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## ***Fumando La Piedra: Emerging Patterns of Crack Use Among Latino Immigrant Day Laborers in New Orleans***

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### **Abstract**

The devastating effects of Hurricane Katrina have contributed to a dynamic demographic shift in the Latino composition of New Orleans. This article focuses on a particularly deleterious pattern of crack cocaine smoking associated with numerous social and health consequences. Utilizing a rapid assessment methodology, in-depth qualitative interviews were conducted with 52 Latino immigrant day laborers in New Orleans. Findings reveal that the presence of a flourishing drug market has facilitated and maintained patterns of crack use including initiation and periods of daily use. Moreover, feelings of isolation and constant exposure to victimization due to day laborers' marginal status are described as contributing to this use. This qualitative analysis reveals how social processes and contextual factors contribute to crack use among Latino day laborers in a post-disaster context. This study has important public health implications in the spread of HIV and other blood borne pathogens.

### **Keywords**

Disasters; Latino immigrants; Day laborers; Drug use

### **Introduction**

The last two decades have seen a growth in the U.S. Latino immigrant population in areas that have historically had few Latino residents such as those in the South and Deep South [1]. One of the new areas is New Orleans which experienced a demographic shift in the Latino composition immediately after Hurricane Katrina. Nearly 5 years post-Katrina, reports indicate that the Latino population has increased from 4 percent before Katrina to over 20 percent of the current population due to demand for labor in rebuilding efforts [2,3]. Concomitantly, the African American population has declined by 57% even though the New

Orleans population is nearing 300,000, (65% of its pre-Hurricane Katrina size) [4]. Specifically, the Latino population in this city is comprised of single, largely undocumented immigrant men working as day laborers in demolition and construction jobs [5]. Despite increased attention from the media on these immigrants, little is known about their adaptation processes to this post-disaster new settlement area including their emerging patterns of drug abuse, the focus of this study.

Existing research has documented the increased vulnerability of immigrants after large disasters [6–8]. Specifically, the problems immigrants face related to relocation and adaptation to a new area are often more significant than the disaster risks themselves [7]. However, scant research provides an understanding of immigrants' experiences relocating to large urban cities after a natural disaster. Adaptation challenges may be especially difficult for those Latino immigrants settling in cities with no prior presence of a large Latino immigrant population. Faced with specific barriers such as lack of legal residency and English proficiency, these individuals are hindered in competing for work opportunities and limited housing in some of the most disadvantaged neighborhoods of the cities where they settle. Moreover, for Latino immigrants who are newly arrived in urban areas without an extant Latino population, overcoming these difficulties is problematic given the lack of family, social and community networks for support and security. Although any immigrant may experience similar challenges when adjusting to a new cultural and social context, these may be exacerbated in disaster stricken areas. Such is the case of Latino immigrant day laborers who have settled in some of New Orleans' poorest African American neighborhoods.

New Orleans is a particularly relevant site for analysis of Latino immigrant day laborers' drug use as it has a strong presence of open air drug markets [9]. Research reveals a health paradox whereby first generation Latino immigrants tend to have lower rates of substance abuse when compared to second, third, and beyond generations [10]. However, the body of knowledge is inconclusive in regards to potential variation in drug use rates among sub-groups of first generation Latino immigrant populations, such as immigrant day laborers. It is possible then that the unique circumstances of Latino migration into the city may contribute to Latino immigrant day laborers' risk of using drugs, specifically crack cocaine a drug not previously associated with this population.

This article focuses on one risk behavior among a sample of Latino immigrant day laborers—the smoking of crack cocaine. The limited research conducted on crack use patterns among Latino male immigrants has focused on identifying the prevalence of crack use and its health consequences through quantitative assessments and surveillance data [11,12]. However, an understanding of the etiology of crack use has remained largely unexamined thus obscuring potentially relevant information needed in the development of prevention and intervention programs with this population. This is especially alarming given the fact that numerous social and health consequences have been associated with crack cocaine smoking including increased risk for non-parenteral transmission of HIV and hepatitis C infection [13–15]. Moreover, research has also found increased sexual risk associated with crack smoking including unprotected sexual encounters, buying and selling sex for money or drugs and sexually transmitted infections [16–18].

