may create tension between differing norms. The studies indicate that this situation may lead to an identity crisis, which can affect one's mental health.

According to a study on Turkish immigrant women in Germany, smoking prevalence increases with higher levels of acculturation, a longer length of stay, and better language proficiency (Reiss, Breckenkamp et al., 2014). While women with lower levels of acculturation report lower smoking rates than native Germans, this pattern reverses as acculturation increases. This finding may be interpreted in relation to identity conflict and acculturation-related stress. As acculturation increases, individuals may experience greater tension between the norms and values of their culture of origin and those of the host society, which can intensify stress processes. In addition, a longer length of stay may weaken the protective influence of origin-based cultural norms, while simultaneously facilitating the adoption of host-society behaviors. In this context, smoking can be understood either as a coping mechanism for dealing with stress or as part of a broader process of normative change. Another study conducted among immigrant adolescents living in four European countries (England, Germany, the Netherlands, and Sweden) shows that identification as a foreigner is negatively associated with alcohol use, whereas identification with the host country is positively associated with alcohol use (Czaderny, 2025). This finding suggests that non-selective acculturation may contribute to increased alcohol consumption.

Varied substance use patterns among immigrant adolescents emerged from the findings. Alcohol initiation was shown to be lower than that of non-immigrant peers, whereas a higher prevalence of cigarette and cannabis use was suggested. However, binge drinking appears to be an exception to the low incidence of alcohol consumption, often associated with educational aspirations, socioeconomic conditions, and the degree of assimilation versus cultural retention within the family. Consequently, it cannot be assumed that immigrant adolescents generally exhibit less harmful consumption behaviors (Van Dorp et al., 2021). This pattern underscores the central role of acculturation processes in shaping behavioral outcomes (Kortas et al., 2022). While first-generation migrants often benefit from protective cultural and religious norms, these influences gradually weaken over time, leading to higher levels of substance use among second- and third-generation individuals. However, the study by Yıldırım and Dilbaz (2024) found no significant relationship between

identity status and the use of cigarettes, alcohol, marijuana, and drugs among German citizens of Turkish origin. Instead, the younger generation, more integrated into the society of the host country with their multicultural identity and serving as a bridge between Turkey and Europe, may be more cautious about harmful behaviors compared to other generations.

The definition of addiction can be shaped by cultural and socioeconomic factors. The study by Penka et al. (2003) indicates that the definition of addiction differs among German and Russian-German youth. While German youth define eating disorders as serious addiction-related disorders, Turkish-German youth consider definitions of addiction based solely on physical dependence to be insufficient. In the study, nearly half of the Turkish participants characterized such definitions as ineffective for describing addiction. This distinction in defining addiction between the different groups clearly highlights the importance of culturally sensitive approaches to combating addiction. Moreover, this finding emphasizes that concepts central to Western medicine need careful handling in cross-cultural contexts.

### Theme (3) Structural and Social Exclusion

This theme examines how experienced and perceived forms of exclusion in everyday life and at the institutional level are associated with substance use and other health-risk behaviors among Turkish immigrant youth. Inequalities embedded in institutional structures—particularly within education systems and labor markets—as well as everyday experiences of racism, discrimination, and stigma, are central to processes of marginalization. These dynamics not only limit access to social and economic opportunities but also generate psychosocial stress, thereby increasing vulnerability to adverse health outcomes and risky behaviors. This theme is examined through two interrelated subthemes: *Education, Racism, Discrimination and Stigma* and *Socioeconomic Precarity and Workplace Discrimination*.

*Education, Racism, Discrimination and Stigma.* Experiences of discrimination constitute a key mechanism through which health inequalities between immigrants and non-immigrants are produced and reproduced. According to a study based on a national panel survey in Germany, perceived discrimination significantly affects both mental and physical health among immigrants, and its impact on physical health is largely mediated through its effects on mental health, highlighting its role as a key structural determinant of health inequalities (Schunck et al., 2015).

