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Disconcerting Levels of Alcohol Use among Venezuelan Immigrant Adolescents in the United States

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Abstract

Author Form

Below we list the specific contributions provided by each author:

1.**Christopher P. Salas-Wright:** lead all writing, data analysis, and presentation of data.

2.**Michael G. Vaughn:** contributed to the study conceptualization and data analytic plan, as well as the writing and editing of the manuscript.

3. **Trenette Clark Goings:** contributed behavioral health expertise, and contributed to the writing and editing of the manuscript.

4.**Sehun Oh:** conducted data analyses with Dr. Salas-Wright, especially those related to the NSDUH.

5.**Flavio Marsiglia:** provided critical instruction on the measures related to attitudes and provided comprehensive edits and contributions throughout.

6.**Mariana Cohen:** played a lead role, with Dr. Salas-Wright and Ms. Andrade in the recruitment and data collection. Ms. Cohen also contributed to the writing and editing of the manuscript.

7.**Rachel John:** worked in close collaboration with Dr. Salas-Wright in recruitment, data collection, data cleaning, and coding. Ms. John also played a role in the interpretation of study findings.

8.**Patricia Andrade:** played an integral role in the overall study design and the recruitment of study participants in South Florida and elsewhere.

9.**Seth J. Schwartz:** contributed to the study conceptualization and data analytic plan, as well as the writing and editing of the manuscript

The authors have no conflicts to disclose.

Conflict of Interest:

No conflict declared.

Background.—It is estimated that more than 4 million Venezuelans have left their country as a direct result of their nation's widespread social and economic challenges. Although recent research identifies Venezuela as one of the nations with the highest rates of harmful alcohol consumption in the Americas, no research has been conducted on alcohol use among Venezuelan youth in diaspora.

Methods.—Data was collected between November 2018 and June 2019 from 373 Venezuelan immigrant youth ages 12–17 in the United States. The prevalence of past-month and lifetime alcohol use among Venezuelan youth is compared to that of other Hispanic and immigrant youth from the National Survey on Drug Use and Health (NSDUH,) and the Construyendo Oportunidades Para Adolecentes Latinos (COPAL) study using independent sample *t* tests.

Results.—The prevalence of past-month and lifetime alcohol use was significantly higher among Venezuelan immigrant youth (15% and 52%, respectively) compared to other Hispanic (9% and 28%) and immigrant (4.5% and 28%) youth in the NSDUH, and youth ages 14–17 in the COPAL study (4.0% and 22%). Among Venezuelan youth reporting alcohol use initiation, 1.5% of youth ages 12–14 and 19% ages 15–17 report lifetime alcohol intoxication.

Discussion.—Although preliminary, results indicate that a disconcerting proportion of Venezuelan crisis migrant youth in the US report lifetime alcohol initiation and past-month use. These findings suggest the importance of future research to examine the prevalence and correlates of alcohol use in this population using recruitment and sampling methods that will allow for population-level estimates.

Keywords

Immigrants; Asylum Seekers; Alcohol; Drinking; Venezuela; Adolescents

Introduction

The humanitarian crisis in Venezuela–marked by soaring inflation, food scarcity, and near economic collapse—has led to the mass migration of Venezuelan families to countries across the Americas (Arnson, 2019). Because of their nation's widespread social and economic problems, it is estimated that more than 4 million Venezuelans have left their country, the overwhelming majority since 2015 (UN High Commissioner for Refugees, 2019). Although the bulk have relocated to Colombia and other South American countries, several hundred thousand Venezuelan crisis migrants have come to the United States (US) (Organization of American States, 2019). Recent data from US Citizenship and Immigration Services (2019) indicate that, since 2017, Venezuela has been the leading source of asylum applications in the US.

Prior research makes clear that migration is often quite stressful. Recent evidence suggests that, among Latin American immigrants in the US, a majority experience stress related to social, cultural, and language difficulties (Salas-Wright *et al.,* 2015). Research with recently-arrived Venezuelan adult immigrants identified disconcerting levels of migration-related cultural stress and, correspondingly, psychological distress (Schwartz *et al.,* 2018). Indeed, ample evidence suggests that the stress associated with migration–including traumatic/adverse experiences en route and/or prior to migration—can serve to increase risk for myriad

behavioral health problems, including alcohol misuse (Goldbach *et al.,* 2015; Sanchez *et al.,* 2015; Salas-Wright & Schwartz, 2019). Findings from recent studies also indicate that rates of alcohol use/misuse tend to be elevated among individuals exposed to and displaced by large-scale crises or disasters (Cerdá *et al.,* 2011; Cepeda *et al.,* 2010).