Given these health consequences, there is a need to understand the social processes and how context contributes to the initiation or resumption of crack smoking behavior among male day laborers in New Orleans. Specifically, this analysis will focus on 5 key emergent themes including; (1) the initiation of crack use, (2) patterns of self-reported current use, (3) etiology of use, (4) social isolation and vulnerability associated with relocation and adaptation, and (5) health consequences. These findings have important implications for

understanding the onset and diffusion patterns of drugs previously not associated with U.S. Latino immigrants.

## Methods

### Participants and Data Collection

Data were collected from Latino day laborers as part of a National Institute on Drug Abuse (NIDA) funded study conducted in New Orleans in 2008–2009. A rapid assessment methodology was implemented in order to collect data on drug use, other risk behaviors and related immigrant experiences [19,20]. A field assessment resulted in the identification of four work sites composed exclusively of day laborers [21]. These four sites were used to identify, recruit and interview a sample of 52 study participants. The sites included 3 large home improvement stores and one street corner pick-up site. The inclusion criteria for the study were: male 18 years of age or older; self-identified as being from a Latin American country; self-reported use of illicit drugs during the past year; arrival in New Orleans post-Katrina; and currently living in the New Orleans area (at least 1 year). Participants were compensated for their time with \$50 cash. Interviewers trained in open-ended interviewing technique elicited in-depth qualitative interviews in Spanish lasting 1–1.5 h from each of the 52 participants. All interviews were audio-recorded.

### Informed Consent and Institutional Review Board Approval

All informed consent materials were read verbatim in Spanish, questions answered and written informed consent was obtained. Participants were not asked about their immigrant documentation status. The Committee for the Protection of Human Subjects (Institutional Review board) of the University of Houston approved the study protocol.

### Analysis

Based on identified interactional features, the analysis of the qualitative data consists of defining the broad dimensions and specific variations that distinguished the patterns of crack use for these day laborers. The interview data were both transcribed in Spanish and analyzed in the source language (Spanish). This method is in congruence to recommendations to conduct analysis in the native language of respondents to maximize accuracy [22]. The first three authors, who are fluent in Spanish, also thoroughly reviewed all quotes used in this article to ensure translation accuracy from Spanish to English. The Spanish transcripts were inputted into the NVivo software system for coding and conceptual mapping of emergent dimensions by the authors of this paper. The dimensions (e.g., initiation, frequency of use, accessibility, personal susceptibility) were inspected and assessed on the following criteria: overall similarity, define an absolute point of reference and overlap among each other [23]. Specific patterns emerged that reflect the Latino day laborer crack use constructs. The research team arrived at consensus on the emergent five themes presented in this analysis including: initiation of crack use, patterns of crack use, etiology of crack use, social isolation and vulnerability, and physical and mental health consequences of crack use.

## Results

### Characteristics of Study Sample

The mean age of respondents was 32.5 years and all were foreign born, with the majority from Honduras (50%) followed by Mexico (34%), Guatemala (10%) and other Latin American countries (6%). Most reported living in groups with other men. Over half reported having a wife or children in their country of origin. The majority (90%) had less than a high school education. They reported living in post-Katrina New Orleans for an average of 28 months. During the month prior to the interview, the sample reported seeking day labor

work 5 days out of the week with earnings ranging from \$200 to \$1500. Overall, respondents reported an increase in their use of drugs since arriving in New Orleans. They cited the use of marijuana (96%), cocaine (64%), and alcohol (90%) since arrival. Of particular interest is the disproportionately high rates of crack cocaine use (48%) reported by respondents since arriving in the city.

### The Initiation of Crack Use

The emergence of crack use or *la piedra* among day laborers is surprising considering previous studies on Latino day laborers in other cities that have documented very low levels of crack use [24]. It is especially compelling that a majority of the respondents indicated never having used crack before arriving in New Orleans.

First time crack use experience was prompted by friends or roommates who offered the respondents crack at a social gathering often in someone's apartment. For instance, a Honduran worker reported that he initiated his crack use while temporarily living with a friend. Before this occasion he smoked marijuana and drank beer frequently. Here he describes his first use of *piedra*:

Well, I was just getting here from Honduras. My brother, during those days was in jail here. I didn't know where to go, or anything. I had a friend that lived in an apartment with others. Then I went and I told him "Are you going to give me a place to stay?" and he said yes. He and his friends smoked a lot of crack. One night he told me "Do you want to try it?" I grabbed the pipe and fired it up and started smoking it. I don't remember anything. I was really high.

