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SUBSTANCE MISUSE PREVENTION AND SUPPORT

For Immigrants, Refugees, and Asylum-Seekers in the South Southwest

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SAMHSA
Substance Abuse and Mental Health Services Administration

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Introduction

Migration is a fact of life in the South Southwest United States. Every day, thousands of people legally travel between the United States and Mexico for work or pleasure. As has been widely publicized in the press, many people also enter the United States each day—both documented and undocumented—in search of a better life for themselves and their families.

People who immigrate to the United States are not a monolith. They come from different cultures, have different experiences, and may have different reasons for immigrating. Some immigrants may have received a visa to live and work in the United States. Others may be fleeing violence, persecution, or economic disaster in their native country. Each immigrant has their own story and their own reality.

When they enter the United States, many immigrants also encounter a number of challenges. English may not be their first language. Similar to many American citizens, immigrants may also struggle to access health care. On top of learning to live in a new country with new rules and unfamiliar customs, many immigrants—especially those who are undocumented—may also be dealing with the effects of trauma.

Against this backdrop, substance misuse prevention professionals have a very difficult task: they must do their best to provide prevention resources, programs, and interventions for exceedingly diverse populations. The work is not easy. But if prevention professionals consider the needs, cultures, and experiences of the populations they are working with, they can help create communities that are safe and healthy.

Many prevention specialists may not have experience working with immigrants, refugees, asylum seekers, and other new arrivals to the United States. It is important to learn about these communities in order to deliver programs that are culturally responsive and effective.

This document is intended to offer prevention professionals basic information that may be of use when working with immigrant populations. Specifically, this document:

- Offers definitions of key terms and groups
- Discusses the risk and protective factors for drug abuse among immigrant populations
- Provides information about the role of prevention in creating safe communities
- Cites immigration facts for the South Southwest

- Suggests steps for selecting appropriate interventions and adapting programs for these populations
- Lists additional resources and tools for prevention practitioners

The Role of a Community Prevention Professional

In many communities throughout the South Southwest, prevention professionals have a challenging role. They follow emerging trends in substance abuse and prevention. They monitor community health concerns. They work with community members, local institutions, and civic leaders to help create safe communities. Often, they are doing all of these tasks with little staff, against a backdrop of competing local priorities, or in a continuously changing political context.

Yet community prevention professionals are vital. By helping to provide vulnerable immigrant populations with evidence-based, culturally appropriate interventions, prevention professionals can promote community health, wellness, and connectedness.

Prevention practitioners can follow these practical steps and recommendations as they consider their role:

- Be honest, reliable, and trustworthy
- Collaborate with members of the various immigrant communities and cultures in your geographic region
- Allow time for relationships and trust to grow
- Use translators to help immigrants overcome barriers to service and support, which may include a “case worker” model of helping them from step to step
- Find ways to reduce barriers to prevention care, such as transportation and cost
- Use culturally responsive methods and ambassadors to bridge communities and care

All immigrants need access to substance abuse prevention programs tailored to their differing situations, service needs, and protective and risk factors. Prevention professionals will find that there is a wide array of tools and resources—a partial list is included in this document—available to support their efforts to adapt evidence-based practices to improving prevention efforts.

Defining Immigrants

People from other countries may come to the United States by a variety of methods. Some of the most common immigration statuses are explained below.

Any foreign-born person who travels to the United States intending to stay is an **immigrant**. Legal immigration is generally restricted in the United States; people who want to immigrate must have a sponsor, such as an individual or employer, who helps them apply for a visa. Upon arriving in the United States, immigrants must show their visa to Customs and Border Patrol. They then enter the United States as a legal immigrant.

A person who is outside their country of nationality and who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution is known as a **refugee**. Each year, the United States resettles thousands of refugees within its borders, with the exact ceiling of refugee resettlements determined by the president. In 2011, 56,424 refugees resettled in the United States, while only 11,411 refugees did in 2021 (National Immigration Forum, 2020). Refugees who

do settle in the United States have passed an extensive screening process, with background checks, that often take months.

