

# Addressing substance use and vulnerability among unaccompanied migrant youth in Spain: A narrative review

Bosko Mc-Gragh<sup>1</sup>, Mayte López Atanes<sup>1,2,3</sup>, Rocio Rico<sup>1</sup>, Melav Bari<sup>3,4</sup>, Sascha Millin<sup>3,4</sup>, Malte Behrendt<sup>3,4</sup>, Ingo Schäfer<sup>3,4</sup>, Leire Erkoreka<sup>1,2</sup>

<sup>1</sup>Galdakao Hospital, Galdakao, Spain

<sup>2</sup>University of the Basque Country, Leioa, Spain

<sup>3</sup>Center for Interdisciplinary Addiction Research, Department of Psychiatry and Psychotherapy, Hamburg, Germany

<sup>4</sup>University Medical Center Hamburg-Eppendorf, Hamburg, Germany

## Abstract

Spain's geographic position has made it a key entry point for forced migrants, including unaccompanied minors (UMs), from regions such as North Africa and the Middle East. These minors often face pre-migration trauma and post-migration stressors—including social isolation, economic hardship, and administrative insecurity—significantly increasing their risk of mental health disorders and substance use as a maladaptive coping mechanism. Given the specific focus on youth in migration contexts, this narrative review evaluated existing psychosocial and treatment interventions for forced migrants with substance use disorders in Spain. The analysis of available literature reveals significant regional disparities in protection systems for UMs, exacerbating vulnerabilities such as emotional distress and migratory grief, while substance use was consistently identified as a symptom of deeper systemic and psychological issues rather than a primary disorder. A key finding was the notable absence of specific intervention models for this population. In light of this gap, a community-based participatory action research (CBPAR) model emerged as a promising, though yet to be adapted, framework for developing culturally sensitive interventions that could address structural drivers of risk. The review concludes that effective intervention requires a dual approach: policy reforms to standardize equitable, trauma-informed care across regions, and investment in the development and implementation of participatory, community-driven programs prioritizing holistic healing and integration. It also underscores the urgent need for a paradigm shift toward culturally competent, empowerment-focused strategies in Spain and to inform international responses to the complex needs of forced migrant youth.

**Keywords:** unaccompanied minors, substance use disorders, mental health, migration trauma, health equity, Spain

## Main points

- Unaccompanied migrant minors in Spain use substances primarily as a maladaptive coping mechanism for profound psychosocial distress and migratory grief, not as a primary disorder.
- A significant gap exists in Spain, with no specific, documented intervention models addressing substance use disorders for this vulnerable youth population.
- Community-Based Participatory Action Research (CBPAR) is proposed as a highly promising framework to develop culturally sensitive, empowerment-focused interventions.

## Introduction

In recent years, increased psychosocial difficulties and violent conflicts in several countries in North Africa and the Middle East have given rise to multiple waves of migration. Spain's strategic geographical location in the Mediterranean Sea,

close to Africa, has made it a key point in migration routes for people fleeing countries such as Morocco, Western Sahara, Mauritania, Senegal, and Gambia. In fact, according to provisional data, Spain is the first-ranked country in the European Union for adult asylum applications and the third-ranked for applications from unaccompanied minors

**Corresponding author:** Mayte López-Atanes • **Email:** mayte.lopezatanes@osakidetza.eus

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(European Commission, 2025). This indicates a shift in the patterns of asylum petitions compared to the previous decade, a period during which countries such as Germany dominated the rankings. Another salient trend is the migration of individuals from Latin America to Spain, which has the largest number of migrants due to the absence of a language barrier, as well as Spain's historical ties to Latin America.

Young migrants, particularly unaccompanied minors (UMs), face significant vulnerabilities during migration, including exposure to stress, uncertainty, exploitation, and discrimination (Derluyn & Broekaert, 2008). Their status as minors navigating the complex migration process without parental or guardian support creates particular risks for psychological distress and mental health challenges. However, research demonstrates that these vulnerabilities coexist with remarkable resilience and numerous protective factors that can mitigate adverse outcomes. Strong social support networks, both formal and informal, emerge as crucial protective factors that buffer against psychological distress while fostering adaptive coping strategies (Keles et al., 2018; Sleijpen et al., 2016). Furthermore, educational engagement and the development of future orientation have been identified as key resilience factors that promote positive adaptation and reduce vulnerability to substance use (Betancourt et al., 2015). This dual perspective—acknowledging both the specific vulnerabilities and the substantial potential for resilience through protective factors—provides a comprehensive foundation for designing balanced interventions that address risks while building upon existing strengths within this population.

