



Exploring Sociocultural Factors of Polysubstance Use in the Latinx Community: A Case Study

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Article Details

Article Type: Research Article

Received date: 17th March, 2026

Accepted date: 07th May, 2026

Published date: 09th May, 2026

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Citation: Mejia, D., & Huynh-Hohnbaum, A. T. (2026). Exploring Sociocultural Factors of Polysubstance Use in the Latinx Community: A Case Study. *J Soci Work Welf Policy*, 4(1): 192. doi: <https://doi.org/10.33790/jswwp1100192>.

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Abstract

Polysubstance use is a growing concern within the Latinx community, yet limited research explores the simultaneous use of multiple substances and the sociocultural factors that influence this behavior. Existing studies often focus on single substances in isolation rather than examining their combined use. Among Latinx adults, key influencing factors include age, mental health, gender, acculturation, and peer networks. Grounded in social learning theory, this case study investigates the sociocultural factors shaping polysubstance use patterns among Latinx adults. Using a qualitative research design grounded in a case study approach, data were collected through a semi-structured interview with a single Latinx-identifying participant with a history of polysubstance use. Thematic analysis was conducted to identify recurring patterns and underlying sociocultural drivers of substance use behaviors. Findings suggest that peer networks, mental health, age of onset, self-medication, and perceived risks play a significant role in shaping substance use trajectories. While not intended for generalization, this single-case analysis offers rich, contextual insight into how these factors intersect in one individual's experience. The findings underscore the importance of culturally responsive, individualized prevention and intervention strategies and suggest implications for practice and policy aimed at better addressing polysubstance use within the Latinx community. This includes outreach to the Latinx community and reducing stigma related to treatment and advocating for policies that decriminalize substance use.

Introduction

In 2019, nearly half of all drug overdoses were caused by polysubstance drug use, which is defined as the ingestion of two or

more substances [1]. Polysubstance drug use occurs when multiple substances are taken within a short time, intentionally or unintentionally, and includes prescription drugs, alcohol, legal substances such as marijuana, and substances laced with others (e.g., fentanyl). There has been an abundance of research on alcohol drinking patterns and their consequences, as well as the use of illicit drugs. However, very little research pays attention to the mixing of the two and those outcomes [2].

The Latinx population is one of the fastest-growing minority groups in the U.S., accounting for approximately 70% of the overall population growth [3]¹. According to the Substance Abuse and Mental Health Service [4], Latinx individuals reported higher rates of substance abuse (9.7%) compared to non-Latinx Whites (8.9%) and African Americans (8.2%). Latinx individuals make up approximately 17% of the U.S. population, but they are overrepresented in the state drug offenses (20%) and federal drug offenses (37%) [5]. Furthermore, the overdose rates in the Latinx community increased from 5.6% to 21.7% from 2010 to 2021, which was higher than the national average [6].

When analyzing this disparity, it is essential to consider sociocultural factors. For first-generation Latinx, immigration to the U.S. can be traumatic before, during, and after, involving experiences such as escaping political violence, and the stress of finding employment in a new country [7]. Pagano [8] found that many Latinx immigrants report using substances to help them cope with this stress. Latinx individuals are also likely to underutilize substance abuse treatment services such as rehabilitation programs and outpatient programs [9]. Pinedo et al. [10] found that Latinx individuals, compared to non-Latinx white and black individuals, were the only ethnic group to avoid seeking treatment due to reported cultural barriers, such as

immigration status, and language. Therefore, many Latinx often go without assistance until they are court-mandated or require a medical emergency. It is crucial to address this issue as it is evident that substance use among the Latinx community is a public health issue because they are disproportionately over-presented in the criminal justice system and under-represented among those seeking treatment.

Theoretical Framework

Albert Bandura's [11] social learning theory provides insights into why individuals may engage in polysubstance use. Bandura [11] emphasized that individuals are more likely to imitate behaviors modeled by those they perceive as similar to themselves, such as family and peers. In collectivist cultures like the Latinx community, strong family and peer bonds often significantly impact individual behavior [12]. Observing family members or loved ones engaging in polysubstance use may normalize such behaviors. Furthermore, if individuals see others consuming multiple substances and experiencing positive outcomes (i.e., acceptance, relaxation), they may be more inclined to engage in similar behavior. On the other hand, vicarious punishment can act as a protective factor. Observing negative consequences, such as legal issues, may deter individuals from engaging in polysubstance use. Since Latinx individuals are disproportionately arrested and charged for drug-related offenses [5], this could serve as a deterrent for some.