People who seek legal protection from direct threats of violence or persecution in another country—known as *asylum*—are called **asylum seekers**. It is important to note that while refugees and asylum seekers are both often escaping persecution, war, famine, or economic collapse, they have different rights under international law. The process of seeking and receiving asylum can take many years. During this time asylum seekers are on their own. The social service agencies that are funded to aid refugees are not funded to assist asylum seekers.

People who enter the United States at illegal ports of entry, without a visa, or who remain in the United States after their visa has expired, are known as **undocumented immigrants**. Despite their undocumented status, the Constitution still affords undocumented immigrants certain rights, including the rights to free speech, the right to privacy, and other civil rights. An estimated 11.4 million undocumented immigrants were living in the United States in January 2018 (Baker, 2021).

> *"Undocumented immigrants experience multiple sources of stress at the individual, interpersonal, community and socio-political levels, which when combined result in compounded stress that can adversely influence their health. Identifying specific protective factors, namely contextual situations and resources, helpful to reduce distress among undocumented immigrants is essential to protect their wellbeing, as well as to inform the development of interventions, advocacy and policy efforts."*
>
> *—Garcini et al. (2021)*

Adjusting to a New Country

Risk Factors

Immigrant populations experience a number of risk factors with respect to substance misuse.

Regardless of how they arrive in the United States, immigrants may face extensive challenges in their new lives. They may contend with housing and food insecurity, have limited employment opportunities, or struggle with unresolved health needs. They may also face stigma, marginalization, and discrimination. Many have left loved family members behind.

Refugees, asylum-seekers, and undocumented immigrants may also have acute risks, including trauma in their countries of origin, the experience of entering the United States (such as children being separated from parents), and the stress of attempting to figure out how to meet daily needs. This trauma and stress adds to substance abuse risk. In fact, studies have shown that Latino immigrants' feelings of isolation and exploitation can result in high rates of drug use (Valdez et al., 2010).

All of these challenges and experiences contribute to immigrants' behavioral and physical health outcomes. Together, these social determinants of health (SDOH)—the set of adverse experiences that define the contours of daily life for many immigrant populations—may put immigrants at higher risk for substance misuse and other negative health outcomes. Prevention professionals should consider the impact of a multiplicity of risk and negative health factors when working with immigrant populations.

Protective Factors

However, there are aspects of the immigrant experience that may serve as protective factors, too (Salas-Wright et al. 2018). Immigrants who arrive as families, for example, may have the benefit of mutual social and emotional support. Immigrants arriving from some countries may have cultures in which substance use is highly frowned upon, if not outlawed, the impact of which may linger and be supportive despite the trauma of migration. In addition, fear of law enforcement or of risking their immigration status due to interaction with the criminal legal system also may play a supportive role in reducing substance use.

Research has found that immigrants to the United States tended to have lower rates of substance use disorder (Salas-Wright et al. 2018) than individuals born in the United States. Likewise, culture can also be a protective factor against substance misuse. In one study of Mexican youth (Strunin et al. 2013), higher rates of parental monitoring were associated with lower rates of drinking and risky behavior. In another study of young people in California (Unger et al., 2002), close family connections—or *familism*—was found to protect adolescents against substance use. The protective impact of *familism* has been borne out by other research studies as well (Gil et al., 2000).

It is also important to consider risk and protective factors through the lens of culture. For example, while factors unique to Mexican culture may provide risk for—or resilience to—substance use in adolescence, it should not be assumed that those risk and protective factors extend to all other immigrant populations.

Recent findings from the U.S. Centers for Disease Control and Prevention (CDC) published in *Pediatrics* suggest that youth connectedness also has lasting effects (Steiner et al., 2019). Youth who feel connected at school and at home were found to be as much as 66 percent less likely to experience health risk behaviors related to sexual health, substance use, violence, and mental health in adulthood. Mattering is strongly connected to the protective factor of social connectedness, recognized by the CDC's National Center on Chronic Disease Prevention and Health Promotion as one of the five priority SDOHs that can impact health and health equity.

The Importance of Resilience

While it is important to acknowledge the role that risk and protective factors play in substance misuse, prevention practitioners should also consider the resilience of immigrant populations. Many immigrants—especially refugees and asylum-seekers—will have endured a difficult journey to the United States. However, this does not mean that they cannot, or will not, successfully face the challenges that await them.