The vulnerability of unaccompanied minors stems not only from their status as children without parental care, but also from the fragmented and non-linear nature of their transition to adulthood under conditions of transnational mobility (Robertson et al., 2017). Within this framework, the transition to adulthood can be understood as unfolding across three intersecting domains—economic opportunities, social relations, and citizenship practices—which are often shaped and constrained by migration-related factors. In the case of unaccompanied minors, existing literature suggests that these domains may be significantly challenged, for instance through barriers to labor market access, disruptions in family and support networks, and precarious or exclusionary legal statuses. The convergence of these constraints with the developmental vulnerabilities associated with being young and unaccompanied may create a structural context of heightened psychosocial risk, in which maladaptive coping strategies, including substance use, can emerge.

Forced migrants encounter a multitude of risk factors that predispose them to mental health disorders, which in turn significantly elevate their vulnerability to substance abuse (Bogic et al., 2012; Teodorescu et al., 2012). This trajectory often begins with exposure to pre-migration trauma, including violence and persecution, and is compounded by post-migration stressors such as economic hardship, social isolation, exclusion, insecure residency status, and lack of access to employment or education (López-Atanes et al., 2025). The high prevalence of conditions like anxiety,

depression, and post-traumatic stress disorder within this population is directly related to these cumulative adversities (Betancourt et al., 2017). It is precisely this heightened burden of psychological distress that serves as a critical pathway to substance use, as substances are often employed as a maladaptive coping mechanism (Harris et al., 2019; Horyniak et al. 2016; Teodorescu et al., 2012).

This link is well-documented empirically. For instance, a systematic review by Horyniak et al. (2016) identified notable rates of risky alcohol use among refugee populations. While pre-existing psychiatric history and traumatic exposure are established risk factors, the role of post-migration challenges is paramount (Teodorescu et al., 2012). Research illustrates that refugees frequently resort to alcohol and other substances not only to manage trauma-related symptoms but also to alleviate the profound boredom, frustration, and daily stressors inherent in situations of social displacement and idleness (Hewlett et al., 2015; López-Atanes et al., 2025; Posselt et al., 2015; Teodorescu et al., 2012). Consequently, the strong association between post-migration stressors and adverse psychiatric outcomes directly encompasses substance-related disorders, creating a comorbid cycle that is difficult to break without targeted interventions.

Given the high rate of substance abuse in this population and the increasing number of forced migrants in Spain, this issue remains a primary focus of research. The present narrative review aims to evaluate the psychosocial features of forced migrant youth in Spain, with a specific focus on substance use. The synthesis of available evidence is intended to facilitate the identification of salient risk and protective factors. Furthermore, innovative community-driven approaches will be highlighted, and lessons will be derived to contribute to evidence-based policy and culturally sensitive practices within Spain and comparable international contexts.

## Materials and methods

To synthesize the evidence for this narrative review, we conducted a comprehensive review of existing literature on interventions for substance use disorders (SUDs) in forced migrants in Spain. For this, a search strategy was designed using three sets of key terms related to the population (e.g., "unaccompanied minors", "forced migrant", "asylum seeker"), the intervention (e.g., "substance use", "addiction"), and the geographical context ("Spain"), combined with Boolean logic to search for relevant papers.

Searches were performed across three databases in English (Scopus, MEDLINE PubMed, and Web of Science) and one in Spanish (Dialnet) to capture relevant English and Spanish literature. Grey literature was identified through manual searches of Spanish governmental and institutional websites. A narrative review methodology was selected due to the emergent and fragmented nature of the literature on this specific topic, allowing for a thematic synthesis of diverse sources, including grey literature, to provide a comprehensive overview. As this was a narrative search, one researcher (BM)

selected the relevant papers non-systematically from title and abstract screening. The non-systematic selection by a single researcher is acknowledged as a limitation of this narrative approach; however, consolidation and thematic analysis were conducted by multiple researchers to ensure robustness.

