

**Drug and Alcohol Use
Among Boston's Haitian Community:
A Hidden Problem Unveiled
by CCHER's Enhanced Innovative
Case Management Program**

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SUMMARY. This article discusses the Enhanced Innovative Case Management Program of CCHER, Inc., a community-based agency serving Boston's immigrant Haitian population living with HIV/AIDS. A psychosocial educational counseling program of 25 topics was created to address psychosocial needs of Haitian HIV consumers. Counseling sessions are one-to-one, in Haitian Creole. A pre-post evaluation design assesses the effectiveness of the curriculum in relation to the objectives of the project. The project has allowed CCHER to identify complex substance abuse issues and as a result has enabled the agency to address substance abuse among Haitians and plan culturally appropriate educational, outreach, and counseling strategies for Haitian substance abusers and community members. [Article copies available for a fee from *The Haworth Document Delivery Service*: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com>]

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INTRODUCTION

The combined impact of alcohol and drug use causes multiple diseases and is costly to our healthcare system (Fox, Merrill, Chang, & Califana, 1995). Studies of the broad impact of alcohol and drug use on different ethnic groups are well documented in the epidemiological literature. Currently, however, there is very little information available in the literature related to substance abuse among Haitians living here in the U.S. Data on Haitians, if existing at all, is scant and is oftentimes incorporated into data on African Americans, thereby providing little specific information on this ethnic community. The Center for Community Health, Education and Research, Inc. (CCHER), a community-based organization operated by Haitian professionals and located in the heart of Boston's Haitian community, has provided culturally competent health and social services to the local Haitian community and to Haitians living with HIV since 1987. CCHER has provided a psychosocial educational counseling program (PEC) to Haitians living with HIV through funding from the Health Resources and Services Administration's (HRSA) Special Projects of National Significance (SPNS). This tested model of intervention has allowed CCHER counselors to identify important issues in consumers' lives that may otherwise remain veiled in secrecy, such as substance abuse and addiction. This paper will describe how the SPNS- funded psychosocial educational counseling model for Haitians has been a catalyst in enabling CCHER to identify substance abuse and addiction within the community; how CCHER has begun the early stages of identifying, understanding, and clearly defining the needs of the Haitian community in relation to substance abuse and addiction; and how, as a result, CCHER has begun implementing culturally competent services targeted at Haitian substance abusers and their families.

Background

The second half of the twentieth century has seen large numbers of Haitians emigrating to the United States. Fleeing a fragile and oftentimes brutal political system, tremendous poverty, and other poor social conditions, Haitians seek a better life here in the U.S. While increasing numbers of Haitians had begun to arrive in the 1950s and early 1960s, the more decisive phase of Haitian migration began in the late 1970s. During this later phase, very poor Haitians from the rural peasant culture endured dangerous and oftentimes tragic journeys by sea to reach the shores of Southern Florida (Preeg, 1996). Haitian immigrants here in the U.S. come from all sectors of Haitian society, varying in social class, skin color, level of education, religious beliefs, language preference, and geographical place of origin (Zephir, 1996).

Upon their arrival into North America, Haitians have settled within the cities of Montreal, Miami, Chicago, Boston, and most prominently, in New York City. There are no precise figures on the number of U.S. residents of Haitian origin; estimates obviously fail to take into account a large number of undocumented entrants. The best estimates indicate that there are about 1 million Haitians or Haitian-Americans here in the United States (Preeg, 1996). Boston's Haitian community, one of the larger in the U.S., is one of the city's fastest growing ethnic communities. An estimated 45,000 Haitian immigrants have settled into the city of Boston, with some statewide estimates as high as 75,000 (MDPH, 1998).

The HIV Epidemic in the Haitian Community

Miller (1984) notes that of the diseases that have affected the Haitian community both here and in the homeland, none seems to have had greater consequences than AIDS. In the early 1980s, Haitians were the only ethnic group ever singled out within the U.S. as an at-risk group for AIDS. This served to further increase the stigma surrounding the disease and caused fear and discrimination towards the Haitian community. Haitians in the U.S. were seen as "AIDS carriers"; many lost jobs and housing due to the hysteria created by this labeling of the Haitian community (Farmer, 1992). In the late 1980s, an FDA regulation excluded Haitians from donating blood, a ban that was eagerly challenged by Haitian community leaders throughout the U.S. This ban was later repealed.

