

# **Substance Use Among Agricultural Workers: Report on a Needs Assessment in Maine**

**Laura Valencia Orozco and Hannah Miller**

Maine Mobile Health Program

# Agenda

- Objectives
- What is MMHP?
- What is AIMS?
- Define Substance Use Disorder
- Needs Assessment Data
- Where did we go from here?
- Broader Discussion
- Questions



# Objectives

- Define substance use disorder and identify common risk factors.
- Describe the correlation and prevalence of substance use among MMHP's patients.
- Summarize how MMHP used the results to improve service delivery for their patients.

# What is MMHP?

- Provides health services to migrant and seasonal farmworkers and seafood processors across the state of Maine
- 4 mobile units instead of a permanent bricks-and-mortar location
- Approximately 60% direct care / 40% voucher care
- Types of services:
  - Direct Services
  - Voucher Services
  - Enabling Services



# What is AIMS?



## Access Increases in Mental Health and Substance Abuse Services

“Purpose is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse”  
 (“HRSA”. 2017)

- Increasing personnel
- Using technology to expand services
- Providing education and training to support the expanded services.



# Substance Use Disorder

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# Substance Use Disorder

- DSM V has recently changed its language from Substance Abuse to Substance Use Disorder in efforts to de-stigmatise it.
- Some key criteria of SUD in the DSM-5 include:
  - Missing school, work or other responsibilities due to substance use
  - Building up a physiological tolerance to the effects of a substance
  - Craving the substance
  - Failing to quit using despite multiple times of trying to do so
- A Substance Use Disorder is considered a brain disease because it affects its structure and how it works.



# Opioid Use Disorder DSM-5

A problematic pattern of opioid use leading to clinically significant impairment of distress, as manifested by at least **two** of the following, occurring within a 12-month period:

- Opioids are often taken in larger amounts or over a longer period than was intended.
- Persistent desire/unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent obtaining, using, and recovering from the use of substances.
- Craving
- Failure to fulfill major obligations at work, school, or home due to use.
- Continued use of substances despite having social or interpersonal problems caused or made worse by the use.
- Substance use in situations where it is physically hazardous.
- Important social, occupational or recreational activities are reduced or given up because of the use.
- Continued use of substances despite having physical or psychological caused or made worse by the use.
- Tolerance
- Withdrawal





# Commonly Misused Substances

- Tobacco
- Alcohol
- Marijuana
- Prescription Opioids
- Prescription Sedatives and Tranquilizers
- Prescription Stimulants
- Steroids



# General Signs of Substance Misuse

- Changes in eating habits
- Changes in sleep patterns
- New friends
- Decrease job performances
- Mood swings
- Sneaking around and keeping secrets
- Lying
- Unexpected cash flow
- Drug supplies
- No energy to do things



# Key Predictors of Substance Use

# Key Predictors of Substance Use

- Trauma
- Social Determinants of Health
  - Race / Ethnicity
  - Age
  - Class
  - Gender
  - Sexuality
  - Religion
  - Rural vs. Urban
  - Food / Diet
  - Exercise / Recreation
  - Etc.



# Needs Assessment Data

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# Purpose of the Study

**To explore the correlation and prevalence of the use of substances and binge drinking with our patients.**

*\*For the purpose of this study we define substances as alcohol, tobacco, marijuana, prescribed and non-prescribed medications, cocaine, heroin, and other illicit substances.*



# Introduction to Data

- Demographics
- Family and Home
- Alcohol / Tobacco / Illicit Substances / Prescription Medication
- Forms of Relaxation / Enjoyment
- Community Resources

***\*MMHP staff interviewed 76 Spanish-speaking patients across three harvests during November / December 2017. We recognize that our conclusions only reflect the behaviors of our Spanish-speaking patients.***



# Breakdown

- **Migrant** - comes to the area for a short period of time for work, typically lives in housing provided by employer, often here for 1-3 months
- **Temporary** - comes to the area for a long period of time, but not the entire year, to work, lives in rented housing often not paid for by employer, typically here for 8-10 months
- **Seasonal** - lives in Maine permanently, often here 12 months out of the year





