

### *CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT*

#### *VI.h. Children of Immigrants or in Bicultural Families*

##### **Discussion**

Many immigrant and bicultural<sup>1</sup> families experience pressures such as poverty, low income, substandard housing and troubled neighborhoods, language and cultural barriers, and discrimination. While newcomers to the United States may have already survived trauma in their country of origin, they then experience a dramatic upheaval in moving to a new country and may encounter difficulties related to their actual or perceived immigration status. Bicultural families may straddle two cultural worlds and feel connected to neither. When families are troubled by such challenges, the resulting stress, conflict, and destructive coping mechanisms can raise the risk of future substance abuse in the children.

According to the 2000 U.S. Census, more than 18 percent of all children in the United States have at least one immigrant parent and 3 percent have a parent who is a recent immigrant.<sup>2</sup> If current trends continue, children of immigrants will represent at least a quarter of all U.S. children by 2010.<sup>3</sup> In addition, young children under age 6 in immigrant families are the fastest-growing sector of the child population.<sup>4</sup> Unfortunately, little data is collected about children in bicultural families who have lived in the United States for a long time.

Substance use patterns vary widely across immigrant cultures in the United States but, overall, adult immigrants in the United States have lower rates of alcohol and illegal drug use than U.S.-born adults.<sup>5</sup> In this regard, children of immigrants actually may be more protected than their native-born peers from parental addiction, which is a prime risk factor for substance abuse in children. At the same time, the stresses that both adult and youth immigrants face can raise their

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<sup>1</sup> We use the term “bicultural” to include families who may have lived in America for a long time but maintain a distinct cultural heritage in addition to an American identity, such as Hispanic/Latino Americans, Asian and Pacific Islander Americans, and Caribbean Americans.

<sup>2</sup> Johnson, J. O., Kominski, R., Smith, K., and Tillman, P. (November 2005). *Changes in the lives of U.S. children: 1990–2000*. Working Paper No. 78. Washington, DC: U.S. Census Bureau, Population Division. Retrieved March 24, 2008, from [www.census.gov/population/www/documentation/twps0078/twps0078.pdf](http://www.census.gov/population/www/documentation/twps0078/twps0078.pdf).

<sup>3</sup> Urban Institute. (May 2006). *Children of immigrants: Facts and figures*. Retrieved March 25, 2008, from [www.urban.org/UploadedPDF/900955\\_children\\_of\\_immigrants.pdf](http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf).

<sup>4</sup> Urban Institute. (n.d.). *Immigration studies: A program of the Urban Institute*. Retrieved March 24, 2008, from [www.urban.org/toolkit/issues/immigration.cfm](http://www.urban.org/toolkit/issues/immigration.cfm).

<sup>5</sup> Brown, J. M., Council, C. L., Penne, M. A., and Gfroerer, J. C. (March 2005). *Immigrants and substance use: Findings from the 1999–2001 national surveys on drug use and health*. Rockville, MD: SAMHSA, Office of Applied Studies. Retrieved March 24, 2008, from [www.oas.samhsa.gov/immigrants/immigrants.htm](http://www.oas.samhsa.gov/immigrants/immigrants.htm).

risk for substance abuse, and that risk increases the longer an immigrant lives in the United States. While immigrant youth who had lived in the United States for less than 5 years had lower rates of substance use than U.S.-born youth, immigrant youth who had been here for 10 or more years had similar rates of substance use as their native-born peers.<sup>6</sup>

Many areas of daily life pose challenges that can raise the risk of substance abuse for children in immigrant families:

### ***Income and Basic Needs***

Childhood poverty can deter healthy development and school success, which can lead to substance abuse.<sup>7</sup> In 2003, 54 percent of children of immigrants were low income (i.e., had family incomes below twice the Federal poverty level).<sup>8</sup> Overall, children of immigrants live in lower income households than children of parents born in the United States. Immigrant families are also more likely to experience financial hardship while being ineligible for public benefits such as food, housing, and health assistance.<sup>9</sup>

### ***Housing and Neighborhood Environment***

According to the 2000 census, as many as 6 in every 10 children of a foreign-born parent live in crowded housing (homes that average more than one person per room).<sup>10</sup> In addition, immigrant families are more likely to have trouble paying rent but receive no housing assistance (24 percent versus 9 percent for native families).<sup>11</sup> Crowded housing can contribute to poor physical health, as well as chaotic home environments and poor school performance, which are all risk factors for substance abuse.<sup>12</sup>

