

FAQ: What are the substance abuse rates among immigrants?

Reliable figures regarding substance abuse rates among recent immigrants are difficult to obtain. Since these rates are compiled using self-reported data, results can often represent an underestimation of the real figures. This underreporting of substance use behavior, in particular illegal drug use, may be even more pervasive among some immigrant groups due to cultural mistrust and the threat of legal consequences such as revocation of visa, deportation and/or economic sanctions.

The National Survey on Drug Use and Health (NSDUH) is one source that provides prevalence and patterns of substance abuse among a large sample of US immigrant adults. As shown on table 1, the findings from the 1999-2001 NSDUH show that past year and past month usage rates of alcohol, tobacco, and illicit drug use were lower among foreign-born than among US-born adults. Among all foreign-born, males had higher rates of substance use than females, and those aged 18-25 had higher prevalence rates when compared to older groups.¹

Table 1: Estimated Prevalence of Alcohol, Tobacco, Marijuana and Illicit Drug Use among Foreign-Born with <5 years of residence in US, and US Born. NSDUH 1999-2001

Substance	Foreign Born %	US Born %
Total number surveyed	25,214	173,976
Alcohol		
Past Year Use	53	72.4
Past Month Binge Drinking	18.8	31.1
Tobacco		
Past Month Use	22.6	32.8
Marijuana		
Past Month Use	1.8	5.1
Any Illicit Drug		
Past Month Use	3.2	6.6

Adapted from: Brown et al; Immigrants and Substance Use: Findings from the 1999-2001 National Survey on Drug Use and Health. Available at <http://oas.samhsa.gov/immigrants/immigrants.htm#tabe8> Accessed 06/26/06

However, when looking at rates of substance use among immigrants, it is important to consider that the immigrant population is a heterogenic group. There are many complex cultural factors that vary across cultures and that shape immigrants' patterns of substance abuse. Even among immigrants from the same geographical area (e.g. Latina America), there is wide variability of substance use rates within subgroups (e.g.

Mexicans, Colombians, Salvadorians), due to the influence of differing cultural traditions, norms and values. These differences are important to consider for the development of culturally competent prevention and intervention services. Thus, an accurate assessment of substance abuse rates requires measuring the patterns of use among immigrants taking into consideration their different countries of origin.

Table 1: Estimated Prevalence of Alcohol, Tobacco, Marijuana, and Illicit Drug Use among Immigrants from Selected Countries within Selected Regions NSDUH 1999-2001

Area	Alcohol last year %	Binge Drinking Past Month %	Tobacco Past Month %	Marijuana Past Month %	Any Illicit Drug Past Month %
Latin America					
Mexico	50.3	22.3	20.8	0.9	2.2
Puerto Rico	57.5	23.7	31	2.0	7.7
Cuba	56.4	9.9	17.6	0.2	0.5
Asia					
Japan	69.9	18.6	24	5.6	8.0
China	45.9	7.5	10.1	0.2	0.2
Vietnam	43.7	11.7	25.5	1.3	2.3
Europe					
Germany	72.5	17.3	30	4.0	5.1
United Kingdom	73.3	31.3	31.7	3.9	4.4
Poland	75.4	23.8	16.9	1.8	5.3

Adapted from: Brown et al; Immigrants and Substance Use: Findings from the 1999-2001 National Survey on Drug Use and Health. Available at <http://oas.samhsa.gov/immigrants/immigrants.htm#tabc8>. Accessed 06/26/06

As shown in Table 1, rates of substance use vary greatly between and within geographic areas. In general, immigrants from the European region have the highest rates of alcohol usage, with 73% or more reporting past year alcohol use. Past binge drinking rates were high among immigrants from Mexico, Puerto Rico, and Japan in addition to immigrants from European countries. Tobacco usage was very prevalent among immigrants from European countries, Puerto Rico and Vietnam. The usage rates of marijuana and illegal drugs were highest among Japanese immigrants. While immigrants from most Latin America countries have low rates for marijuana and illicit drugs use when compared to other regions, immigrants from Puerto Rico reported rates as high as those of immigrants from Europe.

How does acculturation influence substance abuse?

