

HepTalk Listserv Archive

July 2005

Announcements from HepTalk

Welcome to the June 2005 edition of the Listserv, a service for clinics participating in the HepTalk Project. We are beginning a three part series on *substance abuse and Hepatitis C*. We begin in July with:

- Information about substance abuse among migrant workers.
- Followed by "Harm Reduction" Strategies for HCV substance abusers in August,
- And Potential substance abuse treatment sites and resources for migrants in September.

If you have resources and information to share on any of these topics, please let us know. Contact me at dempander@earthlink.net

Please note that the articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.

Check the HepTalk webpage on the Migrant Clinicians Network website at <http://www.migrantclinician.org>. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left (<http://www.migrantclinician.org/excellence/hepatitis>).

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.

Information about substance abuse among migrant workers

We find little research about substance abuse among mobile populations in the U.S. Most of the anecdotal reports from clinicians serving migrant workers from Mexico and other parts of Latin America indicate that injection of illegal drugs among this population is not common. Some sources attribute substance abuse that does occur among migrants to stress related to work and acculturation, while others have found that substance abuse practices originate in the country of origin and are merely continued here in the U.S. The four articles below discuss different populations and aspects of substance abuse among migrant workers, and each adds to the sparse picture we continue to try to enrich in order to best serve this population.

1. Stress among migrant and seasonal farmworkers in rural southeast North Carolina.

Kim-Godwin YS, Bechtel GA. J Rural Health. 2004 Summer;20(3):271-8. School of Nursing at the University of North Carolina at Wilmington, Wilmington, NC 28403, USA. kimy@uncw.edu

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15298103&query_hl=2

CONTEXT: Although funding to enhance the delivery of health care among migrant farmworkers has primarily focused on urgent care issues within this population, the etiology of mental health risks and perceived stress is poorly understood. PURPOSE: To identify the type and severity of stress perceived by migrant and seasonal farmworkers in rural southeast North Carolina. METHODS: During the pre-agricultural season in 2002, 151 migrant and seasonal farmworkers completed the 39-item Migrant Farmworker Stress Inventory (MFWSI) in either English or Spanish. FINDINGS: Fifty-one percent (n =

77) of the respondents perceived themselves at a high level of stress (mean score above 80 of "caseness") that may subsequently put them at greater risk for experiencing psychological difficulties. The stressors highly ranked (mean>2.5 in a maximum of 4, with "extremely stressful" in a 5-point Likert scale 0 to 4) were related to their mobile lifestyle, language barriers, insecure job and legal status, financial restraint, and long working hours. Also, drug and alcohol use in the migrant community was found to be one of the significant sources of stressors. Variables influencing high levels of stress include education, social support, religion, marital status, and age. Despite a relatively high level of perceived stress, the majority of respondents (71.5%) viewed their physical health as either "good" or "excellent." CONCLUSIONS: Findings from the study suggest the availability of social support systems may provide significant insight into developing appropriate health services for migrant and seasonal farmworkers and their families. PMID: 15298103 [PubMed - indexed for MEDLINE]

2. Migration, acculturation, displacement: migratory workers and "substance abuse".

Alaniz ML. Prevention Research Center, Berkeley, California, USA. ariv@tf.org Subst Use Misuse. 2002 Jun-Aug;37(8-10):1253-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12180564&query_hl=2

The following essays represent the topics and issues raised by the panel presenters. A diverse group of researchers came together to compare and contrast the substance use and "abuse" practices and patterns of marginalized groups in their region of the world. The panelists included researchers discussing: the hill people of Burma, Maori in New Zealand, Algerians in France, Mexican-Americans in the United States and predominantly African-American homeless males in New York. We found many common themes. In particular, we found that each of the marginal populations increased their use of substances with increased time in the host society/culture. It was agreed that substance use is not only a process of adaptation but also a coping mechanism in, for the most part, hostile and unwelcoming environments. We also agreed that "abuse" of substances is not common to traditional cultures. Migration to a more modern society was accompanied by initiation and/or increase in substance use. When used at all, indigenous people tend to use substances in the controlled form of ritual and ceremony. The use of substances as a method of desensitizing to day-to-day stressors was adopted with exposure to the practises of their new surroundings. We found that there are more commonalities in the processes we examined than differences independent of location and race/ethnicity.

PMID: 12180564 [PubMed - indexed for MEDLINE]

3. Drug use and HIV risks among migrant workers on the DelMarVa Peninsula.

Inciardi JA, Surratt HL, Colon HM, Chitwood DD, Rivers JE. Center for Drug and Alcohol Studies, University of Delaware, Newark, USA. Subst Use Misuse. 1999 Mar-Apr;34(4-5):653-66.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10210098&query_hl=2

Because high rates of drug use have been documented in the migrant farm worker population, the National Institute on Drug Abuse funded the Migrant Health Study to examine HIV risk behaviors among drug-using farm workers and their sexual partners. Many of these individuals were home-based in South Florida and migrated during the work season to various points along the Eastern Migratory Stream. The focus of this paper is a description of the characteristics and behaviors of the 151 respondents contacted on the DelMarVa Peninsula during 1994 and 1995. The data indicate that drug

use was widespread in this population, a significant proportion were at risk for HIV infection, and 6% were HIV positive. As a result of these findings, public health agencies on the peninsula have instituted HIV education programs in those clinics utilized by both local and transient agricultural workers.