Influential factors

Peer Networks

Peer networks significantly influence polysubstance use; many Latinx individuals are introduced to substances or the practice of using them through their peers [13-16]. Peer groups often establish social norms that dictate acceptable behaviors, and social learning theory highlights how these norms can shape individuals' beliefs about substance use. For example, Perdue et al. [15] studied Mexican-American adult men who were current heroin users and found that participants only began mixing heroin with crack cocaine because of their peer networks. Within these networks, the use of crack cocaine became normalized, and its availability increased. Participants reported being influenced by close friends, romantic partners, and family members. This pattern holds across different types of drugs. For instance, Rhed et al. [16] investigated current methamphetamine users and found that social context, including interactions with family and romantic partners, strongly influenced polysubstance use. Participants adjusted their substance use based on the preferences of those around them.

Conversely, not all peer influences lead to substance use. Lopez-Tamayo et al. [17] found that having a supportive social network was associated with fewer years of substance use for both U.S.-born and foreign-born Latinx individuals in recovery. In line with the concept of reinforcement in social learning theory, other studies have identified strong Latinx networks as protective factors against drug use [18, 19]. For example, individuals with predominantly Latinx social networks that promoted traditional cultural values, such as *familismo* (family closeness), experienced a significantly reduced risk of drug use [18]. This indicates that those who strongly identified with their Latinx ethnicity reported lower rates of substance use, as their connection to these cultural beliefs was more pronounced.

Mental Health

Mental health is a significant factor in predicting polysubstance use among Latinx individuals as individuals experiencing mental health symptoms may use substances to alleviate their distress [20-22]. Many Latinx individuals may turn to alcohol as they report higher levels of anxiety and depressive symptoms linked to cultural stressors such as discrimination or exposure to racist environments [21]. For instance, Johnson et al. [20] found that Latinx male seasonal workers with moderate to severe anxiety were more likely to engage

in polysubstance use, particularly involving cannabis and sedatives. This finding aligns with Weaver's [22] research, which suggests that sedative misuse is often associated with attempts to manage anxiety.

Other studies suggest that Latinx individuals may engage in polysubstance use as a coping mechanism to alleviate negative emotions or address traumatic experiences [16, 23, 24]. For instance, Rhed et al. [16] found that some participants reported combining heroin and methamphetamine to achieve functional effects, such as relaxation, while others used methadone to cope with traumatic experiences. Similarly, Latinx adults with a history of childhood maltreatment reported higher rates of substance use [23]. Those who experienced both physical and sexual abuse were especially likely to use substances as a coping mechanism to dissociate from the emotional pain associated with their trauma.

In contrast, Hanson [13] found no significant correlation between mental health and polysubstance use. Instead, the study suggested that Latinx individuals primarily used substances for recreational or indulgent purposes rather than as a means of coping or self-medication.

Acculturation

Acculturation refers to the cultural and psychological change process that occurs when an individual or group adapts to a new culture [25]. The findings on the impact of acculturation on polysubstance use have been mixed. Many studies have found that acculturative stress is a significant factor in predicting substance use [19, 21, 26-28]. For example, Montero-Zamora et al. [21] examined Latinx families with immigrant parents and found that those experiencing ongoing cultural stress were more likely to report risky alcohol use. Montero-Zamora et al. [21] and Otiniano Verissimo et al. [26] found a strong association between discrimination and higher rates of both alcohol and drug use. In their longitudinal study, Paat et al. [27] found that childhood experiences of discrimination were linked to higher rates of drug use in adulthood for Latinx individuals. Participants who reported higher levels of discrimination also reported greater use of substances compared to peers who experienced lower levels of discrimination.

