TSAQOFAH
Jurnal Penelitian Guru Indonesia

p-ISSN: 2810-0395
e-ISSN: 2810-0042

Terindeks : Dimensions, Scilit, Lens, Semantic, Garuda, Google Scholar, Base, etc

https://doi.org/10.58578/tsaqofah.v6i3.9420

# 'WE ARE NOT JUNKIES': BRIDGING RELIGIOUS AND CULTURAL BARRIERS TO SUBSTANCE ABUSE MITIGATION

**Chanda Armstrong**
Mpika College of Education, Zambia
chandarmstrong@yahoo.com

**Article Info:**

| Submitted: | Revised: | Accepted: | Published: |
|---|---|---|---|
| Mar 19, 2026 | Apr 16, 2026 | Apr 28, 2026 | May 3, 2026 |

## Abstract

Substance abuse is a significant public health issue that affects individuals and communities by undermining social, economic, financial, spiritual, and psychological well-being. However, religious and cultural beliefs and practices may hinder the effectiveness of substance abuse interventions, particularly when stigma, misconceptions about faith-based healing, and structural barriers limit access to treatment. This study aims to examine the complex relationship among culture, religion, and substance abuse mitigation and to identify culturally sensitive strategies for improving prevention and intervention efforts. A qualitative approach was employed through literature review, document analysis, and case study review, with ecological systems theory used to emphasize the importance of incorporating community perspectives into intervention design. The findings indicate that cultural norms, religious beliefs, and traditional practices can function both as barriers to substance abuse mitigation and as potential resources for developing contextually relevant prevention and treatment strategies. Barriers to treatment are closely linked to societal stigma, misconceptions surrounding faith-based healing, and broader structural challenges within affected communities. The study concludes that substance abuse mitigation requires tailored intervention strategies that bridge cultural and


Tsaqofah journal is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License

religious divides while aligning with the values of impacted populations. This study contributes to public health and community intervention literature by highlighting the need for culturally responsive approaches that address stigma, strengthen community engagement, and improve the effectiveness of substance abuse prevention and treatment efforts.

**Keywords:** Substance Abuse; Cultural Sensitivity; Religious Barriers; Cultural Barriers; Community Intervention

## INTRODUCTION

Addiction to substances affects public health and challenges individuals and communities worldwide. It negatively impacts the personal lives of individuals and various aspects of society, including social, economic, financial, spiritual and psychological areas. Often, religious, traditional and cultural beliefs and practices restrict substance abuse reduction initiatives. However, they not only restrict substance use but also provide opportunities for the development of prevention and intervention strategies that fit the specific needs of different communities. An amalgamation of real barriers to accessing addiction treatment, combined with social stigma and common misconceptions about faith healing, further complicates the interventions.

Stigmatisation and mistrust in the available treatment alternatives are considerable deterrents that religion entails for accessing substance abuse services (Wakoli, 2024). The huge mistrust in medical and psychological professionals presents more barriers to helping most of those who could benefit from such treatments (Nakash et al., 2019; Peteet, 2019). Additionally, stigmatisation against substance use disorder (SUDs) is intensified by strong, ingrained religious beliefs, making it that much harder for such individuals to seek the very help they need. Many young people may fear seeking help because of potential social judgment or ostracisation from their closely knit communities that closely monitor expected norms and behaviour (Nakash et al., 2019; Peteet, 2019).

In Asian-American communities, cultural barriers, notably taboos and fear, pose significant obstacles to the effective treatment of substance abuse. These challenges indicate the pressing need for treatment approaches sensitive to cultural differences (Ja & Aoki, 1993). In this case, Ssewanyana & Mwangala (2020) suggest the socio-ecological model to provide a framework for understanding how social and cultural norms profoundly influence

substance use behaviours, particularly among adolescents. This model suggests that community participation is indispensable for developing effective intervention strategies.

Studies investigating the impact of religious beliefs on substance abuse underpin the significant role that social and cultural factors play in treatment results. Studies have demonstrated that cultural and religious values can either promote or inhibit access to treatment for substance abuse. Such findings underscore the impassable sociocultural and religious barriers victims face in dealing with substance abuse and resulting mental illnesses.

Substantial hindrances to accessing treatment and recovery resources exist in highly religious or traditional communities. Fragmentation of services by competing resources from religious and cultural considerations is detrimental to accessing substance use treatment (Farhoudian et al., 2022; Nyashanu & Visser, 2022). Religious stigma concerning mental health has further complicated treatment and recovery efforts (Peteet, 2019). This shows that it is critical to identify and address community values and spiritual matters. Therefore, sociocultural factors and stigma hinder access to mental health services with a huge impact, especially in low-income countries under the heavy influence of traditional beliefs (Muhorakeye & Biracyaza, 2021).

In Iran, for example, religious beliefs strongly influence attitudes towards drug treatment (Razaghi et al., 2023). So, there are certain barriers and expectations specific to interventions related to addiction. Moreover, religious beliefs create stigmas and perception issues. In South Africa, the stigma of substance use disorder is one major barrier to accessing treatment, often shaped by cultural and religious beliefs (Nyashanu & Visser, 2022). Therefore, when we consider the effect of religious aspects on substance abuse and treatment, it becomes vital to embed these cultural considerations, such as spirituality and traditional practices, in treatment plans to allow the individuals to connect meaningfully with their beliefs and maximise their participation in treatment services.

Cultural barriers come in the way of the prevention and management of substance abuse and thereby also determine how individuals seek treatment and how society solves the problem of addiction. Consulted studies show that cultural and social factors shape attitudes and behaviours toward substance use. Societal norms, advertising and discrimination contribute greatly to patterns of alcohol consumption and health outcomes (Sudhinaraset & Wigglesworth, 2016). Additionally, the imperialism and structural racism sustained in our societies restrict the access of the Indigenous populations to harm reduction services (Barker

et al., 2025). Certainly, integration barriers attributable to culture might prevent the mental health services' incorporation into mainstream health care and, therefore, compound recovery for substance use disorders (Kilbourne et al., 2018). Cultural discrimination and inequalities aggravate the stigma of these individuals and eventually create a vicious cycle of treatment avoidance (Armoon et al., 2022). Drug use stigma, in turn, creates disparities within healthcare service access for individuals who abuse substances (Muncan et al., 2020).