In addition to being stigmatized by the outside community, HIV infected Haitians suffer their own intra-community stigmatization which often results from strong moral ideals rooted firmly in religion. This ideology yields explanations for diseases that are often based on immoral behaviors. Culturally-based conceptions of disease also contribute to intra-community stigma and can play a major role in diminishing Haitians' utilization of existing services. As with other immigrant groups, the social, cultural, and economic context of their lives will influence their decisions to use formal healthcare (Leclere, Jensen, & Biddlecom, 1994). Many Haitians, whether

or not they are familiar with biochemical concepts and medical treatment, may not always respond immediately to concepts of the American medical system. Traditionally they do not seek medical attention until late in the course of their illness; self-treatment is common, and hospitals tend to be regarded as a final resource center for solving medical problems (Laguerre, 1981). Angel and Guarnaccia (1989) have asserted that medical need is determined not only by the presence of physical disease but also, in part, by the cultural perception of illness. For example, Haitians may attribute being infected with HIV or drug addiction to supernatural causes. Some Haitians believe that diseases are sent by the gods, and must therefore be fatalistically accepted. Others believe diseases have been induced through sorcery, as punishment for past behaviors. "God will take care of it" is a popular expression used to deny acceptance of a disease diagnosis or to explain Haitians' reluctance to seek medical attention. These cultural factors are deeply imbedded in the Haitian psyche and over time influence decisions about health and contribute to morbidity within the community. They also present complex challenges for health and social service providers involved in the care of the Haitian consumer.

CCHER's Special Project of National Significance

CCHER's Enhanced Innovative Case Management Program (EICMP) was created to provide HIV-positive Haitian consumers with the opportunity to discuss, in-depth and in Haitian Creole, the psychosocial issues and risk reduction challenges that they may face as they live with their HIV/AIDS. Over the course of the five year project, CCHER developed and implemented a Psychosocial Educational Counseling (PEC) curriculum for Haitian HIV consumers that addressed coping strategies, consumer's sense of well being, the healthcare system, concepts of health and illness, and prevention/risk reduction associated with HIV transmission. The program was created to: (1) increase consumers' knowledge of how to prevent HIV transmissions; (2) increase consumers' adherence to treatment; (3) improve consumers' utilization of health and social services; (4) increase consumers' satisfaction with case management services and other services received; (5) reduce risk behaviors; and (6) improve consumers' sense of well being.

The Psychosocial Educational Counseling Curriculum

CCHER's Psychosocial Educational Counseling (PEC) Curriculum consists of 25 psychosocial topics relevant to the Haitian HIV consumer (see Table 1). PEC is administered one-to-one between a consumer and a Haitian counselor, in Haitian Creole. The curriculum is a flexible, consumer-centered model that is based on nonjudgmental, active listening and the "unconditional faith that consumers, if given the right tools and a culturally competent counselor, over time, can take charge of cents that affect their lives." The content of consumer-counselor interactions and the timing and manner in which topics are presented are heavily dependent on the counselor's clinical judgment. While the relationship between counselor and consumer is central in any therapeutic interaction, particular care is required with this population. Suspicion of public institutions, reluctance to receive what may be perceived as "charity," fear due to immigration status, stigma, negative experiences with healthcare providers, and the taboos surrounding sex and death all make the initial bridges between consumer and counselor particularly fragile.

Program Design and Implementation

A pre-post questionnaire design was created to assess the effectiveness of the counseling intervention. The program is divided into four phases: During phases one and two, consumers become acclimated to the program, sign an informed consent form, and complete baseline data. During phase three, consumers receive the one-to-one counseling sessions with their counselors. Once they have completed the 25 topic curriculum, they undergo a six month 'assimilation period' in which they do not have formal counseling with their CCHER counselor, but they do continue to receive other services from the agency. Six months after their completion of the counseling curriculum, they are followed up and questionnaires are re-administered, along with an exit interview. The local project evaluation combined the use of cross-cutting data collection modules for the overall cooperative agreement (Huba, Melchior, Brown, & Larson, 2000) with CCHER 's own in-house questionnaires. CCHER designed two culturally relevant questionnaires that capture knowledge, attitudes, beliefs and behaviors of enrollees. The local evaluation also utilized qualitative data in the form of focus groups, discussions with providers, and discussions with counselors. Selection of appropriate data collection instruments and creation of CCHER questionnaires were

designed to assess, over time, the impact the counseling program has had on consumers related to the six evaluation criteria noted above.

