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The Intersection of the "Opioid Crisis" with Changes in US Immigration Policy: Contextual Barriers to Substance Abuse Research with Latinx Communities

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Abstract

One of the 12 Grand Challenges facing contemporary social work is to close the health gap experienced by those in historically marginalized communities (Uehara et al., 2013). As social workers, we seek to understand the individual, interpersonal, social, and environmental factors along with the structural inequities leading to initiation and continuation of substance misuse. We are constantly contextualizing the circumstances under which substance misuse occurs, as well as contextualizing our approaches to addressing this issue from both a public health and social justice perspective. In order to adequately meet this challenge, considerably more research-based knowledge on the substance use treatment needs and preferences of America's largest ethnic/cultural group, Latinx, is needed. This brief report outlines current challenges associated with substance use research focusing on active Latinx heroin users living in a border state in a time of rapidly evolving social policy related to immigration, substance regulation, and public health.

Changes in the National Discourse on Latinx, Immigration and Public Safety

In 2014, the Center for the Study of Drug Policy and Research (CDSPR) at the University of Houston Graduate College of Social Work was awarded a five-year NIDA grant to investigate the use of culturally specific Virtual Reality (VR) based cue exposure therapy to address the substance use needs of (current) Latinx heroin users. The use of virtual reality could allow us to recreate realistic substance use environments participants could be immersed in without the risk to the participant or research staff that would be associated with in vivo exposure protocols (Trahan et al., 2019). Craving could be elicited, and

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participants could learn mindfulness-based coping strategies in real time while being exposed to substance cues.

After many delays, the VR based immersion platforms necessary for this study were completed in late 2016, a time when the nation was in the midst of what has been termed an "opioid crisis." This crisis resulted in countless individuals who were formerly misusing opioid pain medication transitioning to heroin use due to increasing cost, regulation, and surveillance of prescriptions of opioid pain medication, as well as an increase in the availability of heroin from Mexico and other foreign countries (Cicero, Ellis, Suratt & Krutz, 2014). Opioid use, including heroin use, was at a record high in urban areas as well as in many suburban and rural areas of the U.S. that had not been previously impacted by these substances (Keyes, Cerda, Brady, Havens & Galea, 2014). Overdose related deaths between 1999 and 2017 had increased by nearly 500% (NIDA, 2019) as heroin and other street drugs mixed with the powerful synthetic opiate fentanyl became increasingly prevalent.

Our Center is led by a Puerto Rican researcher and has been staffed with mostly Mexican American staff and students with substantial ties to local community agencies serving the health and substance use needs of local Latinx community. In addition, the Center is situated within a Hispanic Serving Institution (HIS) in a "minority majority" city with a large Latinx population. Accordingly, we embarked on study recruitment with much optimism and enthusiasm. Just a few years earlier, we had successfully completed a community-based research study with 227 Mexican-American male current (n = 75) and former (n = 152) injection heroin users ages 45–65 years old (Torres, Kaplan & Valdez, 2011). Like with the prior study, we planned to use recruitment strategies consistent with the cultural values of *personalismo, simpátia, confianza*, and *respeto*, and as recommended by Garica, Juniga & Lagon (2017). These strategies included using face to face recruitment by bilingual/bicultural research staff when possible, ongoing information giving and reassurance concerning potential risks and benefits of participation, continual review of the study's Certificate of Confidentiality, and a focus on improving the overall health and wellbeing of potential participants rather than trying to convince them to stop using heroin. We hoped that our study would lead to new insights on how best to address the contextually based cues that maintain ongoing heroin use and often trigger substance relapse. However, our enthusiasm would be markedly diminished as substantial changes in the local and national discourse focusing on Latinx individuals were evolving at a rapid pace and would have a substantial impact on our community-based recruitment efforts.