Traditional practices that stigmatise values hinder treatment adherence for those who abuse substances. Additionally, the presence of broken services and ignorance about one another from communities, aggravated by cultural norms and religious attitudes, inhibits effective treatment (Nyashanu & Visser, 2022; Maina et al., 2023). The stigma attached to substance use, as frequently intertwined with religious beliefs, is one barrier to help-seeking by affected individuals (Maina et al., 2023). These realities demonstrate how culture exerts a pervasive influence on behaviours related to health. Furthermore, Fish & Syed (2018), while centering on the American context, argue that the recognition and addressing of these historical and cultural factors within educational systems can substantially improve support for Native American students, forming a stronger foundation against substance abuse adversities. This argument, therefore, endorses an inclusive approach that respects and interacts with cultural identities, as it translates to supportive programmes.

This study aims to identify possible means of addressing the intricate challenges of religious and cultural barriers to drug addiction prevention and treatment. It provides an in-depth exploration of how various religious beliefs, cultural norms, and traditional practices contribute to shaping individual and societal attitudes toward substance abuse, thereby making it more difficult to address and stop the predicament. Through exploring the interactive influence of these factors, the study intends to derive useful insights into how prevention and treatment interventions can be produced with careful consideration. These approaches will not only bridge the mitigation efforts but also respect and resonate with the deeply held beliefs and practices of the affected individuals and communities, ultimately paving the way for more successful outcomes in combating substance abuse. This study applies ecological system theory to understand the phenomenon of substance abuse and the interaction of individual, interpersonal, community and societal factors related to religion and culture, and attempts to bridge the existing gaps.

## Ecological Systems Theory

Urie Bronfenbrenner introduced the ecological systems theory (EST), which examines quantitative and qualitative properties and focuses on the various interactions within ecological systems. It represents models that examine the robustness and the interactions of social and ecological elements. This theory stresses that an exclusive focus on numbers can lead to neglect of very important relational dynamics within a system (Holling, 1973). The theory sets forth heuristics for understanding social-ecological resilience, pointing to adaptive capacity for changing conditions as an asset toward sustainability (Walker et al., 2006; Walker et al., 2002). However, urban ecosystems engender socio-ecological complexity by fusing ecological, physical, and socio-economic components within the urban environment (Pickett et al., 2001). EST is a comprehensive theoretical framework that aids the understanding of the challenges that relationships exist among individuals, families, communities and societies. It essentially provides potential perspectives for comprehending development and behaviour while emphasising the interconnectedness of various ecological systems.

## The Five Ecological Systems

As indicated by Bronfenbrenner (2000), five ecological systems exist. The microsystem, from the perspective of substance use, is defined as the immediate social environment within which one interacts, including family relationships, peer influences and interactions with healthcare providers. These close relationships and interactions could affect one's substance use behaviour directly and, therefore, treatment outcomes as well. The mesosystem is the interaction between the different microsystems, for example, the family dynamics vis-à-vis the school environment or how peer groups influence community support systems. Nevertheless, none of these interconnected systems will categorically support or obstruct individuals from accessing treatment and recovery services. The exosystem is composed of external factors that indirectly affect one's substance abuse behaviours, such as government policies on addiction, public awareness campaigns and publicly charged attitudes toward substance use. These external factors construct an individual's substance use and can affect an individual's willingness to seek help.

The macrosystem includes the broader cultural, social and economic contexts where an individual life, including cultural values, social norms and economic conditions associated with substance abuse. These contextual factors can shape access to resources, social support

and services for Substance Use Disorder (SUD) treatment. The temporal part of ecological systems is considered in the chronosystem concerning changes and continuities that occur over time in an individual's substance use history, addiction development and treatment outcome. As such, a one-dimensional understanding of temporal characteristics in substance use would help inform intervention approaches, relapse prevention measures and long-term recovery goals.

**Concepts of Ecosystem Theory**

Four main concepts can be drawn from this theory to comprehend the research problem of religious and cultural barriers to substance abuse: proximal, distal, bi-directional and nested processes. According to Bronfenbrenner (2000), proximal processes comprise the ongoing interactions and experiences into which the developing person is directly drawn, for example, with family members, peers and teachers. These experiences are believed to shape an individual's beliefs, behaviours and skills. Distal processes, on the other hand, are all those that broaden the social, cultural and environmental contexts in which changes are indirectly taking place in the person being influenced. These factors include societal norms, economic considerations and historical events that create both opportunities and limitations for individuals. Therefore, both proximal and distal processes will ultimately shape the development of an individual's life and overall well-being.

According to this understanding and addressing of both processes, the best possible support by researchers and mental health practitioners to realise potential is granted. Bi-directional influences imply back-and-forth influences between persons and their environments. People influence their surroundings through their choices and actions, but the surroundings also affect their behaviour and development. These systems are viewed as nested ecological systems, with the smaller systems embedded within larger ones. Factors such as depression, parenting issues and exposure to violence significantly predict substance use in youth (Hilarski, 2005). This highlights the emerging need to address these interconnected socio-ecological variables. By such nesting, different ecological levels are seen to be interlinked.

**Implications for Practice**

Bronfenbrenner's EST presents a comprehensive framework through which a person can attempt to understand the vast tangle of influences that lead to substance-abusing behaviours. Individuals are influenced by their peers and broader cultural factors, such as

religion and social context, which shape their experiences in an interconnected manner. With this, effective interventions must be tailored toward the particular contributory factors toward substances an individual is exposed to at various levels of their ecological context. Substance use behaviours are not behaviours that belong solely to the individual; rather, they are a phenomenon that moves through multiple systems: family, community, and society (Crawford, 2020; Darling, 2007). EST informs social work practices, emphasising the necessity for a systemic approach to address substance use and advocating for community-level interventions alongside individual support (Galvani, 2017). Healthcare practitioners and community interventionists can develop a broader comprehension of the cultural and religious factors influencing an individual's substance use behaviours. This should lead to designing more effective, multilevel interventions through appreciating and incorporating cultural and religious factors in substance abuse mitigation through the lenses of EST.