Consumers began enrolling into the project in late 1995. To date, 67 Haitian adults living with HIV/AIDS have been enrolled into the project, 38 females and 29 males. Consumers range in age from 19 to 63 years old. At this time, demographic characteristics are available for 49 enrollees. All 49 consumers listed Creole as their primary language. Ninety-two percent (92%) self-identified their sexual orientation as heterosexual. Eighteen percent (18%) described themselves as employed part-time or full-time. Thirty-nine percent (39%) of this sample described themselves as having no source of income. Questions about

TABLE 1. Psychosocial Educational Counseling Curriculum

- Topic 1: Alcohol Use and Abuse
- Topic 2: Substance Abuse and HIV/AIDS Among Haitians
- Topic 3: Mental Health
- Topic 4: HIV Pre- Test Counseling
- Topic 5: HIV Post- Test Counseling
- Topic 6: Individual Counseling and Therapy
- Topic 7: Guardianship for Haitian Parents Living with HIV/AIDS
- Topic 8: Domestic Violence and the HIV Connection
- Topic 9: Barriers to Care for HIV+ Haitians
- Topic 10: Sexuality and Self-Identity
- Topic 11: Legal Problems
- Topic 12: HIV Disclosure
- Topic 13: Treatment Adherence
- Topic 14: Public Assistance
- Topic 15: Family Planning
- Topic 16: Dating, Sex, and HIV
- Topic 17: Concepts of Health and Illness
- Topic 18: Emotions and Emotional Problems Related to HIV/AIDS
- Topic 19: HIV/AIDS as a Chronic Health Problem
- Topic 20: Managing Stages of HIV Disease
- Topic 21: Haitian Women Living with HIV/AIDS
- Topic 22: Haitian Men Living with HIV/AIDS
- Topic 23: Parents of Haitian Adolescents with HIV
- Topic 24: Seniors and HIV/AIDS
- Topic 25: Tuberculosis and HIV/AIDS Among Haitians

behaviors in relation to HIV/AIDS are elicited from consumers on this questionnaire. Thirty-one percent (31%) of consumers cited an inferred alcohol problem as occurring 'currently' (last 30 days) or 'ever' (has occurred, but not in last 30 days). Three of these individuals were females. Six percent (6%) listed crack use as 'current' or 'ever.' These were all males. Twelve percent (12%) listed other illicit drug use as 'current' or 'ever.' One of these was female. One male indicated that he had 'ever' used injection drugs and had shared needles.

The SPNS Project: Linking HIV and Substance Abuse

The notion of counseling is relatively new and unfamiliar to some: Haitians; for most, discussing their sexual activity and other intimate, personal information with a stranger or even a provider is a new phenomenon that they are generally unaccustomed to. For those consumers that are able to establish a sense of comfort and a level of trust with their CCHER counselors, the SPNS counseling program can allow them to unload tremendous psychosocial burdens, far more complex than often anticipated. Consider the following case illustration:

This is a case of a thirty-five year old Haitian woman with a history of being raped in Haiti as a child, sexual promiscuity since age 11, attempted suicide, and domestic abuse in her life. She had moved to Boston in the early 1990s from New York after her HIV diagnosis incited tremendous blame and stigma through her family. Her family blamed her for her behaviors, and her HIV diagnosis was seen as her punishment from God for her dirty behaviors and attitudes. She became dependent on alcohol, although she never considered that she might be addicted. Her provider offered help to get her in touch with a Haitian counselor who could talk to her. Initially, she refused without hesitation; she did not want to get involved with Haitian providers. She held a professional position in the community and wanted to protect her reputation and identity. After hearing a CCHER Haitian Counselor speak at a mental health clinic, she got in touch with the counselor and made an appointment to speak with her. The CCHER counselor began to make home visits to the woman and slowly began to establish a relationship with