Texas, and its 1254-mile border with Mexico, became ground zero for debates concerning border walls, threats to public safety posed by Latinx immigrants and the need for increased deportation of those who were undocumented. Texas also became the epicenter for the development and enforcement of policies to quell the increasing number of immigrants entering the U.S. at the southern border, such as policies related to separating children from their families while awaiting asylum hearings and detaining undocumented minors in prison style facilities. In a very short period of time, ICE raids at schools and places of business became commonplace in the southern United States, leaving Latinx residents, documented and undocumented alike, fearful of engaging with any entities even loosely associated with

the government, including Universities, lest they or their family members come to the attention of immigration officials.

Challenges of Community Based Recruitment for University Research

Our initial recruitment efforts centered on having a member of the prior research team, who was also working on this project, re-contact the sample of 227 current and former Mexican American intravenous (IDU) heroin users from our prior study to determine if they or any of their friends or family members would be interested in participating in an additional research study at the University. As this population is typically transient, the majority of the contact information that we had for prior participants was no longer valid. Of the 227 original participants, the research team had valid contact information for only 116 prior participants, 21 of whom engaged in a conversation with the research team concerning participation. Eight of them consented to screening, but only two were eligible and willing to enroll in the current study. Next, we reached out multiple times both over the phone, email and in person to several local Community Based Organizations (CBOs) serving the target population such as Federally Qualified Health Centers (FQHC's), community-based health centers for uninsured or undocumented individuals who provided services in both English and Spanish, and the local harm reduction coalition. Although these agencies were supportive of our initial recruitment efforts, and stated they would be able to identify and refer appropriate participants to our study, as time wore on, these agencies reported a significant decline in the number of Latinx individuals that they were serving, and that this decline was increasing each year. When asked as to why they though this trend in service utilization was emerging, they reported reasons such as "fear of interaction with any entity that documented their home address or contact information," "fear of being picked up and detained or deported by ICE at the location, as it was known for serving undocumented individuals," "and "concern over what would happen to the children in the family if they or another family member was deported" indicating a growing global mistrust in public entities in the community.

Distrust of public entities was compounded by the fact that our multi-session research study was housed on a University campus, rather than in a community-based clinic. At the time of the initial award, mobile VR technology was not as affordable or available as it is today due to the rapid rate of technology development in the past 5 years. Projects like ours required a free standing and fixed VR lab filled with expensive and somewhat cumbersome equipment. For the participants, navigation to and from the University via car was also problematic due to ongoing construction around the University, and although parking passes were provided, finding the limited visitor designated parking spots was challenging. Furthermore, although there are multiple light rail stops on the University campus, the light rail had limited reach into the areas outside of downtown Houston, including the local area surrounding campus, requiring participants to take multiple buses to get to the light rail. When taken together, these structural/contextual issues have significantly impeded ongoing engagement with potential participants.

Local Impact of the Opioid Crisis and the Changing Face of Heroin Use

The significant negative impacts of substance misuse on vulnerable communities, particularly communities of color, has been an ongoing problem in urban America since the 1950's. However, as substance use and substance misuse has expanded to impact suburban White America, the way that substance misusers were viewed has begun to shift, along with the recommended approaches to address the issue (Cicero, Ellis, Surratt & Kurtz, 2014; Keys et al., 2014). In stark contrast to the ways that the "crack epidemic" was handled in the 1980's through the criminalization and incarceration of individuals for possession of small amounts of controlled substances and mandatory minimum sentences, more recently, calls for "compassionate treatment" of those with substance use disorders began to ring from the wall of legislative bodies across the nation. The need for increased access to affordable substance abuse treatment, including Medically Assisted Treatment approaches (MAT) began to dominate the discourse of how to best address the latest substance use "epidemic." Substantial funding for addiction treatment via the 21st Centuries Cures Act has been established to address these ongoing concerns. States would finally receive additional resources to address opioid addiction. However, state and local policies would still have a significant impact on if and how opioid focused projects would be implemented.