## METHODS

This study conducted a qualitative literature review, document analysis, and case study reviews to examine the knotty connections between culture, religion and substance abuse. It systematically analysed a range of sources to examine how cultural norms and religious beliefs act as significant obstacles to substance abuse within different communities and act towards bridging the resultant gap. To enable a thorough analysis of the research problem, this research employed Urie Bronfenbrenner's (2000) ecological systems theory. This theoretical framework enables an investigation of the intricate relations between personalities and their environments, illustrating how various levels of influence, from immediate family dynamics to broader societal and cultural factors, shape attitudes towards substance use. The study aimed to assess how cultural and religious contexts can both hinder substance abuse and provide opportunities for developing targeted prevention and intervention strategies. These approaches were intended to meet the precise needs of different individuals and communities by applying an ecological perspective. Thematic analysis was utilised to analyse the data and identify recurrent themes emerging from the data collected (Chanda, 2021; Bowen, 2009). This provided an inclusive comprehension of the connections between culture, religion and substance abuse.

**Religious Barriers**

Religious barriers can be a great hindrance to the success of any substance abuse intervention. Several studies have examined how the interaction of faith, stigma and community dynamics relate to substance abuse and mental health treatment.

**Religious Coping**

Influenced by religions, the attitudes towards substance services effectively stigmatise and withhold their services from users (Muhorakeye & Biracyaza, 2021). For example, Myanmar caregivers resort to religious coping mechanisms while bearing up with the other burdens of drug use disorders (Thein et al., 2021). This indicates that religious frameworks can support and hinder treatment and mitigation approaches. The majority of patients experiencing psychiatric disorders use spiritual or religious beliefs to manage their challenges (Hefti, 2011). Also, spiritual engagement may provide a utility factor in the fight against substance abuse. Where the relief and meaning of one's religion can be drawn from a religious belief (Koenig, 2009). It may further mean that the same belief will significantly complicate the outcome and the relationship between substance abuse and its treatment. Moreover, perceptions of individuals seeking treatment often align with the stigma related to deficiency, which may be exacerbated by differing treatment philosophies, including one's approach to religious coping (Treloar & Holt, 2006).

**Socio-economic Factors**

Along with psychological and social barriers, practical barriers severely deter help-seeking behaviour in those who abuse substances. For instance, financial constraints seriously limit access to care, while a lack of awareness regarding available resources leaves individuals feeling isolated and helpless. All these may be linked to religious, cultural, or traditional factors. The influences of sociocultural and religious factors further complicate this landscape, particularly in low- and middle-income countries where the healthcare infrastructure may be underdeveloped (Muhorakeye & Biracyaza, 2021). Consequently, these challenges are even more staggering in underserved communities, where access to healthcare services is already limited (Chacon et al., 2021). The intersection of these barriers creates a complex web that can leave individuals struggling silently with their substance use and mental health challenges. Financial constraints and negative familial impacts, increased by socio-religious contexts, serve as significant barriers for families of individuals with SUD (Thein et al., 2021).

### Social and Structural Challenges

Religious barriers to mitigating substance abuse can manifest through social and structural challenges that impede access to treatment and support. Several studies illustrate how individual beliefs, community scepticism, and systemic issues contribute to these barriers, especially among marginalised groups. For example, individuals from East African backgrounds reported mistrust of healthcare systems perceived as foreign or "White," affecting their willingness to seek substance use treatment (Pettersen & Debesay, 2023). Fears of being disowned by family and cultural circles serve as significant deterrents to individuals seeking help for substance abuse problems (Pettersen & Debesay, 2023). For instance, women facing SUD in South Africa encounter unique barriers (Nyashanu & Zirima, 2023), emphasising the need for gender-specific facilities that address their specific needs. This indicates the social and structural challenges to substance abuse mitigation.

### Religious Prohibitions

Discriminatory religious barriers have been common among a variety of communities and play a significant role in causing and intensifying substance abuse problems among these communities. These obstacles consist of stigmas and cultural perceptions of addictions, and the role of the community's religious institutions in either hindering or providing some access to treatment and support. Hence, for instance, the general characteristic of Muslim communities concerning the prohibition against drugs makes their consumption covert, creating a lack of motivation to make treatment efforts due to fear of stigma and exclusion (Al-Ghafri et al., 2023). Also, churches in Zimbabwe availed essential social support to youths undergoing treatment for addictions; however, radical religious beliefs and denial remained constant impediments to accessing the services (Muswerakuenda et al., 2023). Moreover, this comes together with social practices regarding alcohol use, excluding religious minorities within the work context, which can shape negative connotations and impact recovery rates among these populations (Halkjelsvik & Moan, 2023).

### Socio-cultural Beliefs and Practices

Various studies have probed the implications of faith leaders, community elements, and nonreligious perspectives on substance abuse treatment and have thrown up significant hindrances that religion can provide in the treatment of such issues. Mostly, such influences manifest as sociocultural beliefs and practices that cut across intervention strategies and

recovery outcomes. As is the case in America, African American Christian church leaders express empathy towards those with Opioid Use Disorder and support harm reduction interventions (Dankwah et al., 2024), indicating a potential for faith-based collaboration in addressing substance abuse. In Kenya, barriers to mental health care include religious factors and societal stigma, which also hinder substance abuse treatment access and effectiveness (Wakoli, 2024). Moreover, individuals without a religion face challenges in recovery programmes like Alcoholics Anonymous because of the heavy stress on spirituality (Trombley, 2024). Religious barriers are extensive to those with different cultural and religious backgrounds in substance abuse treatment and recovery.

**Community Characteristics, Individual Experiences, and Support Systems**

Religious barriers can impact efforts to mitigate substance abuse, particularly in community settings. The relationship between community characteristics, individual experiences and the support systems present in religious organisations highlights the difficulties involved in addressing substance abuse. Community characteristics such as access to substance-free activities provided by religious organisations predict lower alcohol use disorder risk profiles (Tucker et al., 2025). Furthermore, the ignorance and education gap about substance-abusing behaviour in religious contexts perpetuates the stigma that would affect treatment-seeking behaviours (Kobusingye, 2025). Therefore, family and faith communities help out as vital resources, but when these communities stigmatise substance use, they may prevent individuals from seeking help (Barnes, 2025). The nexus between religion and socioeconomic status may raise other forms of barriers to successful prevention and recovery efforts concerning substance abuse in some communities (Tucker et al., 2025; Kobusingye, 2025).