Mohamed and Thomas (2017) describe *resilience* as "the flexibility that allows some children and young people who appear at risk to 'bounce back' from adversity and even thrive in the face of challenges." Working with refugee children and young people in the United Kingdom, the authors write that "there was evidence of an inner strength such as spirituality and faith, coping, optimism, self-esteem, self-efficacy, happiness and gratitude," among refugee children and young people who adjusted to, and thrived in, their new setting. They suggest that educators take into consideration resilience-based approaches when considering programming for these types of students.

Similarly, prevention staff should consider the idea of resilience when they are developing substance misuse interventions for immigrant populations. One way to do this is to examine the factors that have allowed some members of the community to avoid substance misuse, and then to build those factors into an intervention. These factors may include family or cultural connections, personal

aspirations, high self-esteem, or social identity. It is also always advisable to incorporate members of the community into the design and delivery of a program.

Diagnosing Substance Misuse Disorders in Immigrant Populations

Research has shown that immigrants to the United States are less likely to have been diagnosed with a substance abuse disorder (Salas-Wright et al. 2018), than people born in the United States. However, many people do enter the United States requiring assistance—and correctly diagnosing their needs is a vital step toward healing and recovery.

Prevention specialists should consider the following questions as they seek to diagnose substance misuse disorders in immigrant populations:

1. **What do "regular" patterns of alcohol or drug consumption look like?** Not all cultures are the same with respect to alcohol and drug use. Some level of substance use may be a part of cultural practices, or it may be acceptable at certain times. Likewise, cultures may have different levels of acceptance for different types of substances. Practitioners should first examine whether any sort of substance use is culturally appropriate in the community with which they are working. Then they should work with community leaders to identify indicators of problem use—which may be different than traditional, Western warning signs. These specific, culturally informed indicators can serve as an effective framework for diagnosing substance misuse disorders.
2. **What are the underlying reasons for the substance abuse?** Trauma, acculturation, family stress, isolation, and health disparities may all drive immigrant populations to misuse drugs and alcohol. Understanding the different triggers or causes of substance misuse can help practitioners identify appropriate interventions. Ballard et al. (n.d.) have published a useful set of theoretical frameworks to understand the complexities of immigrants' drug use.
3. **What culturally appropriate tools do I have at my disposal?** Screening tools for drug and alcohol abuse are a valuable way to gather information—but they are useless if the participant cannot understand the questions being asked. As part of your program preparation, identify the specific substance misuse issue you want to screen for. Then translate, adapt, or create a screening tool or protocol in the primary language of the interest group. You may also want to have a member of that group review it for linguistic precision, tone, and cultural assumptions.

Migration in the South Southwest

More than half of foreign-born immigrants to Arkansas, Louisiana, Oklahoma, New Mexico, and Texas are from countries in Latin America (Migration Policy Institute, n.d.b; U.S. Census Bureau, 2023). While tools such as Google Translate are invaluable for brief essential communication, when designing or preparing to implement best practice prevention programs, it is important to understand the nuances connected to the community's country of origin—and the different, myriad reasons why people are leaving their home countries.

Immigrant populations vary considerably across the South Southwest region. Texas is home to the largest community of immigrants, counting nearly 5 million people in 2019. Across the region, 40 percent of immigrants are naturalized citizens.

	ARKANSAS	LOUISIANA	NEW MEXICO	OKLAHOMA	TEXAS
Total immigrant population (2019)	154,286	196,575	201,842	240,209	4,951,156
Region of Birth (excluding born at sea)					
Born in Africa	4,433	5,859	4,757	11,408	289,852
Born in Asia	35,176	62,759	31,022	67,206	1,126,507
Born in Europe	9,681	16,160	11,869	16,080	195,903
Born in Latin America (South America, Central America, Mexico, and the Caribbean)	95,245	108,793	151,672	140,424	3,271,403
Born in Northern America (Canada,Bermuda, Greenland, and St. Pierreand Miquelon)	1,873	2,509	1,537	52,139	3,593
Born in Oceania	7,878	495	985	1,498	15,352
Naturalized citizens	57,649	81,975	95,115	99,449	1,959,253
Noncitizens	96,637	114,600	106,727	140,760	2,991,903