Schools are one of the most important institutions for the social integration and identity development of young people with immigrant backgrounds. However, in Germany, schools are simultaneously places where young people of Turkish origin encounter racism, discrimination, and stigmatization (Moffitt et al., 2019). Thus, the literature suggests that the nature of the education system in Germany remains deeply "unequal," "hierarchical" and "exclusive." It is also emphasized that maintaining the marginalized position of Turkish children

in Germany means that the country of origin or the immigrants' background continues to be a barrier to accessing education and the labor market (Fernandez-Kelly, 2012). A study by Moffitt et al. (2019) examined the school experiences of Turks in Germany's Gymnasium high school system and revealed that they were subjected to prejudiced and exclusionary actions by teachers and students. This discrimination was based on the students' cultural background, undermining their individuality. In a study based on the analysis of semi-structured interviews on Turkish students' perceptions of discrimination and exclusion in Germany (Yeşil, 2020), it was found that most Turkish students feel socially and culturally excluded in Germany, and they experience discrimination, particularly on the basis of race, ethnicity, and religion, especially from their teachers and principals. A high proportion of participants reported discrimination in leisure activities (88.5%), education (81.9%), and interactions with local authorities (71.2%), pointing to a structural and pervasive pattern of exclusion (Haasen et al., 2004). Within the educational context, such experiences can be interpreted as forms of institutionalized racism, reinforcing stigma and limiting social mobility. Importantly, the intensity of perceived discrimination was found to be significantly correlated with the severity of substance dependence, highlighting how racism and stigma directly shape mental health outcomes. Within the educational context, these findings point to systematic forms of exclusion and discrimination. Importantly, the intensity of perceived discrimination was found to be significantly correlated with the severity of substance dependence.

Widely accepted norms regarding what it means to be German undermine the inclusive and integrative function of education, further reinforcing structural inequalities. Critically examining these structural inequalities in the German system is important in this regard, as they leave young people vulnerable to risks associated with identity and psychosocial problems. These exclusionary attitudes, which disregard the individuality of young people with immigrant backgrounds through stereotypical judgments, also reinforce social isolation, and it is through this pathway that educational inequalities intersect with broader risks, including substance use. Exclusion caused by attitudes such as racism and discrimination toward immigrants negatively affects the mental health of immigrant youth in particular (Lerias et al., 2025). Immigrant youth who experience discrimination often experience post-traumatic stress disorder due to exposure to prejudiced behavior.

Experiencing racism and discrimination negatively affects the socio-psychological adaptation of Turkish youth, which in turn has a significant impact on the formation of addictive behavior. Among those who reported experiencing discrimination, excessive alcohol consumption and cigarette use were significantly higher than among those who reported not experiencing discrimination, particularly among men (Patrão et al., 2019). A similar study shows that perceived discrimination is associated with substance use. In a study examining substance use among Turkish and Eastern European immigrants (De Kock & Decorte, 2017), almost all participants reported perceived discrimination. Perceived discrimination,

when combined with a complex but weak sense of ethnic identity and a weak ethnic network, constitutes a risk factor for substance use. This situation can be interpreted as ethnic networks functioning as a social and psychological support mechanism. Immigrants who experience individual and structural exclusion in the host society and also lack ethnic belonging and networks are largely deprived of social and psychological support.

*Socioeconomic Precarity and Workplace Discrimination.* Socioeconomic precarity constitutes a central dimension of migrants' vulnerability to substance dependence, particularly when combined with structural barriers in the labor market. The findings indicate that a large proportion of participants were unemployed (66.7%), while only a limited number had stable full-time employment, pointing to significant socioeconomic marginalization (Haasen et al., 2004). Nolte-Troha et al. (2023) argue that the pressures of unemployment can lead to substance use. Given that Turkish migrants often experience periods of unemployment and employment insecurity, such as low-wage jobs and unfavorable working conditions, they are more susceptible to engaging in risky behaviors such as substance use. Thus, Turkish migrants in Germany are doubly disadvantaged due to difficulties in acculturating to the host society and economic challenges.

Güllüpinar (2010) echoes this predicament in his examination of the limited social mobility afforded to young Turks in Germany due to systemic and structural barriers in employment compared to older generations. This economic deprivation, accompanied by marginalization, discrimination, and insufficient access to welfare services, creates a deleterious environment for Turks in economic, social, and psychological terms, potentially resulting in substance use as an inappropriate coping mechanism for difficult situations.

The disadvantages Turks face in the job market have also been highlighted in Lodigiani's (2018) study. For example, resumes submitted for a job with Turkish-sounding names are often rejected in favor of German-sounding names, even when applicants have the same level of education. Even when Turkish immigrants successfully obtain employment, they are often paid less than their German counterparts. Furthermore, sectors that tend to employ more Turkish men are more susceptible to structural changes that can jeopardize their career advancement and limit upward social mobility.