**Religion, Culture and Stigma**

Addressing substance abuse issues related to traditional and cultural barriers involves navigating a complex landscape filled with stigma. These barriers prevent effective treatment and recovery from SUD and also revolve around other social stigmas, such as race, gender, and sexual orientation. Structural stigma is an important factor exacerbating SUDs and complicating further treatment processes (Earnshaw et al., 2025). Interpersonal stigma is affecting people's access to resources, hampering the costs incurred in accessing intervention for SUDs (Earnshaw et al., 2025). Moreover, the cultural perceptions of mental health and SUD further lead to social isolation, making recovery even more difficult (Earnshaw et al.,

2025). Therefore, governance of the interrelationship between sexual orientation, gender, and racial stigma is imperative for appropriate intervention measures (Earnshaw et al., 2025). Arguably, these findings demonstrate how complicated stigma is in treatment for substance abuse. They emphasise the need to address both micro and macro-level causes of stigma herein. Such effort would indeed create an environment through which healthcare providers and policymakers can boost avenues for better treatment programming for those suffering from substance use disorders.

**Cultural and Traditional Barriers**

The studies reviewed all point out barriers, both traditional and cultural, which pose great hindrances to the efficient control of substance abuse amongst population groups. This study has focused on the insights drawn from socio-cultural influences, the integration of mental health, and the obstacles faced by marginalised sectors regarding access to appropriate care and assistance.

**Socio-Cultural Barriers**

Combining services for substance abuse and mental health issues is essential for meeting the intricate requirements of individuals struggling with substance abuse issues, highlighting the significance of a comprehensive strategy in social and public health efforts (Onyenwe et al., 2024). This shows that vulnerable individuals with co-occurring substance abuse need integrated services to address their complex needs. Socioeconomic factors contribute significantly to vulnerabilities in terms of drug abuse, thereby showing that socioeconomic interventions are critical for effective mitigation (Hung, 2024). Access barriers for Indigenous populations to care have been compounded by colonialism (Barker et al., 2025). Thus, necessitating carefully tailored programmes that are germane to the specific needs of these communities. This further demonstrates the many traditional and cultural barriers encountered in substance abuse mitigation efforts brought to bear in different communities.

**Cultural Stigma and Stereotypes**

Cultural stigma and stereotypes surrounding substance use, particularly among women and racialised groups, hinder engagement in harm reduction practices and perpetuate negative perceptions of caregivers (Austin et al., 2023). Systemic racism and the lack of basic

socioeconomic needs create crises that drive substance abuse in communities, necessitating tailored and culturally congruent interventions (Banks et al., 2023). For instance, children affected by maternal SUD require specific adaptations in home visiting and support services to overcome emotional and logistical barriers (Lowell et al., 2023), emphasising the need for relationship-based interventions. Moreover, intersectionality reveals that varying social identities influence the experiences, as seen in Hispanic/Latino adolescents with school victimisation, which in turn affects their substance use (Yang & Golshirazi, 2024). This demonstrates the need for targeted social-emotional learning strategies.

**Structural Factors**

There are formidable traditional and cultural barriers that impede effective strategies for mitigating substance abuse among various populations, particularly indigenous communities. These obstacles include physical barriers and the importance of using culturally appropriate methods in treatment. Moreover, cultural protective factors such as ethnicity and family support are significant in mitigating substance use issues (Soto et al., 2022). This indicates structural barriers that necessitate comprehensive macro-level treatment models to effectively address individual, social and structural aspects of SUD (Farhoudian et al., 2022). There is a critical gap in integrating traditional and culturally adapted interventions in substance abuse treatment, as these may better resonate with indigenous clients than conventional therapeutic models (Wendt et al., 2022). However, many existing programmes fail to meet the complex service needs of those who abuse drugs, demonstrating a disconnect between service delivery and client characteristics, which could be overcome by more integrated service models (Krawczyk et al., 2022).

**Social Vulnerabilities and Cultural Beliefs**

The scholars have addressed various traditional and cultural barriers that contribute to substance abuse and hinder effective mitigation strategies. These challenges include social vulnerabilities, cultural beliefs, and the impact of community dynamics, particularly among marginalised groups. Social vulnerabilities, including experiences of racism and exposure to environments that are harmful or dangerous to social well-being, heighten individual and community-level risks, as in SUDs (Amaro et al., 2021). For example, school victimisation, as earlier seen among Hispanic/Latinx adolescents, is linked to increased substance use, emphasising the importance of interventions that are culturally responsive and support the development of social and emotional skills to counteract these risks (Yang & Golshirazi,

2024). The stigmatisation and discrimination of certain groups influence the patterns of substance use in racial and ethnic groups, thus creating a need for inclusivity in research and public-health strategies to ameliorate such inequities (Jahn et al., 2021). The substance abuse stigma profoundly affects healthcare engagement, creating additional barriers for individuals (Muncan et al., 2020). Specific issues arise for women who abuse alcohol due to cultural expectations and institutional barriers (McCrady et al., 2020), indicating a need for individualised forms of care and specific support.

Vulnerabilities within society are the key contributors to that very susceptibility to substance abuse, with stressor influences such as racism and inequitable healthcare access (Amaro et al., 2021; Wo et al., 2020). Under Indigenous communities, cultural constraints like colonialism and social exclusion delimit access to healthcare, subsequently exacerbating challenges relating to substance abuse (Nguyen et al., 2020). For instance, traditional gender roles in Latina/Latino cultures correlate with alcohol use patterns (Perrotte & Zamboanga, 2021). This shows that cultural constructs influence substance-related behaviours and treatment effectiveness.

## Bridging the Gap

This study argues for the need to address substance abuse through a culturally competent approach that recognises and bridges diverse religious, traditional and cultural barriers. The findings suggest that understanding these barriers and integrating them into treatment can enhance access and efficacy for marginalised groups, particularly in indigenous and migrant communities.

## Focusing on Marginalised Communities' Lived Experiences

Bridging religious and cultural or traditional barriers is essential in the fight against substance abuse, as evidenced by research focusing on marginalised individuals and communities' experiences. There are unique challenges that various groups face as they provide treatment services for substance abuse, with a focus on culturally appropriate methods to provide effective support. Cultural humility and understanding community needs are vital for effectively engaging victims in substance use treatment, as their experiences are shaped by specific intersectional oppressions (Dawes et al., 2023). For instance, mistrust towards healthcare systems, particularly demonstrated among East African migrants, often stems from cultural scepticism and fear of social exclusion (Pettersen & Debesay, 2023). This

calls for culturally informed outreach. For example, African American communities in the USA face certain unmet needs that lead to higher opioid overdose rates. Therefore, the importance of interventions that are designed to fit the specific cultural needs of this community and focus on creating safety, security and stability are a necessity (Banks et al., 2023; Wendt et al., 2022). It is crucial to use culturally appropriate interventions and support traditional healing practices. This includes involving grassroots community efforts to address substance abuse and resulting mental health issues effectively.