All data from: https://www.migrationpolicy.org/

Immigrants are essential to these states' economies. In Texas, 22 percent of civilian workers aged 16 and older are immigrants (Migration Policy Institute, n.d.c). Immigrants account for 38.6 percent of the state's natural resources, construction, and maintenance workforce. In the fields of management, science, business, and the arts, immigrants account for 17.4 percent of the state's workforce. Immigrants also pay taxes on their income, contributing to the local and federal tax bases.

South Southwestern states with fewer immigrants still rely heavily on their economic and financial contributions. In Arkansas, immigrants account for 14 percent of the state's manufacturing industry and 11 percent of the construction industry (Migration Policy Institute, n.d.a). Twenty percent of immigrants in the state hold at least a college degree. Finally, Arkansas collected $458.8 million in tax revenue from immigrant-led households and undocumented immigrants in 2018.

Economic opportunities and the risk of substance misuse are also linked in the region. Physically intense work, such as construction, carries a higher risk of injury, putting people at higher risk of abuse of opioids and other painkillers. This risk is even more complicated for the estimated 20 percent of undocumented immigrants who work in construction (Svajlenka, 2021) and who may avoid formal medical centers out of fear of deportation, choosing instead to self-medicate with drugs and alcohol.

In the past few years, considerable attention has been paid to undocumented immigration in the Southwest. Federal policies governing the treatment and resettlement of people who are caught trying to cross the border continue to change, as do migration patterns from Central and South America. Between October 2020 and September 2021, U.S. Customs and Border Protection apprehended 458,088 people trying to cross the Southwestern border into the U.S. without documentation (U.S. Customs and Border Protection, 2022).

For many communities in the South Southwest, undocumented immigration poses challenges, including how to meet the basic health, education, and economic needs of people who are often coming to the United States with very little. These needs can strain already tight budgets and introduce health and safety complications that some communities are simply unable to handle.

However, throughout the region, many people have also stepped up to help and support new arrivals. Churches have opened their doors. Teachers have welcomed new students. Nonprofit and social service organizations have sprung into action. They recognize that the best pathway to a safe, secure, and healthy South Southwest is to support all the people who are in their community, regardless of immigration status.

Tailoring Substance Abuse Prevention Programs for Immigrants

A wide array of evidence-based programs (EBPs) for substance abuse prevention already exists. However, very few programs have been adapted for immigrants—a category that includes people of widely differing backgrounds and experiences. Notably, there are no programs for refugees and asylum- seekers that incorporate the additional context of conflict-related displacement. As a result, local prevention professionals must often adapt existing programs and interventions for immigrants in their communities.

SAMHSA's SPF: A Comprehensive approach

Communities that are looking to build long-term EBPs that directly meet the needs of immigrant populations should begin with SAMHSA's Strategic Prevention Framework (SPF). A comprehensive road map for community-based prevention specialists, the SPF contains five key steps that guide strategic prevention initiatives:

1. **Assessment**:
   - Assess problems and related behaviors
   - Prioritize problems (criteria: magnitude, time trend, severity, comparison)
   - Assess risk and protective factors
2. **Capacity**:
   - Engage community stakeholders
   - Develop and strengthen a prevention team
   - Raise community awareness
3. **Planning**:
   - Prioritize risk and protective factors (criteria: importance, changeability)
   - Select interventions (criteria: effectiveness, conceptual fit, practical fit)
   - Develop a comprehensive plan that aligns with the logic model.
4. **Implementation:**
   - Deliver programs and practices
   - Balance fidelity with planned adaptations
   - Retain core components
   - Establish implementation supports and monitor

5. **Evaluation:**
   - Conduct process evaluation
   - Conduct outcome evaluation
   - Recommend improvements and make mid-course corrections
   - Share and report evaluation results

Tips for Adapting Existing Programs

Because of the dearth of programs specifically designed for immigrant populations, community-based prevention providers will often have to adapt existing programs to meet emerging prevention needs in their communities.