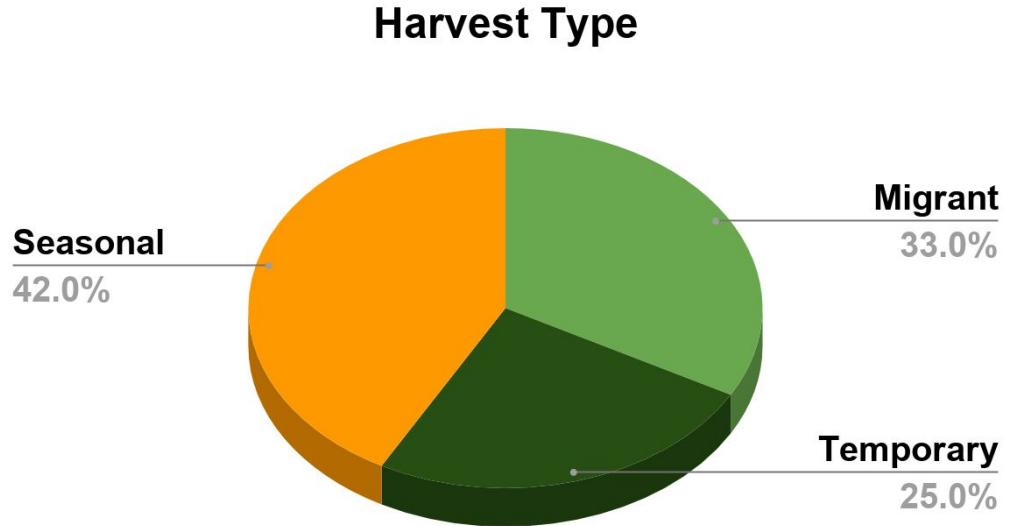
# Demographics

- **Gender**

- Masculine: 72%
- Feminine: 28%

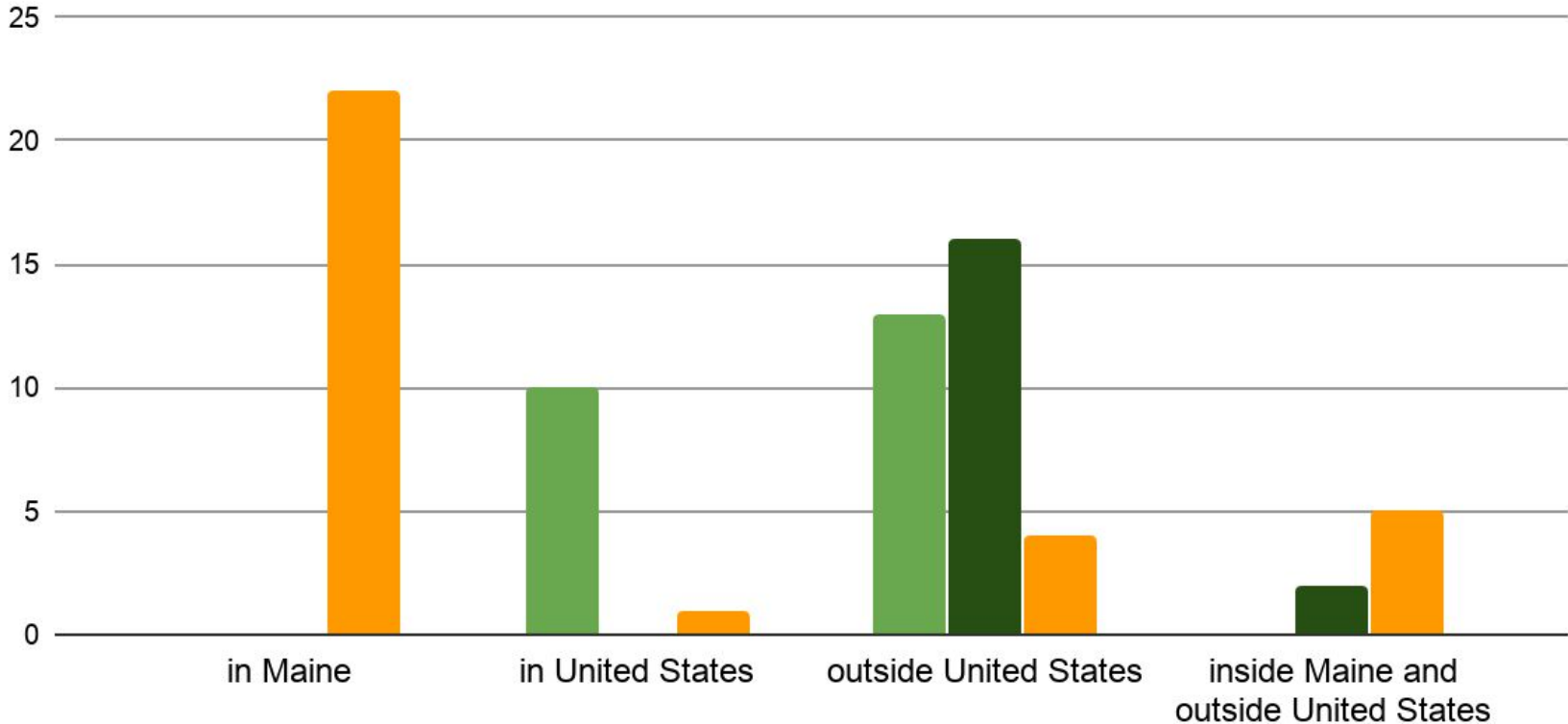
- **Age**

- Majority in each category between 21-34 and 35-44



# Definitions of Home

Migrant Temporary Seasonal



\*Countries outside the United States include Puerto Rico, Mexico, Guatemala, Honduras, and El Salvador