Study selection was based on predefined inclusion criteria: studies focusing on forced migrants in Spain or providing transferable theoretical frameworks from other European contexts, addressing SUDs, and describing a psychosocial or psychotherapeutic treatment intervention. Given the limited evidence base specifically from Spain, we adopted this broader inclusion strategy to capture relevant conceptual models and intervention frameworks that could inform the Spanish context.

The selected articles were carefully analyzed by three researchers (BM, ML, RR), and the information was consolidated and presented under the following thematic headings: Sociodemographic Profile and Migration Journeys of Forced Migrant Youth in Spain; Risk and Protective Factors for SUDs: Trauma, Grief, and the Search for Support; and A Promising Framework: Community-Based Participatory Research as a Culturally Sensitive Intervention.

## Results

### Sociodemographic Profile and Migration Journeys of Forced Migrant Youth in Spain:

Unaccompanied minors (UMs) in Spain are predominantly male adolescents aged 15-18, primarily from Morocco, Algeria, Mali, Nigeria, and Guinea (UNICEF & Consejo General de la Abogacía Española, 2009). Their migration patterns are shaped by Spain's geographic position, with most arrivals occurring through Ceuta, Melilla, the Canary Islands, Andalusia, and the Basque Country (Fuentes, 2014). As noted in the introduction, provisional data states that Spain has become a major entry point for asylum seekers in the EU, ranking third in first-time asylum applications from unaccompanied minors in 2025 with 24,855 applications (European Commission, 2025).

The motivations driving their migration are complex and multifaceted, encompassing economic aspirations, family expectations, and escaping from conflict situations (Quiroga et al., 2005; UNICEF & Fundación Pere Tarrés, 2010). Despite often being perceived as a homogeneous group, UMs possess unique migration journeys and personal circumstances that challenge this oversimplification (Bravo & Santos-González, 2017).

A critical challenge they face is encountering a protection system that, despite providing essential services, frequently fails to adapt to their specific needs and circumstances (Fuentes, 2014). Understanding this foundational context of their journey and profile is essential for comprehending the

subsequent vulnerabilities and systemic challenges explored in the following sections.

### Substance Use as a Symptom of Psychosocial Distress in Unaccompanied Minors:

Substance use among unaccompanied minors (UMs) in Spain is best understood not as a primary disorder, but as a symptomatic manifestation of profound psychosocial distress and unmet mental health needs (Cristóbal-Narváez et al., 2024). The literature indicates that these youths may initiate or increase their consumption of alcohol and other addictive substances as a maladaptive coping mechanism in response to the chronic stress and precarious situations they endure throughout the migration cycle. This is particularly prevalent among those who acquired consumption habits in contexts of exclusion and non-schooling in their countries of origin.

The pattern of use is deeply intertwined with the "unrealistic pre-migration expectations" many UMs carry, which can clash sharply with the post-migration reality of administrative barriers and social challenges (Cristóbal-Narváez et al., 2024). While this dissonance can create significant vulnerability, it is crucial to recognize that it coexists with remarkable resilience and agency. For these adolescents, substances may serve to alleviate feelings of frustration and psychological distress, yet many simultaneously develop profound coping strategies and actively navigate their new environments.

This psychological distress is strongly linked to post-migration daily stressors. Longitudinal evidence demonstrates that chronic material hardships (e.g., lack of food, money, housing) and social stressors (e.g., social isolation, discrimination) have a more profound impact on the anxiety and depression levels of unaccompanied young refugees over time than past traumatic events alone (Behrendt et al., 2022). It is within this context of persistent distress that substance use emerges as a maladaptive, yet understandable, coping mechanism.

However, it is important to note that large-scale national surveys such as ESTUDES systematically underrepresent unaccompanied migrant minors, as these surveys are conducted in mainstream educational settings where many of these young people are not present (Campaña Martínez, 2025). Consequently, there is a notable absence of robust epidemiological data on substance use prevalence among this population in Spain. Available evidence, though limited to small-scale studies, suggests distinctive patterns: for example, unaccompanied minors begin using benzodiazepines at earlier ages (12-13 years) than the general population, with high rates of concurrent daily cannabis use (84%) and frequent daily benzodiazepine use (24%) (Campaña Martínez, 2025) in a small-scale sample (N=25). This lack of robust data underscores the urgent need for specific, methodologically sound research to accurately quantify the magnitude and patterns of substance use among unaccompanied minors, and to inform targeted interventions.