There is no single way to adapt a program that will meet the needs of all immigrants. It may also be difficult for prevention providers to learn about the exact needs of an immigrant community given the risk and protective factors detailed above. When faced with an emerging need for programming, prevention practitioners should seek to answer the following questions.

1. **Who is at risk?** Before adapting any program, it is imperative to know who you are adapting a program for and what substance misuse issues they are dealing with. This may require coordinating with social service organizations who serve specific populations, as well as interviewing members or community leaders from that population. It is also important to get granular with your data-gathering. Within the community, are all people at risk for misuse, or just certain subsets based on age and gender?
2. **What experiences have they had?** Understanding the different experiences of immigrant populations in your community can help you adapt programs that reach their intended audience. For example, using law enforcement to deliver a program that brings attention to the dangers of drunk driving would be unlikely to reach many undocumented immigrants, who are often afraid of being deported. Similarly, programs that try to reduce substance misuse among refugees will likely have to implement a trauma-based approach.

Cultural competence is the understanding that other people have different cultural experiences than we do, and that those experiences shape their viewpoints. Asking questions, exposing ourselves to cultures different than our own, and staying respectfully curious about others' backgrounds, lives, and traditions can support our ability to see beyond our own lived experiences.

Cultural humility is the understanding that all people have valuable knowledge, strengths, and insights about the culture(s) to which they belong. When designing an intervention for a specific population, prevention practitioners should appreciate that they may be experts in substance misuse, but they are not the experts in that culture, and they should seek to include representatives from that cultural group in the design of the program.

Cultural humility is the acceptance that we can only truly appreciate the experiences that we have had and the act of remaining humble when working with people from different cultures.

3. **What assumptions am I making about the issue or community at risk?** Assessing your own knowledge and assumptions is an important step. Consider how you became interested in working with a specific community. Are there already identified risks for substance misuse? How were these risks or concerns brought to your attention? Has anyone from the community asked for support? Before going too far down a specific prevention pathway, take some time to identify what you know, what the community has asked for, and what questions you want to answer.
4. **How does culture impact program design and delivery?** Prevention programs must also consider culture—both of the people who are on the receiving end of the intervention, as well as the people who are delivering it. For many immigrant and non-immigrant cultures, considerable shame is associated with substance misuse. This shame may impact who seeks treatment. Yet culture may also prove to be a protective factor against substance misuse, especially in cultures where individuals maintain strong bonds with family members. Prevention professionals must also be aware that evidence-based programs are not culturally agnostic. They are rooted in the specific cultural values of the developer and the cultural context and power dynamics of the community in which they were developed. Therefore, when adapting a program for an immigrant population, it is critical to consider both the cultural assumptions that the program is making and the cultural norms of the receiving group. The intervention needs to be acceptable and relevant to the people you serve. If not, then it may end up being either oppressive or alienating.
5. **What language was this intervention developed in?** Prevention programs all require some level of communication. Language barriers can stand in the way of effective program delivery, help-seeking, and follow-up. When examining prevention programs to adapt, providers should consider how they will overcome this barrier. One way is to translate program materials into the dominant language spoken by the intended audience. Another is to use translators during sessions to allow for more real-time communication. Programs should also consider using translators or bilingual community members to help immigrants overcome linguistic barriers to service and support after the intervention, such as following up with a health care provider or entering recovery—services that may be offered predominately in English.
6. **What about this intervention can remain unchanged?** When considering how to adapt evidence-based prevention programs, look for parts of the intervention that you can keep fully intact. Your goal is not to change a program entirely—rather, you are trying to adapt a program to the people's contexts, needs, and cultural realities. For example, an intervention may be designed to occur in small-group, face-to-face settings. If that is not possible due to language barriers, then a prevention program could adapt the delivery method to text message, using Google Translate. Doing this could keep the content the same while adapting for a new, more effective delivery method. Similarly, an intervention that calls for law enforcement to enforce more sobriety checkpoints to monitor excessive drinking may result in unintended consequences for undocumented immigrants. Adapting the intervention to place the responsibility for promoting sobriety on other trusted community members—such as bartenders, faith leaders, and community health practitioners—could yield more positive outcomes.
7. **What is my role as a prevention specialist?** Take a moment to consider your own role as well. What biases do you bring to your work? What previous experiences have you had with the population you are hoping to reach? What are you curious about? Be upfront with yourself about what you know, what you don't know, and what you want to learn.