# Family

## Family Importance

### Migrant

- 96% highest importance

### Temporary

- 90% highest importance

### Seasonal

- 97% highest importance

## Support at Home

### Migrant

- 100% Yes

### Temporary

- 89% Yes

### Seasonal

- 91% Yes

## Family in Maine

### Migrant

- 48% Yes in Maine
- 52% None in Maine

### Temporary

- 26% Yes in Maine
- 74% None in Maine

### Seasonal

- 78% Yes in Maine
- 22% None in Maine

*\*Support at home includes both family in the home and outside*



# Religious Importance

## Migrant

- 52% highest importance

## Temporary

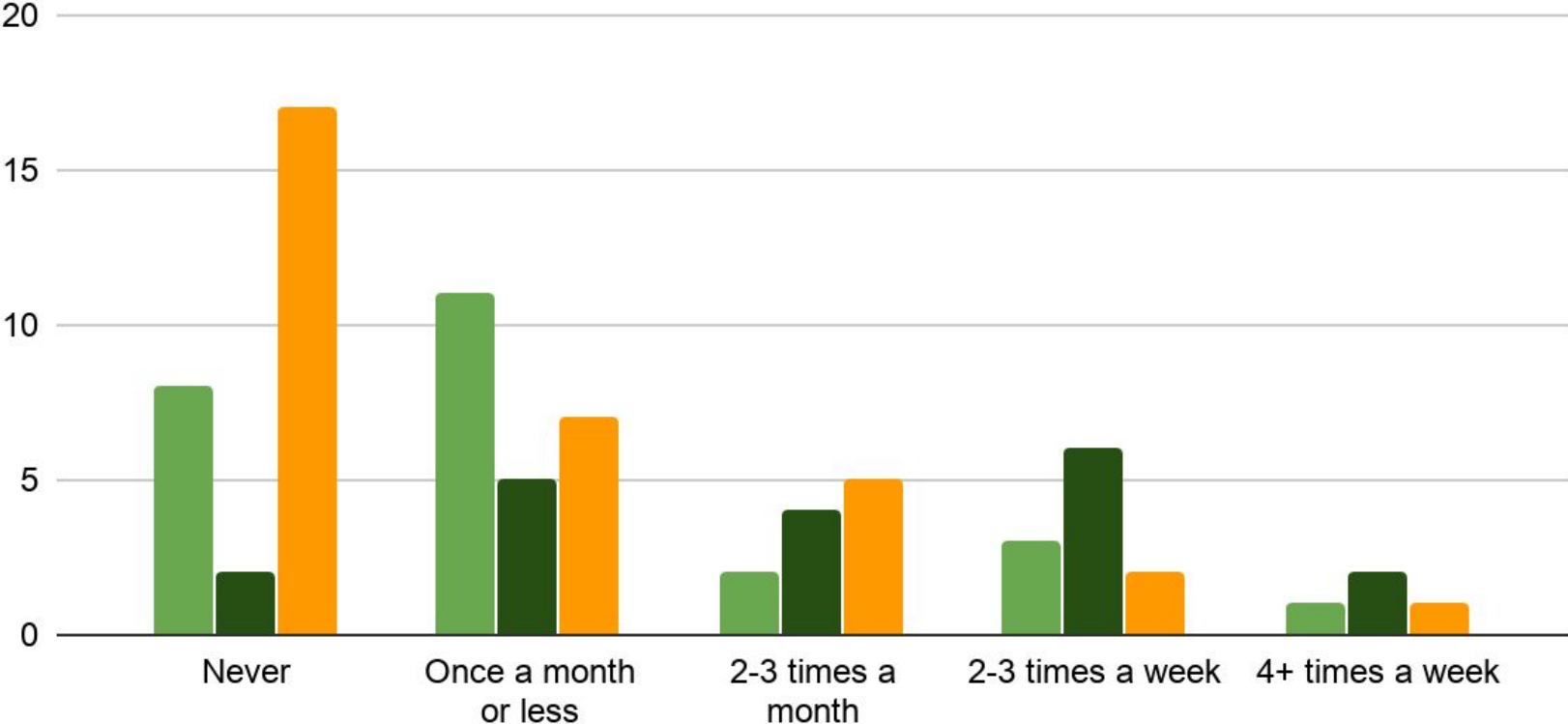
- 68% highest importance

## Seasonal

- 66% highest importance

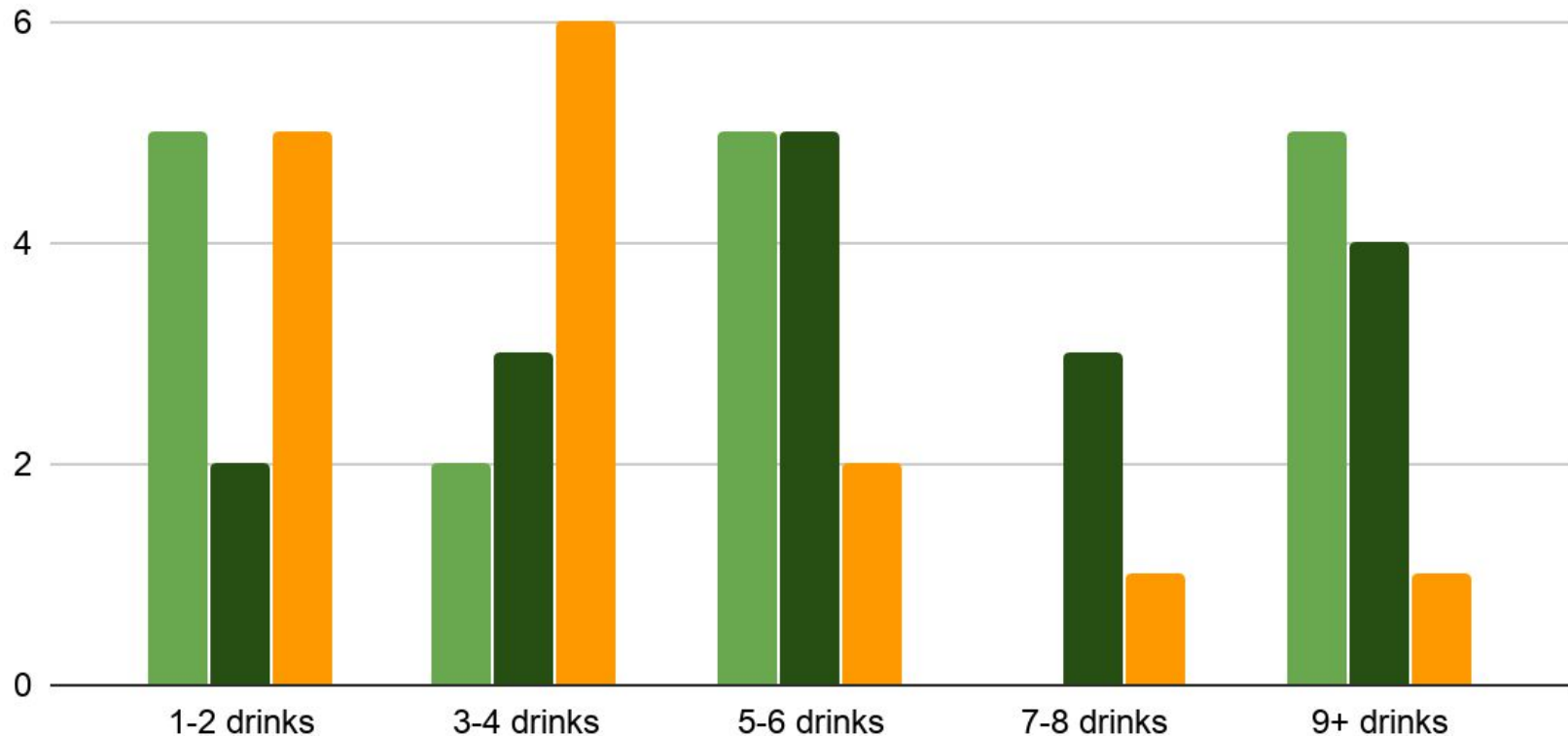
# Alcohol Consumption (Frequency)

Migrant Temporary Seasonal



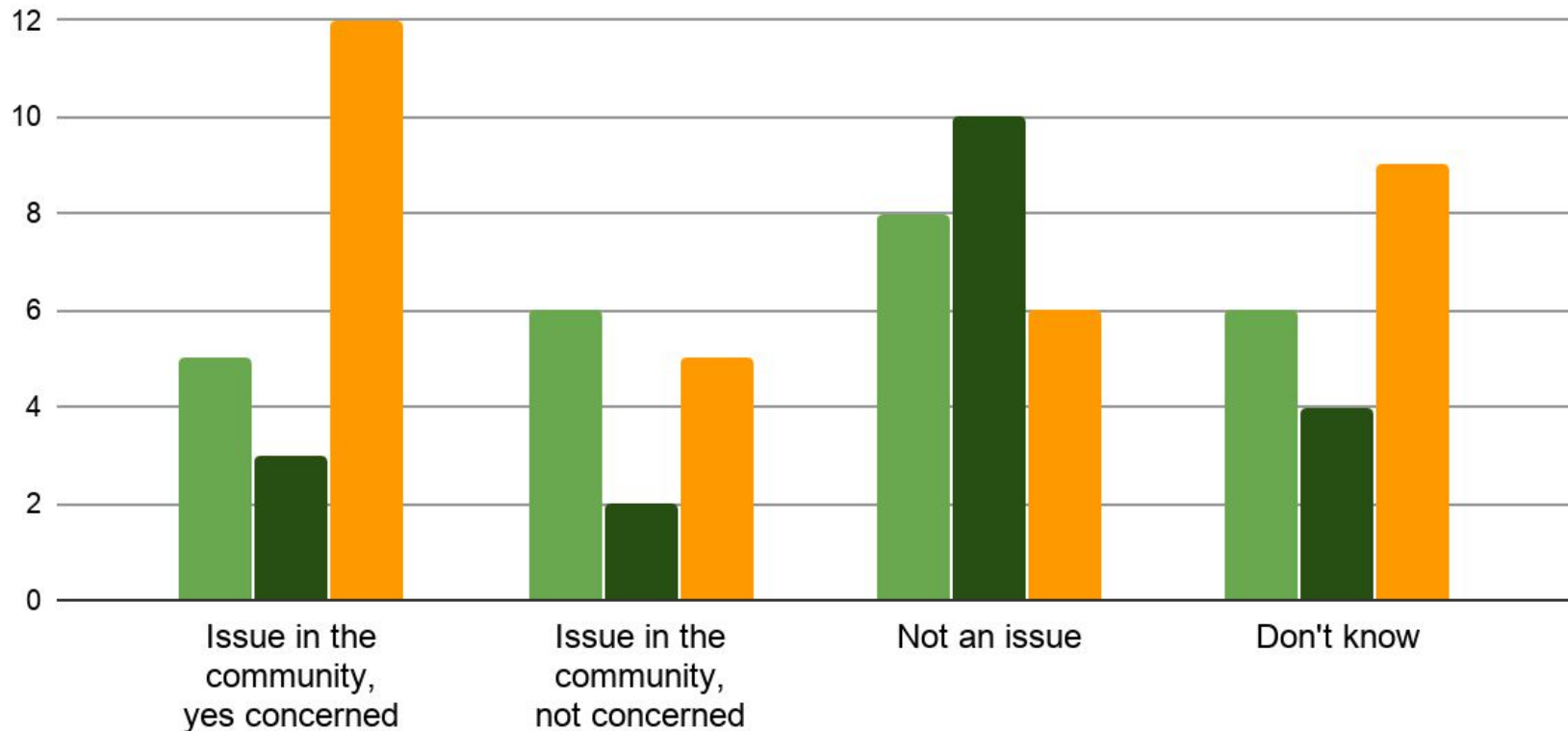
# Alcohol Consumption (Quantity)