An immigrant family may not be welcomed with open arms into their new neighborhood. New arrivals to the country are often victimized by more acculturated residents. Many immigrant parents are unprepared to guide their children through the neighborhood dangers of violence, crime, and gangs. Thus, these children often look to delinquent peers or join gangs for physical

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<sup>6</sup> SAMHSA. (January–February 2004). Substance and acculturation increases risk for substance use by foreign-born youth. *SAMHSA News*, 12(1). Retrieved March 24, 2008, from [www.samhsa.gov/samhsa\\_news/VolumeXII\\_1/article2.htm](http://www.samhsa.gov/samhsa_news/VolumeXII_1/article2.htm).

<sup>7</sup> Western Center for the Application of Prevention Technologies. (1995). *Risk and protective factor prevention: What does it mean for community prevention planning?* Rockville, MD: SAMHSA, Center for Substance Abuse Prevention. Retrieved March 20, 2008, from <http://captus.samhsa.gov/Western/resources/prevmat/DHC-eng.pdf>.

<sup>8</sup> Urban Institute. (May 2006). *Children of immigrants: Facts and figures*. Retrieved March 25, 2008, from [www.urban.org/UploadedPDF/900955\\_children\\_of\\_immigrants.pdf](http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf)

<sup>9</sup> Reardon-Anderson, J., Capps, R., and Fix, M. E. (November 26, 2002). *The health and well-being of children in immigrant families*. Series B, No. B-52. Washington, DC: Urban Institute. Retrieved March 24, 2008, from [www.urban.org/UploadedPDF/310584\\_B52.pdf](http://www.urban.org/UploadedPDF/310584_B52.pdf).

<sup>10</sup> Johnson, J. O., Kominski, R., Smith, K., and Tillman, P. (November 2005). *Changes in the lives of U.S. children: 1990–2000*. Working Paper No. 78. Washington, DC: U.S. Census Bureau, Population Division. Retrieved March 24, 2008, from [www.census.gov/population/www/documentation/twps0078/twps0078.pdf](http://www.census.gov/population/www/documentation/twps0078/twps0078.pdf).

<sup>11</sup> Reardon-Anderson, J., Capps, R., and Fix, M. E. (November 26, 2002). *The health and well-being of children in immigrant families*. Series B, No. B-52. Washington, DC: Urban Institute. Retrieved March 24, 2008, from [www.urban.org/UploadedPDF/310584\\_B52.pdf](http://www.urban.org/UploadedPDF/310584_B52.pdf).

<sup>12</sup> Western Center for the Application of Prevention Technologies. (1995). *Risk and protective factor prevention: What does it mean for community prevention planning?* Rockville, MD: SAMHSA, Center for Substance Abuse Prevention. Retrieved March 25, 2008, from <http://captus.samhsa.gov/Western/resources/prevmat/DHC-eng.pdf>.

protection, guidance in adapting to the new culture, and membership in a “community”—which raises the risk for substance abuse.<sup>13</sup> At the same time, parental supervision may suffer because family members are separated and dispersed, parents are unaware of neighborhood risks and their warning signs, and traditional networks of friends and neighbors aren’t around to help out.<sup>14</sup> Worse, the high concentration of alcohol advertising, liquor outlets, and drug dealing in immigrant neighborhoods make substances of abuse popular and easy to obtain.<sup>15</sup>

### ***Community Involvement***

Immigrant parents are less likely to engage in religious, school, or community group activities, which may mean they are less involved in their children’s education and less able to navigate social service systems and other institutions. Older children of immigrants are less likely to participate in extracurricular activities and clubs. Thus, these children of immigrants may have fewer opportunities to build social skills and strong connections to the community, important protective factors against substance abuse.<sup>16</sup>

Many immigrant groups protect themselves from social isolation by recreating the social support networks, extended family systems, and tight-knit communities of their home countries. However, immigrants who do not live in such environments often experience social isolation if they cannot fully integrate into their nonimmigrant community of residence. Social isolation is among the strongest predictors of poor health and is a risk factor for substance abuse and mental disorders.<sup>17</sup>