her. She began to trust her counselor and enrolled in the CCHER SPNS program. After a lengthy process of engaging in frank discussions with her counselor on the psychosocial educational Counseling topics, the woman revealed that she was addicted to alcohol, marijuana and sleeping pills. The counselor reports that the woman felt a tremendous burden lifted off of her after she was able to disclose her addictions. The counselor was able to work with her on some of her issues (I." the PEC curriculum continued. This facilitated, among other things, a referral for detox treatment.

As with the case of this particular woman, consumers oftentimes come to the program with tremendous psychosocial burdens. They have seldom been given the appropriate milieu to discuss these burdens in a linguistically and culturally appropriate manner. The PEC sessions not only meet the linguistic needs of this population, they give the consumer the opportunity of talking with a Haitian professional who has knowledge of the norms, the values and the context of their everyday lives in relation to sense of family and community, religion, health and illness beliefs and behaviors, histories, and experiences in their homeland of Haiti. In CCHER's model, it is the Haitian professional who has a tremendous sense of how and what the Haitian consumer understands and as such can deliver services in a culturally competent approach.

Substance Abuse in tire Haitian Community

During its many years of working with Haitians amidst the HIY epidemic, CCHER has often encountered Haitians with HIY who were using cocaine, marijuana, and/or alcohol. Yet because of the high rates of heterosexual HIV transmission among Haitians and the low rates of AIDS diagnosed as a result of IDU, establishing a link between alcohol and illicit drug use and HIV transmission was never a top priority. Just four percent of the reported 630 cases of AIDS among Massachusetts Haitians are categorized as transmission through injecting drug use (MDPH AIDS Surveillance Bureau, January 1999). This low rate of reported IDU as a risk factor is consistent with other studies on Haitians and HIV transmission (Viera, Frank, Spira, & Landesman 1983; Adrien, Boivin, Tousignant, & Hankins, 1990). Because of the complex histories of substance abuse and addiction issues that became evident among some of the SPNS project enrollees, it became necessary to begin a dialogue at CCHER about substance abuse and bring it to the forefront of the agency's programming. Alcohol and drug abuse are often topics that remain hidden among many Haitians and not talked about, due to the sense of shame it often brings upon those in the community. In Haiti, alcohol is very common at social functions. There is very little focus on alcohol and drug prevention programs; and many Haitians are unfamiliar with therapy and counseling. Nor are there ample treatment facilities in Haiti for those that are fighting the disease of addiction. " Addiction " is not a concept easily understood among many Haitians. Alcohol and drug abuse is commonly not regarded as an illness for which one needs to seek professional attention. Alcohol and drug use is seen as something that can be handled by the individual. The Haitian may see it only as a problem when one hits 'rock bottom,' i.e., when one has been rejected by family, is now living on the street, is involved in domestic violence, is involved in drug trafficking or the court system, can't hold a job, and is unclean and unkempt. A common Creole term related to this is referred to as "*de pye pran nan yon sél grenn soulye*" or "*having two feet in one shoe*," the notion of being trapped and having no place to go.

Many Haitians may believe that this condition is not an emotional or medical problem. This condition is not a coincidence; it is, rather, *li dejwe*, a condition sent as a curse due to the envy and jealousy of a girlfriend or boyfriend. *Li dejwe* is believed to be a curse that prohibits the person from reaching their full potential. This notion of sickness being 'sent' incorporates traditional health and illness beliefs of Haitians and has been well documented (Martin, Rissmiller, & Real, 1995; Laguerre, 1984). At this point, families may offer their help to the person, or simply reject the substance abuser. Help, within the framework of the Haitian family member or friend, is not in the form of assisting the person in seeking medical or psychological treatment, but may instead be in the form of traditional folk detoxification treatments to cleanse the body. A CCHER counselor gave an example of one such mixture:

One creates a mixture consisting of the sweat of a horse, leaves, resin oil and a large quantity of tobacco leaves and it is drunk. This mixture acts as a cleanser for the body to purge it of alcohol. This may cause a person to become violently ill, and may even result in death. Once a Haitian has drunk this, any subsequent consumption of alcohol will result in this violent purging effect, not allowing the person to absorb any more alcohol, thereby effectively 'curing' the person.

