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Alcohol-related problem behaviors among Latin American immigrants in the US☆

Christopher P. Salas-Wright[a,*], Michael G. Vaughn[b], Trenette Clark Goings[c], Daniel P. Miller[a], Jina Chang[a], Seth J. Schwartz[d]

[a] School of Social Work, Boston University, 264 Bay State Rd, Boston, MA 02215, United States
[b] School of Social Work, College for Public Health and Social Justice, Saint Louis University, St. Louis, MO 63103, United States
[c] School of Social Work, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, United States
[d] Department of Public Health Sciences, Division of Prevention Science & Community Health, University of Miami, Miami, FL, United States

HIGHLIGHTS

- Latino immigrants are less likely to report alcohol-related problem behaviors.
- Rates of alcohol-related problems higher among immigrants arriving during childhood
- Discrimination experiences linked with greater risk of alcohol-related problems.

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ABSTRACT

Background: Prior research indicates that Latino immigrants are less likely than US-born individuals to use alcohol and meet criteria for an alcohol use disorder. However, our understanding of alcohol-related problem behaviors among Latino immigrants remains limited. We report the prevalence of alcohol-related problem behaviors among Latino immigrants vis-à-vis the US-born and examine the relationship between alcohol-related problem behavior and key migration-related factors and injury/receipt of emergency medical care.
Methods: 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 key outcomes.
Results: Foreign-born Latinos were less likely to report one or more alcohol-related problems compared to US-born Latinos (AOR = 0.41, 95% CI = 0.33–0.50) and the US-born general population (AOR = 0.38, 95% CI = 0.32–0.46). Latino immigrants arriving as children were, compared to those arriving later in life, significantly more likely to report alcohol-related problem behaviors, and experiences of discrimination were linked with greater risk of alcohol-related problem behavior as well. Latino immigrants reporting recurrent injury/emergency medical care utilization were more likely to report alcohol-related problem behavior.
Conclusions: Latino immigrants are significantly less likely than US-born Latinos and the US-born general population to operate a vehicle under the influence of alcohol, take part in risky behaviors or fight while drinking, or to be arrested due to alcohol consumption.

Mounting evidence from large-scale epidemiologic studies indicates that immigrants from Latin America are substantially less likely than Latinos born in the United States (US) and US-born individuals in general to consume alcohol and meet criteria for alcohol use disorder (AUD; Alegría et al., 2008; Borges et al., 2011; Salas-Wright, Vaughn, Clark, Terzis, & Córdova, 2014, Salas-Wright, Vaughn, & Goings, 2017,

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* Corresponding author.
E-mail address: cpsw@bu.edu (C.P. Salas-Wright).

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Salas-Wright, Vaughn, Goings, Córdova, et al., 2017; Vega et al., 1998; Vega, Sribney, Aguilar-Gaxiola, & Kolody, 2004). Despite some observed heterogeneity (Caetano, Ramisetty-Mikler, & Rodriguez, 2009; Mancini, Salas-Wright, & Vaughn, 2015), research also suggests that risk for involvement in an array of risky and illegal behaviors among Latin American immigrants is markedly lower than that of the US-born (Bersani, 2014; Vaughn, Salas-Wright, DeLisi, & Maynard, 2014). While some studies have examined risky behaviors related to alcohol consumption (Maldonado-Molina, Reingle, Jennings, & Prado, 2011; Worby & Organista, 2007), our understanding of alcohol-related problem behaviors (ARPB) among Latin American immigrants remains limited. Given the tremendous toll incurred by ARPB on health (Rehm et al., 2009), including emergency medical care service utilization (Cherpitel, 2007; Taylor et al., 2010), greater insight is needed.

There are a number of reasons to suspect that rates of ARPB may be relatively low among Latin American immigrants (see Alarcón et al., 2016; Alegría, Álvarez, & DiMarzio, 2017). One of the major reasons is embodied in the *healthy migrant hypothesis* (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999; Rubalcava, Teruel, Thomas, & Goldman, 2008). This posits that immigrants are, relative to those who do not elect to migrate (both in their home and receiving countries), more likely to be physically and psychologically healthy, and motivated to focus their energies on behaviors related to personal and economic advancement. This argument is also related to *deterrence theorizing*; namely, immigrants who have made the effort to start a new life in the US may be particularly concerned about the consequences of behaviors that could place them in contact with the criminal justice system (Vaughn et al., 2014). Thus, Latino immigrants would be less likely to misuse alcohol and less likely to take part in risky behaviors while drinking. Despite this assertion, like US-born individuals, Latin American immigrants who consume alcohol may be at elevated risk for dangerous or problem behavior while drinking.