There are a number of reasons to carefully examine alcohol use prevalence among recently-arrived Venezuelan immigrant youth. *First,* we know that the Venezuelan crisis is severe and has pushed countless families into situations of abrupt and often unplanned emigration. Many young people have been exposed to pre-migration stressors due to the Venezuelan crisis and the post-migration stress of adapting to a new sociocultural and linguistic context in the US—experiences that are related to increased alcohol use risk. *Second,* it has been documented that many Venezuelan parents are struggling with mental health issues as a result of migration-related stressors (Pérez-Gómez, 2019). This is noteworthy in light of evidence that parental psychopathology is related to adolescent substance use risk (Eiden et al., 2016). *Third,* research conducted by the Pan American Health Organization (PAHO; 2015) indicates that rates of heavy episodic drinking among female (24%) and male (67%) youth ages 15–19 in Venezuela are higher than that of all but a handful of countries in Latin America and the Caribbean. Prior cross-national research strongly suggests that if alcohol use is common in the sending country, it may also be an important factor to consider in diaspora (see Barsties *et al.,* 2017). *Finally,* we know that adolescence is an important developmental period for alcohol initiation and risk, and one of the most promising moments for substance use prevention efficacy (Salas-Wright *et al.,* 2016). Given the psychosocial risks experienced by Venezuelan youth, it is critical we understand the degree to which alcohol use is occurring among this population.

At present, despite the manifold risks experienced by Venezuelan youth, no research has been conducted on alcohol use among this new and rapidly-growing immigrant youth population. To address this gap, we present alcohol use prevalence and alcohol-specific attitudes among a sample of Venezuelan youth in the US. We also compare these with prevalence estimates from other samples of Latin American immigrant youth and Hispanic youth in the US.

Methods

Sample and Procedures

The VENE Project—This investigation utilized data from the *Venezolanos en Nuevos Entornos* (VENE) Project, a web-based survey conducted between November 2018 and July 2019 with Venezuelan youth ages 12–17 who arrived in the US since 2015. Participants were recruited via partner organizations working with Venezuelan immigrant families in Florida and by word-of-mouth. All participants completed the survey in Spanish and received a $20 gift card. The study was reviewed/approved by the institutional review board at the lead author's home university.

Measures

Alcohol Use and Attitudes.: We examined self-reported alcohol use (0 = no, 1 = yes) based on the following two questions: "On how many days (if any) have you drank alcohol [a] *in your life* / [b] *in the past 30 days?"* (Roberts et al., 2009). We also examined alcohol-specific attitudes listed with response options in Table 2 (Kulis et al., 2005).

Sociodemographic Factors.: Factors include participant age and gender.

Comparison Data: NSDUH and COPAL—VENE Project data were compared with 2015–2017 data from the *National Survey on Drug Use and Health* (NSDUH). As described in detail elsewhere (see SAMHSA, 2019), the NSDUH utilizes multistage area probability sampling methods to select a representative sample of the US civilian, non-institutionalized population, ages 12 years or older. The NSDUH likely includes a small number (~1%) of Venezuelan immigrant youth; however, the precise number cannot be determined using public data. We also utilize data from the COPAL *(Construyendo Oportunidades Para Adolecentes Latinos)* study. The COPAL study was conducted with recently-arrived (< 5 years) Latin American immigrant youth ages 14–17 in Miami and Los Angeles between 2010 and 2013 (N = 302, predominantly Cuban and Mexican youth with no Venezuelan participants). The COPAL study sample and procedures are described in detail elsewhere (see Schwartz *et al.,* 2015). The NSDUH and COPAL have comparable measures of past-month and lifetime alcohol use among adolescent participants, and all three studies make use of computer assisted self-interviewing (CASI) technology to minimize self-reporting bias.

Analytic Procedures

We present the prevalence of alcohol use for youth from the VENE Project and compare these with the prevalence from two studies—one national, one more limited in scope—that provide basic comparison data on Latin American youth in the US. To be sure, each of these studies utilizes different approaches (e.g., the VENE Project is a convenience sample, the NSDUH is nationally representative) and, therefore, an abundance of caution is warranted in making cross-sample comparisons. We make comparisons between these samples in order to broadly contextualize the alcohol use prevalence among Venezuelan youth in our sample. Given the survey weights used in the NSDUH, we were unable to combine the data files to test differences using contingency tables. As such, consistent with recent studies where such challenges exist (see Hasin *et al.,* 2015), we tested for differences in the prevalence of alcohol use between samples using independent samples *t tests* (Rosenthal, 1978). Prevalence estimates and standard errors were computed separately for VENE, NSDUH, and COPAL data using Stata 15.1 software.