Lack of an Adequate Profile on Haitian Substance Abusers

While the literature provides ample analysis of substance abuse among minority and immigrant communities here in the United States, it is mainly limited to those of Hispanic, African American, Asian, and Native American origin (Rebach, 1992). To our knowledge, virtually nothing in the literature exists that specifically explores Haitians and Haitian Americans as a separate entity and addresses factors contributing to, the treatment for, or the prevention of substance abuse. Much of the data collected nationwide tends to lump most black ethnic minorities into the category of 'Black' rather than taking into account national origin and the specific cultural and linguistic characteristics of individual groups. Zephir (1996) commented that in New York, Caribbean immigrants are placed within two categories: 'Black' and 'Hispanic.' Laguerre (1981) noted that most statistical studies merge Haitians with other American Blacks. This grouping of all ethnic minorities on the basis of skin color fails to take into account the cultural influences and nuances that can have critical implications for substance abuse education, prevention and treatment for the Haitian community. Watson, Mattera, Morales, Kunitz, and Lynch (1985), in their study of alcohol use among Black and Haitian migrant agricultural workers in Western New York, noted that "little is known about Haitian drinking behavior in the United States, or even in Haiti" (p. 406). Given this dearth of information, CCHER is learning first hand from an intracommunity perspective about the behaviors, the beliefs, the cultural influences, and the needs of the Haitian community in relation to substance abuse and addiction.

Haitians in the city of Boston, as in the other cities where they have settled, remain a tightly knit community both geographically and socially. Most continue to maintain their strong cultural identities in association with religion, food, music, art, language, and ties to the homeland. In her sociological portrait of Haitian immigrants, Zephir (1996) asserted that most Haitians do not assimilate with other native or immigrant communities here in the U.S., and therefore, maintain themselves as a distinct ethnic group in the United States. As such, this cultural uniqueness cannot be captured in any of the existing literature of drug and alcohol abuse among minority groups in the United States. Rebach (1992), in his research on alcohol and drug use among American minorities, looked at 4 ethnic groups here in the U.S.: African American, Hispanic, Asian, and Native Americans. While the distinct cultural identity of the Haitian community does not neatly "fit" into any one of the groups in Rebach's analysis, generalizations about the four groups as a whole in many ways pertain to the Haitian community that CCHER is serving, and have important implications for culturally competent programming within the agency.

Rebach (1992) asserts that sociocultural influences can play a role in substance abuse. Conflict between the dominant culture and various minority cultures may be an underlying causative factor in substance use. Alcohol use may be seen as an attempt to cope with stress from unemployment, poverty, inadequate housing, all which may result from poor integration into the economic opportunity structure. Indeed, for many Haitians struggling in a new land, the cultural and linguistic barriers can often be overwhelming. As newcomers, these immigrants face seemingly insurmountable barriers in many areas, including language, literacy, cultural adaptation, immigration status, discrimination, and socioeconomic survival. These vulnerabilities, the foundation for which the SPNS Psychosocial Educational Counseling Curriculum was created, can no doubt lead to tremendous environmental stressors, of which alcohol and substance use can sometimes be a response.

Rebach also notes that minority persons are less likely to seek treatment and less likely to complete treatment once begun. Cultural values may influence treatment. Many treatment programs lack an understanding of and sensitivity to ethnic cultures. This understanding and sensitivity is necessary to be effective with consumers. The most frequent suggestion to remedy the lack of cultural sensitivity is that programs be staffed by members similar in ethnicity to those being served. Given the basic assertions of the minority experience in America and its relationship to substance abuse, it is easy to understand that a community with what Zephir (1996) refers to as "triple minority status"-foreign, black, and non-English speaking-needs specifically tailored tools and culturally competent approaches towards effective substance abuse services.

Specific Substance Abuse Prevention Strategies

CCHER Substance Abuse staff reported that many Haitians don't utilize the substance abuse services available to them within the city. As a result, CCHER's newly created substance abuse department has been extremely busy in developing programming to meet the needs of the local Haitian community. Culturally competent approaches have begun to be developed and continue to be refined within several areas.