#### **Theme (4) Barriers to Addiction Treatment**

A lack of health information in Turkish provides a barrier for Turkish immigrants seeking addiction treatment (Bondar & Machleidt, 2007). This situation creates obstacles to the development of preventive health behaviors and the tendency to seek treatment. At the same time, the cultural interpretation framework plays an important role in understanding and expressing illnesses and addictions (Penka et al., 2008). Failure to consider the cultural reflection of these terms when translating medical concepts from Western languages may cause immigrant communities to misinterpret, dismiss, or

reject the Western medical model. Therefore, it is important to consider the cultural framework when addressing addiction.

Another factor affecting access to healthcare is perceived discrimination (Burgess et al., 2008). Immigrants have less access to healthcare and treatment. Types of discrimination experienced in daily life or when accessing healthcare services may lead racial and ethnic minorities to seek healthcare less often. Turkish immigrants have been reported to feel misunderstood by healthcare professionals regarding their cultural peculiarities, which constitutes an additional barrier to accessing treatment (Bermejo et al., 2012). There is also a general reluctance among migrant youth to access mental health services (Lerias et al., 2025). Increased acculturation stress complicates access to treatment. Stigma and cultural factors also limit help-seeking behavior. Consequently, young people may prefer the support provided by their social environment over institutional and professional support.

### Theme (5) Protective Factors

Cultural and religious values and family ties can play a protective role for Turkish immigrants in the host country against substance use by functioning as social control and socio-psychological support mechanisms. An individual's religious affiliation, particularly in the case of Muslim Turkish adolescents, plays a protective role against alcohol consumption (Donath et al., 2016). Adolescents whose parents transmit strong cultural traditions within the family have a lower risk of alcohol consumption. In another study (Henkel & Zemlin, 2016), adolescents with Turkish, Asian, or Middle Eastern/North African backgrounds had lower rates of problematic alcohol use. Another study suggests that alcohol consumption patterns among adolescents in Germany vary significantly by migration background and cultural context (Donath et al., 2011). Adolescents with Turkish migration background consistently report lower lifetime and regular alcohol use compared to their German peers, as well as a later age of first alcohol consumption. This pattern is largely attributed to the influence of cultural and religious norms, particularly among youth from Islamic backgrounds. However, when adolescents with a migration background do consume alcohol, they tend to engage in excessive drinking patterns similar to their German peers. This pattern indicates that while cultural norms may delay or limit alcohol initiation, they do not necessarily prevent the adoption of high-risk consumption behaviors once alcohol use begins. This situation can be interpreted as stemming from the fact that most people from these regions belong to the Islamic faith and are therefore distanced from alcohol consumption. Thus, these values function as a social control mechanism that directs behavior. However, the findings underscore the context-dependent nature of alcohol use among migrant youth, where protective cultural norms do not necessarily preclude engagement in risky behaviors.

The protective effect of maintaining religious identity and Turkish culture curtailing substance use is prevalent throughout the research on Turkish migrants. Typically, adolescence, low educational levels, unemployment, and low socioeconomic

status increase the risk of alcohol and substance dependence among immigrants. However, the presence of family, values, and attachment to religion and culture are instrumental in counteracting the effects of these factors in the prevention or reduction of substance use. Thus, strong cultural and social traditions play important roles in maintaining the well-being of Turkish immigrants (De Kock & Decorte, 2017; Dimitrova & Aydınli-Karakulak, 2016; Mechammil, 2020; Taşdemir et al., 2020). The presence of meso-level social resources is crucial for the social adaptation and mental health of immigrant youth (Lerias et al., 2025). The presence of social support groups, such as family and healthy communication with peer groups, is a social factor that increases the resilience of young immigrants.

### Discussion

This study examines the individual, social, and structural factors influencing substance use among Turkish youth in Germany. Substance use among Turkish youth emerges as a phenomenon shaped by the interaction of structural inequalities, discrimination, exclusion, generational effects, and acculturation processes. The findings demonstrate that, in the case of migrants, substance use should not be understood merely as an individual habit or behavioral issue, but rather as a problem that must be addressed within the broader context of integration, identity, belonging, and structural conditions.

One of the key findings of this study is the decisive role of generational effects in shaping health behaviors among Turkish migrants. Consistent with existing literature, substance use and high-risk behaviors tend to increase across generations. First-generation migrants, despite socioeconomic disadvantages, exhibit fewer risky behaviors and better health outcomes due to the protective function of cultural and religious frameworks. In contrast, second- and third-generation Turkish individuals demonstrate higher levels of risky behaviors. As the duration of residence increases, interaction with the host society intensifies, and the protective influence of cultural and religious factors diminishes due to the effects of acculturation.

