

Country of origin, age of drinking onset, and drinking patterns among Mexican American young adults

Lee Strunin^{a,c,*}, Erika M. Edwards^{b,c}, Dionne C. Godette^c, Timothy Heeren^{c,d}

^a Department of Social and Behavioral Sciences, Boston University School of Public Health, 715 Albany Street, Boston, MA 02118, USA

^b Data Coordinating Center, Boston University School of Public Health, 715 Albany Street #580, Boston, MA 02118, USA

^c NIAAA Youth Alcohol Prevention Center, Boston University School of Public Health, 715 Albany Street #580, Boston, MA 02118, USA

^d Department of Biostatistics, Boston University School of Public Health, 715 Albany Street, Boston, MA 02118, USA

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Abstract

This study examines relationships between country of origin, age of drinking onset, and adverse drinking outcomes among young adult Mexican Americans in the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Logistic regression models estimate associations between age of drinking onset, age of onset in relation to age at immigration, and adverse drinking outcomes, controlling for sex, age, employment, education, marital status, and income. Adjusted analyses indicate the odds of adverse drinking outcomes decreased as age of drinking onset increased. Mexican Americans who initiated drinking in Mexico had significantly lower odds of current or lifetime harmful drinking than U.S. born but the odds were not significantly different between foreign-born Mexican Americans who initiated drinking in the U.S. and U.S. born. Irrespective of whether drinking onset was in Mexico or the U.S., foreign-born Mexican Americans had lower odds of alcohol abuse than U.S. born. However, odds of dependence were not significantly different between foreign-born and U.S.-born Mexican Americans. While findings suggest that being foreign born may be protective, further research on social and cultural factors impacting drinking onset and related outcomes among young Mexican Americans may help inform prevention efforts.

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1. Introduction

1.1. Early age of drinking onset

Over the past decade, numerous studies have found associations between early age of drinking onset and adverse physical, mental and social consequences among young adults (Bonnie and O'Connell, 2004; Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2004). Research has found associations between age of drinking onset, problematic patterns of drinking (Hawkins et al., 1997) and alcohol abuse and dependence (Chou and Pickering, 1992; Grant and Dawson, 1997; Grant et al., 2001, 2004a; Hingson et al., 2006;

Pedersen and Skrandal, 1998). Research has also shown associations between early drinking and unintentional injury (Hingson et al., 2000), physical fighting (Hingson et al., 2001), unsafe sex (Hingson et al., 2003a), and driving after drinking (Hingson et al., 2003b). However, it has also been noted that the role of age of onset may be overestimated if common risk factors predicting onset and consumption are omitted from analyses (Labouvie and White, 2002; Pedersen and Skrandal, 1998). While studies have controlled for age, gender, race, ethnicity, and family history of alcoholism (Grant, 1998), history of cigarette and other drug use, education, marital status (Hingson et al., 2000), and history of childhood antisocial behavior and major depression (Hingson et al., 2006), none have analyzed age of onset within different ethnic or racial groups.

Among immigrants to the U.S., social and cultural factors as well as age at immigration may influence the age at which a transition such as drinking onset takes place, which may in turn influence patterns of drinking and alcohol-related outcomes. The Hispanic population is the largest ethnic minority population

* Corresponding author at: Department of Social and Behavioral Sciences, Boston University School of Public Health, 715 Albany Street, Boston, MA 02118, USA. Tel.: +1 617 638 5199; fax: +1 617 638 4483.

E-mail address: lstrunin@bu.edu (L. Strunin).

in the United States, constituting 14.1 percent of the population (U.S. Census, 2005); Mexican Americans are the fastest growing ethnic group, with approximately two-thirds of Hispanics identifying as Mexican (Ramirez and de la Cruz, 2002). Although studies show that Hispanic youths are more likely to drink and to get drunk at an earlier age than non-Hispanic white or black youths (Johnston et al., 2002), and binge drinking among Mexican American 12–17 year olds in the Southwest was higher than their white peers (Swaim et al., 2004), few studies report on alcohol use among Mexican American young adults (Markides et al., 1990; Zamboanga, 2005). Using the 2001–2002 National Epidemiologic Study on Alcohol and Related Conditions (NESARC), this study examines the relationships among country of origin, age of drinking onset, and alcohol consumption among young adult foreign-born and U.S.-born male and female Mexican Americans.