METHODS

Three specific methods of intervention were identified as being particularly appropriate to the community. These were: outreach and education, community level training, and case management and advocacy. These interventions will be summarized below.

Outreach and education. The first method of intervention is outreaching and educating the general community. CCHER has found, over the year radio is one of the most effective outlets for outreaching to the H community. Radio is a very popular information medium among Haiti: Haiti as well as here in the U.S. Multiple Haitian radio projects in the B area provide Haitians with a vital link to their homeland; they also provide Boston's Haitian community with valuable health and educational information in Haitian Creole. As part of its outreach and educational initial CCHER's substance abuse department conducts monthly radio segment raise awareness on drugs and addiction, the ramifications of drug abuse individuals and families, and the link between substance abuse, sexual behavior, and HIV. Those listening to the popular radio program are allowed to into the program for questions and discussion. Outreach and education activities also include CCHER Substance Abuse staff conducting informational sessions on "HIV and the Substance Abuse Connection" within the community at local churches, community organizations, and schools. These sessions focus on how the use of alcohol and drugs can influence decision-making about sexual behaviors, leading to high-risk sexual activity.

Community-level training and dissemination. A second intervention method is a peer-based model. A culturally competent educational and training approach is providing Haitians in the community critical information about substance abuse, addiction, and the link to HIV. Similar to a highly successful HIV "Volunteer Health Educators" (VHE) educational model that already exists here at CCHER, the "Alcohol and Other Drugs Program" is a 3-week training program conducted in Haitian Creole. The training program is designed to bring to those identified to be volunteer health educators the latest information about drug use and addiction. It introduces community member affected family members, and consumers to the notion of addiction, the signs and symptoms of alcoholism and drug addiction, and available community resources. It also addresses how addiction and crime can be linked and can lead to legal ramifications such as jail, immigration dilemmas, and even deportation. Culturally appropriate questionnaires have been created to assess community participants' knowledge, attitudes, and beliefs about drug and addiction. Recruited participants for the program receive approximately: 32 hours of didactic instructions and skills-based activities. See Table 2 for the Alcohol and Other Drugs Program Curriculum.

Participants are trained to become volunteer health educators to disseminate the information to their community. Once participants have completed the program, they must present what they have learned to friends and family within a home-presentation setting. These smaller intimate gatherings that

TABLE 2. "Alcohol and Other Drug Program" Training Curriculum

Social Implications of Alcohol and Other Drugs and the HIV Connection
Concepts of Health and Disease: How Haitians Understand Addiction
Human Services in the U.S.
Impact of Haitian Culture on Our Health. Barriers vs. Benefits
HIV/AIDS. Biological and Mental Health Aspects
STDs: Cause and Effect, Symptoms, Signs and Treatments
Drug Paraphernalia: What Are They, What Do They Look Like?
Biological Impact of Alcohol and Other Drugs on the Brain and Human Body
Addiction and Treatment Implications
Clinical Aspects and Theories for Inpatient Treatment
Causes and Effects of Addiction, Homelessness
Outpatient Treatment: How It Works, and for Whom
Psychosocial Counseling Therapy. Healing Methods
Differences in Sexual Lifestyles in Connection with HIV/AIDS, Alcohol and Other Drugs
Site Visit to Recovery Home for Addicts and Their Families
Experiences and Benefits of Recovery by Consumers
Role of Spirituality in Addiction and Chronic Illness

participants conduct allow for frank discussion about substance abuse and its implications in a comfortable, non-threatening atmosphere among Haitians in the community. Five training programs have thus far taken place, training a total of 84 Haitian adults and older teens. These 84 participants have in turn reached over 420 Haitians within the community to spread the word about addiction and treatment.

Case management/advocacy. The third method of intervention is a consumer-centered model of case management and advocacy, providing services to active substance abusers, those in recovery, and their families. These services are in the early stages of development. Through self-referral, street outreach, hospital referral, and court referrals, consumers are linked with one of two CCHER Haitian outreach workers/substance abuse specialists. These staff work with consumers and their families providing informal counseling, education, crisis intervention, relapse prevention, translation, advocacy, and accompaniment. Staff work to ultimately guide the consumer towards drug-free living.

