

Survey of Alcohol, substance Abuse, depressive Disorders & other social Pathology in Refugees & Homeless in Postcovid Era: Two cohort nonrandomized Survey of 109 Clients in Post COVID-19 Period

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Original Article

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Abstract:

The postcovid era augmented with armed conflict in Eastern Europe brings new waves of social pathology, including postcovid syndrome, where the commonest signs are depression, anxiety, followed by alcohol, tobacco, or other substance use. Two cohorts of clients of social work: one among migrants and refugees (98 clients); 11 homeless have been studied on development of both symptoms related to stress (post trauma stress syndrome after armed conflict, and chronic stress of homelessness and isolation). Only one case of HIV and HepC in both groups have been recorded, both on ARV or HCV treatment. Tobacco use has been increased in the group of posttrauma stress syndrome related to Group I (armed conflict refugees), but alcohol or substance use were sporadic and exceptional both before and after admission in the 3m follow up.

Introduction

After the 3rd wave in Western Europe, Postcovid syndrome and posttrauma stress syndrome in Eastern and Central Europe are leading causes of reactive social pathology after winter and during the spring season in 2022. Postcode syndrome is known with psychosocial symptoms, independently of the severity of the first clinically apparent diseases and less frequent in vaccinated individuals.(1-12). Here, we analyze two groups of patients with different risk factors/environment: refugees and migrants escaping from war in Eastern Europe, in Central Slovakia in Pruske, a Franciscan Collegium in Central SK and homeless from a shelter near major urban city – Bratislava (1-12).

Clients and Methods

The first group consisted of 98 clients of social work - migrants and refugees of whom only 2 have previously had confirmed covid I9. All have post trauma stress syndrome. They were managed at Franciscan Convent, St. Francis College at Pruske located in the rural area of Central Slovakia assisted by OFM Managers and SEUC Social Workers.

The second group consisted of 11 homeless

located in the Life isolated shelter in Jarna, 30 km from the large urban area of border city Bratislava. Anamnestic data on tobacco, alcohol, substance use and related ID have been recorded upon arrival in the weeks from March 15 to May 15, 2022

X square with Modified Mantel Haenszel tests with Yates Correction, in cell size less than 10 with Fisher's - exact test have been used for comparison. In continuous variables Student's T test have been used where appropriate. The second group all underwent covid apart of one, in contrast the first part where post covid anamnesis was sporadic.

Results and Discussion

Commonest social pathology in the 1st group, due to post trauma stress syndrome has been tobacco use increase. Concerning the basic interviews, before the conflict, only 6 of 98 but after conflict, 33 of 98 female clients escaping from war, were documented. Alcohol abuse was documented on one before and also after arrival, and substance intravenous use in one before and after(NS). Two cases of new covid I9 have been related to the 2-3 days travel(3 percent) Survey of alcohol, substance abuse, depressive disorders

and other social, pathology in refugees and homeless in postcovid era: Two cohort nonrandomized survey in 109 clients in postCOVID-19 period

Increased alcohol and tobacco use is commonly reported after chronic stress exposed population, followed by depressive and anxiety reactive syndromes. In the covid era, post covid syndrome is in the majority of cases accompanied by depression and anxiety as well. (2-9).

There was no difference in alcohol use before and after the event (admission, war versus homelessness). However, there was a huge increase in smoking in the refugee and migrant arm from 5 times from 6 to 33% (P O.O1 in t test). Abuse of other substances have been recorded sporadically, with no difference before and after admission. Surprisingly, only in one case, viral diseases related to substance use has been noted in each group, one case of HepC virus in Group II, and one case of HIV among refugees, however with long term anamnesis of years., both on antiviral tx.

Conclusions

In the group of posttraumatic and post conflict stress syndrome in the group of Ukrainian refugees and migrants, substance use or alcohol abuses has not been recorded as compensation of the acute stress. Surprisingly, in the group of homelessness, the occurrence of alcohol and tobacco abuse was not related with post covid syndrome, despite all but one undergoing symptomatic diseases during the first wave of the COVID I9 pandemic.

Good news is that both post trauma and post covid individuals, when sheltered, did not compensate their chronic stress with alcohol or substance use, maybe to decreasing access when institutionalized. However, tobacco use was reported to be dramatically increased in the first group despite decreasing access after institutionalization at the Franciscan College, as one of the compensation mechanism probably due to mixed information or lack of data on their relatives/family members.

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