

Health Literacy to Address Opioid Use in Agricultural Worker Communities

Midwest Stream Forum for Agricultural Worker Health
March 29, 2022



Panelists

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Program

Director II

MHP Salud

Agenda

- ▶ Strategies and Challenges in Addressing Opioid Misuse for Agricultural Workers
- ▶ Using CHWs to address low health literacy and opioid misuse
- ▶ Results of FHN Opioid Use Assessment
- ▶ Large Group Discussion/Q&A
- ▶ Resources
- ▶ Conclusion

Objectives

- ▶ Obj 1: After attending this session, the attendees will be able to explain the role of health literacy in addressing and preventing opioid misuse.
- ▶ Obj 2: After attending this session, the attendees will be able to increase their understanding of health education strategies and best practices for addressing health literacy concerning opioid use.
- ▶ Obj 3: After attending this session, the attendees will be able to use available educational materials and resources available to clinicians, community health workers, and patients to help improve health literacy concerning opioid use.
- ▶ Increased knowledge of the trends in opioid misuse in agricultural worker communities
- ▶ Increased understanding of the root causes of opioid misuse among agricultural workers
- ▶ Increased knowledge of strategies to address opioid misuse

Strategies and Challenges in Addressing Opioid Misuse for Agricultural Workers

Laszlo Madaras, MD, MPH
Migrant Clinicians Network



A more terrible lord over Mankind
than even Death itself

- Albert Schweitzer



Most drugs of abuse are
NOT new

Historical Uses



Am. J. Ph.] 7 [December, 11

BAYER Pharmaceutical Products
HEROIN-HYDROCHLORID

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Cough
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO
LABENFABRIKEN OF ELBERFELD COMPANY
SELLING AGENTS
40 Stone Street NEW YORK

ver Promoted Heroin Accessed 4/3/16

COCAINE
TOOTHACHE DROPS

Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
219 HUDSON AVE., ALBANY, N. Y.
For sale by all Druggists.
(Registered March 1885.) See other side.

A vintage advertisement for Cocaine Toothache Drops. The top half features a colorful illustration of a woman in a red dress and white apron, and a child in a yellow shirt and hat, sitting on a wooden crate. The background shows a house and trees. The bottom half contains the product name, price, and manufacturer information.

Legal Medicinal in USA



Amphetamines

- Ritalin
- Adderall



Marijuana (in some states)



Pain Relief

Legal Recreational in USA



Caffeine



Tobacco



Alcohol



Opium: a dried latex secretion of the poppy plant

- 2% codeine
- 10 % morphine



Morphine: an alkaloid isolated from opium in 1804 by German chemist, many uses for pain control, after Greek god of dreams Morpheus



Heroin: synthesized morphine in 1898, thought to be non-addicting, sold by Bayer pharmaceutical company for 10 years before harmful effects recognized (more powerful than morphine)

Not Legal in USA



Cocaine (but used in Peru and other nearby countries medicinally)



Heroin (some countries decriminalized and added needle exchange programs in “zones” where the drug could be used)



Metamphetamines (amphetamines with an additional methyl (CH₃) group attached)

Psychoactive Drugs

Affect the function of the brain and produce psychological effects.

Changes in mood, perception, behavior, cognition

Often addicting.

Caffeine, nicotine, alcohol, cocaine, heroin.

