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**Addictions in the Farmworker Community**

# **ADDICTIONS IN THE FARMWORKER COMMUNITY**

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OVERVIEW:

One of the biggest dilemmas in creating effective and efficient intervention strategies for the farmworker population lies in the identification of the substance abusing and alcoholic client

The farmworker population is heterogeneous. A mistake many of us make is thinking of the farmworker community, migrant and seasonal, as strictly Hispanic in make up

The breakdown of patients seen and serviced at Tri-County Community Health Center, Newton Grove is:

Hispanic/Latino	65.0%
African/American	32.0%
Anglo/American	2.5%
Haitian	<u>5%</u>
	100.0%

A PROFILE OF HISPANICS

Hispanic is a term that made its first appearance in the late 1970s and then was used by the U.S. Bureau of the Census in 1980 to designate those individuals who reside in the United States and whose cultural origins are in Mexico, Puerto Rico, Cuba, Central America, and other Latin American countries.

It is not uncommon to find reference to terms such as *Latino* or *la raza* literally, "the race" as the preferred ethnic terms in many communities. Among Hispanics with ties to Mexico, one is likely to find reference to *Mexicano*, *Mexican American*, *Chicano*, and even *Spanish American* as terms of self-identification used by various segments of the population.

Because undocumented immigrants have no legal rights in the United States and can be deported if apprehended, these immigrants, who today include a sizeable population of newcomers from Latin America are the least likely to seek public services. Yet because of their precarious situation, these individuals are often the population at greatest risk for substance abuse problems.

The migrant is at high risk for experiencing severe psychosocial conflict because of self-imposed pressure to succeed and the lack of English proficiency. In addition, having left behind family, friends, and acquaintances who constitute a support system, the migrant often finds him- or herself isolated and without anyone to turn to during periods of stress.

## CULTURE AND HEALTH

An ethnic/racial group's shared norms, beliefs, and expectations regarding alcohol and its effects shape not only the group members' drinking habits per se, but also the ways in which the members behave while drinking and their perceptions of personal and collective responsibility for the outcomes of drinking.

## OVERVIEW OF THE PROBLEM

The myriad social problems that result from racism and discrimination, along with the widespread tendency to use chemical substances to cope with resulting frustration, have contributed to the development of a national substance abuse epidemic.

African Americans who use alcohol and other drugs experience higher rates of drug-related health problems than do users from other ethnic groups

Trust is also a significant factor in gaining access; where trust is limited, access is difficult to obtain. Because of the long and tragic history of racism in the United States, many Black people have come to question the intentions of White people during interracial exchanges.

The design and evaluation of chemicals misuse/abuse prevention and treatment programs for African American communities are political, social, and cultural events.

## A HISPANIC PERSPECTIVE

The Hispanic population is not a unitary ethnic group. On the contrary, this group is quite heterogeneous, composed of subgroups that vary by Latin American national origin, racial stock, generational status in the United States, and socioeconomic level.

Many factors tie Hispanics together, including the Spanish language, reliance on the family as the significant social structure, interpersonal style of interacting (e.g. *personalismo*, *respeto*, and *dignidad*), and the Catholic Church

After they immigrate, males change their patterns of drinking to show both high frequency and high quantity. Reasons for this change might reflect the lack of immediate family members, who may still be in the country of origin; the lack of an extended family; or the lack of an acceptable support system. Working from this perspective, preventive/treatment programs might focus on providing support groups at convenient times and places. To stimulate attendance, dinnertime might be considered and a hot cultural meal might be served.