**Transcending Conventional Treatment Modalities**

Culturally sensitive support systems that go beyond traditional treatment methods when addressing substance abuse within the context of religion, culture, and tradition are very important. The integration of 'Talking Circles', traditional gatherings valued by urban Indigenous populations, demonstrates a culturally relevant approach to alcohol use disorder treatment, which combines harm-reduction principles with Indigenous practices (Nelson & Squetemkin-Anquoe, 2022). For instance, barriers to help-seeking among East African migrants include distrust of mainstream healthcare due to perceived systemic racism and cultural exclusion (Pettersen & Debesay, 2023), emphasising the need for culturally tailored interventions. In a different case, cultural humility and community referrals have been found essential in effectively addressing the unique treatment needs of QPOC struggling with substance abuse, as they face intersecting oppression that impacts their substance use treatment experiences (Dawes et al., 2023). Overcoming these barriers can create inclusive environments that support healing and recovery for historically marginalised groups.

**Culturally Sensitive Approaches**

Overcoming differences in religion and culture might be essential for effectively reducing substance abuse, which is part of the larger effort to address mental health issues among various populations. Using methods that respect cultural differences is important when creating programmes that connect with the specific needs and beliefs of a community. Importantly, including cultural knowledge is key to developing inclusive treatment plans that fit people's backgrounds. This might lead to better results in treating substance abuse (Jones, 2024). The collective responsibility of governmental agencies, NGOs and community institutions is vital in crafting comprehensive prevention strategies tailored to local contexts (Kerker & Adeyongo, 2024). Addressing the treatment areas of improvement in mental health can help mitigate underlying issues related to substance abuse, especially in diverse

cultural settings (Gupta, 2024). Societal attitudes towards mental health make it harder to stop substance abuse, as is the case with 'Pacific Islander youth' from abusing drugs, because they are afraid of being judged if they talk about their problems (Garrett et al., 2025). In cultures where men are regarded as more important than women, social norms and customs both make it more likely that women will try to kill themselves and that they will have problems with drugs and alcohol (Abbas et al., 2025). Accessibility issues in healthcare for marginalised groups further underscore the urgent need for culturally responsive strategies in substance abuse initiatives, particularly for individuals with migration backgrounds who may face unique challenges (Nakakawa et al., 2025). This shows that programmes to help people abusing substances need to be made with a person's gender and culture in mind.

**Integrating Community-Based Support Systems with Professional Mental Health Services**

To effectively tackle substance abuse in communities, it is crucial to address religious and cultural differences. Interventions that respect different cultures and beliefs are necessary. Involving the community, including religious leaders, can help create effective prevention and treatment plans that connect with people on a local level. Consequently, engaging these leaders can significantly improve the success of substance abuse interventions (Kerker & Adeyongo, 2024). Their localised understanding and influence can promote a more profound connection with individuals seeking help. This is particularly evident in the role of faith-based organisations, especially churches, which serve as critical support networks for youths in recovery from substance abuse (Muswerakuenda et al., 2023). These organisations demonstrate the essential elements of acceptance and confidentiality, thus creating a trustworthy foundation necessary for healing. Moreover, integrating community-based support systems with professional mental health services creates a holistic approach that significantly enhances youth engagement (Scales & Syvertsen, 2025). This integration promotes trust and authenticity in relationships, significantly reducing substance use.

To effectively address these barriers, there is an increasing call for collaborative treatment approaches that seamlessly incorporate both psychiatric and spiritual care while emphasising community values and educational initiatives (Peteet, 2019). Faith-based organisations have an instrumental role in mitigating these challenges. They enhance engagement in treatment processes and encourage individuals to take proactive steps toward

recovery by promoting trust and crafting public health strategies that resonate deeply with religious communities (Syed et al., 2023).

**Tailor-made Interventions**

Tailoring drug abuse prevention campaigns to local contexts, including the involvement of religious institutions, improves effectiveness and addresses unique cultural factors in substance use (Kerker & Adeyongo, 2024). Cultural norms and beliefs significantly shape youth attitudes toward substance use (Onyenwe et al., 2024). Prevention strategies should be culturally sensitive and inclusive to reduce substance abuse initiation rates. Understanding religious and cultural barriers, as well as social vulnerabilities and historical contexts, can help address treatment challenges effectively. Substance abuse affects the populace, for instance, Indigenous communities and women already facing challenges, hence making a case for the use of culture-appropriate approaches in easing access to health care and treatment for substance use. Factors like racism, prejudice and stressful childhoods make people more likely to get addicted (Amaro et al., 2021). To understand the complexities of substance use in different communities, especially among Indigenous populations and particular cultural groups, it is arguably essential to address religious, traditional and cultural barriers that prevent people from getting help.

Bronfenbrenner's (2000) EST theory seems to suggest that interventions that target multiple ecological levels, such as family-based therapy, community-based programmes and policy changes, can be effective in addressing substance abuse. Therefore, interventions can effectively address substance abuse by considering multiple levels of influence: the micro, meso, exosystem, macrosystem and chronosystem. Additionally, incorporating cultural understanding is vital, as cultural factors greatly affect attitudes towards substance use. Healthcare professionals should equip themselves fully with cultural knowledge so that they can adapt interventions to cater to needs that differ across populations. Substance abuse must be treated as a long-term chronic condition that calls for continuous support and treatment; hence, interventions must have permanent solutions in mind.