However, other studies have suggested that greater assimilation into the dominant culture is a crucial predictor of drug use [17, 18, 24]. Blanco et al. [18] found that the longer Latinx individuals resided in the U.S., the higher their rates of polysubstance use. The researchers also highlighted that acquiring proficiency in the dominant language (i.e. English) was associated with increased drug use, as individuals could more easily obtain illicit substances through improved communication, including familiarity with "street names" (e.g. molly). Furthermore, they identified the age of immigration as a significant factor influencing linguistic acculturation. Latinx individuals who immigrated during early childhood and experienced earlier American socialization were at a higher risk for substance use. Similarly, Lopez-Tamayo et al. [17] corroborated these findings, noting that both immigrant and U.S.-born Latinos with stronger affiliations to U.S. culture reported more years of substance use. This phenomenon aligns with the immigrant paradox, wherein recent immigrants are often less likely to engage in risky behaviors due to stronger cultural ties [29].

Interestingly, two studies found that neither acculturative stress nor higher levels of acculturation were not significant predictors of substance use among Latinx individuals [13, 30]. Instead, higher level of acculturation was associated with decreased use of cocaine and marijuana, suggesting that acculturation might serve as a protective factor against illicit drug use [30]. The authors also acknowledged that their sample, consisting of college students, might have prioritized academic responsibilities over engaging in drug use. Similarly, Hanson [13] found that neither acculturation levels nor acculturative stress were significant factors associated with drug

use. The author speculated that this finding could be attributed to the sample's proximity to the U.S.-Mexico border, which may have enabled participants to maintain a balance between the two cultures.

Age

Age emerged as a critical variable influencing not only the rates of polysubstance use but also the choice of substances consumed [14, 27, 31]. In their sample of Black and Latinx young men, Arrington-Sanders et al. [31] reported that polysubstance use rates and the variety of substances consumed increased with age, with older participants more likely to mix illicit drugs such as amphetamines, cocaine, and sedatives compared to younger participants who predominantly used alcohol and cannabis. In contrast to these studies, Hanson [13] observed a decline in the frequency of drug use among Latinx college students as they aged. This study suggested that older age might be a protective factor, as individuals consumed substances less frequently, due to increased responsibilities and less available time. Younger age of onset was also strongly correlated with higher rates of polysubstance use among Latinx adults and adolescents [32, 33]. Strunin et al. [33] found that rates of polysubstance use were highest among both Latinx males and females who began using substances before age 15, while the lowest rates were observed among those who started using substances between ages 18 and 20.

Gender

Research highlights notable differences in behaviors and motivations between Latinx men and women, influenced by distinct gender roles and societal expectations [27, 34, 35]. Using longitudinal data, Paat et al. [27] found that Latinx adult men were more likely than adult women to engage in illicit drug use. This disparity was linked to gender socialization, as Latinx women typically reported being married and starting families at younger ages, reducing their likelihood of substance use. Additionally, despite high rates of reported childhood maltreatment and adult trauma, Latinx women reported relatively low rates of drug and alcohol use with only 24.5% of participants reported using alcohol in the past three months, and 3.1% reported using any other substances. This discrepancy may reflect cultural and social differences, including gender norms, within the Latinx community.

One study did find that Latinx women engaged in polysubstance use at higher rates than Latinx men. Otiniano Verissimo et al. [26] found that while Latinx men had high rates of drug abuse in response to perceived discrimination, Latinx women reported greater use of both drugs and alcohol under similar circumstances. Both groups used substances as a coping mechanism for discrimination, though the specific substances varied between the groups. For example, women tended to abuse alcohol more in response to perceived discrimination.

Methodology

Due to the sensitive and complex nature of this topic, this study employed a qualitative design to explore the lived experiences of a single participant. The case study approach is one of the most used methodologies in social science research [36] and this methodology was selected to gain an in-depth understanding of the participant's personal experiences and perceptions related to polysubstance use. Rather than aiming to predict or control behavior, this study sought to understand the underlying intentions and motivations behind substance use. This explanatory approach allowed for a comprehensive examination of the sociocultural factors that may have influenced the participant's experiences [37]. Because this study was conducted as a single-case research and did not meet the criteria for human subjects research requiring formal review, Institutional Review Board (IRB) approval was not required.

The participant was selected using purposive sampling to ensure they met the specific criteria relevant to the study. The inclusion

criteria included the following: being of Hispanic/ Latinx descent, being older than 18 years of age, being fluent in the English language, and not having been diagnosed with a substance use disorder. The participant also demonstrated a willingness to participate in an in-depth interview. Potential participants were excluded if they were not fully fluent in the English language. After obtaining informed consent, the participant was informed of the voluntary nature of their participation. Additionally, the participant was informed of the limits of confidentiality and the role of the co-principal investigator as a mandated reporter should they pose a danger to himself or others.