Research shows that the risk of substance use among immigrants is highly influenced by length of residency in the US, level of acculturation and degree of acculturative stress.^{2 3 4} Acculturation occurs as a result of exposure to a new culture. It is defined as a process of adapting to new systems of thoughts, attitudes, beliefs and values.⁵ It occurs through the daily contact with family, friends, formal education, television, music, books, and computer games.^{6 7} As immigrants become acculturated, they start adopting social norms, behaviors and practices of the mainstream culture. In addition, they also adopt many of the health risk behaviors that prevail in that culture, including substance abuse behavior.⁸ The acculturative change process can be a stressful experience. While adapting to the new culture, immigrants are faced every day with challenging situations such as discrimination, poverty, language barriers, and social isolation. The psychological impact of the adaptation to a new culture is known as acculturative stress.⁹ The magnitude of loss and the significant challenge that migration represents often encourages substance use and misuse.^{10 11} When immigrants experience a high level of acculturative stress, substance use becomes not only a means of adaptation to the new culture but also a coping mechanism for the stress.¹²

Several studies have documented that the risk of substance abuse increases as immigrants become assimilated into US culture. Data from the 1999-2000 National Household Survey on Drug Abuse (NHSDA) showed that prevalence rates of substance use (cigarettes, alcohol, and illicit drugs) were lower among foreign-born youth than among their US-born counterparts. Nevertheless, this difference in prevalence decreased as length of residence in the US increased among foreign-born youth. Prevalence rates were almost equal between foreign-born youth who have lived in the US for more than 10 years, and US-born youth.¹³

Other studies have reported similar findings. Data from the 1991 National Health Interview Survey, Drug and Alcohol Use Data File (NHIS-DAU) shows that immigrants have lower substance use prevalence, including alcohol, marijuana, cocaine, tranquilizers, and prescription drugs, than US-born adults. However, prevalence rates are greatest among those immigrants that lived in the US for 15 years or more. However, these rates remain lower than those reported by US-born adults.¹⁴

Acculturation effects are complex and vary across gender and race/ethnicity. For example, some studies have found that level of acculturation is associated with smoking only in Latin women, but not in men; Black, Hispanic, and Asian immigrants are less likely than White immigrants to use alcohol and Hispanics are less likely to report illicit drug use.^{15 16} Table 3 presents a brief summary of some recent studies that have analyzed the effects of acculturation on substance use, and shown differences based on gender and race/ethnicity.

Table 3: Acculturation and Substance Use: Selected Studies

Author	Year	Description	Results
Blake et al.	2001	2365 MA students, 8 th and 10 th grade. Measure alcohol and marijuana use, and length of residence in US: “always”, >6 years and <6 years	Immigrant youth (particularly those with <6 years of residence) reported lower rates of alcohol and marijuana use. However recent immigrants were more likely to report greater peer pressure and less parental support to avoid risk behavior
Shelley et al.	2004	712 Chinese-Americans, ages 18-74. Measure of acculturation and smoking.	Acculturation was not associated with smoking cessation but was positive associated with a history of never smoking.
Vega et al.	1998	3012 Hispanics, ages 18-59 in California. Measure of acculturation and lifetime illicit drug use	High acculturation women were 4 times as likely and high acculturation males were 3 times as likely to increase risk of illicit drugs.
Polednak et al.	1997	655 Hispanics, ages 20-74 in Long Island, New York and CT. Measure of acculturation and alcohol use.	Alcohol increased with increasing acculturation in women. Not clear relation in men.

In summary, immigrants constitute a complex group in which both patterns of substance use and responses to acculturation and length of time living in America vary. In order to effectively address immigrants’ needs related to substance abuse, it is essential to acknowledge and address these differences when developing and delivering culturally tailored services for this diverse population.

References

- ¹ Brown et al; Immigrants and Substance Use: Findings from the 1999-2001 National Survey on Drug Use and Health. Available at <http://oas.samhsa.gov/immigrants/immigrants.htm#tabc8> Accessed 6/26/06.
- ² Gfroerer, Joseph C.; Tan, Lucilla L. (2003) Substance Use Among Foreign-Born Youths in the United States: Does the Length of Residence Matter? *American Journal of Public Health*, 93(11), 1892-1895.
- ³ Johnson, Timothy P.; VanGeest, Jonathan B.; Ik Cho, Young. (2002). Migration and Substance Use: Evidence from the U.S. National Health Interview Survey. *Substance Use & Misuse*, 37(8-10), 941.
- ⁴ Blake, Susan M.; Ledsy, Rebecca; Goodenow, Carol; O'Donnell, Lydia. (2001). Recency of Immigration, Substance Use, and Sexual Behavior Among Massachusetts Adolescents. *American Journal of Public Health*, 91(5), 794-798.
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- ¹² Otero-Sabogal, R., Sabogal, F., Pérez-Stable, E. J., Hiatt, R. A. (1995) Dietary practices, alcohol consumption, and smoking behavior: ethnic, sex, and acculturation differences. *Journal of the National Cancer Institute*. Monographs. (18):73-82.
- ¹³ Gfroerer, Joseph C.; Tan, Lucilla L. (2003) Substance Use Among Foreign-Born Youths in the United States: Does the Length of Residence Matter? *American Journal of Public Health*, 93(11), 1892-1895.
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