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

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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
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
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

**Harvest Type**

- **Seasonal**: 42.0%
- **Migrant**: 33.0%
- **Temporary**: 25.0%
Countries outside the United States include Puerto Rico, Mexico, Guatemala, Honduras, and El Salvador.
*Support at home includes both family in the home and outside

**Family**

**Family Importance**
- **Migrant**
  - 96% highest importance

**Support at Home**
- **Migrant**
  - 100% Yes

**Family in Maine**
- **Migrant**
  - 48% Yes in Maine
  - 52% None in Maine

**Temporary**
- **Migrant**
  - 90% highest importance
- **Temporary**
  - 89% Yes

**Seasonal**
- **Migrant**
  - 97% highest importance
- **Temporary**
  - 91% Yes
- **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

Frequency categories:
- Never
- Once a month or less
- 2-3 times a month
- 2-3 times a week
- 4+ times a week
Alcohol Consumption (Quantity)

- Migrant
- Temporary
- Seasonal

1-2 drinks: [Migrant, Temporary, Seasonal]
3-4 drinks: [Migrant, Temporary, Seasonal]
5-6 drinks: [Migrant, Temporary, Seasonal]
7-8 drinks: [Migrant, Temporary, Seasonal]
9+ drinks: [Migrant, Temporary, Seasonal]
Alcohol in the Community

Migrant  Temporary  Seasonal

Issue in the community, yes concerned
Issue in the community, not concerned
Not an issue
Don't know
Smoking

- Smoke Daily
- Smoke Occasionally
- Chew Tobacco / Don't Smoke
- Quit Smoking
- Never Smoked
Prescription Medication

- Migrant
- Temporary
- Seasonal
Use of Illicit Substances

- Migrant
- Temporary
- Seasonal

- Yes currently, not a problem
- Yes currently, want help
- Yes, but not currently
- Never
Drugs in the Community

- **Migrant**
- **Temporary**
- **Seasonal**

<table>
<thead>
<tr>
<th>Category</th>
<th>Migrant</th>
<th>Temporary</th>
<th>Seasonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue in the community, yes concerned</td>
<td>7</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Issue in the community, not concerned</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Not an issue</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Don't know</td>
<td>6</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>
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
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

Comparison of resources needed across different categories:
- Work: Migrant, Temporary, Seasonal
- Transportation: Migrant, Temporary, Seasonal
- Housing: Migrant, Temporary, Seasonal
- Health: Migrant, Temporary, Seasonal
- Education: Migrant, Temporary, Seasonal
- Kids: Migrant, Temporary, Seasonal
- English Classes: 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

<table>
<thead>
<tr>
<th>Social History</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco cessation counseling provided</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoking status</td>
<td>Current every day smoker</td>
</tr>
<tr>
<td>Smoking - how much</td>
<td>1 PPW</td>
</tr>
<tr>
<td>Tobacco-years of use</td>
<td>5</td>
</tr>
<tr>
<td>Interested in hearing about smoking treatment options</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoking - former smokers - quit time</td>
<td></td>
</tr>
<tr>
<td>Former smoker - do you have relapses or urges</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
</tr>
<tr>
<td>Alcohol use</td>
<td></td>
</tr>
<tr>
<td>If alcohol use, how much</td>
<td></td>
</tr>
<tr>
<td>Illicit substances</td>
<td></td>
</tr>
<tr>
<td>Have you ever felt concerned about your use of substances (alcohol,</td>
<td>Yes</td>
</tr>
<tr>
<td>tobacco, marijuana, other drugs)</td>
<td></td>
</tr>
<tr>
<td>Would you like to have a visit with our behavioral health provider</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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
Maine Tobacco Helpline Referrals

- A statewide initiative committed to helping Maine residents quit tobacco

- Free medications and coaching by certified tobacco treatment specialists
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”.

Medication

- Patients with uncontrolled hypertension and diabetes
- New diagnoses of chronic / difficult conditions
- Patients struggling to manage their medications
Broader discussion about farmworkers and substance use
Questions?

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