Additionally, we should be careful to not overlook the fact that Latin American immigrants are far from a monolithic group. Individuals migrate at varying points across the life course, with some accompanying parents as children (under age 12) and others who come during adolescence (ages 12–17) or adulthood (18 or older). *Acculturation theorists* have argued that age of arrival is a critical construct, given that individuals who leave their home country during childhood are far more likely to adopt many of the cultural practices, values, and identifications of their new receiving country (Portes & Rumbaut, 2014; Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Others have posited that immigrating during later adolescence or young adulthood may confer benefits vis-à-vis the prolonged socialization and exposure to (more conservative) norms about drinking, in countries of origin (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Canino, Vega, Sribney, Warner, & Alegria, 2008). Prior research suggests that greater acculturation is associated with increased risk for alcohol misuse among immigrants (Caetano, 1987; Gil, Wagner, & Vega, 2000; Salas-Wright, Clark, Vaughn, & Córdova, 2015; Salas-Wright, Lee, Vaughn, Jang, & Sangalang, 2015).

In addition to age of arrival, *cultural stress theorists* remind us that the experiences of immigrants—particularly those related to discrimination and social marginalization—vary among immigrants in distinct contexts of reception (Romero & Roberts, 2003; Salas-Wright, Robles, Vaughn, Córdova, & Pérez-Figueroa, 2015; Schwartz et al., 2015). For instance, we have seen that Latino immigrants in Miami—a bilingual city (English/Spanish) where Latinos are a majority and hold many positions of power in government, industry, and culture—tend to experience relatively low levels of cultural stress as compared to the experiences of Latino immigrants elsewhere (Schwartz et al., 2012). Importantly, we also know that experiences of cultural stress can increase risk for alcohol misuse (Maynard, Vaughn, Salas-Wright, & Vaughn, 2016). Simply, an awareness of the importance of migration-related constructs is critical to an in-depth understanding of risk for ARPB among Latino immigrants in the US.

1. The present study

The present study aims to address the aforementioned research gaps by using nationally representative data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III, 2012–2013), a study sponsored and designed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Our overarching study hypothesis is that Latin American immigrants will be less likely than US-born Latinos and the US-born population in general to report involvement in ARPB. However, based on acculturation theory, we also expect that earlier age of arrival will moderate this relationship and, based on cultural stress theory, we expect that discrimination will be related to increased risk for ARPB. Finally, we expect that ARPB be associated with increased risk for injury and receipt of emergency medical care.

2. Method

2.1. Sample and procedures

Study findings are based on the NESARC-III data, which were 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 in-depth assessment of alcohol-related outcomes, and includes a substantial number of immigrants (Hasin & Grant, 2015). The NESARC includes many immigrants from Latin America, including immigrants from Mexico (n = 2035), Puerto Rico (n = 243), Dominican Republic (n = 172), Cuba (n = 151), and across Central (n = 549) and South America (n = 351). Utilizing a multistage cluster sampling design and oversampling minority populations, the study interviewed individuals living in all 50 states and Washington, DC. (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 substance use disorders and related behavioral and psychiatric outcomes (Grant et al., 2015). The AUDADIS-5 has shown to have good-to-excellent reliability in assessing alcohol use and related outcomes in the general population (i.e., Grant et al., 2015). Participants had the option of completing the interview in English or Spanish.

2.2. Survey measures

2.2.1. Immigrant status

Immigrant status was based on the following question: “Were you born in the US?” Consistent with prior research (see Breslau, Borges, Hagar, Tancredi, & Gilman, 2009; Grant et al., 2004; Wilson, Salas-Wright, Vaughn, & Maynard, 2015), those responding affirmatively were classified as US-born and those reporting they were not born in the US—including individuals born in US territories—were classified as immigrants or foreign born. It should be noted that, in the case of study participants born in Puerto Rico, it is most accurate to use the term “island born” as Puerto Ricans are US citizens at birth and can travel freely to the US mainland (Acosta-Belén & Santiago, 2006; Alegría, Canino, Stinson, & Grant, 2006). Immigrants were asked to report their age of arrival which, in turn, allowed researchers to create arrival subgroups (childhood = under age 12, adolescence = ages 12–17, adulthood = age 18+) and calculate the number of years in the US. Although it is difficult to draw a precise “cut point” for age of arrival, ages 12 and 18 are often selected (Alegría et al., 2007; Canino et al., 2008; Salas-Wright, Vaughn, Goings, Miller, & Schwartz, 2018) as they mark the general transition to the adolescent and young adult stages, respectively (García Coll & Marks, 2012; Steinberg, 2014).

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