Migrant Temporary Seasonal



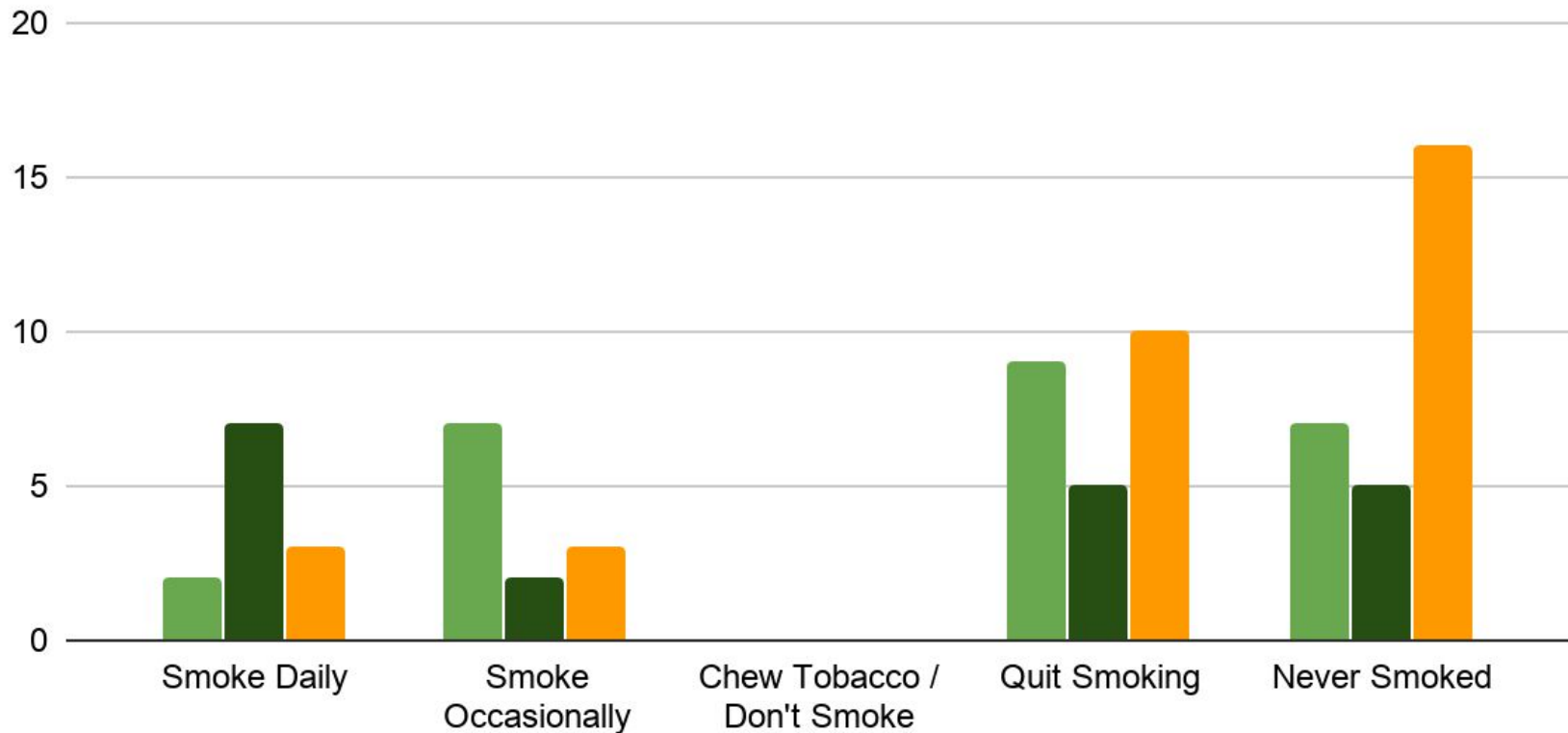
# Alcohol in the Community

■ Migrant ■ Temporary ■ Seasonal



# Smoking

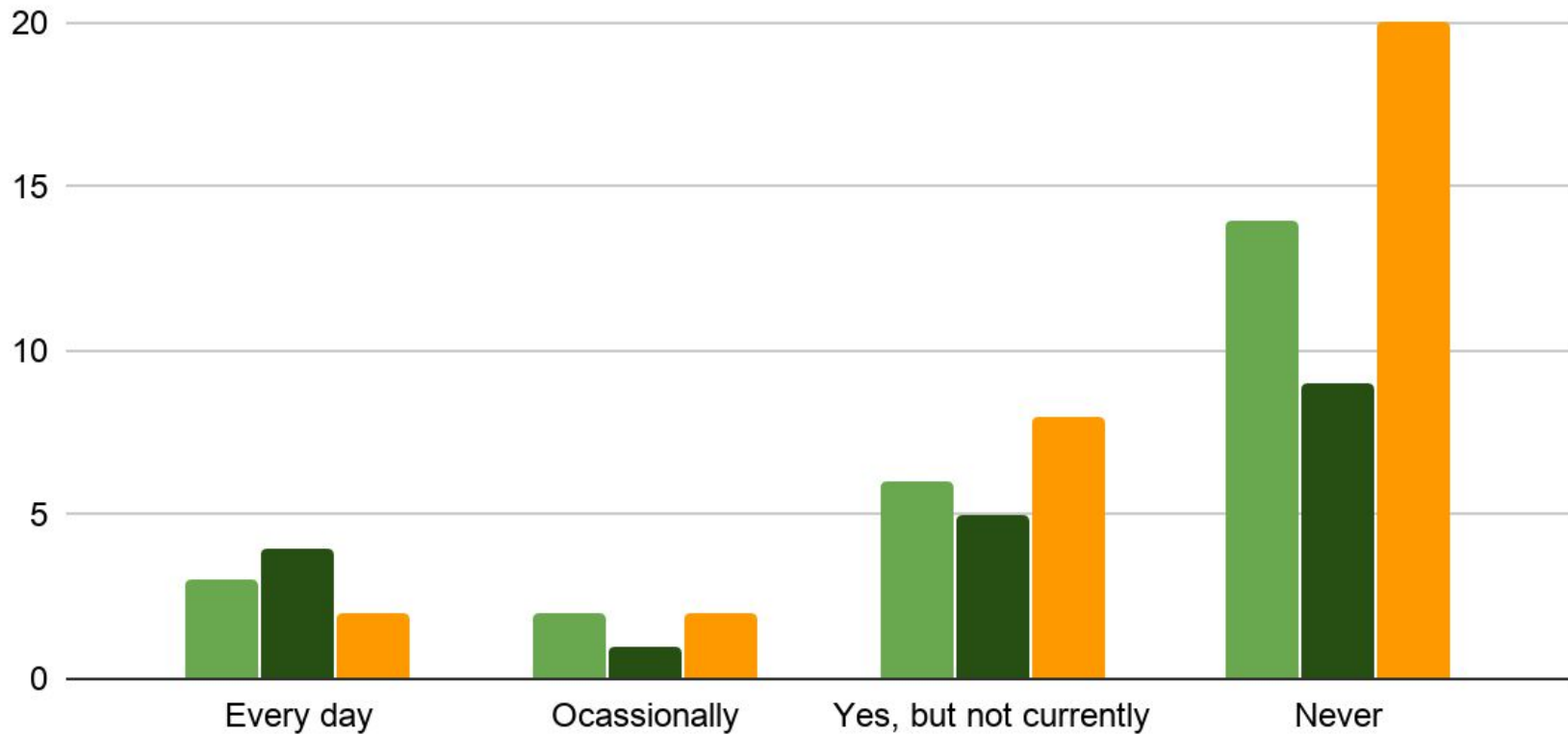
Migrant Temporary Seasonal





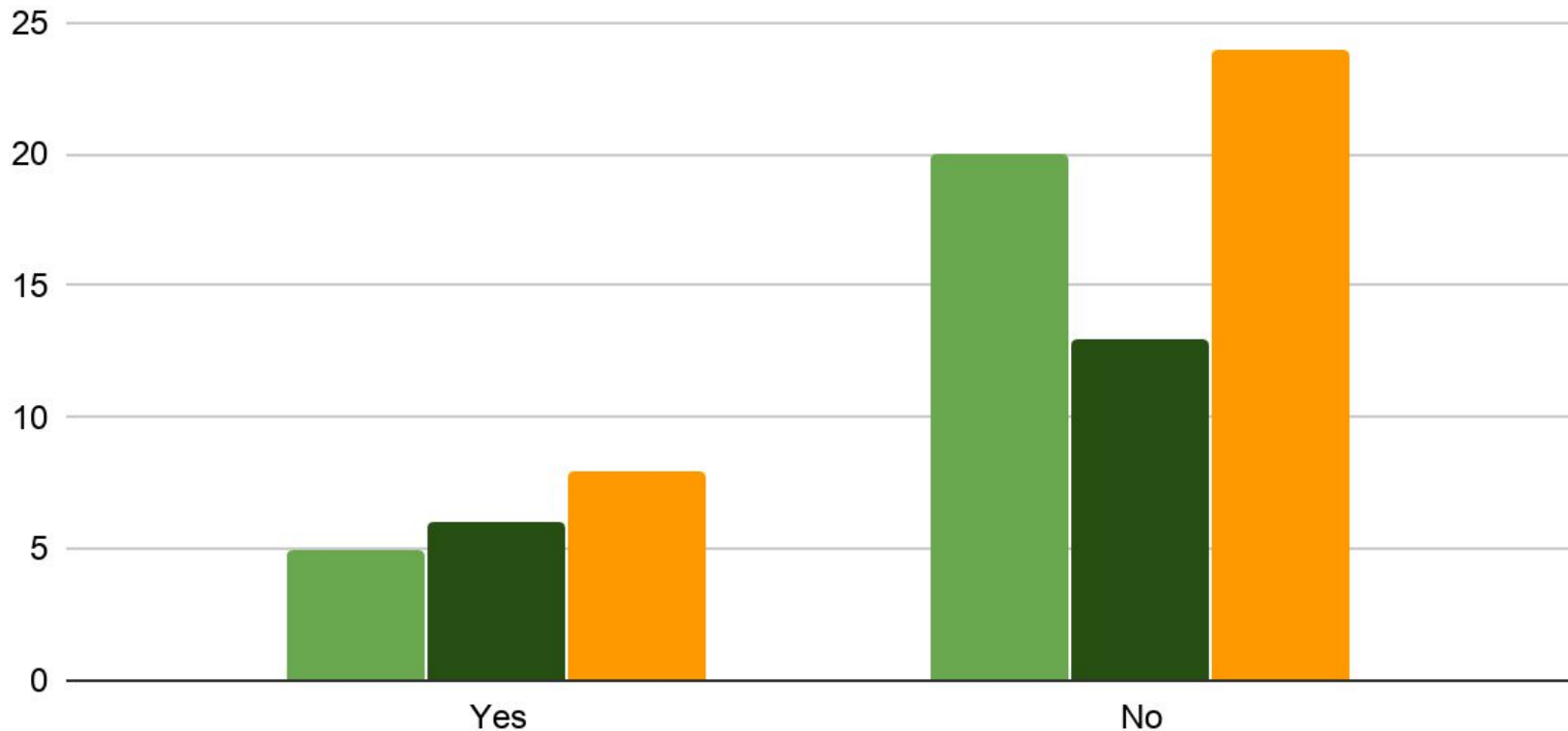