## CONCLUSION

To effectively address substance abuse issues in varying communities, this study argues that we must deeply examine how such factors as religious beliefs, cultural norms and traditional practices interact. Negative attributions, distrust and social taboos of substance

use problems prevent people from seeking help. There is a need, therefore, for inclusive and respectful culturally centred help strategies. Using the ecological systems theory provides a clearer picture of the complexities involved in substance abuse and the many factors associated with it. These factors are individual characteristics, relationships, community dynamics and societal influences informed by religion, culture and tradition. In addition, it calls for the active involvement of the community in the development of successful treatment and prevention strategies. Given the cultural and religious diversities in matters of substance abuse, there must be respect before and during treatment. This will not only enhance healing prospects but also build trust among struggling individuals and their communities and promote the dismantling of cultural and religious barriers to create a more supportive atmosphere. That is why collaborative efforts, which are respectful of and include different perspectives, enable the formulation of a more humane and impactful approach to substance abuse and the wellness of individuals and communities.

## REFERENCES

Abbas, N., Ali, Q., Gull, S., & Begum, S. (2025). Exploring socio-cultural determinants of female suicides: A qualitative study of Gahkuch, Gilgit-Baltistan. *Social Science Review Archives, 3*(1), 450–460. https://doi.org/10.70670/sra.v3i1.323

Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology, 188*, Article 108518. https://doi.org/10.1016/j.neuropharm.2021.108518

Anderies, J. M., Janssen, M. A., & Ostrom, E. (2004). A framework to analyze the robustness of social-ecological systems from an institutional perspective. *Ecology and Society, 9*(1), Article 18. https://doi.org/10.5751/es-00610-090118

Armoon, B., Fleury, M.-J., Bayat, A.-H., Fakhri, Y., Higgs, P., Moghaddam, L. F., & Gonabadi-Nezhad, L. (2022). HIV-related stigma associated with social support, alcohol use disorders, depression, anxiety, and suicidal ideation among people living with HIV: A systematic review and meta-analysis. *International Journal of Mental Health Systems, 16*(1), Article 17. https://doi.org/10.1186/s13033-022-00527-w

Austin, T., Lavalley, J., Parusel, S., Collins, A. B., Olding, M., & Boyd, J. (2023). Women who use drugs: Engagement in practices of harm reduction care. *Harm Reduction Journal, 20*(1), Article 45. https://doi.org/10.1186/s12954-023-00775-0

Aytur, S. A., Carlino, S., Bernard, F., West, K., Dobrzycki, V., & Malik, R. (2021). Social-ecological theory, substance misuse, adverse childhood experiences, and adolescent suicidal ideation: Applications for community–academic partnerships. *Journal of Community Psychology, 50*(1), 265–284. https://doi.org/10.1002/jcop.22560

Banks, D. E., Duello, A., Paschke, M. E., Grigsby, S. R., & Winograd, R. P. (2023). Identifying drivers of increasing opioid overdose deaths among Black individuals: A

qualitative model drawing on experience of peers and community health workers. *Harm Reduction Journal, 20*(1), Article 5. https://doi.org/10.1186/s12954-023-00734-9

Barker, B., Norton, A., Wood, S., Macevicius, C., Hogan, K., Cadieux, K., Meilleur, L., Nosyk, B., Urbanoski, K., Pauly, B., & Wieman, N. (2025). Implementation of risk mitigation prescribing during dual public health emergencies: A qualitative study among Indigenous people who use drugs and health planners in Northern British Columbia, Canada. *International Journal of Drug Policy, 136*, Article 104679. https://doi.org/10.1016/j.drugpo.2024.104679

Barnes, S. L. (2025). Stressors and supports: Experiences of young Black people with diverse sexual identities in the United States. *Religions, 16*(1), Article 44. https://doi.org/10.3390/rel16010044

Bronfenbrenner, U. (2000). Ecological systems theory. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (Vol. 3, pp. 129–133). American Psychological Association. https://doi.org/10.1037/10518-046

Chacon, N. C., Walia, N., Allen, A., Sciancalepore, A., Tiong, J., Quick, R., Mada, S., Diaz, M. A., & Rodriguez, I. (2021). Substance use during COVID-19 pandemic: Impact on the underserved communities. *Discoveries, 9*(4), Article e141. https://doi.org/10.15190/d.2021.20

Crawford, M. (2020). Ecological systems theory: Exploring the development of the theoretical framework as conceived by Bronfenbrenner. *Journal of Public Health Issues and Practices, 4*(2), Article 170. https://doi.org/10.33790/jphip1100170

Dankwah, A. B., Siegrist, R. B., Wilson, I. B., McKenzie, M., & Rich, J. D. (2024). Attitudes of Black American Christian church leaders toward opioid use disorder, overdoses, and harm reduction: A qualitative study. *Frontiers in Psychiatry, 15*, Article 1359826. https://doi.org/10.3389/fpsyt.2024.1359826

Dawes, H. C., Williams, D. Y., Klein, L., Forte, A. B., Gibbs, D., McGarry, B., Hirst, L. E., & Hall, W. J. (2023). Experiences of queer people of color in mental health care and substance use treatment: A systematic review. *Journal of the Society for Social Work and Research, 14*(3), 721–755. https://doi.org/10.1086/721454

Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. R., & Malekinejad, M. (2022). Barriers and facilitators to substance use disorder treatment: An overview of systematic reviews. *Substance Abuse: Research and Treatment, 16*, Article 11782218221118462. https://doi.org/10.1177/11782218221118462

Fish, J., & Syed, M. (2018). Native Americans in higher education: An ecological systems perspective. *Journal of College Student Development, 59*(4), 387–403. https://doi.org/10.1353/csd.2018.0038

Galvani, S. (2017). Social work and substance use: Ecological perspectives on workforce development. *Drugs: Education, Prevention and Policy, 24*(6), 469–476. https://doi.org/10.1080/09687637.2017.1282421

Garrett, M. F., Cutrer-Párraga, E. A., Allen, J. A., Young, E. L., Urbina, K. J., & Hull, I. M. (2025). "It would ruin my life": Pacific Islander male adolescents' perceptions of mental health help-seeking—An interpretative phenomenological analysis focus

group study. *International Journal of Environmental Research and Public Health, 22*(1), Article 62. https://doi.org/10.3390/ijerph22010062

Ghafri, Q. A., Gilchrist, G., & Radcliffe, P. (2023). Barriers and facilitators to accessing inpatient and community substance use treatment and harm reduction services for people who use drugs in the Muslim communities: A systematic narrative review of studies on the experiences of people who receive services and service providers. *Drug and Alcohol Dependence, 244*, Article 109790. https://doi.org/10.1016/j.drugalcdep.2023.109790