Results

Table 1 displays the prevalence of past-month and lifetime alcohol use among recently-arrived Venezuelan adolescents ages 12–17 in comparison to other Hispanic youth from the NSDUH. In terms of past-month alcohol use, alcohol use prevalence was significantly higher among Venezuelan youth (15%) as compared to Hispanic youth in the NSDUH's

national sample (9%) (t = 3.03, $p < .01$). Among subgroups, significant differences were also observed in comparing male participants in the VENE Project versus males in the NSDUH. In contrasting Venezuelan youth ages 14–17 with youth in the COPAL study, we also see that past-month alcohol use was significantly lower among COPAL participants (4.0%, t = 2.41, p < .05).

In terms of lifetime initiation of alcohol use, we see similarly robust findings in contrasting Venezuelan youth (52%) versus Hispanic youth in the NSDUH (28%, $t = 6.79$, p < .001) and immigrant youth from the COPAL study (ages 14–17; 22%, t = 2.99 p < .01). Supplemental analyses conducted using the NSDUH's RDAS indicated that the prevalence of past-month (4.5%) and lifetime (18.9%) alcohol use was markedly lower among immigrant youth in the NSUDH as compared to Venezuelan youth in the VENE Project. As a point of reference, past-month alcohol use prevalence among US-born adolescents in general (all racial/ethnic groups combined) was 9.7% and 27.5%, respectively. Supplemental tests also indicated that, among Venezuelan youth reporting lifetime alcohol use, 52% reported 1–2 instances of use, 24% reported 3–5 instances, 18% reported 6–9 instances, and 5% reported 10 or more instances. We also found that, among Venezuelan youth who initiated alcohol use, 12% report having consumed to the point of being "really drunk". Notably, the prevalence of alcohol intoxication among Venezuelan youth ages 12–14 (1.64%) was significantly lower than that of youth ages 15–17 (19.08%; $\chi^2=10.84$, $p < .01$).

Discussion

It is critically important we be cautious in interpreting results from a sample of Venezuelan youth recruited via partner organizations and peer referral methods (i.e., not multistage or respondent-driven sampling methods used to generate population estimates). That said, findings from the present study suggest that the prevalence of alcohol use is markedly elevated among this new and rapidly-growing group. We see that half (52%) of all Venezuelan youth surveyed—and three out of five (63%) Venezuelans ages 15 to 17—report having initiated alcohol use. Notably, the prevalence of past-month use (15%) corresponds roughly to the proportion of youth reporting permissive attitudes (15% of youth say it is "okay" for someone their age to drink) or intentions to use (13% report they would drink, if given the opportunity). Comparisons to NSDUH data indicate that these levels are roughly twice that of Hispanic youth in general and more than 2.5 times that of immigrant youth in the US. Similarly, large differences were observed in comparing to non-Venezuelan immigrants in Miami and Los Angeles who participated in the COPAL study. Simply, despite the limitations of comparing a convenience sample with nationally representative data, the evidence here does seem to suggest that Venezuelan youth present with a uniquely elevated alcohol risk profile.

The elevated prevalence of alcohol use in this sample in keeping with other information we have concerning Venezuelans and crisis migrants. As noted above, a recent report from the PAHO (2015) clearly identified Venezuela as a nation with one of the highest rates of problem alcohol use in Latin America. Although the aforementioned report was about in-country Venezuelans, it lends credence to what appear to be uniquely high levels of alcohol use among recently-arrived Venezuelan teens. It should be noted, however, that research

typically suggests that individuals who emigrate report, compared to non-migrants, lower levels of alcohol and other drug use as well as lower levels of involvement in problem behavior more generally (Salas-Wright & Schwartz, 2019; Vaughn *et al.,* 2014). As such, it remains an open question how rates of alcohol use among Venezuelan youth in the US may compare to non-migrant youth in Venezuela or to Venezuelan youth who have relocated elsewhere in the Americas. Whatever the case, these findings are consistent with research suggesting that exposure to large-scale crises (such as that of Venezuelan since 2015) and abrupt migration can place young people at risk for alcohol misuse (Cepeda *et al.,* 2010), presumably, in part, as a coping or self-medication response to migration-related stress/trauma and other mental health issues (Ramos et al., 2017)

The findings should be interpreted in light of several limitations. First, the VENE Project recruited a convenience sample. As such, it remains uncertain to what degree our sample may reflect the Venezuelan community in general as opposed to a non-representative referral network. Future research would benefit from the use of respondent driven sampling techniques (Montealegre *et al.,* 2013). It would also be beneficial to examine the alcohol use among Venezuelan youth in countries other than the US. Second, all findings are based on self-report. As such, it is possible that some youth will have under- or over-reported alcohol use. Finally, while this study provides new epidemiologic information, future research should examine the theoretical factors related to alcohol use in this population.