Only few men admitted to crack use prior to arriving in New Orleans. These men tended to be from large urban cities such as Managua and Tegucigalpa in their country of origin and were associated with distinct groups involved in drug use, crime and other delinquent behaviors in their communities. For instance, one respondent from Managua (Nicaragua) recalls how he left his home and had his first experience with crack in Costa Rica:

When I was 14 I got into a fight with my mom. I left home (Nicaragua) to work in the cane fields but ended up in San Jose, Costa Rica. I used to sleep on the streets in the downtown plaza area. That's where I started to smoke crack. There were people all over the place selling.

### Patterns of Crack Use

Most respondents indicated that since arriving in New Orleans their pattern of crack use ranged from occasional weekend use to long periods of daily smoking. According to some men in this study, there was an abundance of work and income during the 1 year post-Katrina period. As a result, many indicated using crack only during the weekends as they did not want to jeopardize their ability to work. During these weekends it was not uncommon for men to get together and spend \$100–200 each on crack. A 27 year old Mexican spoke about his crack binge which started at a friend's birthday where there was an abundance of food and alcohol.

We didn't even eat or drink. The food for us was to keep smoking crack. Almost all night, and three nights more without sleeping. We spent around 900 dollars. On Monday I felt horrible.

For some men their use eventually developed into long periods of daily use even as job availability decreased with time. Eduardo, a Honduran immigrant who arrived immediately after the storm described:

...sometimes I go to work and I get 100–150 dollars. The first thing I do is buy crack even before I eat ...to tell you the truth ...sometimes I don't even eat. I spent two or three days smoking.

The respondent further stated that as he had become more *prendido* (addicted), he stopped sending money to his family and just smoked until he depleted all his income. Most participants had similar stories about going through serious periods of dependence. Crack use seemed to increase as work opportunities diminished. One 30 year old Guatemalan who has been living in New Orleans for 3 years reported:

Desperation has caused me to use [crack] more. There is no work. I try to always keep some money in my pocket but when four or five days pass without work I get a feeling of despair. This causes me to use. I have nothing to do or keep me occupied.

### Etiology of Crack Use

The easy accessibility and high availability of crack in New Orleans was most frequently cited as a factor that predisposed them to initiate the use of this drug. Respondents explained that young African American or *morenos* [as they described African Americans] street level drug sellers facilitated their use by making drugs easily accessible, prices affordable and marketing crack alongside marijuana. One respondent stated, “Here all one has to do is walk out of your house and the *morenos* are already asking if you want crack, want marijuana? So, you can buy crack just outside your apartment.” Most crack using respondents reported buying \$10 or \$20 rocks from active young sellers in New Orleans’ expansive drug market [9]. Moreover, smoking crack was facilitated by the availability of \$2 crack pipes along with rolling papers and other drug use paraphernalia sold at most New Orleans’ neighborhood corner stores.

### Social Isolation and Vulnerability

Social isolation and vulnerability emerged as salient psychosocial factors influencing crack use among participants. Many respondents discussed how the emotional strain of being separated from close family members, friends and community laid a heavy toll on them. Furthermore, they reported that the lack of an established Latino community in New Orleans hindered the development of other social networks outside of the day labor network. A 33 year old from Guatemala made this observation:

Not having your family makes it easier to fall into these vices. Or maybe this [*not having a family*] is just an excuse. But once you participate in these vices, it becomes a necessity.

The strains involved in adapting to a new environment along with the sadness of being far from family, friends and community were often compounded by the difficult conditions of day labor work. As day labor work is often temporary and rife with workers’ rights abuses [25], respondents reported significant stress associated to their lack of a consistent income. As well, they felt socially vulnerable due to frequent victimization by their employers through workers’ rights abuses such as wage theft. Low education levels, inability to speak English, low skills and lack of citizenship status heightened this group’s vulnerability. For instance, for some, being undocumented inhibited them from filing formal grievances against unscrupulous employers, landlords, and the police. Consequently, many linked these feelings of despair to their initiation and use of crack as well as other substances and vices (e.g., prostitution). One Salvadorian respondent stated:

Yes, we are victims of abuse by white contractors, also, by Latino and Black contractors. We are victims of everything here. They look at us like an object that is

worthless. They take you to work and they know that you do not have papers. They abuse you. Then because you don't want problems with the authorities, you don't say anything and stay quiet.