Unfortunately, additional funding for opioid abuse to support expansion of MAT does not address an ongoing problem known by everyone who has ever worked in substance use treatment: polysubstance misuse. The treatment of opioid addiction is particularly challenging for the substantial number of individuals engaging in the concurrent use of benzodiazepines, such as alprazolam (Xanax) and diazepam (Valium) or lorazepam (Ativan), and stimulants such as cocaine (solid or powder) and crystal methamphetamine. Methamphetamine, in particular, has been making a troubling resurgence in the state of Texas, after a decline in use rates in the late 2000's and early 2010's. Locally and nationally opioid use has plateaued or decreased, while methamphetamine use has increased (DEA, 2018). Proximity to the Mexican border, coupled with inexpensive prices in relation to heroin has made methamphetamine once again the most misused substance in the State for all cultural groups (Maxwell, 2018).

At one time, the Mexican-American *Tecato* sub-culture prevalent in the Texas barrios during the 1960's through 2000's was synonymous with heroin use alone, rather than polysubstance use. This trend appears to be changing, reflecting the national scene. Despite the increase in polysubstance use, heroin users who also used stimulants or other substances, with the exception of alcohol or marijuana, were excluded from participating in our study. This led to a significant number of users being deemed ineligible to participate in the study.

Even though there has been a shift nationally toward the expansion of harm reduction efforts, such as widespread distribution of Naloxone without a prescription or community-based needle exchange programs, in many parts of Texas these are still prohibited. Heroin users locally have a much higher probability of receiving jail time, rather than treatment. The potential risks associated with self-disclosure as a person currently using heroin appear to outweigh the potential benefits of participating in a health research study. Therefore, although substantial gift card-based incentives, free onsite HIV and HCV testing, and

immediate linkage to local health care and substance abuse treatment centers when indicated or desired by participants were offered, challenges with study recruitment remain.

Another challenge related to community-based stigma around the use of substances that are considered “illegal” or that may be administered intravenously. As such, those using heroin are frequently marginalized and looked down upon not just by the majority culture, but their own communities as well, perhaps setting up the expectation that they will be treated poorly if they engage in systems of care or any other activities (including research) related to their substance use. Whereas alcohol and marijuana use are often accepted and normalized within Latinx communities, particularly for men, the use of heroin does not have such acceptance.

Heroin users are Younger and Whiter

Although it appears that heroin use in the Latinx and African American communities has remained fairly consistent during the past 20 years, there has been a marked increase in the number of younger and White heroin users (Cicero, et al., 2014; Keys et al., 2014), a trend that has had significant impact on our study recruitment. The face of heroin users has been changing to be reflective more of those living in White suburban and rural areas, rather than those living in ethnic enclaves within major urban centers. Throughout the first 36 months of recruitment, study enrollment was limited to only those identifying as Latinx, excluding individuals of other ethnicities. In an effort to be more responsive to the current needs of the local community, this exclusion criterion was relaxed to include participants who identified as either Latinx or White, resulting in a small increase in participation.

Similarly, we have experienced gaps in recruitment of both younger (18–30) and older (55+) participants, as the average age of our current participants is approximately 40.2 years. Although younger heroin users may indicate a higher level of comfort and interest in a technology enhanced intervention, they also may be more reluctant to engage in a research study due to more limited transportation options, difficulties functioning as a “newer” substance user or perceptions that the benefits they would receive would not be commensurate to the time commitment, particularly if they were still receiving financial support from family members. Conversely, although older users may be savvier concerning how to “function” as a regular heroin user, and may be more apt to see the value of the incentives to be in line with the time commitment for study participation, they may be more reluctant to engage with a technology-based intervention approaches, particularly for those with lower levels of education or limited prior exposure to technology-based platforms.