### ***Language***

Many immigrants have to learn English as a foreign language while juggling many other demands. According to the 2000 U.S. Census, nearly 1 in 5 (47 million) U.S. residents aged 5 and older spoke a language other than English at home and 8 percent of these individuals also reported that they have some difficulty speaking English<sup>18</sup>—which is strongly associated with

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<sup>13</sup> Mateu-Gelabert, P. (April 2002). *Dreams, gangs, and guns: The interplay between adolescent violence and immigration in a New York City neighborhood*. Vera Institute of Justice, National Development Research Institute. Retrieved March 24, 2008, from [www.vera.org/publication\\_pdf/157\\_234.pdf](http://www.vera.org/publication_pdf/157_234.pdf).

<sup>14</sup> Mateu-Gelabert, P. (April 2002). *Dreams, gangs, and guns: The interplay between adolescent violence and immigration in a New York City neighborhood*. Vera Institute of Justice, National Development Research Institute. Retrieved March 24, 2008, from [www.vera.org/publication\\_pdf/157\\_234.pdf](http://www.vera.org/publication_pdf/157_234.pdf).

<sup>15</sup> Brown, J. M., Council, C. L., Penne, M. A., and Gfroerer, J. C. (March 2005). *Immigrants and substance use: Finding from the 1999–2001 National Surveys on Drug Use and Health*. Rockville, MD: SAMHSA, Office of Applied Studies. Retrieved March 24, 2008, from [www.oas.samhsa.gov/immigrants/immigrants.htm](http://www.oas.samhsa.gov/immigrants/immigrants.htm).

<sup>16</sup> Reardon-Anderson, J., Capps, R., and Fix, M. E. (November 26, 2002). *The health and well-being of children in immigrant families*. Series B, No. B-52. Washington, DC: Urban Institute. Retrieved March 24, 2008, from [www.urban.org/UploadedPDF/310584\\_B52.pdf](http://www.urban.org/UploadedPDF/310584_B52.pdf).

<sup>17</sup> Leow, D.M., Goldstein, M., and McLinchy, L. *A selective literature review: Immigration, acculturation & substance abuse. Developing Leadership to Reduce Substance Abuse*. Robert Wood Johnson Foundation, Developing Leadership to Reduce Substance Abuse (DLRSA) Program. Retrieved March 24, 2008, from [http://hhd.org/documents/fs\\_01\\_2007\\_immigrant.pdf](http://hhd.org/documents/fs_01_2007_immigrant.pdf).

<sup>18</sup> Johnson, J. O., Kominski, R., Smith, K., and Tillman, P. (November 2005). *Changes in the lives of U.S. children: 1990–2000*. Working Paper No. 78. Washington, DC: U.S. Census Bureau, Population Division. Retrieved March 24, 2008, from [www.census.gov/population/www/documentation/twps0078/twps0078.pdf](http://www.census.gov/population/www/documentation/twps0078/twps0078.pdf).

poverty, food scarcity, and other economic hardships in immigrant families.<sup>19</sup> In addition, children who grow up in linguistically isolated households are more likely to have trouble with English, which requires them to work more on their English skills in school and limits their ability to learn other subjects. Children of non-English-speaking parents do worse in school and are more likely to drop out—both risk factors for substance abuse.<sup>20</sup>

### ***Education***

Largely due to cost and inaccessibility, many preschool children of immigrants are cared for at home by their parents rather than in center-based childcare and early education programs (53 versus 34 percent for children of native-born families).<sup>21</sup> As a result, these children may have fewer resources to assist their early development, socialization, English language acquisition, school readiness, and home-to-school transition.<sup>22</sup>

### ***Health Status and Insurance***

According to a recent survey, children of immigrants are more than twice as likely as native-born children to be in “fair” or “poor” health, and their health declines more quickly with age, especially within the low-income population.<sup>23</sup> At the same time, young low-income children of immigrants are twice as likely to be uninsured as native-born children.<sup>24</sup> Immigrant children have a higher rate of certain mental health problems, which often go undiagnosed and untreated because of a lack of affordable mental health services in poor and predominantly immigrant neighborhoods.<sup>25</sup>

Although children who are citizens are entitled to public benefits, parents with illegal immigration status may avoid health services because they fear deportation.<sup>26</sup> As a result, children may live with untreated physical or mental health problems, which can contribute to later substance abuse.