Data were collected through a semi-structured, one-on-one interview, conducted on the videoconferencing platform Zoom. This was to ensure that the participant was in a safe, private location where they would be more comfortable disclosing sensitive information. Additionally, the participant was asked to pick a pseudonym of their choice for their online name and was informed they can have their camera off to further protect their identity. The interview lasted approximately thirty-five minutes and was audio transcribed with the participant's consent. An interview guide was used to ensure consistency, while allowing flexibility for follow-up questions based on the participant's answers [36]. Furthermore, the questions were designed to explore the participant's substances of choice, places when using, triggers for using, and use of alternative coping skills.

Data Analysis

The audio recording of the interview was transcribed verbatim using the Zoom videoconferencing application. Then, the transcription was analyzed using thematic analysis, which is commonly used in psychology and related fields. Thematic analysis was chosen to identify, examine, and report patterns within the data [38]. Braun and Clarke's six-phase thematic analysis framework included several steps: 1) familiarization through repeated reading, 2) initial coding of significant statements, 3) identifying themes, 4) reviewing and refining theme, and 5) defining and naming themes, and (6) writing the report.

Results

The results presented below are organized into themes that emerged through coding [38]. Verbatim excerpts from the interview transcript are included to illustrate the participant's personal experiences. It is important to note that these experiences overlap and do not occur independently; therefore, the participant's statements may fall under multiple themes [38].

The participant in this study is referred to by the pseudonym Antonio. Antonio is a 29-year-old cisgender, heterosexual male. He is a third-generation Mexican-American whose grandparents immigrated to the United States. His highest level of education is a high school diploma, and he is currently employed full-time. Antonio grew up in a predominantly Hispanic/Latinx neighborhood. His substances of choice include alcohol, marijuana, cocaine, ecstasy (also known as MDMA or "molly"), psychedelic mushrooms, and ketamine.

Age of Onset

A later age of onset was associated with trying a greater variety of substances. Antonio reported that he did not begin using multiple substances until he was 22 years old and that he experimented with different drugs as he got older.

"When I was using multiple, it was probably like I was 22, and I'm 29 now. I've never done any drugs or alcohol 'til I was like 21."

On the other hand, as Antonio gets older, he reports a decrease in the frequency of his polysubstance use. This is primarily due to witnessing the negative consequences it has on others, such as people becoming inebriated.

“Like, I’m not doing as much as I used to. As I’m people watching [at festivals], I see friend groups dragging their friends, and their friends are barely able to walk. I have seen people with like their heads legit tilting back, but their friends are dragging them to the next set. Seeing people laying passed out on the floor, and seeing that is probably one of the reasons why I kinda wanted to slow down on taking substances as I get older, because now I’m like, that was probably me and I just don’t remember.”

Mental Health

Improving mental health emerged as a theme for Antonio, as he referenced it multiple times throughout the interview. He reported engaging in polysubstance use to alleviate stress and negative emotions.

“I had another friend who actually had an ecstasy pill. He’s like ‘Try it,’ and I was like ‘No.’ I was like okay, but...my phone got stolen, and I was kinda upset. So, then I was like, ‘Okay let’s try it.’ Yeah, that’s when I first did two [drugs] at once. I was smoking weed already. I think me probably having my phone stolen was like...I was like pretty sad, and I was like kinda upset. So, my friend was like, ‘Do it, it’ll uplift you.’ So, I was like ‘Alright, then that’s why I tried two.’”

Antonio also engaged in polysubstance use to cope with everyday stressors and personal life events. He reported using multiple substances to dissociate or escape from the reality of these experiences.

“I feel like the first time I started doing multiple drugs at once was probably like, for like stress relieving or like trying to get away from reality in a sense. For example, to get like personal, when my grandpa passed away, that’s when I really got into the party scene. So, that’s when I got into like the alcohol. Then probably mid, mid-part of my festival life career in a sense, I was like more, oh, we’re going to a festival, we’re going to these parties, and I felt like I was chasing the high, chasing the fun.”

Environment and Peer Networks

Antonio cited his surrounding environment, including increased accessibility and the normalization of polysubstance use, as factors influencing his engagement in this behavior. He shared that he often attends music festivals where others consume multiple substances and where he has greater access to a wider variety of drugs.