The most stressful situations reported by recent immigrants from Latin America are related to occupational and financial concerns (e.g., inability to get a job, lack of proper skills, legal status, insufficient income to support a family); parenting

situations (e.g., overt sexuality in the United States in contrast to the home culture, poor educational opportunities, offspring who adapt quickly and demand independence from their parents like their American peers); marital life (e.g., cultural conflicts in the marriage, spouse not adapting to American life, spouse drinking too much alcohol); immigrant status (e.g. feelings of being discriminated against, feared consequences of deportation, lack of English skills); and family matters (e.g., physical violence among family members, family members having become too individualistic, individuals being too close to family members, which interferes with their own goals)

Given the very concrete nature of these stress-causing factors, preventive/treatment programs could work in collaboration with social service and educational agencies to provide educational and support services to help immigrants develop the skills to deal more effectively with these factors

#### ASSESSING PREVAILING NEEDS AND RISK

From health agencies: blood alcohol levels at time of admission, admission for withdrawal, emergency room visits, drug overdose admissions, referral to treatment agencies, hospital and clinic visits, and incidence of HIV/AIDS cases

From law enforcement agencies: referrals of persons arrested while under the influence of drugs and/or alcohol; persons arrested for drunk driving.

From social service agencies: referrals of clients seen with substance abuse patterns; women battered by spouse/partner under the influence of drugs and/or alcohol; incidence of child abuse; substance abuse-related birth-defect children with special needs; and correlations of cyclic unemployment patterns.

Regardless of the types and number of questionnaires used by outreach workers, there is some essential information that must be gathered in one form or another. Such information includes demographic data (e.g., nationality, level of acculturation, and generational level); the types, prevalence, and severity of existing substance use (e.g., polysubstance use, the prevalence of HIV/AIDS among injected drug users, and the prevalence of Post Traumatic Stress Disorder-PTSD).

#### IDENTIFYING PROGRAM STRATEGIES AND ACTIVITIES

Given the finding that a significant number of Hispanic drug users maintain close contact with their families and that Hispanics report a willingness to intervene with family members at risk, a good argument exists for using family members in both preventive and treatment-oriented programs.

Another reason for family-oriented prevention/treatment programs is that less acculturated Hispanics may avoid sharing their problems outside the family circle. Furthermore, there is some evidence that programs that involve youth and young adults at risk can have more successful outcomes.

Given the prevalence among traditional Hispanics of personalismo (a preference by Hispanics for relationships with others in their social group), it might be advisable to have persons who are well known and respected in the community provide the intervention activities and to do so from the low-key perspective of plática (friendly conversation).

For highly at-risk subgroups (e.g., injected drug users) or for those who might reject using traditional social service settings, the preventive outreach activities may need to be carried out in areas where persons from such subgroups are most likely to be found (e.g., farmworker camps).

To ensure positive outcomes from the use of these channels culturally appropriate messages and materials must be developed. To this end, a careful developmental stage that includes identification of culture-specific attitudes, values, and expectancies will need to be considered when developing the messages. In addition, a multifaceted screening and interview phase should be carried out. Finally,

experiences with other areas of health promotion among Hispanics (e.g., cigarette smoking) can serve as models for this process

Taking personalismo into consideration, outreach workers associated with the prevention/treatment program should consider personally providing information and motivational messages directly to the community through meetings, community groups, and churches. To this end, programs might consider using individuals who have had alcohol/drug related experiences as role models to discuss the negative effects of substance abuse, explain how they were able to change their habits, and describe the benefits they are experiencing as a result of this change. If such testimonials are used, it is vital that they be carefully developed and pretested so the message is clear and motivating and do not conflict with other messages in the prevention/treatment program

## APPENDIX

The following scales, questionnaires, surveys, and inventories are examples of instruments that have been directly developed and/or statistically validated for use with different Hispanic subgroups.

**Center for Epidemiological Studies Depression Scale (CES-D):** developed to measure depression (Radloff, 1977). Its applicability and validity relative to use with Hispanics has been examined (Golding & Aneshensel, 1988).

**Hispanic Stress Inventory:** developed by Cervantes, Padilla, and Salgado de Snyder (1990) to assess psychological stress in the lives of immigrants from Latin America and the second for later-generation Mexican Americans. Can be obtained from A.M. Padilla.

**Harrington-O'Shea System of Career Decision Making:** Spanish version developed by Harrington and O'Shea (1980) for use in career decision making counseling. Validated for use with Mexican Americans, Puerto Ricans, Cubans, and South Americans.

**What Is Happening In My Life?:** developed by Furlong and Casas (Casas et al. 1988) to measure the types of stressors that might affect Mexican-American Adolescents.

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