Conclusions

Results from the present study, although preliminary, suggest that the proportion of Venezuelan crisis migrant youth who use alcohol is far greater that what we have seen in other national and geographically circumscribed samples of Hispanic and immigrant youth in the US. These findings suggest the importance of future research to examine the prevalence and correlates of alcohol use in this population using recruitment and sampling methods that facilitate population-level estimates.

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Highlights

- Despite risk, no prior research has studied drinking among Venezuelan migrant youth.
- We address this gap via a sample of 373 recently-arrived Venezuelan youth in the US.
- Half (52%) of Venezuelan migrants ages 12–17 report having initiated alcohol use.
- This rate is 2.5 times greater than the overall rate for immigrant youth in the US (19%).
- Venezuelan migrants are drinking at higher rates than their Hispanic/migrant peers.

Table 1

Alcohol Use among Recent Immigrant Youth from Venezuela and Hispanic Youth in NSDUH

	Venezuelan Youth (2018–2019; N = 373)	NSDUH | *Hispanic Youth* (2015–17; N = 9,180)		
	% (SE)	% (SE)	t	p-value
Past Month Use				
Full Sample	14.98 (.018)	8.85(.004)	3.03	< .01
by **Age**				
12–14	4.29 (.016)	3.38(.004)	0.43	ns
15–17	21.53 (.028)†	14.30(.006)†	2.50	< .05
by **Sex**				
Female	12.09 (.024)	9.71(.006)†	0.77	ns
Male	14.41 (.023)	8.02(.004)	3.46	< .001
Lifetime Initiation				
Full Sample	51.74 (.026)	27.88(.007)	6.79	< .001
by **Age**				
12–14	37.42 (.038)	13.36(.008)	5.00	< .001
14–17	62.86 (.033)†	42.37(.009)†	4.78	< .001
by **Sex**				
Female	36.81 (.036)	30.39(.010)†	1.25	ns
Male	56.96 (.033)†	25.48(.010)	7.02	< .001

Note: Independent samples *t* tests compare the prevalence of alcohol use among Venezuelan youth in the VENE Project with the prevalence among Hispanic youth in the NSDUH. Dagger (†) signifies significant (p < .05) differences between subsamples (i.e., age, gender) within each sample.

Table 2

Alcohol-Specific Attitudes among Immigrant Youth Ages 12–17

	Venezuelan Immigrant Youth (2018–2019; N = 373)						
	Full Sample	*by* Age		*Chi²*	*by* Sex		*Chi²*
		12–14	15–17		Female	Male	
Is it okay for someone your age to drink alcohol?							
Definitely Not	40.16	50.31	32.21	19.51***	45.96	35.71	*nS*
Not Okay	44.74	42.33	46.63		42.86	46.19	
Okay	13.21	6.75	18.27		9.94	15.71	
Definitely Okay	1.89	0.61	2.88		1.24	2.38	
How upset would your parents be if you drank alcohol?							
Very Upset	48.79	58.28	41.43	12.52**	55.28	43.87	*nS*
Upset	23.32	19.02	26.67		22.98	23.58	
A Little	18.50	17.18	19.52		14.91	21.23	
Not At All	9.38	5.52	12.38		6.83	11.32	
Are you sure you'd say NO if a family member offered you alcohol?							
Very Sure	47.85	55.21	42.11	*nS*	55.28	42.18	*ns*
Somewhat Sure	20.43	16.56	23.44		18.63	21.80	
Not Sure	18.82	17.79	19.62		14.91	21.80	
Not At All Sure	12.90	10.43	14.83		11.18	14.22	
If you had the opportunity this weekend, would you drink alcohol?							
Definitely No	59.46	64.20	55.77	11.13*	65.00	55.24	*nS*
Probably Not	27.57	27.16	27.88		21.88	31.90	
Probably Yes	11.62	6.17	15.87		11.88	11.43	
Definitely Yes	1.35	2.47	0.48		1.25	1.43	

Note:

* p < .05

** p < .01

*** p < .001