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<sup>19</sup> Urban Institute. (May 2006). *Children of immigrants: Facts and figures*. Retrieved March 25, 2008, from [www.urban.org/UploadedPDF/900955\\_children\\_of\\_immigrants.pdf](http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf).

<sup>20</sup> Children Now. (n.d.). *Children in immigrant families: A California data brief*. Oakland, CA: Children Now. Retrieved March 24, 2008, from <http://publications.childrenow.org/assets/pdf/policy/immigrantkids-2007.pdf>.

<sup>21</sup> Urban Institute. (n.d.). *Immigration studies: A program of the Urban Institute*. Retrieved March 24, 2008, from [www.urban.org/toolkit/issues/immigration.cfm](http://www.urban.org/toolkit/issues/immigration.cfm).

<sup>22</sup> Hernandez, D. J., Nancy A. Denton, N. A., and Suzanne E. Macartney, S. E. (April 2007) *Children in immigrant families—The U.S. and 50 states: National origins, language, and early education*. Publication #2007-11. Washington, DC: Child Trends. Retrieved April 1, 2008, from [www.fcd-us.org/usr\\_doc/Children\\_in\\_Immigrant\\_Families\\_Brief.pdf](http://www.fcd-us.org/usr_doc/Children_in_Immigrant_Families_Brief.pdf).

<sup>23</sup> Reardon-Anderson, J., Capps, R., and Fix, M. E. (November 26, 2002). *The health and well-being of children in immigrant families*. Series B, No. B-52. Washington, DC: Urban Institute. Retrieved March 24, 2008, from [www.urban.org/UploadedPDF/310584\\_B52.pdf](http://www.urban.org/UploadedPDF/310584_B52.pdf).

<sup>24</sup> Urban Institute. (n.d.). *Immigration studies: A program of the Urban Institute*. Retrieved March 24, 2008, from [www.urban.org/toolkit/issues/immigration.cfm](http://www.urban.org/toolkit/issues/immigration.cfm).

<sup>25</sup> New School University, Milano Graduate School, Center for New York City Affairs. (April 2004). *New country, new perils: Immigrant child and family health in NYC*. Retrieved March 24, 2008, from [www.newschool.edu/milano/nyc affairs/immigranthealth/immigrant\\_health\\_in\\_NYC.pdf](http://www.newschool.edu/milano/nyc affairs/immigranthealth/immigrant_health_in_NYC.pdf).

<sup>26</sup> Urban Institute. (May 2006). *Children of immigrants: Facts and figures*. Retrieved March 25, 2008, from [www.urban.org/UploadedPDF/900955\\_children\\_of\\_immigrants.pdf](http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf).

## *Domestic Violence*

Children who witness domestic violence against parents are more likely to develop problems with aggression, depression, anxiety, and social and cognitive skills, and are ultimately at greater risk for substance abuse.<sup>27</sup> Unfortunately, domestic violence happens often in immigrant populations. The frequency and severity of the abuse and its impact on the children often correspond to the level of immigration-related stress the family experiences. Immigrant adults may not have access to culturally and linguistically appropriate violence prevention services, may not be aware of the services that exist, or may be reluctant to seek help due to cultural attitudes or fear of deportation.<sup>28</sup>

## *Acculturation*

Immigrant groups have traditional cultural values, such as strong family ties, which have had a protective effect over the generations. Acculturation—the process in which an immigrant or bicultural individual adopts the cultural and social norms of the mainstream society—can lead to a loss of these cultural values and their protective influence. Because they adapt more quickly to a new culture, youth in particular may lose out on these protective factors at the same time their risk factors are increasing.<sup>29</sup> For instance, acculturating youth may adopt mainstream attitudes that favor substance use from peers, the community, and the media—raising their risk for substance abuse. Youth who become more fluent in English may be more able to find and obtain drugs in the community.<sup>30</sup> Perhaps unacquainted with such risks in their home country, recent immigrant youth are less likely to have active parental support to avoid drugs and alcohol, have less confidence to refuse them, and are the most likely to experience peer pressure to use substances.<sup>31</sup>