PMID: 10210098 [PubMed - indexed for MEDLINE]

4. Excerpts from Injection Drug Use in San Diego County: A Needs Assessment

Executive Summary. Prepared by Linda S. Lloyd, Dr.P.H., Daniel J. O'Shea, and the Injection Drug Use Study Group. Project sponsored by the Alliance Healthcare Foundation October, 1994 <http://www.nasen.org/sandiego/nexecsum.htm>

San Diego has unique patterns of injection drug use. In 1990, San Diego received federal designation as a "high intensity drug-trafficking area" (San Diego Department of Health Services/Office of AIDS Coordination [SD DHS/OAC], 1994c). Most recent Department of Justice data place San Diego as third in the nation for heroin use, first in polydrug use and first in methamphetamine ("meth") production and use; unlike other communities where insufflation ("snorting" or "tooting") or smoking is preferred, 20% of San Diego's "meth" users prefer to inject.

Methamphetamine is the predominant stimulant used in San Diego. In FY 1993, 41% of all treatment admissions unrelated to alcohol involved methamphetamine - a 10% increase over the previous year. Twenty percent of these users reported smoking as the usual route of administration, and 20.5% reported injecting (Haight, 1993b).



According to a Robert Wood Johnson Foundation study (1993), between 85% and 90% of IDUs are not in treatment, and it appears that another 20% may be ready to commit to treatment but cannot access services (AIDS Alert, 1994e). In County-funded drug treatment programs IDUs are given priority among people seeking treatment, but treatment facilities are few, and lack culturally appropriate services. Current estimates of IDUs in San Diego County range from 7,100 to 23,000 (Green, 1993).



Most areas in California reported an increase in AIDS cases of 5 to 6 percent in 1992. San Diego is the exception. According to the State Department of Health Services, San Diego's increase is over 18% in 1992 (SD DHS/OAC, 1994c). This high growth rate suggests that standard protocols used to estimate the prevalence of HIV infection will not work for San Diego County. Factors pointing to a higher estimate include the migration of people with HIV/AIDS to San Diego from other communities, the under-reporting of HIV in San Diego's large Latino and Asian/Pacific Islander communities by as much as 20%, and a group of 2,000 Navy and Marine personnel with HIV who temporarily reside in San Diego. In addition, San Diego is a transportation, commercial, recreation and convention center.

Communities of color are over represented among the HIV-infected, with a disproportionate impact of HIV on African American IDUs. In mid-1993, 48% of all reported AIDS cases were among African Americans and Latinos, while these populations represent only 21% of the total U.S. population (CDC, 1993). This is exacerbated by deficiencies in San Diego's healthcare delivery system, which lack culturally appropriate treatment and support programs.

The Increasing Incidence of Hepatitis B Virus in San Diego

The incidence of hepatitis B virus (HBV) nationally among IDUs has increased 30% since the mid-1980's. Zero-prevalence studies across all drug using populations show that up to 90% of long-term injecting drug users have been exposed to HBV (Isselbacher et al., 1994). Nearly 5% of those who become infected will die of fulminant hepatitis B or cancer of the liver (Hoeprich and Jordan, 1989). Ten percent will experience episodes requiring lengthy and expensive hospitalizations, and another 5% to 10% will be chronic carriers of the disease. As in HIV, the use of alcohol and toxic drugs stimulates the development of clinical abnormalities. An HIV-infected IDU is more susceptible to hepatitis B, which is present in over 95% of all HIV-infected individuals (Isselbacher et al., 1994).



Fifty organizations provided specific services to the IDU population. Of the approximately 3,754 IDUs seen in any given month, only 75% were in treatment or support programs. Twelve agencies provided street outreach to approximately 420 IDUs in any given month, less than 3% of the estimated 15,000 IDUs in the County. Polydrug use was frequent, with heroin, methamphetamines and cocaine the three most common drugs. Some anecdotal information was provided on vitamin, steroid, and hormone injections.



Although drug use has affected the local Latino community dramatically, according to Alfredo Velasco, Ph.D., (personal communication, September 1994) the impact is no more nor no less than in other communities. As in most communities, many Latinos consider "dope fiends" to be at the bottom of society, and to pull down the quality of life wherever they congregate. There is little support for treatment programs; most Latinos just want the problem to disappear, but have no suggested solutions. Latino drug injecting individuals interviewed in this needs assessment reported higher levels of safer injection practices, yet lower utilization of social and medical services. In addition, the respondents were more comfortable responding to the questions in Spanish, a factor that might limit their ability to enter and/or remain in a treatment program since there are no Spanish-language treatment programs in the County. Some programs have Spanish-speaking staff, but most program activities are carried out in English. In addition, the South Bay/San Ysidro area lacks treatment programs, leading to limited access for many Spanish-speaking IDUs living in that area. This lack of diversity in bilingual programs will also affect other, non-English speaking IDU populations. Treatment programs for Latino IDUs need to address issues of language, as well as community apathy and denial.

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the HepTalk listserv is compiled by HepTalk project staff.