### **Risk and Protective Factors for SUD: Trauma, Grief, and the Search for Support**

Selected studies provide a multi-faceted understanding of the vulnerabilities of UMs in Spain and present a relevant methodological approach for intervention. There are regional disparities in the protection models for UMs across Spain (Bravo & Santos-González, 2017; Fuentes, 2014). In their study, Bravo and Santos-González (2017) conducted interviews with professionals and minors, which highlighted the adolescents' specific needs in education, health, housing, and social support, which are fundamental points of intervention to prevent substance use. Additionally, a critical finding was the urgent need to strengthen support for their transition to adult life and to address their widespread emotional distress, a key risk factor for maladaptive coping mechanisms.

Another study (Markez & Pastor, 2010) specifically established the heightened vulnerability of UMs to substance abuse. It identified migratory grief, the clash of expectations, their status as adolescents, and the lack of emotional referents as underlying factors in this vulnerability. The study concluded that substance abuse is a symptom of a difficult and painful migratory process and must be addressed early with integrated psychotherapeutic, educational, cultural, and medical support measures.

Further supporting this, longitudinal research highlights specific structural drivers of this distress. For instance, the persistent lack of secure legal residency and the absence of contact with family have been identified as significant predictors of deteriorating mental health in unaccompanied young refugees (Behrendt et al., 2022). This underscores that substance use cannot be addressed in isolation; it is fundamentally linked to systemic failures in providing safety, stability, and family reunification.

### **A Gap in Evidence and a Proposed Framework for Future Intervention:**

A critical finding of this review is the notable absence of documented, specific intervention models for substance use disorders among unaccompanied minors and young migrant adults in Spain. No studies meeting our inclusion criteria described a psychosocial or treatment intervention specifically designed and implemented for this group.

Given this gap in the literature, we identified a study by Miranda et al. (2019) that, while focused on the Roma population in Seville, offers a potentially transferable methodological framework. This study presents a Community-Based Participatory Action Research (CBPAR) model designed to address health inequities by identifying community assets, fostering sociopolitical awareness, building alliances, and creating a common agenda for health justice.

We propose this model as a viable blueprint for future intervention with UMs, while acknowledging significant differences between the Roma population and unaccompanied minors that require careful consideration.

The Roma community in Seville, while marginalized, consists primarily of Spanish nationals (or long-term residents) who are accompanied by their families and have a different legal status. In contrast, UMs are minors, unaccompanied, and often lack regular residency status, which creates distinct legal vulnerabilities and barriers to accessing care. Furthermore, the original CBPAR model was designed to address health inequities in access to services, whereas substance use among UMs involves additional dimensions of addiction treatment and mental health care. Despite these differences, the model's core principles—cultural adaptation, community empowerment, and addressing structural drivers of risk—remain highly relevant. However, adapting it for UMs would require: (a) integrating trauma-informed approaches specific to unaccompanied minors, (b) addressing legal and administrative barriers to residency and care, and (c) involving specialized addiction and mental health professionals alongside community members.

### **Discussion**

The findings from selected studies collectively paint a concerning picture of the structural and individual vulnerabilities faced by unaccompanied foreign minors in Spain, while also pointing to a viable pathway for intervention. The identification of significant regional disparities in protection models reveals a fragmented system that fails to provide uniform support (Bravo & Santos-González, 2017; Fuentes, 2014), potentially exacerbating existing trauma and feelings of instability. This lack of a standardized, national approach directly contradicts the principle of equity and likely contributes to the varied outcomes observed among this population.

The profound emotional distress and migratory grief identified as core characteristics of this group are of critical importance (Derluyn & Broekaert, 2008). Longitudinal evidence confirms that it is often the chronic, daily stressors—such as material hardship, legal insecurity, and social isolation—rather than single traumatic events, that most severely impact the mental health of unaccompanied youth over time (Behrendt et al., 2022). It is within this complex context that substance abuse emerges not as a primary pathology, but rather as a maladaptive coping mechanism—a symptom of a deeper, unaddressed pain and a failed integration process (Cristóbal-Narváez et al., 2024). This understanding fundamentally shifts the intervention paradigm from one of mere substance prohibition to one that requires holistic, trauma-informed care.