The generation gap between immigrant parents and their children is often exacerbated by the process of acculturation. Normal adolescent/parent tensions intensify in immigrant families as the children adopt aspects of the new culture more quickly than their parents. American values and traditional values may clash. Parents and daughters, in particular, may disagree about appropriate gender roles. Parents may feel alienated from their children's lives and struggle to maintain parental authority as their children surpass them in navigating a new language, culture,

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<sup>27</sup> Western Center for the Application of Prevention Technologies. (1995). *Risk and protective factor prevention: What does it mean for community prevention planning?* Rockville, MD: SAMHSA, Center for Substance Abuse Prevention. Retrieved March 20, 2008, from <http://captus.samhsa.gov/Western/resources/prevmat/DHC-eng.pdf>.

<sup>28</sup> Cohen, E., and Davis, L. (October 2006). *Creating safety and stability for children exposed to family violence: A working paper for family to family sites*. Family Violence Prevention Fund. Retrieved March 24, 2008, from [www.endabuse.org/programs/children/files/DV\\_Recommendations\\_for\\_F2F.pdf](http://www.endabuse.org/programs/children/files/DV_Recommendations_for_F2F.pdf).

<sup>29</sup> Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. (2007). *Cultural competence primer: Incorporating cultural competence into your comprehensive plan*. Retrieved March 24, 2008, from [www.coalitioninstitute.org/SPF\\_Elements/CulturalCompetence/CulturalCompetencePrimer-07-2007.pdf](http://www.coalitioninstitute.org/SPF_Elements/CulturalCompetence/CulturalCompetencePrimer-07-2007.pdf).

<sup>30</sup> SAMHSA. (January–February 2004). Acculturation Increases Risk for Substance Use by Foreign-Born Youth. *SAMHSA News*, 12(1). Retrieved March 24, 2008, from [www.samhsa.gov/samhsa\\_news/VolumeXII\\_1/article2.htm](http://www.samhsa.gov/samhsa_news/VolumeXII_1/article2.htm).

<sup>31</sup> Leow, D.M., Goldstein, M., and McLinchy, L. *A selective literature review: Immigration, acculturation & substance abuse. Developing Leadership to Reduce Substance Abuse*. Robert Wood Johnson Foundation, Developing Leadership to Reduce Substance Abuse (DLRSA) Program. Retrieved March 24, 2008, from [http://hhd.org/documents/fs\\_01\\_2007\\_immigrant.pdf](http://hhd.org/documents/fs_01_2007_immigrant.pdf).

and value system. Out of frustration, parents may stop trying to support, communicate with, or monitor their children—raising the risk for substance abuse.<sup>32</sup>

### ***Previous Trauma***

Many immigrant families have experienced prior trauma in their country of origin or during the immigration process. Their families may have suffered persecution for political, religious, or other reasons; experienced hardship, violence, and separation; and ultimately fled as refugees. Then they may have had to remain at length in refugee camps.<sup>33</sup> These experiences can raise the children's risk for mental health problems, which, if untreated, can raise the risk for substance abuse and other problems.<sup>34</sup>

### ***Potential Strengths***

Alongside the risks, immigrant and bicultural families offer strengths that can help protect their children from substance abuse problems. Strong commitments to family, community, faith, law, hard work, and the dream of a better life can give children a vital sense of connection and purpose.<sup>35</sup> Children of immigrant families often feel a deep obligation to support and assist their families as they adapt to life in the United States. This sense of obligation can support children's psychological well-being and motivate their school success, which helps to protect against substance abuse.<sup>36</sup> Strong identification with cultural elements such as holidays and customs, emphasis on family, and use of the native language can also offset substance use risks in ethnic minority youth.<sup>37</sup>

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<sup>32</sup> Martinez, C. R. (2006). Effects of differential family acculturation on Latino adolescent substance use. *Family Relations*, 55(3), 306–317.

<sup>33</sup> National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (March 2005). Module 10F: Immigrants, refugees, and alcohol. In *Social Work Curriculum on Alcohol Use Disorders*. Retrieved March 24, 2008, from <http://pubs.niaaa.nih.gov/publications/Social/Module10FImmigrants&Refugees/Module10F.pdf>.