# Marijuana

Migrant Temporary Seasonal



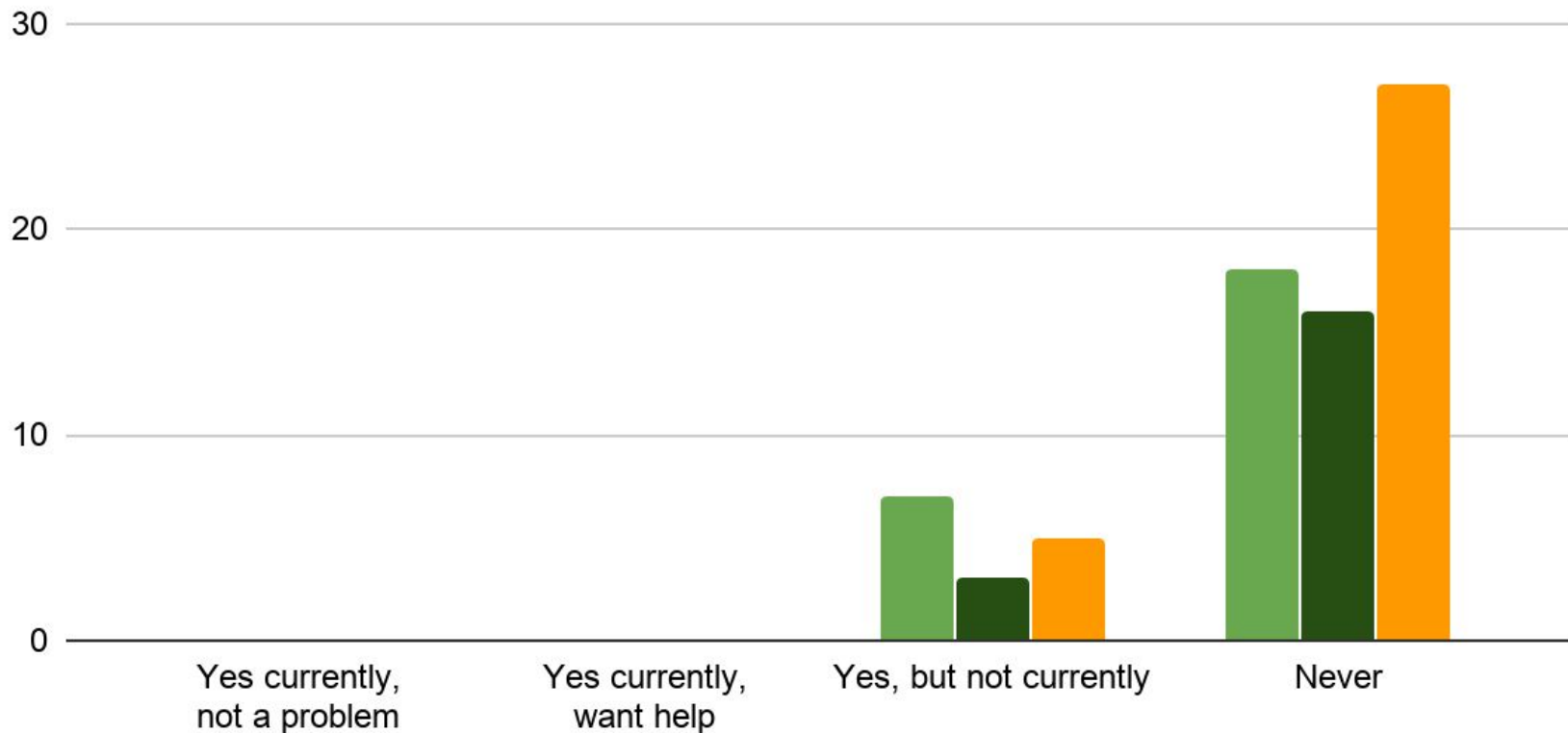
# Prescription Medication

Migrant Temporary Seasonal



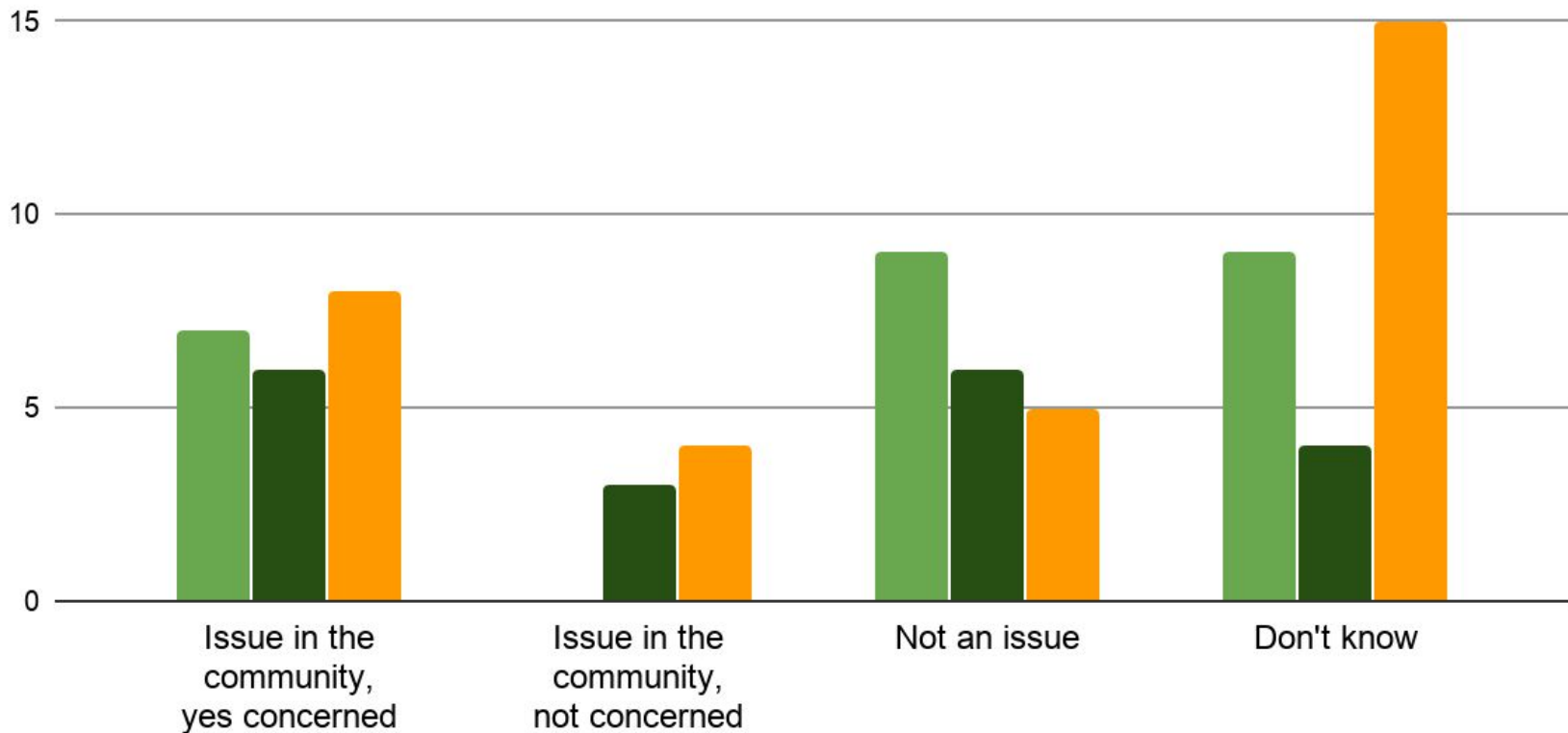
# Use of Illicit Substances

■ Migrant ■ Temporary ■ Seasonal



# Drugs in the Community

■ Migrant ■ Temporary ■ Seasonal