1.2. Alcohol and drug use in the U.S. Hispanic population

Epidemiologic studies indicate that alcohol and drug use in the U.S. Hispanic population is high, although there are differences in use patterns among Hispanic ethnic groups and between U.S.-born and foreign-born Hispanics (Galvan and Caetano, 2003). To date, much of the literature on alcohol use outcomes among subgroups of U.S.-based Hispanics has focused on acculturation as measured by language proficiency, attitudes, and ethnic environment. These studies often show conflicting results (Black and Markides, 1993; Corbett et al., 1991; Caetano, 1987; Caetano, 1988; Caetano and Mora, 1988; Nielsen, 2001; Randolph et al., 1998). For example, acculturation may lead to abstinence or more frequent drinking depending upon the region in which the immigrant resides (Caetano, 1989); alcohol use increases with increasing acculturation among females (Borges et al., 2006; Caetano and Mora, 1988; Neff and Hoppe, 1992; Vega and Amaro, 1994; Zeng, 2005) but less so or not at all among males (Borges et al., 2006; Marin, 1996; Marin and Marin, 1997; Marin and Posner, 1995; Neff and Hoppe, 1992; Zeng, 2005); alcohol consumption decreases among the more highly acculturated (Markides et al., 1990; Murguia et al., 1998; Neff et al., 1987; Neff and Hoppe, 1992); and drinking context varies (Gilbert, 1985, 1988; Gilbert and Cervantes, 1986). Assumptions about the relationship between acculturation and alcohol use, together with methodological limitations in the use of alcohol outcomes, control, and moderating variables in studies, have been used to explain the inconsistent results (Gutmann, 1999; Zeng, 2005).

Although acculturation measures continue to be redefined and used to explain associations with drinking outcomes, studies of DSM-IV alcohol use disorders among foreign-born and U.S.-born Hispanics suggest that alternative explanations, such as immigration status, may provide a better understanding of alcohol-related problems. Studies have found that foreign-born Mexican Americans and non-Latino whites have less risk of substance use disorders than U.S.-born Mexican Americans and non-Latino whites (Ortega et al., 2000; Vega and Amaro, 1994). Other studies have compared rates of alcohol use disorders

between U.S.-born Mexicans, foreign-born Mexicans and adults in Mexico. One study found that U.S.-born Mexican immigrants had a higher prevalence of dependence than immigrants, although increased time of residence and younger age at immigration increased the rates of substance use disorders (Vega et al., 2004). Another study using data from U.S. and Mexican household surveys found dependence prevalence was lowest among adults in Mexico, followed by immigrants born in Mexico and U.S.-born Mexicans; subclinical dependence was lowest among immigrants born in Mexico, followed by adults in Mexico and U.S.-born Mexicans (Borges et al., 2006). Two studies of psychiatric and substance use disorders using data from the 2001–2002 NESARC show that foreign-born Mexican American adults have less risk of alcohol disorders than U.S.-born (Grant et al., 2004c), and other foreign-born Latino adults have lower risk of alcohol disorders than U.S.-born (Alegria et al., 2006).

In sum, previous studies on age of drinking onset indicate that younger age of onset increases risk for alcohol-related problems while studies of immigration status and drinking suggest that country of origin influences risk. This study expands these areas of research by simultaneously examining age of onset, country of origin, and country of drinking onset in the Mexican American population. The major objectives of this study were to examine: (1) whether age of drinking onset influenced heavy drinking, abuse and dependence among male and female U.S.-born and foreign-born Mexican Americans, and (2) whether where people started to drink – the U.S. or Mexico – influenced adverse drinking outcomes among male and female U.S.-born and foreign-born Mexican Americans.

2. Methods

2.1. Data source

This analysis utilizes data from 2001 to 2002 National Epidemiologic Study on Alcohol and Related Conditions (NESARC) conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). A multi-stage probability sample of 43,093 adults ages 18 and older participated in face-to-face interviews in 2001 and 2002 (response rate 81%). The survey methods and other quality control procedures and test–retest reliability tests can be found elsewhere (Grant et al., 2004b). The research protocol, including informed consent procedures, received full ethical review and approval from the U.S. Census Bureau and Office of Management and Budget.

Translation and back-translation of the survey instrument to Spanish were done by the Census Bureau. Hispanic respondents who preferred to speak Spanish (15.5%) were interviewed by trained census bureau interviewers familiar with appropriate cultural and linguistic adaptations (Grant et al., 2004c). Hispanics and young adults (ages 18 to 24) were over-sampled, but after adjustment for over-sampling and non-response, the weighted data represent the U.S. civilian population based on region, age, race, ethnicity, and sex at the 2000 Decennial Census.

2.2. Sample

The sample for this analysis was restricted to Mexican American respondents aged 18 to 34. People were considered to be Mexican American if they self-identified as Chicano, Mexican, or Mexican American. The 2175 Mexican American respondents were categorized into four groups: foreign-born Mexican American males ($n=565$); U.S.-born Mexican American males ($n=461$); foreign-born Mexican American females ($n=529$); and U.S.-born Mexican

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