<sup>34</sup> New School University, Milano Graduate School, Center for New York City Affairs. (April 2004). *New country, new perils: Immigrant child and family health in NYC*. Retrieved March 24, 2008, from [www.newschool.edu/milano/nycaffairs/immigranthealth/immigrant\\_health\\_in\\_NYC.pdf](http://www.newschool.edu/milano/nycaffairs/immigranthealth/immigrant_health_in_NYC.pdf).

<sup>35</sup> Family Violence Prevention Fund. (September 2005). *Understanding children, immigration, and family violence: A national examination of the issues*. Retrieved March 24, 2008, from [www.f2f.ca.gov/res/UnderstandingImmigration.pdf](http://www.f2f.ca.gov/res/UnderstandingImmigration.pdf).

<sup>36</sup> Shields, M. K., and Behrman, R. E. Children of immigrant families: Analysis and recommendations. *The Future of Children*, 14(2), 4-15. Retrieved March 24, 2008, from [www.futureofchildren.org/usr\\_doc/Children\\_of\\_Immigrant\\_Families.pdf](http://www.futureofchildren.org/usr_doc/Children_of_Immigrant_Families.pdf).

<sup>37</sup> Zickler, P. (September 1999). Ethnic identification and cultural ties may help prevent drug use. *NIDA Notes*, 14(3). Retrieved March 24, 2008, from [www.drugabuse.gov/NIDA\\_Notes/NNVol14N3/Ethnic.html](http://www.drugabuse.gov/NIDA_Notes/NNVol14N3/Ethnic.html).

## Facts

- Eleven percent (31.1 million) of people living in the United States are originally from another country.<sup>38</sup>
- The foreign-born population in the United States increased by more than half between 1990 and 2000.<sup>39</sup>
- Children of immigrants are the fastest-growing segment of the U.S. population under age 18.<sup>40</sup>
- Forty percent of children with immigrant parents have Mexican family origins. These children account for 50 to 81 percent of children in immigrant families in 12 States including Arizona, California, Colorado, Idaho, Nevada, and New Mexico in the West; Alaska, Oklahoma, and Texas in the South; and Illinois, Kansas, and Nebraska in the Midwest.<sup>41</sup>
- Sixty-eight percent of children in immigrant families live with parents who have been in the United States for 10 or more years.<sup>42</sup>
- Seventy-nine percent of children in immigrant families, or four in five, are American citizens.<sup>43</sup>
- As of 2000, over one-fifth of children of immigrants were classified as poor, compared with 15 percent of children of U.S.-born parents. Among children of Mexican immigrants, the largest and most disadvantaged national origin group, one-third were poor.<sup>44</sup>

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<sup>38</sup> Malone, N., Baluja, K.F., Costanzo, J. M., and Davis, C. J. (December 2003). *U.S. census brief: The foreign-born population: 2000*. Publication C2KBR-34. Washington, DC: U.S. Census Bureau. Retrieved March 24, 2008, from [www.census.gov/prod/2003pubs/c2kbr-34.pdf](http://www.census.gov/prod/2003pubs/c2kbr-34.pdf).

<sup>39</sup> Malone, N., Baluja, K.F., Costanzo, J. M., and Davis, C. J. (December 2003). *U.S. census brief: The foreign-born population: 2000*. Publication C2KBR-34. Washington, DC: U.S. Census Bureau. Retrieved March 24, 2008, from [www.census.gov/prod/2003pubs/c2kbr-34.pdf](http://www.census.gov/prod/2003pubs/c2kbr-34.pdf).

<sup>40</sup> Van Hook, J. (December 2003). *Poverty grows among children of immigrants in US*. Washington, DC: Migration Policy Institute. Retrieved March 24, 2008, from [www.migrationinformation.org/Feature/display.cfm?ID=188](http://www.migrationinformation.org/Feature/display.cfm?ID=188).

<sup>41</sup> Hernandez, D. J., Denton, N. A., and Macartney, S. E. (April 2007) *Children in immigrant families—The U.S. and 50 states: National origins, language, and early education*. Publication #2007-11. Washington, DC: Child Trends. Retrieved April 1, 2008, from [www.fcd-us.org/usr\\_doc/Children\\_in\\_Immigrant\\_Families\\_Brief.pdf](http://www.fcd-us.org/usr_doc/Children_in_Immigrant_Families_Brief.pdf).