“Going to [music] festivals, you’re always going to be around alcohol, you’re always going to be around nicotine, you’re always going to be around different types of drugs as well too. I was at a festival when my friend gave me coke that was laced with ketamine. The environment of festivals does have a lot of more access or availability of drugs in a sense.”

Antonio also reported that drug use was normalized within his family as he was growing up. He believes this contributed to his openness to consuming substances.

“I never judged drugs to be honest. I was always around drugs growing up. Not in a crazy amount of drugs way. I was just always around it, because my stepdad at the time used a lot of marijuana around us.”

Peer networks emerged as a significant theme for Antonio. He reported that being introduced to certain social circles played a role in his initiation into polysubstance use.

“Well, my mom raised me to the point of like, ‘Drugs are bad.’ Kinda like the point where if you do drugs, she’s gonna beat my ass. So, I for sure never thought about doing drugs until I was 21. So, I started hanging out with new people. Honestly, I was a gamer growing up, I didn’t really go out, but then when I started working, you meet coworkers, you know. Coworkers take you out, and then yeah. I for sure never had it in my mind that I was going to be doing drugs one day.”

Antonio also shared that his current social network encourages this behavior. He noted that various substances are commonly available within his social circle and are readily offered.

“I feel like I have seen friend groups that are a little too persistent, or they keep continuing to try to like pressure their friends, but I feel like the group I have, we all like respect our boundaries. We always like offer though. We’ll tell each other like, ‘Hey, you want some cocaine? Like, here it is.’ Some people say yes, and some say no, and they’re just like ‘Alright cool.’ Like, our friend group always does have like a certain amount of drugs on them at all times.”

Self-Medicating

Antonio reported using illicit substances to alleviate chronic or acute physical pain, particularly in anticipation of situations requiring prolonged standing or physical exertion, such as music festivals. To manage his discomfort, he preemptively uses substances to self-medicate.

“Now we get high and like, I’m like, I need to get high, because of the fact that sometimes when I’m on like drugs, my body doesn’t hurt. So that’s why I feel like I’m getting older, and I can’t be going to these festivals anymore, and I need a drug to like relieve the pain.”

Risks

Mitigating risks emerged as a theme in relation to polysubstance use. Antonio reported that, although he is aware of the risks associated with consuming multiple substances, he can reduce those risks by purchasing from a trusted dealer and testing his drugs.

“But I feel like the places where we go to pick up are trusted sources already. I feel like, I mean, they have tested their stuff in front of us before. So, it’s more like, ‘Okay I feel comfortable,’ but I do know the risks of like there might be something wrong with this. This might be the last time I see my friends or family, but it’s a risk I’m willing to take.”

Antonio also reported that the risks associated with polysubstance use have affected his attitude toward engaging in this behavior. He described a time when he experienced psychotic symptoms, which frightened him.

“Honestly what scared me is the ketamine. My friend gave me some coke, and he didn’t tell me it was laced. That was probably like the scariest trip ever. I couldn’t sleep. I didn’t know what the fuck what happening, I could hear like whispers on the way home. It wasn’t until I asked my friend, and he’s like, ‘Oh yeah it was laced with K.’”

Discussion

The findings from this case study align with previous literature, demonstrating that a variety of sociocultural factors can influence polysubstance use among Latinx adults [7, 8]. While this case study does not establish causation [36], for this participant, mental health and environmental factors significantly increase the likelihood of consuming multiple substances. Additionally, these factors are often interrelated, influencing one another in complex ways. Key themes that emerged from this case study age of onset, mental health, and peer networks/environment closely align with variables discussed in the literature review.

Consistent with prior research, polysubstance use and the variety of substances consumed increased with age [14, 27, 31]. As individuals age, they tend to experiment with a broader range of substances, including illicit drugs like amphetamines, cocaine, and sedatives. However, the frequency of use often declines due to increased responsibilities and reduced free time [13]. Antonio’s experience reflects this pattern as he reported initially using only alcohol and marijuana but later incorporated cocaine, ketamine, and ecstasy into

his substance use. Interestingly, Antonio also described a decreasing frequency of use as he grew older, citing his awareness of the negative consequences of drug use.