Gupta, R. (2024). Rural–urban divide in mental health care in India: Bridging the gaps. *Indian Journal of Social Psychiatry, 40*(1), 7–10. https://doi.org/10.4103/ijsp.ijsp_41_24

Hilarski, C. (2006). Exploring predictive factors for substance use in African American and Hispanic youth using an ecological approach. *Journal of Social Service Research, 32*(1), 65–86. https://doi.org/10.1300/j079v32n01_05

Holling, C. S. (1973). Resilience and stability of ecological systems. *Annual Review of Ecology and Systematics, 4*(1), 1–23. https://doi.org/10.1146/annurev.es.04.110173.000245

Hung, J. (2024). Drug abuse. In *Crime prevention: Principles, perspectives and practices* (pp. 85–101). Springer. https://doi.org/10.1007/978-981-97-2162-7_5

Ja, D. Y., & Aoki, B. (1993). Substance abuse treatment: Culture and barriers in the Asian-American community. *Journal of Psychoactive Drugs, 25*(1), 61–71. https://doi.org/10.1080/02791072.1993.10472592

Jahn, Z. W., Lopez, J., de la Salle, S., Faber, S., & Williams, M. T. (2021). Racial/ethnic differences in prevalence of hallucinogen use by age cohort: Findings from the 2018 National Survey on Drug Use and Health. *Journal of Psychedelic Studies, 5*(2), 69–82. https://doi.org/10.1556/2054.2021.00166

Jones, G. (2024). *Culturally responsive substance use treatment*. Routledge. https://doi.org/10.4324/9781032708829

Kagee, A., & Delport, T. (2010). Barriers to adherence to antiretroviral treatment. *Journal of Health Psychology, 15*(7), 1001–1011. https://doi.org/10.1177/1359105310378180

Kerker, J. T., & Adeyongo, I. A. (2024). Intervention strategies for mitigating drug and substance abuse among youths in selected local government areas of Benue State, Nigeria. *African Journal of Humanities and Contemporary Education Research, 14*(1), 1–18. https://doi.org/10.62154/2z3gv253

Kilbourne, A. M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O'Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and improving the quality of mental health care: A global perspective. *World Psychiatry, 17*(1), 30–38. https://doi.org/10.1002/wps.20482

Kobusingye, L. K. (2025). Interrogating the underlying barriers to HIV non-protective behaviors' control among university students: Towards an effective psycho-educational mitigation. *East African Journal of Arts and Social Sciences, 8*(1), 35–52. https://doi.org/10.37284/eajass.8.1.2586

Krawczyk, N., Allen, S. T., Schneider, K. E., Solomon, K., Shah, H., Morris, M., Harris, S. J., Sherman, S. G., & Saloner, B. (2022). Intersecting substance use treatment and harm reduction services: Exploring the characteristics and service needs of a

community-based sample of people who use drugs. *Harm Reduction Journal, 19*(1), Article 95. https://doi.org/10.1186/s12954-022-00676-8

Lowell, A. F., Suchman, N. E., Byatt, N., Feinberg, E., Friedmann, P. D., & Peacock-Chambers, E. (2023). Parental substance use and home visiting programs: Implementation considerations for relationship-based treatment. *Infant Mental Health Journal, 44*(2), 166–183. https://doi.org/10.1002/imhj.22041

Maina, G., Mousavian, G., Sherstobitoff, J., Kamrul, R., Twum-Antwi, B., Lewis, K., Malonga, F., Herzog, T., Maroof, R., & Okinyo-Owiti, D. (2023). Process and outcome of community engagement event on substance use and addiction risks facing their immigrant communities in Regina, Saskatchewan. *Substance Abuse: Research and Treatment, 17*, Article 11782218221150109. https://doi.org/10.1177/11782218221150109

McCrady, B. S., Epstein, E. E., & Fokas, K. F. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Research: Current Reviews, 40*(2), Article 08. https://doi.org/10.35946/arcr.v40.2.08

Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies": Influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal, 17*(1), Article 53. https://doi.org/10.1186/s12954-020-00399-8

Muhorakeye, O., & Biracyaza, E. (2021). Exploring barriers to mental health services utilization at Kabutare District Hospital of Rwanda: Perspectives from patients. *Frontiers in Psychology, 12*, Article 638377. https://doi.org/10.3389/fpsyg.2021.638377

Muswerakuenda, F. F., Mundagowa, P. T., Madziwa, C., & Mukora-Mutseyekwa, F. (2023). Access to psychosocial support for church-going young people recovering from drug and substance abuse in Zimbabwe: A qualitative study. *BMC Public Health, 23*(1), Article 773. https://doi.org/10.1186/s12889-023-15633-8

Nakakawa, A., Krist, L. C., Stutterheim, S. E., Englebert, S., Rinkleff, K., Beer, D., Moutschen, M., Jonas, K. J., & Zimmermann, H. M. L. (2025). Access to HIV prevention, testing and care among people with a migration background in Euregio Meuse-Rhine: A needs and assets assessment. *AIDS Care, 37*(10), 1367–1390. https://doi.org/10.1080/09540121.2024.2446697

Nakash, O., Lambez, T., Cohen, M., & Nagar, M. (2019). Religiosity and barriers to mental healthcare: A qualitative study among clients seeking community mental health services. *Mental Health, Religion & Culture, 22*(5), 437–452. https://doi.org/10.1080/13674676.2018.1489377

Nelson, L., Squetemkin-Anquoe, A., Ubay, T., King, V., Taylor, E., Masciel, K., Bear, L. B., Buffalomeat, S., Duffing-Romero, X., Mahinalani-Garza, C., Clifasefi, S., & Collins, S. (2022). Content analysis informing the development of adapted harm reduction talking circles (HaRTC) with urban American Indians and Alaska Natives experiencing alcohol use disorder. *International Journal of Indigenous Health, 17*(2), 70–90. https://doi.org/10.32799/ijih.v17i2.36677

Nguyen, N. H., Subhan, F. B., Williams, K., & Chan, C. B. (2020). Barriers and mitigating strategies to healthcare access in Indigenous communities of Canada: A narrative review. *Healthcare, 8*(2), Article 112. https://doi.org/10.3390/healthcare8020112

Nyashanu, T., & Visser, M. (2022). Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. *Substance Abuse Treatment, Prevention, and Policy, 17*(1), Article 75. https://doi.org/10.1186/s13011-022-00501-2