<sup>42</sup> Hernandez, D. J., Denton, N. A., and Macartney, S. E. (April 2007) *Children in immigrant families—The U.S. and 50 states: National origins, language, and early education*. Publication #2007-11. Washington, DC: Child Trends. Retrieved April 1, 2008, from [www.fcd-us.org/usr\\_doc/Children\\_in\\_Immigrant\\_Families\\_Brief.pdf](http://www.fcd-us.org/usr_doc/Children_in_Immigrant_Families_Brief.pdf).

<sup>43</sup> Hernandez, D. J., Denton, N. A., and Macartney, S. E. (April 2007) *Children in immigrant families—The U.S. and 50 states: National origins, language, and early education*. Publication #2007-11. Washington, DC: Child Trends. Retrieved April 1, 2008, from [www.fcd-us.org/usr\\_doc/Children\\_in\\_Immigrant\\_Families\\_Brief.pdf](http://www.fcd-us.org/usr_doc/Children_in_Immigrant_Families_Brief.pdf).

<sup>44</sup> Van Hook, J. (December 2003). *Poverty grows among children of immigrants in US*. Washington, DC: Migration Policy Institute. Retrieved March 24, 2008, from [www.migrationinformation.org/Feature/display.cfm?ID=188](http://www.migrationinformation.org/Feature/display.cfm?ID=188).

- Recent teenaged immigrants are less likely than other teenagers to drop out of school.<sup>45</sup>
- While new immigrants were found to be less likely to engage in substance use than the U.S.-born population, those who had been here for 10 years or longer reported similar drug use as native-born residents.<sup>46</sup>

## **Federal Resources**

### **Culture and Prevention**

<http://ncadi.samhsa.gov/features/multicultural/>

This site contains a collection of prevention publications and products from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Health Information Network that address various ethnicities and cultural identities.

### **Hablemos en Confianza**

<http://hablemos.samhsa.gov/default.aspx>

SAMHSA's Hispanic/Latino Initiative created the Hablemos en Confianza public education materials and Web site to encourage and strengthen dialog between Spanish-speaking Hispanic/Latino parents and their children about the dangers of substance abuse.

## **Private Organizations**

### **American Psychiatric Association (APA): Hispanic Mental Health**

[www.healthyminds.org/hispanicmh.cfm](http://www.healthyminds.org/hispanicmh.cfm)

This section of the APA's HealthyMinds.org public information Web site offers Hispanic mental health facts, statistics, brochures, and expert opinions, as well as links to additional Hispanic health resources.

### **Center for Migration and Development**

*Woodrow Wilson School of Public and International Affairs*

<http://cmd.princeton.edu/index.shtml>

Among other subjects, the Center promotes and disseminates research on children of immigrants, including the Children of Immigrants Longitudinal Study (CILS). This study, begun in 1992, examines the adaptation process of the second generation of immigrants in the United States.

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<sup>45</sup> National Institutes of Health (NIH), National Institute of Child Health and Human Development. (August 17, 2006). *Population distribution and movement*. Bethesda, MD: NIH. Retrieved March 24, 2008, from [www.nichd.nih.gov/publications/pubs/council\\_dbsb\\_2003/sub7.cfm](http://www.nichd.nih.gov/publications/pubs/council_dbsb_2003/sub7.cfm).

<sup>46</sup> Brown, J. M., Council, C. L., Penne, M. A., and Gfroerer, J. C. (March 2005). *Immigrants and substance use: Finding from the 1999–2001 national surveys on drug use and health*. Rockville, MD: SAMHSA, Office of Applied Studies. Retrieved March 24, 2008, from [www.oas.samhsa.gov/immigrants/immigrants.htm](http://www.oas.samhsa.gov/immigrants/immigrants.htm).

## **Connecting Across Cultures**

[www.hhd.org/centersprojects/cac/](http://www.hhd.org/centersprojects/cac/)

This project addresses the needs and strengths of underserved immigrant and refugee families and children as they adjust to life in the United States. It examines increased health risk behaviors such as alcohol abuse, cigarette smoking, and illicit drug use among acculturated immigrants and the effects of acculturation on substance use and related health and safety issues.

