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Short Communication

Substance use disorders among immigrants in the United States: A research update

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HIGHLIGHTS

- The most current data available on substance use disorders (SUD) among immigrants
- Roughly 9% of immigrants in the United States met criteria for a past-year SUD.
- The prevalence of past-year SUD among US-born individuals is 18%.
- Immigrants are far less likely than the US-born to have a past-year/lifetime SUD.
- Lower rates of SUDs found for immigrants from all sending countries examined.

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ABSTRACT

Introduction: There is a critical need for the most current information available on the prevalence of substance use disorders (SUD) among immigrants vis-à-vis that of individuals born in the United States (US). We report the prevalence of SUDs among immigrants from major world regions and top immigrant-sending countries, and assess key moderators (i.e., age, gender, family income, age of migration, time in US) of the relationship between immigrant status and SUD risk.

Method: The data source used for the present study is the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III, 2012–2013), a nationally representative survey of 36,309 civilian, non-institutionalized adults ages 18 and older in the US. Logistic regression was employed to examine the relationship between immigrant status and SUD risk.

Results: Immigrants were found to be substantially less likely than US-born individuals to be diagnosed with a past-year or lifetime SUD, including alcohol, cannabis, cocaine, and opioid use disorders. These findings held across major world region and among immigrants from the top-ten immigrant sending nations, and across differences in age, gender, family income, age of migration, and time spent in the US.

Conclusions: Results from the present study provide up-to-date and cogent evidence that immigrants use alcohol and drugs, and meet criteria for SUDs, at far lower rates than do US-born individuals. Moreover, we provide new evidence that the protective effect of nativity holds for immigrants from an array of global regions and sending countries, and across key demographic and migration-related differences.

1. Introduction

As of late, it has become quite acceptable to depict immigrants as playing a central role in the nation's ongoing struggle against drug abuse and addiction; however, prior research suggests that immigrants are less likely to use alcohol and other drugs compared to individuals born in the United States (US; Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007, Algeria, Carnio, Shrout, Woo, Duan, Vila, Torres, Chen & Meng, 2008; Blanco et al., 2013; Caetano et al., 2009; Li & Wen, 2015; Salas-Wright, Vaughn, Clark, and Terzis, 2014; Vaeth,

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Wang-Schweig, & Caetano, 2017; Vega et al., 1998). In fact, although immigrants tend to experience socioeconomic disadvantage at greater rates than the US-born (e.g., lower income and educational attainment), a growing body of research suggests that immigrants are substantially less likely than US-born individuals to take part in a wide array of risky and antisocial behaviors (Bersani, 2014; Bui, 2013; Vaughn, Salas-Wright, DeLisi, & Maynard, 2014; Wilson, Salas-Wright, Vaughn, & Maynard, 2015), and experience psychiatric problems (Breslau et al., 2009).

Several hypotheses have been put forth to make sense of this increasingly compelling pattern of results. One possibility is that, on average, immigrants simply tend to be "healthier" than other individuals—both in their sending and receiving countries—who do not elect to migrate (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999; Rubalcava, Teruel, Thomas, & Goldman, 2008). The fundamental logic here is that migration is not random; rather, highly motivated and psychologically/physically robust individuals are more likely to choose to, and are able to successfully, leave their homeland to pursue opportunities in a foreign country. A second possibility, which overlaps with the healthy migrant hypothesis, is that a strong deterrent effect exists for migrants with respect to involvement in risky or illegal behaviors, including problem drinking or drug use (Vaughn et al., 2014). That is, immigrants are less likely to use alcohol in excess or experiment with illicit drugs due to concerns of involvement in a "foreign" criminal justice system and, in turn, the potential of serious consequences related to immigration status. A third explanation that relates specifically to alcohol and drug use and to substance use disorders (SUD) is that immigrants from many—but certainly not all—sending countries and global regions bring with them cultural norms that strongly discourage substance use (Marsiglia, Kulis, Hecht, & Sills, 2004). Such antidrug norms have the potential to function as a *cultural armamentarium* that can protect immigrants from substance-related problems.