Considering Acculturation

During the first three phases of utilizing the SAMHSA SPF framework (Assessment, Capacity Building, and Planning), it may be helpful to understand generational differences in the community so you can tailor your prevention efforts appropriately.

Individuals born outside of the United States are considered first-generation immigrants, and they may have the resilience factors described previously. Once they settle in the United States, however, immigrants are bombarded with American cultural norms, values, language, and behaviors that might be different than those that they hold (Myers et al., 2009). Over time, they may begin to incorporate, or be influenced by, those new values. This is known as *acculturation*.

Acculturation can help immigrants adjust to their new communities and become part of the fabric of American life. But as immigrants adopt more American values and behaviors, research has shown that they also become more vulnerable to substance misuse. For example, second-generation immigrants experience almost twice the rates of alcohol use disorder (35.86%) as first-generation immigrants (18.43%; Salas-Wright et al., 2018).

Studying a group of Hispanic high school students in California, Myers et al. (2009) found that "greater English speaking proficiency (linguistic acculturation) is associated with an increased risk of lifetime use of alcohol and marijuana and an increased risk of current (past 30-day) use of alcohol, cigarettes, marijuana, and hard drugs." Likewise, citing research that the effect of acculturation was stronger on women than on men, Hernandez et al. (2019) also found that, "greater acculturation was associated with more frequent cannabis use and greater psychological distress" for Latinas.

While the prevalence of substance use disorder across all substances may not be as high for second-generation immigrants as it is for the general population, it is not as low as it was in the first generation. (Salas-Wright et al. 2014).

There are other generational differences to consider among immigrants. Unlike their parents, second-generation immigrants are born in the United States, attend U.S. schools, are immersed in the dominant U.S. culture, and speak English as a native language. This can create significant cultural and familial misunderstandings between first- and second-generation immigrants, including around substance use awareness. For example, parents may not realize their children are being exposed to substance use, or may not believe that their children would use substances inappropriately, and thus be unaware of the need for, or hesitant to participate in, prevention programs. For the prevention professional, this may mean selecting different interventions or prevention programming for first- and second-generation members of immigrant communities.

"When families migrate, they often separate and then reunify. Cultural responsiveness with immigrant and refugee children and families requires more than just learning about their culture. It also includes an understanding of the process of migration, the reasons families migrate, and the process of acculturation and related family or marital stressors."

—Child Welfare information Gateway (2023)

Current conversations and emerging literature about the role of culture in prevention, and the need for individuals to feel that they matter and that they belong, can be particularly valuable when working with immigrant communities. According to Gordon Flett (2018), "Mattering is the sense of being significant and valued by other people. People who believe they matter to others have a key protective resource that can buffer them from life stressors and challenges throughout their lives." In recent years, there has been an expansion of research and expanded understanding of the role of mattering in reducing not just depression and suicide, but a wide range of health issues, including substance use disorder.

While there may not yet be studies indicating specific prevention practices that successfully utilize this growing body of knowledge, prevention professionals may find it helpful to become familiar with the body of literature that does exist and consider how they might adapt their implementation of EBPs to leverage program aspects relevant to mattering and belonging.

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Other Resources

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South Southwest (HHS Region 6)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

South Southwest PTTC

The South-Southwest Prevention Technology Transfer Center (South Southwest PTTC), based out of the University of Oklahoma, Outreach, serves substance misuse prevention professionals; organizations; and state, tribal, and community stakeholders in five southwestern states by providing high-impact training and technical assistance. Our work helps build the professional and community capabilities required to deliver effective and evidence-based prevention programs, practices, and strategies.

The South Southwest PTTC is part of U.S. Health and Human Services Region 6, serving Arkansas, Louisiana, Oklahoma, New Mexico, and Texas.

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