## **National Center for Children in Poverty**

*Columbia University Mailman School of Public Health*

<http://nccp.org/topics/immigrantfamilies.html>

The Center conducts research and makes policy recommendations to promote strong, nurturing, economically secure families who support healthy child development. A topic section within the Web site addresses immigrant families.

## **National Center for Cultural Competence (NCCC)**

*Georgetown University Center for Child and Human Development*

[www11.georgetown.edu/research/gucchd/nccc/](http://www11.georgetown.edu/research/gucchd/nccc/)

The mission of NCCC is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems. It conducts several technical assistance and capacity-building projects and offers resources in both English and Spanish for health professionals.

## **Strategies/Programs**

### **A Selective Literature Review: Immigration, Acculturation & Substance Abuse**

[http://hhd.org/documents/fs\\_01\\_2007\\_immigrant.pdf](http://hhd.org/documents/fs_01_2007_immigrant.pdf)

This literature review was guided by the following four research questions: 1) Who are today's immigrants? 2) What challenges are commonly faced by immigrants? 3) How do immigration and acculturation impact substance abuse among adolescent immigrant populations? and 4) What types of interventions and services are needed to help youth and their families deal with substance abuse and addiction?

### **Community Anti-Drug Coalitions of America's (CADCA's) Coalition Institute: Cultural Competence**

[www.coalitioninstitute.org/SPF\\_Elements/CulturalCompetence/CulturalCompetenceHome.asp](http://www.coalitioninstitute.org/SPF_Elements/CulturalCompetence/CulturalCompetenceHome.asp)

CADCA's Coalition Institute Web site offers a cultural competence section that includes a primer for coalitions, articles, presentations, and links.

### **Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)**

[http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=126](http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=126)

This program, included in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), is a family-focused program to build the resiliency of youth aged 9 to 17

years and reduce the frequency of their alcohol or drug use. CLFC is designed to be implemented through a community system such as in churches, schools, recreation centers, and court-referred settings. In this model, a community advocate team teaches the program facilitators about local cultural issues, which helps them adapt the intervention to the needs of the community. Materials are available in English and Spanish.

**National Institute on Alcohol Abuse and Alcoholism (NIAAA) Social Work Curriculum on Alcohol Use Disorders**

*Module 10F: Immigrants, Refugees, and Alcohol*

<http://pubs.niaaa.nih.gov/publications/Social/Module10FImmigrants&Refugees/Module10F.html>

This researcher-developed professional education module discusses immigrant and refugee psychosocial issues and conceptual models for alcohol use. It explains how to analyze and apply the results of empirical studies and recognize the implications and ethical considerations for practice with immigrant populations.

**Points of Wellness—Partnering for Refugee Health and Well-Being Program**

[www.refugeewellbeing.samhsa.gov/](http://www.refugeewellbeing.samhsa.gov/)

Points of Wellness is a health promotion and disease prevention program to assist organizations concerned with the well-being of refugees. The philosophy of the initiative is to help develop and implement physical and mental health promotion and disease prevention activities and programs within, and specifically tailored to, refugee communities.

**Selective Prevention Interventions: The Strengthening Families Program**

[www.drugabuse.gov/pdf/monographs/monograph177/160-207\\_Kumpfer.pdf](http://www.drugabuse.gov/pdf/monographs/monograph177/160-207_Kumpfer.pdf)

Demonstration, evaluation, and replication over the past 8 years have shown that the Strengthening Families Program is effective for culturally diverse youth living in high-risk families. Some of these children may have no actual behavioral or emotional problems, but their multiple risk factors raise their risk for later substance abuse, delinquency, and school problems.

This intensive 16-week family skills training program involves the children in a social skills training program, the parents in a behavioral parent training program, and the entire family in behavioral family therapy. This program is in review for inclusion in SAMHSA's NREPP.

**¡Vida en la Comunidad para Todos!/Life in the Community for Everyone!**

<http://hablemos.samhsa.gov/paratodos/default.aspx>

This DVD/VHS addresses substance abuse prevention and mental health promotion in Hispanic/Latino communities. It can be used to empower and motivate Latino parents to keep their children safe, healthy, and drug free and increase awareness among service providers about the challenges facing Latino families in the United States.