Similarly, a 38 year old Guatemalan described:

Here a Hispanic is nobody. There are many Hispanics that argue [with contractors] about how much they get paid. Then they get into physical fights. What are you going to do—call the police? We can't speak English and the police are not going to like being spoken to in Spanish. [*Respondent goes onto mimic what the police would say in Spanish* “No, no comprende amigo.”] No, no I don't comprehend you my friend.

Furthermore, respondents stated that they often felt victimized by African American youth who they stated would often assault and rob them. This finding is perhaps indicative of existing racial tensions between the African American community and the newly arrived Latino immigrants. However, it is also consistent with national reports indicating an increase in robberies and assaults targeting Latino day laborers [26,27]. Perpetrators seem to know that they carry cash and are known to underreport crime, prompting some to refer to day laborers as “walking ATM machines” [28].

### Physical and Mental Health Consequences of Crack Use

In post-Katrina New Orleans, 80% of the city was flooded and the health and social services were severely impaired. Latino immigrants discussed their inability to access health care services except those at emergency hospitals. For instance, Miguel, a Honduran who has been living in New Orleans for 2 years, states:

Many people get sick. And they don't work. They stay sick because they don't have money to go to a clinic to get examined or to buy medicine. There's a lot of people that are dying because they can't get help.

They also discussed how lack of medical and social services impacted their feelings of social isolation and contributed to binge drinking, smoking marijuana and crack. Furthermore, the absence of conventional sexual networks coupled by a sense of loneliness prompted many to solicit sex from drug using prostitutes. For instance, a 26 year old respondent describes how he feels:

I feel lonely. I go to work, get home and I have to do everything a woman does. I have to wash my clothes, cook and everything. When I get home tired I begin to think “where is my wife to do all these things? Should I find a woman here or should I keep the one over there [wife in Guatemala]?” I don't know if it is wrong or normal to think like this. That's why I do drugs, sleep with women and all that. It hurts to be like this.

These sex behaviors along with high risk alcohol and drug use patterns have been found among other populations to be directly associated with the diffusion of infectious diseases such as HIV, hepatitis B and C and STIs [29–31].

## Discussion

This qualitative analysis reveals how social processes and contextual factors contribute to crack use among Latino day laborers in New Orleans in a post-disaster context. Findings are significant given that the prevalence of crack use among U.S. Latinos has been previously found to be relatively low compared to other groups [32]. New Orleans' flourishing drug markets in the communities where many Latino immigrant day laborers reside provided easy access to crack, and facilitated their initiation and periods of daily use. Psychosocial factors

such as feelings of isolation and constant exposure to victimization due to day laborers' marginal status were found to further contribute to an individual's susceptibility to crack use. In sum, Latino immigrant day laborers who migrated to New Orleans post-Katrina encountered many disaster related challenges but also experienced the difficulty of adapting to a new city with no established Latino community to provide support and resources to facilitate their adaptation. To this end, many expressed in their interviews feelings of despair and with the easy accessibility of crack, initiated their drug use behavior.

The emergence of crack use among this sub-group of Latino immigrant day laborers, from a public health perspective, is particularly problematic, as they often tend to lack access to preventative and health care services. Overall, the important public health implication of this study is the potential for this immigrant day laborer population to act as a "bridge for infection" in the spread of HIV and other blood borne pathogens [33,34]. This groups' potentially increased risk may then be of vital concern to direct service providers as it has implications for the screening of addiction and HIV risk-taking behavior. Effective public health and social service interventions must then incorporate an understanding of the unique contextual factors influencing drug use among this population. For example, public health and social service programs can attempt to ameliorate social isolation among this population as this may be a potential risk-factor for crack use. Advocacy groups and law enforcement could also be involved in monitoring worker rights' abuses as well as the victimization of these men by violent robberies.

Future studies are recommended to examine specific risk and protective factors of crack and other drug use among this population. Furthermore, studies are recommended to examine crack use among Latino immigrant day laborers in other cities to see if these findings may hold. Future studies should also consider applying existing epidemiological theories such as social contagion to explain how new drug use patterns emerge and proliferate in new settlement immigrant communities and impact public health.

Limitations of the study need to be acknowledged. Similar to other ethnographic or qualitative studies, the results cannot be generalized beyond the population studied. Nevertheless, this analysis is one of the first to characterize crack use among Latino immigrant day laborers. Furthermore, this study adds to a preliminary understanding of how crack use and related activities leads to HIV-risk taking behavior including sex with drug-using prostitutes among Latino immigrant day laborers.

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