# Forms of Relaxation / Enjoyment

**Positive:** *“Playing with my kids, cooking, and listening to music”* Q.23, Respondent #58 ~ Seasonal

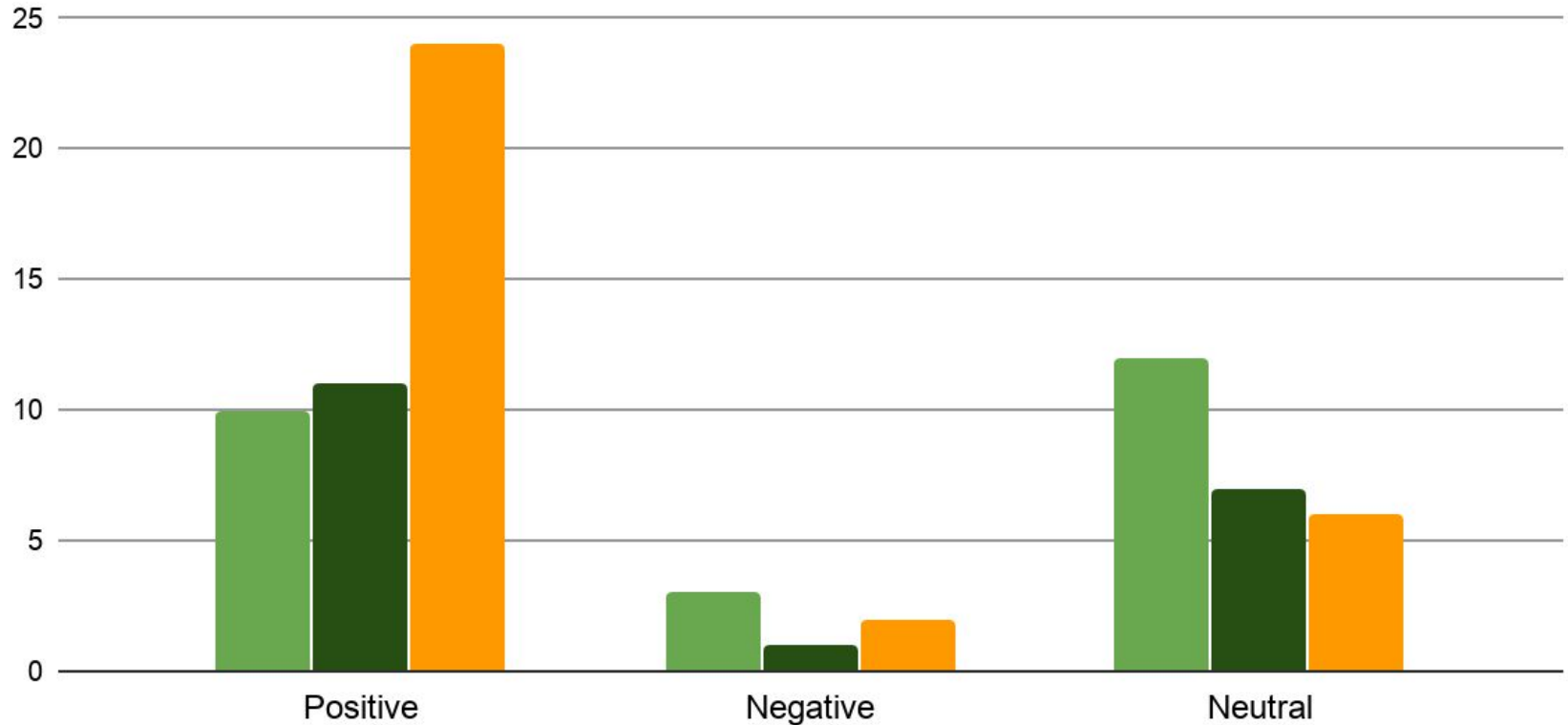
**Negative:** *“Listening to music and drinking alcohol”* Q.23, Respondent #4 ~ Migrant