Implications for Practice, Policy and Research

The current increases in opioid treatment funding will hopefully support ongoing research to develop new, culturally grounded interventions as well as support the adaptation (when appropriate) of existing research supported interventions for opioid misuse. This funding must also include further expansion and availability of MAT, particularly office-based buprenorphine interventions, in areas that are currently medically underserved. As of the time of the writing this article, there are currently only 96 methadone clinics and 1237 treatment providers with waivers to prescribe buprenorphine in outpatient settings attending

to the substance use needs of a state with close to 30 million residents. With MAT expansion comes an ongoing need to address the stigma related to MAT, particularly in the recovery community and continue to reinforce that there is no one “right” way to recovery, as context matters in treatment as well as in research. There also remains the need for more evidence based behavioral intervention approaches to be implemented concurrently with MAT and to address co-occurring substance misuse (such as stimulant use) for which MAT is not currently indicated.

Increasing research participation of historically underrepresented groups in clinical research must remain a priority in order to adequately address persistent disparities in health-related outcomes that are frequently experienced by those from Latinx and other historically marginalized communities. These policy changes disproportionally impact Latinx communities causing them/us to live in fear of interactions with any government entity, including universities and health care providers. To help Latinx individuals with substance use disorders, we must continue to advocate for common sense drug policies that are focused on engaging people in treatment, instead of increasing their contact with the criminal justice system, including Immigration and Customs Enforcement (ICE). We must increase the number of substance abuse and mental health treatment providers from Latinx backgrounds, and support and develop the next generation of Latinx researchers. We also need to promote a workforce of non-Latinx researchers and health providers having the skills to competently work with these communities. Finally, it is essential for social workers to continually offer a counter narrative concerning the contributions of Latinx immigrants and of Latinx people in general. As the nation becomes more and more diverse each year, it is imperative that we create environments and communities that are safe for and inclusive of all our residents. As forecasted by the United States Census Bureau by 2060 approximately 1 in 5 American residents will be foreign born, and Latinx residents will make up approximately 29% of the total population of the United States, making them a priority population both now and in the future (Colby & Ortman, 2015).

References

Cicero TJ, Ellis MS, Surratt HL, & Kurtz SP (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. JAMA Psychiatry, 71(7), 821–826. [PubMed: 24871348]

Colby SL & Ortman JM (2105). Projection of the Size and Composition of the U.S. Population: 2014 to 2060 U.S. Department of Commerce, Economics and Statistics Administration, United States Census Bureau Retrieved November 2nd, 2019 from https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Keyes KM, Cerdá M, Brady JE, Havens JR, & Galea S (2014). Understanding the rural–urban differences in nonmedical prescription opioid use and abuse in the United States. American Journal of Public Health, 104(2), e52–e59. [PubMed: 24328642]

Maxwell JC (2018). National drug early warning system (NDEWS) state of Texas sentinel community site (SCS) drug use patterns and trends, 2018. University of Texas at Austin Steve Hicks School of Social Work Retrieved November 2nd from https://socialwork.utexas.edu/dl/ari/texas-drug-trends-2018.pdf.

National Institute of Drug Abuse (2019). Overdose death rates 2009–2017. National Center for Health Statistics at the Center for Disease Control and Prevention Retrieved November 2nd, 2019 from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates.

Torres LR, Kaplan C, & Valdez A (2011). Health consequences of long-term injection heroin use among aging Mexican American men. Journal of Aging and Health, 23(6), 912–932. [PubMed: 21451118]

Trahan M, Smith S, Traylor A, Washburn M, Mancillas A, & Moore N (2019). Three-dimensional virtual reality: Applications to 12 Grand Challenges of social work. Journal of Technology in Human Services. 1–19.

Uehara E, Flynn M, Fong R, Brekke J, Barth RP, Coulton C, & Walters K (2013). Grand Challenges for social work. Journal of the Society for Social Work and Research, 4(3), 165–170.

United States Department of Justice Drug Enforcement Administration (2018). 2018 National Drug Threat Assessment. Retrieved November 2nd, 2019 from https://www.dea.gov/documents/2018/10/02/2018-national-drug-threat-assessment-ndta