

**FAQ: What are some issues faced by immigrants that could impact substance abuse and the utilization of prevention and treatment services?**

Immigrants are faced with multiple socioeconomic, environmental and cultural factors making that increase vulnerability for substance abuse and related problems. Economic insecurity, high levels of poverty that force families to live in deprived neighborhoods, discrimination, experiences of inequality, levels of acculturation, and a pervasive sense of powerlessness are among the many factors that increase the experience of stress. Substance use and abuse can result when attempting to cope with these specific stressors in addition to the daily challenges that they confront.

The utilization of prevention and treatment programs by immigrants is impacted by many of the same challenges that native-born Americans face. Nevertheless, immigrants also face unique challenges, such as language barriers and cultural barriers, which further hinder their ability to access health care services. Studies have found that immigrants are less likely to utilize medical care than their US-born counterparts regardless of what type of provider – e.g. primary, emergency or specialized care providers – delivers the service.<sup>1</sup> In order to obtain appropriate health services, including access to mental health and substance abuse programs, immigrants have to overcome many personal, structural and financial barriers.<sup>2</sup>

**Personal Barriers**

Personal cultural beliefs have the greatest impact on the perception of substance use and mental and substance abuse disorders. Culture shapes our beliefs with respect to health and illness, and the causes and remedies of illness. It determines how people understand and deal with substance use and abuse. For example, traditional Asian Indians may avoid substance abuse services due to the fear of stigmatization. For them, substance abuse is a moral problem and a source of family shame.<sup>3</sup> In other cultures, such as in Latin America countries, concepts of *machismo* may promote the use of some substances like alcohol among men. In these cases, heavy drinking is not seen as a problem but as an expected behavior.<sup>4</sup> Even when immigrants are willing to approach substance abuse services, there may be a clash between their health beliefs and the health care providers' beliefs. Western medicine's scientifically-based vision of disease tends to compete with some cultures' concepts of illness that include a holistic view where medicine, religion, and cultural practices are intertwined. This disconnect between cultures can contribute to immigrants' mistrust of Western medicine and reluctance to seek help.

Negative past experiences within the health care system can also affect immigrants' willingness to seek services. Experiences of discrimination, alienation, health care providers' biases, as well as communication problems can prevent immigrants from utilizing health services. A survey from the Commonwealth Fund found that 18% of Hispanics felt discriminated against by their physician due to their race/ethnicity, inability to speak English, or to pay for the visit.<sup>5</sup>

Language is one of the strongest barriers to accessing health services. The shortage of trained bilingual service providers in the mental health/substance abuse arena further complicates the problem. This shortage makes it almost impossible for limited-English-proficient immigrants to obtain appropriate services.<sup>6</sup> Only 48% of Spanish-speaking immigrants, who required interpreter services during their health care visits, said they usually had one. Furthermore, from those receiving interpreter services, only 70% fully understood what the doctor was saying.<sup>7</sup> Language barriers impede access to health at all levels, from primary care to preventive care, as well as specialty services such as substance abuse services.

Immigration status may also constitute a barrier to accessing prevention and treatment services. Undocumented immigrants avoid enrolling in public insurance programs and utilizing health services, due to the fear that data regarding their legal status may with immigration authorities.<sup>8</sup> In a study conducted among undocumented Mexican indigenous women living in California, most of them identified “undocumentedness as a major and overriding concern that influenced their thoughts about seeking health care, or that complicated their lives with fear.”<sup>9</sup>

### **Financial barriers**

Lack of insurance is the most significant financial barrier that limits access to substance abuse prevention and treatment services among immigrants. Immigrants are much less likely to be insured than are US-born individuals. The 1997 Current Population Survey found that 34% of immigrants are uninsured compared to only 14% of US-born individuals.[8] Although immigrants are as likely as the US-born to be employed, immigrants are more likely to have low-wage jobs that do not offer health coverage limiting their ability to afford private insurance. In general, uninsured individuals are less likely to have a regular doctor who can refer them to specialty services, are less likely to obtain preventive services, and usually delay obtaining medical care even when they are very sick.<sup>10</sup>

### **Structural Barriers**

In order to access the health care system, it is essential that patients understand how it works. As with many Americans, the majority of immigrants feel overwhelmed by the complicated maze of payments, appointments, multiple levels of service, paperwork, and insurance options that characterize the US medical system. Immigrants may not enroll in preventive and treatment services due to lack of awareness about service availability and/or their eligibility and access to services. When they are able to obtain care, immigrants face longer wait times, limited access to specialists, limited referrals to other services, such as substance abuse services, and less continuity of care.<sup>11</sup>

Other factors that also affect all patients, such as proximity, available transportation, and operation hours of the health care facility, lack of child care resources, among others, have a negative impact on the ability and willingness among immigrants to seek health care.

## Useful Links

Office of Minority Health

<http://www.omhrc.gov/>

Bureau of Population, Refugees and Migration

<http://www.state.gov/g/prm/>

The Commonwealth Fund

[www.cmwf.org](http://www.cmwf.org)

Cross Cultural Health Care Program

<http://www.xculture.org/>

Global Diversity Search: Mental Health

<http://www.globaldiversitysearch.net/default.asp?ct=NMCI&q1=mental%20health>

## References

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<sup>2</sup> Cooper, L. A., Hill, M. N., Powe, N. R. (2002). Designing and Evaluating Interventions to Eliminate Racial and Ethnic Disparities in Health Care. *J Gen Intern Medicine*. 17: p. 477-486.

<sup>3</sup> Bhattacharya, G. (2002). Drug Abuse Risks for Acculturating Immigrant Adolescents: Case study of Asian Indians in the United States. *Health & Social Work*. 27(3): p. 175-183.

<sup>4</sup> Gonzalez-Castro, F. and Alarcon-Hernandez, E. (2002). Integrating Cultural Variables into Drug Abuse Prevention and Treatment with Racial/Ethnic Minorities. *Journal of Drug Issues*. 32(3): p. 783-810.

<sup>5</sup> Doty, M. (2003). Hispanic patients' double burden: lack of health insurance and limited English. Commonwealth Fund Pub. The Commonwealth Fund. 592.

<sup>6</sup> Gurvitch, A. Immigrants' Access to Mental Health Services in New York State: Barriers and Recommendations. [Cited 2006 01/08/06]; Available at <http://www.thenyic.org/templates/documentFinder.asp?did=331>.

<sup>7</sup> Doty, M. (2003). Hispanic patients' double burden: lack of health insurance and limited English. Commonwealth Fund Pub. The Commonwealth Fund. 592.

<sup>8</sup> Gurvitch, A. Immigrants' Access to Mental Health Services in New York State: Barriers and Recommendations. [Cited 2006 01/08/06]; Available at <http://www.thenyic.org/templates/documentFinder.asp?did=331>.

<sup>9</sup> McGuire, S., Georges, J. (2003). Undocumentedness and Liminality as Health Variables. *Advances in Nursing Science*. 26(3): p. 185-195.

<sup>10</sup> Prentice, J. C., Pebley, A. R. and Sastry, N. (2005). Immigration Status and Health Insurance Coverage: Who Gains? Who Loses? *American Journal of Public Health*. 95(1): p. 109-116.

<sup>11</sup> Goldberg, J., Hayes, W., Huntley, J. (2004). Understanding Health Disparities. Health Policy Institute of Ohio. p. 1-32.