**Neutral:** *“Watching TV”* Q.23,  
Respondent #31 ~ Temporary



# Forms of Relaxation / Enjoyment

Migrant Temporary Seasonal



# Support in the Community

**Migrant (96% yes):** *“We are all like family here!”*  
Q.25, Respondent #7

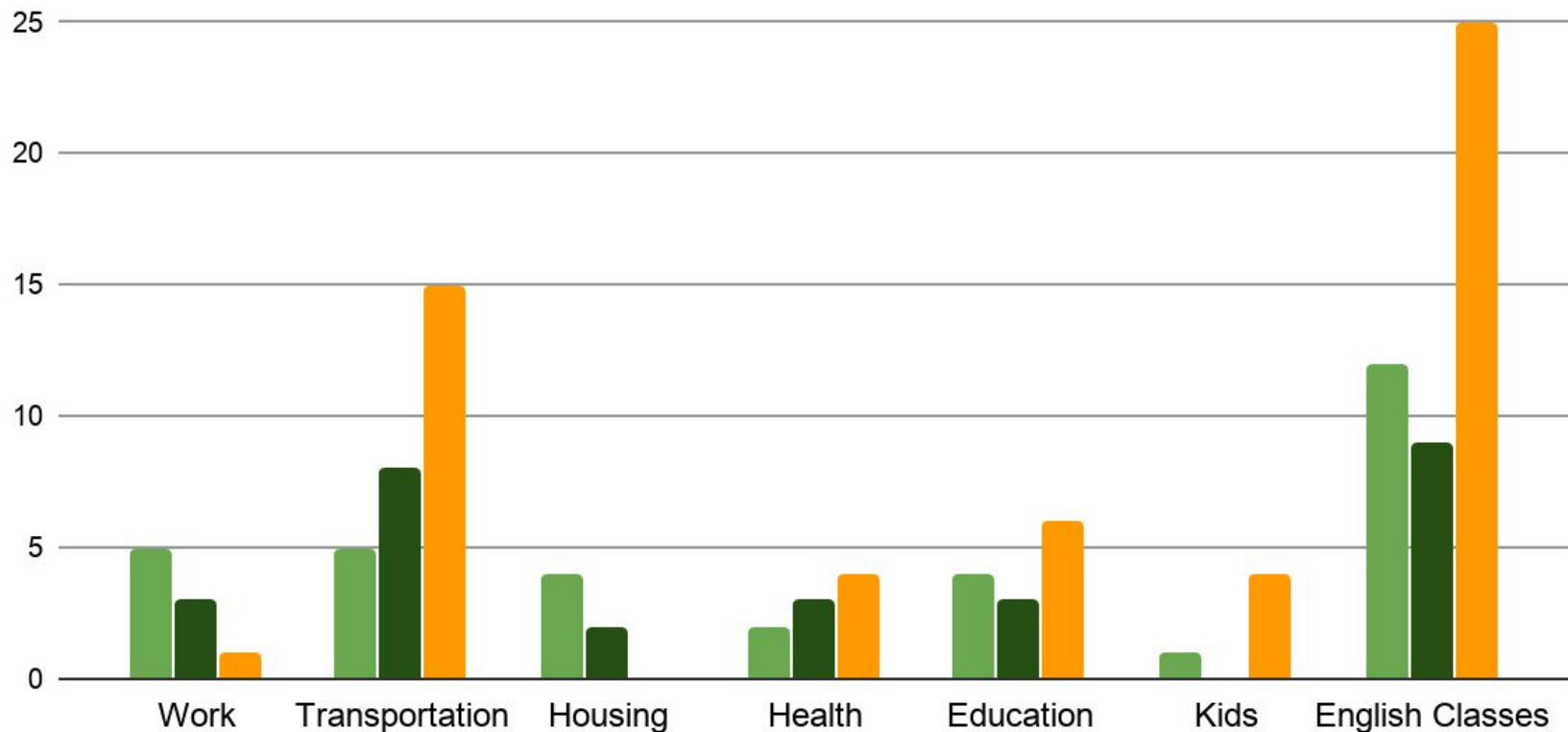
**Temporary (84% yes):** *“Because MMHP is watching out for us”* Q.25, Respondent #42

**Seasonal (81% yes):** *“I feel supported by my coworkers, especially by my boss”* Q.25, Respondent #56



# Resources Needed

Migrant Temporary Seasonal





# Summary of Data

- **Alcohol**
  - Temporary had the highest rates of binge drinking and the least concern for the issue.
- **Smoking and Marijuana**
  - Temporary had the highest rates of daily smoking, both for cigarettes and marijuana.
- **Prescription Medication**
  - The majority of patients in all three categories did not use prescriptions. Those who did could not specifically name them.
- **Illicit Substances**
  - The majority of patients in all three categories have never used drugs.

# Conclusions

- **Community Resources / Support**
  - **Temporary** appear to be the most vulnerable to instability in terms of community resources and their support networks.
  - **Seasonal** appear to be vulnerable to isolation / separation from the community
  - We assumed the **migrant** group would be most vulnerable, but we noticed they seem to have a strong support network among each other that compensates for their instability.

# Limitations

- Only interviewed Spanish-speaking patients
- Small sample size
- Harvest areas (does not include blueberries or Milbridge seasonal)
- Self-reporting / underreporting
- Our own biases when interpreting the data



# Where did we go from here?

- Intake
- Tobacco handouts
- Maine Tobacco Helpline
- Telehealth
- Medication - pill card



# Changes to Social History on Intake Form

## Social History (+)

Tobacco cessation counseling provided

 Yes  No

NOTE

Smoking status

NOTE

Smoking - how much

NOTE

Tobacco-years of use

NOTE

Interested in hearing about smoking treatment options

 Yes  No

NOTE

Smoking - former smokers - quit time

NOTE

Former smoker - do you have relapses or urges

 Yes  No

NOTE

Marijuana

Yes No

 NOTE

Alcohol use

Yes No

 NOTE

If alcohol use, how much

 NOTE

Illicit substances

 NOTE

Have you ever felt concerned about your use of substances (alcohol, tobacco, marijuana, other drugs)

Yes No

 NOTE

Would you like to have a visit with our behavioral health provider

Yes No

 NOTE

# Tobacco Treatment Options at MMHP

*Evidence-based treatment (counseling + medication)*

## Counseling

- In-person or telehealth with MMHP providers
- Maine Tobacco Helpline (<https://mainehealth.org/services/pulmonology/maine-tobacco-helpline>)

## Medication

- Patches, lozenges

## Handouts

- Ready to quit
- Not ready to quit

### Information About Clinician Making Referral

Practice/Hospital: Maine Mobile Health Program

Clinician Making Referral: \_\_\_\_\_

Street Address: 9 Green Street, PO Box 405

City: Augusta State: ME Zip: 04332

Phone: (207) 622-9252 Fax: (207) 626-7612

### Information About Patient/Client Being Referred

Patient/Client: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone where you can be reached: \_\_\_\_\_ Will you need translation services? Yes  No

Male  Female  Deaf/TTY  (Language (specify): \_\_\_\_\_)

If inpatient, please included estimated discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check the **BEST time frame for the HelpLine to reach you** Monday-Friday.

8am-12pm  12pm-3pm  3pm-6pm

If we don't reach you, we will leave a message with a call back number.

Check this box if you do not want a message left

I authorize the Maine Tobacco HelpLine to contact me. (Sign below)

Patient/Client Signature: \_\_\_\_\_

(If patient/client unable to sign, person making referral may sign off to indicate verbal consent.)

# Maine Tobacco Helpline Referrals

- A statewide initiative committed to helping Maine residents quit tobacco
- Free medications and coaching by certified tobacco treatment specialists

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# Case Study #1

Lupe is 33 year old woman, who currently smokes a pack a day. Lupe lives in a camp with 10 other people, many of whom smoke. She has tried multiple times to quit using patches, but did not find them helpful. The longest she has been without smoking is 2 weeks. Lupe states that she really wants quit, but does not know how. Additionally, Lupe has been diagnosed with type 2 diabetes and is experiencing some anxiety over the new changes in her life.

# Case Study #2

Carlos is 67 year old male, who had expressed interest about quitting smoking during the registration process. Upon hearing this, the Community Health Worker made a referral for him to see the Tobacco Treatment Specialist at MMHP. TTS makes multiple attempts to reach him, but each time Carlos states, “I do want to quit, but this is not the right time for me”.



# Broader discussion about farmworkers and substance use

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# *Questions?*

**Laura Valencia Orozco**

lvalenciaorozco@mainemobile.org ~ 207-446-0556

**Hannah Miller**

hmiller@mainemobile.org ~ 207-485-2779

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