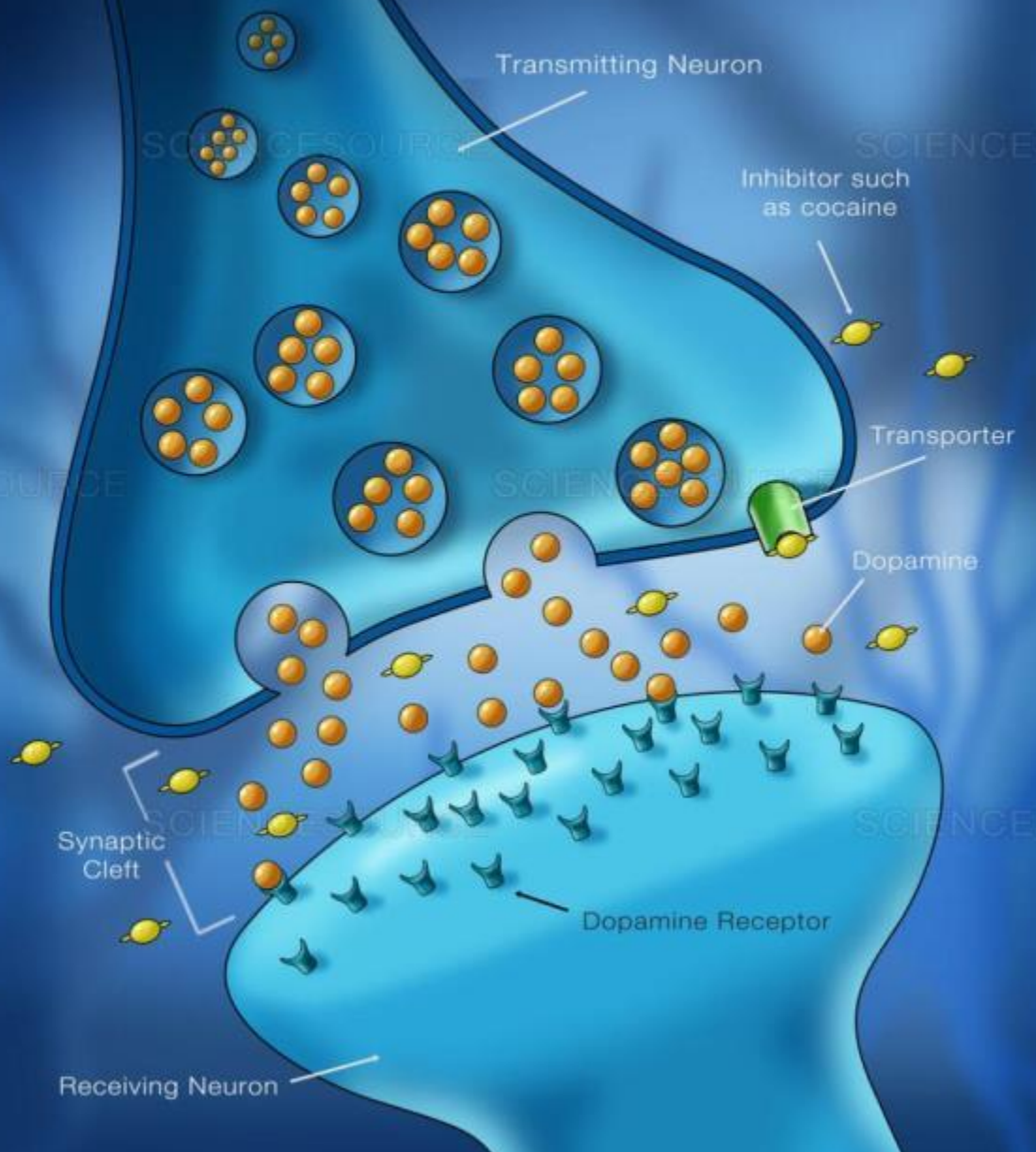
Ritalin, adderall.

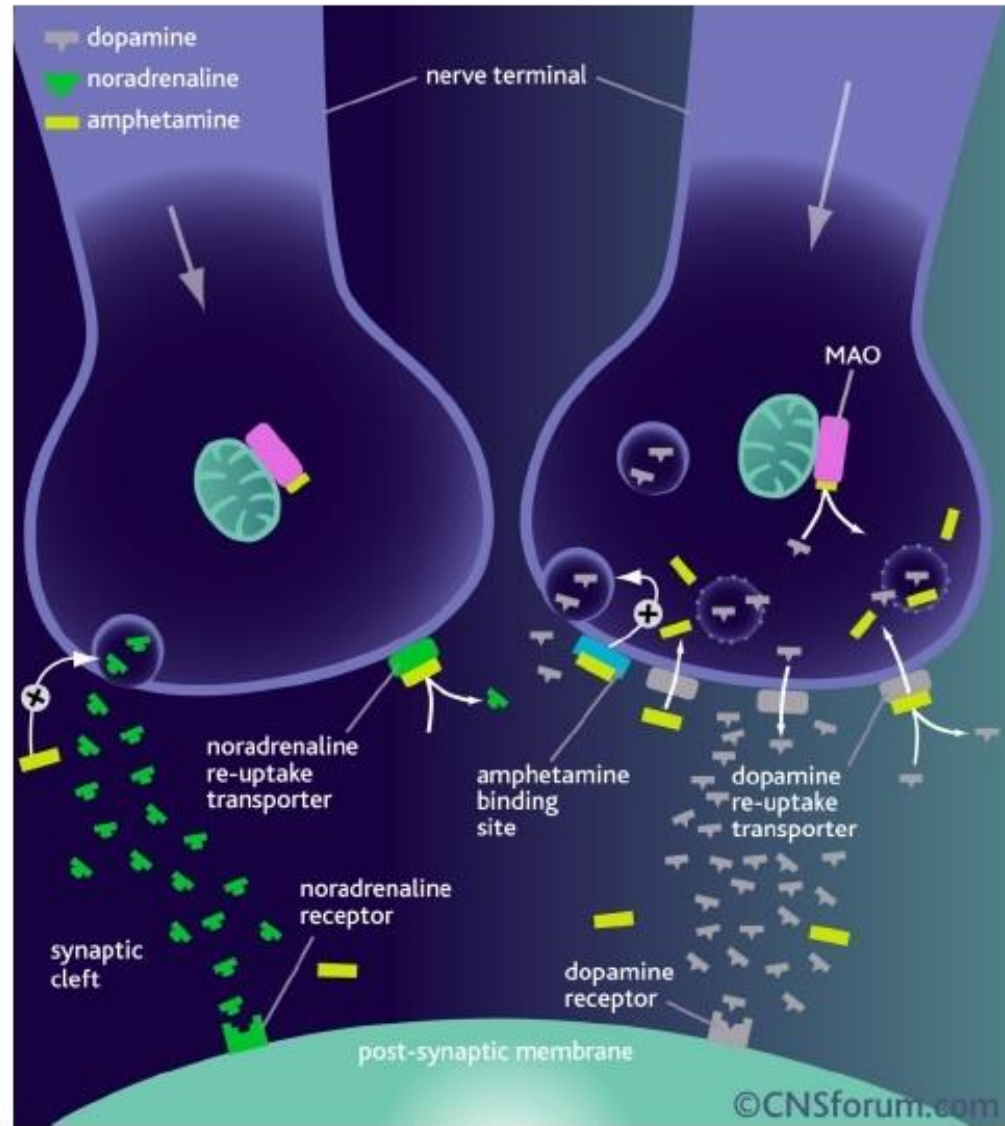
Use versus addiction.