Mental health emerged as a significant factor in predicting polysubstance use. Antonio stated that he used substances as a coping mechanism to improve his mental well-being, a finding that aligns with studies suggesting that individuals often consume multiple drugs to alleviate mental distress [20-22]. For example, Antonio reported using substances to cope with the stress of having his cellphone stolen and the death of his grandfather. This is consistent with literature indicating that individuals engage in polysubstance use to manage traumatic experiences and decrease negative emotions [16, 23, 24].

The role of peer networks and environmental influences was another theme consistent with previous research. Studies suggest that within certain social groups, polysubstance use becomes normalized, and availability increases [15]. Antonio reflected this viewpoint, stating that it was through his current friend group that he learned about and began using a variety of substances. This is also consistent with Bandura's [11] social learning theory as it suggests that substance use behaviors are learned through modeling, reinforcement, and normalization within social contexts. Through the positive reinforcement of social bonding and feelings of euphoria, Antonio was able to learn polysubstance practices through his peers. However, his environmental experiences presented a variation not fully discussed in prior literature. Some studies suggest that predominantly Hispanic social networks may serve as a protective factor against substance use due to cultural values discouraging drug use [18, 19]. However, Antonio described a different reality where despite growing up in a predominantly Hispanic neighborhood, he stated that drug use was normalized within his family and community. Although his mother was strongly against substance use, his exposure to it from an early age made him more open and nonjudgmental to it.

This study revealed two key findings that diverged from existing research. One notable difference was the absence of acculturation-related mental health stressors as a factor in polysubstance use. Prior literature suggests that Latinx individuals often turn to substances to cope with acculturation stressors such as discrimination, cultural conflict, and pressure to assimilate [21]. However, Antonio did not mention acculturation stress or experiences of discrimination as contributing factors to his substance use. This may be attributed to his third-generation immigrant status, which could indicate a greater level of assimilation into the dominant culture, thus reducing cultural stressors that might otherwise influence substance use [17, 18, 24].

Another notable finding was the role of risk mitigation strategies in shaping polysubstance use behaviors. Antonio described how using test strips and purchasing from a trusted dealer created a sense of security that made him more comfortable engaging in polysubstance use. This aligns with research suggesting that individuals who engage in high-risk substance use often adopt harm reduction practices to reduce overdose risk and increase perceived control over their use [39]. However, his subsequent experience of unknowingly consuming cocaine laced with ketamine, which resulted in psychotic symptoms, led to increased caution and more guarded substance use behaviors. Together, these experiences highlight a complex and dynamic relationship in which risk mitigation strategies may both facilitate and deter polysubstance use depending on shifting perceptions of safety and lived experience.

Finally, this study identified a unique theme of self-medication that was not previously discussed in the literature. While existing research suggests that individuals use substances to cope with physical pain related to trauma or abuse [23], Antonio reported using substances proactively to manage anticipated physical discomfort rather than as a response to past trauma. Additionally, he did not report a history of physical abuse or maltreatment, which is consistent with findings reported by Hanson [13].

Policy and Practice Implications

Based on this interview, one of the main catalysts for combining substances appears to be mental health struggles [40]. Antonio would have benefited from mental health resources such as grief therapy, although his access to these services remains unknown. It is likely that others in the Latinx community also face challenges in identifying and accessing such resources, raising concerns about the effectiveness of outreach efforts targeting this diverse population. Social workers and other mental health professionals should assess how they can better promote available services to Latinx individuals [18]. Given that not all Latinx individuals are fluent in English, it is crucial for social workers to ensure that all informational materials (e.g., flyers, handouts, websites) are available in Spanish to increase accessibility.

Additionally, a later age of onset was associated with consuming a wider range of substances. To address this, social workers should implement community outreach campaigns also aimed at reducing stigma surrounding substance use and treatment. Stigma remains a significant barrier to seeking help within Latinx communities, often rooted in cultural values such as *familismo* [21]. Many individuals fear being judged by their families or communities, which may prevent them from acknowledging substance use issues or pursuing professional support. Culturally competent social workers may focus on the protective factors related with *familismo* Latinos [18], but also consider regularly addressing family conflict.

