



## **Migration between Mexico and the US, Risk for Drug Abuse and Current Prevention and Treatment Strategies**

### **Executive Summary**

About 12 million people living in the US in 2010 were born in Mexico, comprising about 30% of the US foreign-born population. Studies have shown that, relative to US-born Mexican-Americans and to the US general population, this immigrant population is at low risk for drug abuse. The lifetime prevalence of alcohol abuse was 7.6% in Mexico and 13.2% in the US and the lifetime prevalence of illicit drug use was 1.4% in Mexico and 7.9% in the US. The prevalence of substance use disorders among Mexican-Americans, however, is similar to that among other ethnic groups in the US.<sup>i</sup> Viewed in this transnational perspective, the Mexican-origin population in Mexico and the US spans an *epidemiological transition* in risk for substance use disorders from a low prevalence population to a high prevalence population.

### **Intergenerational Increase in Risk for Drug Abuse among Immigrants**

Immigrant adolescents are particularly important within this transnational population, because most individuals who use illicit drugs or alcohol begin use during adolescence.<sup>ii</sup> In addition, migrants who immigrate to the US prior to adolescence present differences with respect to risk for a broad range of mental health problems and health risk behaviors when compared to those who immigrate while still young enough to pass their adolescent years in the US. Research shows that the intergenerational increase in risk for drug abuse in the Mexican-American population occurs against a background of barriers to access to mental health services that result in large disparities in mental health care between Mexican-Americans and the general US population. Foreign birth and Hispanic ethnicity are associated with low likelihood of receiving treatment for a substance use problem relative to Non-Hispanic Whites.<sup>iii iv</sup> Therefore, it is important that public health strategies are developed to identify and address risk and protective factors associated with drug abuse in this population, particularly with respect to adolescent Mexican immigrants.<sup>v</sup>

### **Approaches to Prevention and Treatment**

There are currently two primary approaches to prevention and treatment intervention programs for the Mexican and Hispanic immigrant population. One approach favors tailoring an intervention program to the cultural and contextual aspects of drug abuse among the Mexican-origin population to result in prevention and treatment strategies that are different from those commonly used in the general US population. However, very little is understood about the changes in drug use and abuse that occur during the economic, cultural and social changes that occur as migrants and their descendants integrate into American society. A second, alternative approach focuses on extending access to existing evidence-based programs to at-risk Mexican-origin youth. This approach considers that the determinants of drug abuse are similar for Mexican immigrants and the general US population.

## ***Approaches to Prevention and Treatment (continued)***

From a policy perspective, it is important to draw a distinction between two main classes of explanatory factors that have different implications for interventions. ‘Acculturation related stressors’ are related to distinctive aspects of the immigrant experience. If the determinants of drug abuse differ between migrants and other groups, then a policy approach that favors tailoring intervention strategies to the distinctive needs of the population would be most appropriate. Another class of risk factors is related to cultural and social changes that occur with migration when migrants are exposed to factors shared with the population of the host country. To the extent that these risk factors account for increasing risk for drug abuse, extending existing evidence-based approaches to migrant populations would seem a better strategy.

## **Relevant Research on Program Effectiveness**

Research comparing different prevention and treatment strategies is quite limited and does not allow for a resolution to the question of which approach is more effective in terms of engaging Mexican immigrant adolescents in drug prevention programs. In fact, those programs that have been subject to relatively more extensive review are variations on the Substance Abuse and Mental Health Services Administration (SAMHSA) model interventions tracked through its National Registry of Evidence-based Programs and Practices (NREPP), most of which favor extending proven approaches to immigrant groups with some level of cultural adaptation or tailoring. What little research is available suggests that there is wide variation in these programs’ success. Research suggests a tentative consensus that cultural tailoring is necessary, given that the barriers to health care and mental health services faced by Hispanics in the US make engagement and retention in interventions more difficult.

## **Addressing the Knowledge Gap**

Designing programs and policies appropriate for Mexican immigrant adolescents must be based on knowledge of effective ways of addressing this population. The tremendous gap in knowledge calls for enhancing collaboration between researchers, policy managers and community stakeholders to determine research needs, develop strategies for expanding access to mental health services and promote the full participation and of the Mexican immigrant population.

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<sup>i</sup> Alegría, M., G. Canino, et al. (2008). "Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups." *Am J Psychiatry* 165(3): 359-369.

<sup>ii</sup> Degenhardt, L., W. T. Chiu, et al. (2008). "Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys." *PLoS Med* 5(7): e141.

<sup>iii</sup> Cabassa, L. J., L. H. Zayas, et al. (2006). "Latino adults' access to mental health care: A review of epidemiological studies." *Administration and Policy in Mental Health* 33(3): 316-330.

<sup>iv</sup> Blanco, C., S. R. Patel, et al. (2007). "National trends in ethnic disparities in mental health care." *Medical Care* 45(11): 1012-1019.

<sup>v</sup> SAMHSA (2007) Drug Abuse among Hispanics: a Brief Evidence-based Guide for Providers. available at: <http://store.samhsa.gov/product/SMA07-4288>.