Acculturation theory provides an important interpretative framework that can be considered in relation to generational effects. Berry's model of acculturation describes strategies that vary based on an individual's orientation toward two dimensions: the maintenance of one's heritage culture and identity, and the preference for interaction and relationships with the larger society; these are integration, assimilation, separation, and marginalization (Berry, 1992; Berry et al., 1987). Across generations, there may be a shift in these strategies from the heritage culture toward the dominant culture, or psychological and cultural ties with both cultures may be lost, leading to marginalization. While factors such as language acquisition, adoption of the normative values of the host society, participation in the labor market, and higher educational attainment support socioeconomic integration and adaptation, they also contribute to the weakening of the social control functions of the culture of origin. As a result, cultural frameworks lose their protective capacity

over behavior. In this respect, the acculturation process, particularly for Turkish youth, should be understood as a phenomenon with both positive and negative implications in terms of identity, belonging, and integration.

Another key concept linking acculturation and generational effects is “acculturation stress.” Acculturation gives rise to physical, biological, political, economic, cultural, and social-relational changes, which are also reflected at the individual level, leading to significant shifts in values, attitudes, and behaviours (Berry, 1992). During this process, individuals may experience social and psychological difficulties, commonly referred to as acculturative stress. Although acculturation stress is typically higher among second-generation individuals—who experience a sense of being “in-between” the culture of origin and the host society—compared to third-generation individuals who are more integrated, this does not allow for a direct causal inference regarding substance use. Acculturation stress may contribute to substance use through negative psychological effects arising from identity and belonging uncertainties. However, third-generation youth who perceive themselves as fully integrated and equal members of the host society may also experience daily or institutional discrimination, which constitutes a similarly significant risk factor for substance use. Therefore, when integration does not translate into full social acceptance and equality, it may increase vulnerability and the tendency toward risky behaviors. Among the more permanently settled third generation, the weakening of cultural frameworks combined with experiences of discrimination makes them more susceptible to harmful behaviors.

The findings also indicate that inequalities and discrimination in education and working life influence substance use among Turkish migrants. Experiences of exclusion, stigmatization, and racism—both in everyday life and at the institutional level—negatively affect integration processes and increase psychosocial stress. When combined with challenges related to belonging, these factors can lead to risky behaviors such as smoking, alcohol consumption, and substance use as coping strategies. In this respect, the findings highlight the relationship between perceived discrimination and risky behaviors.

The study also demonstrates the limitations of overly deterministic approaches that explain immigrant health solely through acculturation. While some studies suggest that acculturation leads to convergence with host society behaviors, the findings here show that cultural and religious values may continue to exert a protective influence across generations among Turkish and other Muslim youth. One of the clearest indicators of this is the lower rate of alcohol consumption in these groups than in the host population. From this perspective, acculturation should not be seen as a passive process of assimilation, but rather as a selective adaptation shaped by sociocultural and structural contexts.

Another important finding of the study is the role of socioeconomic status and educational level in shaping risky

behaviors. Higher levels of education—particularly among second-generation males—are associated with reduced risky behaviors, while lower educational attainment and economic insecurity are linked to higher levels of substance use. This highlights the impact of structural inequalities on behavioral outcomes.

Finally, the findings emphasize the importance of culturally sensitive research and intervention processes. Effective responses to harmful health behaviors such as addiction and substance use require an understanding of the perceptions and norms of different cultural groups. Solutions developed within a Western-centric framework risk overlooking the specific characteristics of migrant populations, thereby reducing the effectiveness of interventions. Additionally, language barriers, stigmatization, and discrimination create obstacles to prevention and treatment processes. Therefore, there is a need for culturally sensitive, accessible, and inclusive public health strategies.

In conclusion, substance use among Turkish youth in Germany cannot be explained solely by individual factors, but is the result of complex and dynamic interactions between acculturation, generational effects, socioeconomic disadvantages, structural challenges, and exclusion. This underscores the need for holistic approaches, and future research should adopt longitudinal and intersectional perspectives to better capture these complex dynamics.