Social workers can launch bilingual public health campaigns in Spanish and English to destigmatize substance use disorders and encourage help-seeking behaviors. Antonio, for example, recalled growing up with the belief that drugs were simply "bad" and that using them would get him into trouble. By normalizing discussions around treatment and harm reduction, community outreach efforts can promote earlier intervention. If individuals are exposed to messaging that reframes substance use treatment as a proactive step rather than a last resort, they may be more likely to seek support before their substance use escalates into polysubstance use patterns. As a preventative measure, it is important to teach healthier coping strategies [19] and reach out to youth earlier, such as middle school children [40].

Regarding macro-level social work, professionals can advocate for policies and programs that prioritize treatment over punishment, including the decriminalization of substance use behaviors and the expansion of diversion and treatment programs [9]. Although Antonio did not disclose any direct contact with law enforcement, research shows that Latinx individuals remain overrepresented in drug-related arrests and incarceration rates [5]. This highlights the need for systemic changes that shift the focus from punitive measures to addressing the underlying causes of substance use. Rather than relying on incarceration, social workers should push for policy reforms that recognize substance use as a public health issue rather than a criminal offense. This can include advocating for greater access to mental health services, harm reduction tools, and culturally competent treatment options. Addressing root causes such as mental health struggles, trauma, and limited access to healthcare can help individuals reduce substance use and avoid entanglement with the criminal justice system.

Lastly, another emerging theme was the use of substances for self-medication. To address this, social workers should advocate for policies ensuring that Medi-Cal, Medicaid, and other insurance programs cover culturally appropriate, long-term substance use treatment. Ensuring access to appropriate medications and healthcare providers can reduce reliance on illicit substances for symptom relief [41]. Antonio's experience of turning to substances instead of prescribed medications highlights the critical need for expanded healthcare access, particularly for Latinx individuals who may

face barriers to obtaining insurance or finding culturally competent providers [9].

Limitations and Strengths

This study has several limitations. First, since this is a case study on a single individual, it is not generalizable. Second, since this interview was conducted exclusively in English, this excluded a significant number of individuals who may have met the study's criteria. As a result, the findings are also not fully representative of the diverse Latinx populations. Additionally, the study was conducted in Los Angeles, California, limiting its reach to Hispanic/Latinx populations residing in other regions.

Despite these limitations, the study also has notable strengths. It provides a unique, first-hand account of the experiences faced by Latinx individuals engaging in these behaviors. Latinx adults are an underrepresented and vulnerable population, and this research offered an opportunity for their voices to be heard, particularly regarding a stigmatized topic. During the interviews, the participant was given the freedom to share as much or as little as they felt comfortable, fostering authentic and meaningful responses. The qualitative nature of the study is another strength, as the interviews uncovered insights that might not have emerged through surveys alone.

Future Research

One area that warrants further exploration is the role of gender in polysubstance use within the Latinx community. Antonio did not explicitly mention whether he received cultural messages related to his gender that may have influenced his substance use. Given the impact of traditional gender norms, future research should investigate how machismo, a strong sense of masculine pride, and other gendered expectations shape substance use patterns among Latinx individuals.

Additionally, since this study is a single case study and not generalizable, it did not examine the heterogeneous nature of the Latinx population. Antonio, as a Mexican-American individual, represents only one segment of the broader Latinx community. Future research should explore whether ethnic subgroups such as Puerto Rican, Salvadoran, and Guatemalan populations exhibit different substance use behaviors or face unique sociocultural influences. Examining these distinctions can help tailor prevention and treatment strategies to better meet the needs of diverse Latinx populations.

Conclusion

This study shares the various sociocultural factors that influence polysubstance use among Latinx adults. The participant and his statements highlight the influences of mental health, peer networks, age of onset, self-medication, and risks. The findings suggest that mental health struggles, particularly grief, can drive individuals to mix substances as a coping mechanism [40]. Additionally, peer environments shape substance use behaviors by normalizing and increasing exposure to multiple drugs [42]. Another key finding was that risk mitigation strategies, such as using testing strips and purchasing from a trusted source, may contribute to a perceived sense of safety, potentially encouraging polysubstance use. Lastly, the study revealed that self-medication, particularly in response to physical discomfort, plays a role in substance use behaviors [41]. Findings suggest that substance use behaviors are shaped by both individual experiences and broader cultural influences, reinforcing the need for culturally responsive interventions.

Conflicts of Interest: The authors declare no conflicts of interest.

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