Given the limited evidence base of interventions specifically designed for this population in Spain, the community-based participatory action research model reviewed in this study offers a promising framework for addressing these complex needs. Its emphasis on empowering the community itself, building alliances, and creating a common agenda aligns perfectly with the need to address not just the individual symptoms but the structural drivers of risk (Miranda et al., 2019). Shifting the focus from deficits to assets, the CBPAR model leverages the inherent resilience of migrant youth and provides a potentially valuable blueprint for developing

culturally competent, bottom-up interventions. This approach moves beyond top-down, paternalistic models that have proven ineffective and instead fosters agency and self-determination among vulnerable youth. Longitudinal research shows that factors such as strong social support and cultural competence are associated with more positive mental health trajectories over time (Keles et al., 2018).

Ultimately, we would like to highlight that effective interventions are not solely focused on the treatment of substance use; they are about healing the whole person within their social context. This requires a dual commitment: first, to a more equitable and supportive national protection system; and second, to the funding and implementation of grassroots, participatory programs that can address deep-seated trauma and empower unaccompanied minors to build healthier futures.

The Spanish case study presented here offers critical insights for a broader European and global context, while conversely, international models of good practice could offer valuable lessons for Spain (Behrendt et al., 2022; Horyniak et al., 2016). The regional disparities mirror the ‘postcode lottery’ of care faced by migrants in other EU countries. The promising CBPAR model, while requiring further adaptation, provides a conceptually transferable framework for developing culturally sensitive prevention and intervention in diverse settings. These findings call for a concerted international effort to standardize trauma-informed care and invest in participatory approaches, aligning national policies with the need for a global response to addiction in migrant populations.

## Conclusions

This review, focused on the Spanish context, illuminates the complex interplay between forced migration, youth, and substance use. It underscores the severe and multifaceted vulnerability of unaccompanied foreign minors in Spain to SUDs, which is fundamentally rooted in systemic failures, migratory trauma, and profound emotional distress. The findings indicate that substance abuse within this population is not a primary issue but a symptomatic manifestation of deeper, unaddressed psychological pain and a flawed integration process.

A critical conclusion is that current intervention models are insufficiently equipped to address this complexity. The significant regional disparities in care create a postcode lottery of support (Fuentes, 2014), violating principles of equity and likely worsening outcomes for many. Furthermore, this review reveals a significant gap in interventions specifically tailored for this population in Spain. Therefore, a paradigm shift in intervention strategy is urgently required.

Effective support must move beyond traditional, top-down substance abuse prevention and embrace an integrated approach that addresses both the psychological needs of unaccompanied minors and the structural barriers they face. As Derluyn and Broekaert (2008) argue, there is often

a glaring contrast between the legal perspective—which focuses on immigration status, asylum procedures, and residence permits—and the psychological perspective, which emphasizes the child’s developmental and emotional needs. This contrast results in reception and care systems that prioritize migration control over appropriate psychosocial support (Derluyn & Broekaert, 2008). Therefore, addressing the root causes of substance use among unaccompanied minors requires bridging this gap: working not only with mental health services, but also with legal bodies and local governments to resolve administrative barriers, secure residency status, and facilitate family reunification where possible. Only by adopting a psychological perspective as the foundational framework for care and reception—rather than a purely legal one—can interventions move beyond symptom management toward truly holistic care.

In this context, the community-based participatory action research framework emerges as a highly promising model for this shift. Its core principles of empowerment, collaboration, and addressing structural drivers of risk align perfectly with the needs identified. Although further research is needed to adapt it specifically for unaccompanied minors, this approach represents a viable pathway forward. By doing so, we can move beyond merely treating symptoms and towards co-creating environments that nurture the resilience and well-being of young, forced migrants across Europe and beyond.

## Author contributions

Conception and design: B.M., M.L.A., S.M., M.B., I.S., L.E.; Data acquisition: B.M., R.R., M.B., M.B.; Data interpretation: B.M.; Drafting of the manuscript: B.M., M.L.A., M.B., M.B., I.S., L.E.; Critical revision of the manuscript: M.L.A., R.R., M.B., S.M., M.B., I.S., L.E. All authors reviewed the results, approved the final version of the manuscript, and agreed to be accountable for all aspects of 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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