While recent studies have compared the prevalence of substance use and SUDs among immigrants with that of US-born individuals, there nevertheless remain a number of research gaps. For one, relatively few studies have examined the immigrant-SUD link using nationally representative samples and those that have are now quite dated. Indeed, even studies that have been published in recent years draw from data that is, unfortunately, more than a decade old (NESARC I-II; 2001–2002 / 2004–2005; see Mancini, Salas-Wright, & Vaughn, 2015; Salas-Wright et al., 2014). In light of changes in the prevalence of substance use in the general population (Dawson, Goldstein, Saha, & Grant, 2015; Hasin et al., 2015), as well as the ever-changing context of reception for immigrants (Schwartz, Unger, Zamboanga, & Szapocznik, 2010), there is a critical need for up-to-date and generalizable evidence. Second, important questions remain in terms of the degree to which the relationship between immigrant status and SUDs is invariant across key demographic and migration-related differences. While prior studies have controlled for such factors, much remains to be understood about the potential moderating effect of these key factors on the relationship between immigrant status and SUD risk. Finally, prior studies have tended to examine immigrants in general or to group immigrants by major global region; however, no prior studies have systematically examined the prevalence of SUDs among immigrants from the nation's top immigrant sending countries.

2. The present study

Drawing from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III, 2012–2013), we aim to address the aforementioned research gaps. Specifically, we use the most up-to-date information available to examine the prevalence of SUDs among immigrants vis-à-vis that of US-born individuals. Additionally, we examine the degree to which demographic and migration-related factors moderate the relationship between immigrant status and SUD risk. Finally, we examine the prevalence of SUDs among immigrants from major world regions and top immigrant-sending countries, and compare these rates to those of the US-born.

3. Method

3.1. Sample and procedures

Study findings are based on the NESARC-III data collected between 2012 and 2013 (Grant et al., 2014). The NESARC—a nationally representative survey of 36,309 civilian, non-institutionalized adults ages 18 and older—is one of few national studies that provides up-to-date and well-validated diagnostic assessments of SUDs, and includes a substantial number of immigrants (Hasin & Grant, 2015). Utilizing a multistage cluster sampling design and oversampling minority populations, the study interviewed individuals living in all 50 states and Washington, DC. Multistage cluster sampling designs are commonly used design when attempting to provide nationally representative estimates. This is because interviewing all participants is not feasible, so larger units (i.e., clusters) are identified and, in turn, smaller units are randomly selected (Levy & Lemeshow, 2013).

Data were collected through face-to-face structured psychiatric interviews. Interviewers administered the NIAAA Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS-5), which provides diagnoses of alcohol and drug use disorders and an array of related behavioral and psychiatric outcomes (Grant et al., 2015). While few, if any, published studies have examined the psychometric properties of the AUDADIS-5 with immigrant populations, the AUDADIS-5 has shown to have good-to-excellent reliability in assessing alcohol and drug use in the general population (i.e., Grant et al., 2015). Participants had the option of completing the NESARC-III interview in English or in one of five non-English languages (Spanish, Korean, Vietnamese, Mandarin, and Cantonese).

3.2. Survey measures

3.2.1. Immigrant status

Immigrant status was based on the following question: "Were you born in the US?" Consistent with prior NESARC-based studies of immigrants, those responding affirmatively were classified as US-born and those reporting foreign birth classified as immigrants. Immigrants were asked to report their country of birth and age of arrival (which allowed researchers to calculate the number of years in the US).

3.2.2. Substance use disorders

Using the AUDADIS-V, we examined past 12-month and lifetime SUDs (i.e., alcohol, cannabis, cocaine, and opioids) with participants who met diagnostic criteria coded as 1 and all others coded as 0. Diagnostic items are based on DSM-5 criteria and are described in greater detail elsewhere (see Grant et al., 2015). We also generated an "any SUD" variable in which participants who met criteria for one or more SUD were coded as 1 and those reporting no SUD were coded as 0. In order to ensure stable prevalence estimates, we examined those SUDs with an unadjusted prevalence of at least 1% in the full sample.

3.2.3. Sociodemographic and family history controls

Sociodemographic variables commonly used in NESARC-based studies as control variables were included: age, gender, race/ethnicity, household income, education level, marital status, region of the United States, and urbanicity. We also controlled for self-reported maternal and paternal history of alcohol or drug-related problems (0 = no, 1 = yes).

4. Statistical analyses

Binomial multivariable logistic regression was employed to examine the relationship between immigrant status (specified as independent