## Conclusion

This study aims to reveal the factors influencing substance use and addictive behaviors among Turkish youth in Germany through a thematic analysis based on existing literature. The generational influences on substance use among Turkish youth in Germany are among the key themes explored, given that substance use tends to increase in subsequent generations of Turkish immigrants. This increase in these risky behaviors is attributed to differences in cultural interaction and identity shifts experienced during the integration process. Specifically, a lack of access to quality education, exclusion, racism, discrimination, and unemployment increase the susceptibility to substance use. Furthermore, the inadequacy of social and structural factors that could facilitate upward social mobility, combined with elements of identity, belonging, and social capital, creates a risk environment for health-harming behaviors among younger generations. Among Turkish immigrants, substance use is seen as a coping mechanism to address these challenges. However, these studies also indicate that cultural ties to the country of origin, such as family relationships and religious beliefs, play a protective role in the prevention or reduction of substance use.

Early waves of Turkish immigrants to Germany were motivated by economic factors, believing they could provide a better future for their families. The availability of Turkish associations and social networks facilitated their social integration, resulting in fewer identity crises or uncertainty about belonging. Social networks that support, but do not conflict with, their sense of

belonging and values—which, for first-generation immigrants with limited interaction with the host society, are shaped around cultural social networks of origin—serve as important psychosocial support for immigrants. However, this was not the case with subsequent generations. They were more likely to experience a cultural crisis, and, coupled with a lack of policies focused on social inclusion and combating inequality. Therefore, they struggled to develop a sense of belonging. On the one hand, the protective effect of the culture of origin was diminished, while on the other, difficulties experienced in managing the integration process were exacerbated, often leading to substance use as a coping mechanism.

This study highlights the limitations of the literature on substance use and risky behavior among Turkish youth in Germany. Existing literature generally lacks sufficient diversity to address the unique forms of immigrant groups by distinguishing them across social, economic, and cultural dimensions. Immigrants are far from forming a homogeneous group within their host countries. Generalizing immigrants' risks obscuring the experiences of young people of Turkish origin, the largest immigrant community in Germany, and the impact of unique social, cultural, and structural factors. For example, while there is a significant body of evidence for Latino or Hispanic groups in the United States, or for "immigrant youth" in Europe generally, few specific studies have focused on Turkish migrants in Germany.

Research gaps exist in the development of approaches that consider individual and structural factors in the integration process in the causes of substance use, risky behaviors, and addiction among Turkish youth in Germany. It is crucial to understand how various factors, such as inequality of educational opportunity, discrimination, access to the labor market, and barriers to accessing addiction treatment, influence the substance use of Turkish youth in Germany. Empirical studies that directly address the experiences of young people of Turkish origin, rather than those of immigrant communities in general, are needed.

Migrant background is one of the most important determinants of mental health and unhealthy behaviors. Therefore, targeted preventive and supportive interventions are needed for children and families with a migrant background in Germany. Resilience is one of the most important protective factors for immigrant youth. Strengthening resilience allows them to cope with mental challenges, have a positive outlook on life and the future, build social relationships, and access resources. In this context, community-based organizations and public institutions are important actors in addressing addiction among migrants from micro, meso and macro perspective to increase the resilience of young people with migrant backgrounds. To combat substance use, solutions need to be developed that are tailored to the needs and specific requirements of the target audience and that take into account structural and social perspectives such as inequality and exclusion.

Future studies should prioritize the following:

- Examining Turkish youth with a migration background as a distinct group.
- An intersectional approach that addresses the initiation of substance use, barriers to accessing treatment, and rehabilitation processes of Turkish youth with a migrant background.
- Comparing the incidence of substance use among young people of Turkish origin with that minority groups.
- Using more qualitative research, developed from a phenomenological perspective, and interviews, alongside quantitative research.

Through these studies, it will be possible to develop evidence-based policies and practices that support the well-being of Turkish youth in Germany using a culture-based approach.

### Author contributions

Conception and design: H.Y.; Data acquisition: H.Y., Z.H.; Data analysis: H.Y., Z.H.; Data interpretation: H.Y., Z.H.; Drafting of the manuscript: H.Y., Z.H.; Critical revision of the manuscript: H.Y., Z.H. All authors reviewed the results, approved the final version of the manuscript, and agreed to be accountable for all aspects of this study.

### Ethical approval

Ethics committee approval and informed consent were not required for this study.

### Data availability statement

Data sharing is not applicable to this article as no new datasets were generated or analyzed during this study.

### Conflict of interest

The authors declare that this study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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The authors declare that no generative AI or AI-assisted technologies were used in the writing or preparation of this study.

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