Nyashanu, T., & Zirima, H. (2022). Treatment barriers and gender-based perceptions: Establishing gender-based treatment specialty facilities as a strategy to motivate South African young women to seek treatment for substance use disorders. *Journal of Community Psychology, 50*(8), 3414–3430. https://doi.org/10.1002/jcop.22896

Onyenwe, C. A., Onwumere, C., & Odilibe, P. (2024). Public health strategies for preventing youth substance use: A review of prevention programs and conceptual approaches. *International Journal of Biology and Pharmacy Research Updates, 3*(1), 12–19. https://doi.org/10.53430/ijbpru.2024.3.1.0022

Perrotte, J. K., & Zamboanga, B. L. (2019). Traditional gender roles and alcohol use among Latinas/os: A review of the literature. *Journal of Ethnicity in Substance Abuse, 20*(1), 1–18. https://doi.org/10.1080/15332640.2019.1579142

Peteet, J. R. (2019). Approaching religiously reinforced mental health stigma: A conceptual framework. *Psychiatric Services, 70*(9), 846–848. https://doi.org/10.1176/appi.ps.201900005

Pettersen, R. J., & Debesay, J. (2023). Substance use and help-seeking barriers: A qualitative study of East African migrants' experiences of access to Norwegian healthcare services. *BMC Health Services Research, 23*(1), Article 321. https://doi.org/10.1186/s12913-023-09110-6

Pickett, S. T. A., Cadenasso, M. L., Grove, J. M., Nilon, C. H., Pouyat, R. V., Zipperer, W. C., & Costanza, R. (2001). Urban ecological systems: Linking terrestrial ecological, physical, and socioeconomic components of metropolitan areas. *Annual Review of Ecology and Systematics, 32*(1), 127–157. https://doi.org/10.1146/annurev.ecolsys.32.081501.114012

Razaghi, E., Farhoudian, A., Pilevari, A., Noroozi, A., Hooshyari, Z., Radfar, S. R., & Malekinejad, M. (2023). Identification of the socio-cultural barriers of drug addiction treatment in Iran. *Heliyon, 9*(5), Article e15566. https://doi.org/10.1016/j.heliyon.2023.e15566

Scales, P. C., & Syvertsen, A. K. (2025). The role of teacher social-emotional support in the prevention of adolescent ATOD use during the COVID-19 pandemic. *Journal of Drug Education*. https://doi.org/10.1177/00472379241311452

Soto, C., West, A. E., Ramos, G. G., & Unger, J. B. (2022). Substance and behavioral addictions among American Indian and Alaska Native populations. *International Journal of Environmental Research and Public Health, 19*(5), Article 2974. https://doi.org/10.3390/ijerph19052974

Ssewanyana, D., Mwangala, P. N., Marsh, V., Jao, I., van Baar, A., Newton, C. R., & Abubakar, A. (2018). Socio-ecological determinants of alcohol, tobacco, and drug use behavior of adolescents in Kilifi County at the Kenyan coast. *Journal of Health Psychology, 25*(12), 1940–1953. https://doi.org/10.1177/1359105318782594

Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and cultural contexts of alcohol use: Influences in a social-ecological framework. *Alcohol Research: Current Reviews, 38*(1), 35–45.

Syed, U., Kapera, O., Chandrasekhar, A., Baylor, B. T., Hassan, A., Magalhães, M., Meidany, F., Schenker, I., Messiah, S. E., & Bhatti, A. (2023). The role of faith-based organizations in improving vaccination confidence & addressing vaccination disparities to help improve vaccine uptake: A systematic review. *Vaccines, 11*(2), Article 449. https://doi.org/10.3390/vaccines11020449

Thein, K. Z. K., Herberholz, C., Sandar, W. P., & Yadanar. (2021). Caring for persons with drug use disorders in the Yangon Region, Myanmar: Socioeconomic and psychological burden, coping strategies and barriers to coping. *PLOS ONE, 16*(10), Article e0258183. https://doi.org/10.1371/journal.pone.0258183

Torleif Halkjelsvik, & Moan, I. S. (2023). Work-related alcohol use. *International Journal on Minority and Group Rights, 31*(1), 129–155. https://doi.org/10.1163/15718115-bja10139

Trombley, C. (2024). Spirituality, religion, and recovery: What about the nonreligious? *Journal of Substance Use, 30*(3), 478–481. https://doi.org/10.1080/14659891.2024.2356571

Tucker, J. A., Cheong, J., Creamer, C. C., & Witkiewitz, K. (2025). Community characteristics and substance-free activity and service access predict membership in alcohol use disorder risk profiles. *Psychology of Addictive Behaviors, 39*(2), 181–194. https://doi.org/10.1037/adb0001048

Wakoli, C. (2024). Exploring the barriers to mental health care and mitigation strategies in Kenya. *International Journal of Research and Innovation in Social Science, VIII*(I), 2227–2247. https://doi.org/10.47772/ijriss.2024.801163

Walker, B., Gunderson, L., Kinzig, A., Folke, C., Carpenter, S., & Schultz, L. (2006). A handful of heuristics and some propositions for understanding resilience in social-ecological systems. *Ecology and Society, 11*(1), Article 13. https://doi.org/10.5751/es-01530-110113

Wendt, D. C., Hartmann, W. E., Allen, J., Burack, J. A., Charles, B., D'Amico, E. J., Dell, C. A., Dickerson, D. L., Donovan, D. M., Gone, J. P., O'Connor, R. M., Radin, S. M., Rasmus, S. M., Venner, K. L., & Walls, M. L. (2019). Substance use research with Indigenous communities: Exploring and extending foundational principles of community psychology. *American Journal of Community Psychology, 64*(1–2), 146–158. https://doi.org/10.1002/ajcp.12363

Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices for psychotherapy with Indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology, 90*(10), 802–814. https://doi.org/10.1037/ccp0000757

Yang, C., & Golshirazi, M. (2023). Association between school victimization and substance use among Hispanic/Latinx adolescents: An intersectionality analysis of social–emotional learning (SEL) competencies, immigration status, and gender in predominantly Hispanic/Latinx high schools. *School Psychology Review, 53*(1), 87–99. https://doi.org/10.1080/2372966x.2022.2158368