Lessons Being Learned

When the Substance Abuse program began in the Fall of 1997 as a small pilot project, CCHER anticipated serving just over 20 substance abusing Haitians within the community. Already in the first eighteen months of the project, 45 consumers are receiving case management/advocacy services from CCHER staff. CCHER currently serves 33 males and 12 females and works with their families as well. Six of these were enrolled in the SPNS program and then became involved in the substance abuse programming. Many consumers are addicted to a combination of alcohol and drugs; all of these consumers admit to sniffing and smoking cocaine. None report injecting drug use. Most consumers are between the ages of 20 and 49, while one male is over age 50. Seven of these consumers are HIV-positive; many others have yet to test. Fifteen consumers have records with the law, with four consumers facing deportation in the near future. Seven consumers are illiterate.

CCHER staff are finding that some who are receiving services are triple-diagnosed: they are living with HIV, suffer from addiction, and have tremendous mental health needs. The complex issues that consumers have presented are, CCHER believes, just the tip of the iceberg in what has evolved to be a challenging task of addressing the substance abuse needs of the Haitian community, CCHER Substance Abuse staff have begun to see critical areas in which vital services are needed for Haitians:

Homelessness is a common problem among many substance abusers seeking services at CCHER; several consumers are living in shelters or living on the streets. It is also very common for many consumers to bounce around from one residence to another, seeking temporary shelter on an available bed, couch or floor space of a friend or family member, This instability prevents many from becoming drug-free and prevents many from maintaining a drug-free existence if they are in recovery. CCHER is expanding its housing services within the agency to address this issue of homelessness and substance abuse.

Training of community members within the 'volunteer health educator' model must continue and the curriculum will continue to be refined. CCHER has collected pre- and post-data on the knowledge, attitudes and beliefs of Haitians from the initial groups of trainees participating in the program. This information will assist CCHER staff in planning training activities as well as for evaluating the impact of this intervention. The relative short time that the training has been taking place has limited evaluation of the model to date.

CCHER Substance Abuse Department staff find that many students enter the program with misconceptions about addiction, with a lack of understanding of how drugs and alcohol can affect the body and the brain, and how alcohol and drug use can be linked with the transmission of HIV. Because of the unfamiliarity with the American medical, social service and legal systems, many Haitians come to the training with little knowledge of the social implications of substance abuse such as the link with domestic violence, crime, and the involvement of child protection services in cases where children are involved.

There is a need for educational approaches for the illiterate as well as the literate. About three-fourths of Haiti's population is illiterate, a barrier that they bring with them to the United States. While many local Haitians in Boston continue to work hard in becoming English proficient, still a large number are unable to read or write in their native Creole. CCHER continues to work hard in planning culturally appropriate educational approaches that provide both illiterate and literate individuals with necessary health information.

Recognizing that there appears to be a high rate of deportation related to drug use among this group, appropriate interventions to curb this trend must be put into place.

CCHER staff have found that many Haitian families are unfamiliar with the process of recovery. Affected families and loved ones may not understand that the recovery process can result in a new or changed person. Confusion and misunderstanding can often occur among families once a Haitian consumer has gone through the detox process and is resuming family relations. There is a need for residential halfway homes in which both Haitian families and those in recovery can become educated about the process of recovery and be supported throughout this process.

CONCLUSION AND FUTURE DIRECTIONS

CCHER's Psychosocial Educational Counseling Curriculum (PEC), created as a result of the HRSA SPNS program, has allowed CCHER counselors to engage in in-depth counseling sessions and discussions with Haitian HIV consumers. These sessions explored the tremendous psychosocial burdens that many consumers are faced with and has brought to the forefront some important issues related to substance abuse and addiction among the Haitian community. The creation of a new Substance Abuse Department has allowed CCHER to begin collecting qualitative and quantitative information on what we think is just the tip of the iceberg of an issue that has received little attention within the Haitian community. From the existing preliminary programming strategies being put into place, CCHER is beginning to learn the needs of substance abusers in the Boston Haitian community and how best to provide culturally competent services to address those needs. Preliminary evidence suggests that if these interventions are to be effective, CCHER must develop these interventions from a community level approach. Interventions must be directed simultaneously towards consumer-centered service delivery and community action. These targeted approaches were found to be effective in addressing the HIV epidemic in the Boston Haitian community. In the future, CCHER will need to: (1) create a database of reported IDU and of the use of cocaine, crack, alcohol and other substances and their overall impact on the morbidity of the community; (2) continue to create a database of knowledge, attitudes and beliefs of the community in relation to substance abuse through culturally relevant questionnaires. Our early work has shown promise, yet there are still many limitations and challenges ahead. The primary goals of our substance abuse programming is to prevent drug use and its comorbidities and reduce the level of addiction among Haitians; more in-depth study and time will be needed to provide the necessary information about the "culture" of substance abuse and the disease of addiction among Haitians to meet these goals. More specific resources, guidance and skills will be needed so that CCHER can continue to 'unveil' this hidden problem within the community.

REFERENCES

- Adrien, A., Boivin, J., Tousignant, Y., & Hankins, K. (1990). Knowledge, attitudes, beliefs and practices related to AIDS among Montreal residents of Haitian origin. *Canadian Journal of Public Health*, 81, 129-134.
- Angel, R. & Guarnaccia, P. (1989). Mind, body and culture: somatization among Hispanics. *Social Science and Medicine*, 28 (12), 1229-1238.
- Farmer, P. (1992). *AIDS and Accusation: Haiti and the Geography of Blame*. California: University of California Press.
- Fox, K., Merrill, J. C., Chang, H., & Califano, J. A. (1995). Estimating the costs of substance abuse to the Medicaid hospital care program. *American Journal of Public Health*, 85, 48-54.
- Huba, G. J., Melchior, L. A., Panter, A. T., Brown, V. B., & Larson, T. A. (2000). A national program of AIDS care projects and their cross-cutting evaluation: The HRSA SPNS cooperative agreements. *Drugs & Society*, 16 (1/2), 5-29.
- Laguerre, M. (1981). Haitian Americans. In Harwood, A. (Ed.), *Ethnicity and Medical Care* (pp. 172-210). Cambridge: Harvard University Press.
- Laguerre, M. (1984). *American Odyssey: Haitians in New York City*. Ithaca: Cornell University.
- Leclerc, F., Jensen, L., & Biddlecom, A. (1994). Health care utilization, family context, and adaptation among immigrants to the United States. *Journal of Health and Social Behavior*, 35, 370-384.
- Martin, M., Rissmiller, P., & Heal, J. (1995). Health illness beliefs and practices of Haitians with HIV disease living in Boston. *Journal of the Association of Nurses in AIDS Care*, 6 (6), 45-53.
- Massachusetts Department of Public Health. (1998). *Refugees and Immigrants in Massachusetts: An Overview of Selected Communities*. Boston.
- Massachusetts Department of Public Health. (1999, January). AIDS Surveillance Bureau Statistics.
- Miller, J. (1984). *The plight of Haitian refugees*. New York: Praeger.
- Preeg, E. (1996). *The Haitian dilemma: a case study in demographics, development, and U.S. foreign policy*. Washington, DC: Center for Strategic and International Studies.
- Rebach, H. (1992). Alcohol and drug use among ethnic minorities. In J. Trimble, C. Bolek, & S. Niemcryk (Eds.), *Ethnic and multicultural drug abuse: Perspective on current research*. (pp. 23-57). New York: The Haworth Press, Inc.
- Viera, J., Frank, E., Spira, T., & Landesman, S. (1983). Acquired immune deficiency in Haitians: Opportunistic infections in previously healthy Haitian immigrants. *The New England Journal of Medicine*, 308 (3), 125-129.
- Watson, J., Mattered, G., Morales, R., Kunitz, S., & Lynch, R. (1985). Alcohol use among migrant laborers in western New York. *Journal of Studies on Alcohol*, 46, 403-411.
- Zephir, F. (1996). *Haitian immigrants in Black America: A sociological and sociolinguistical portrait*. Westport, CT: Bergin & Garvey.