OPIOIDS

Dopamine Reuptake Inhibitor







What causes
addiction?

Poor choices?

Bad parenting?

Weak character?



Brain physiology

Addiction yes, but is it unhealthy?



What is Addiction?

- Substance use disorder - when it is unhealthy. Preferred medical terminology.
- Abuse - when unhealthy and there is harm done.
- Dependence - psychologic/physical (tolerance)
 - Abrupt withdrawal harmful
- Craving - when not using, cannot think of anything else



Tolerance

Tolerance - brain expects the drug. Withdrawal when not getting the expected dose/type of drug.





Injuries at Work

Common Causes



Lifting



**Falling
from
ladders**



Carrying



**Bending
over**



Reaching

Ohio Dairy Farm Worker Killed In Feed Mixer Accident

JUNE 8, 2015

MADISON COUNTY, OHIO- Farm Journal

A dairy farm vet in Ohio was tragically killed in accident over the weekend. The worker was apparently pushing hay into a mixer when he fell in.

TMR mixers and tub grinders can be especially dangerous since they have powerful mixing screws often edged with sharp knives used to reduce particle size of milled forages.

Farm worker dies after being buried under pile of corn

March 24, 2015 • Associated Press

LEBANON, Conn. -- A Connecticut farm worker has died after a pile of milled corn collapsed on him. Police say the collapse happened when 54-year-old Donald Merchant, of South Windham, was using equipment to move corn from a large mound at the Square A Farm on Monday. When he got off the equipment, some of it toppled onto him. Merchant was found unresponsive by other farm workers, who dug him out.

Man airlifted to hospital after New Athens farming accident

April 30, 2018

Belleville, IL-- A man was badly injured after a farming accident in New Athens on Monday afternoon.

The St. Clair Sheriff's Department was investigating a possible explosion in the 2900

2-year-old boy killed in Kansas farm accident

October 20, 2011

BELLEVILLE, Kan. (AP) - AP Wire

A 2-year-old Belleville boy has died after being run over by a payload tractor near Scandia in north-central Kansas.

The Salina Journal reports Cayden Michael Dunstan was with his father, who was strapping down large hay bales that had been loaded onto a semitrailer.

The Republic County Sheriff's Office says the tractor was being backed away from the trailer when Cayden ran into its path and was run over just after 7 p.m. Saturday. Cayden's parents took him to a hospital in Belleville, where he died as a LifeWatch helicopter waited to fly him to a hospital in Omaha, Neb.

43-year-old man killed in Kansas harvest accident

JUNE 22, 2016

BELOIT, Kan. (AP)- Associated Press

Authorities say a man has been killed in a wheat-harvest accident in north-central Kansas. The Mitchell County Sheriff's Office identified the victim in a news release as 43-year-old Michael Anderson, of Beloit.

About 25 hit by fungicide drift from crop duster in Tippecanoe County

7/15/2015

WILLIAMSPORT — Indiana Economic Digest

About 25 people were hit by drifting fungicide Wednesday while a crop duster sprayed a neighboring field.

The group, primarily teens, were detasseling corn on a field owned by Hubner Industries, said Roger Vail, safety manager for the seed production company.

About 50 people were working but only about half were affected by the drift, according to Neal Wood, the subcontractor who manages the workers.

Risk factors:

Awkward or uncomfortable postures, repetitive motion



Opioids and Work



Cultural Dimensions of Pain Management



Pain is a subjective phenomenon that often defies objective medical assessment, it is particularly susceptible to social psychological influences, such as stereotypes.

What do we want?

- ✓ Bridge patient's goals with medical options
- ✓ Address all aspects of pain and suffering: physical, emotional, spiritual, social
- ✓ Maximize quality of life
- ✓ Assist in search for meaning
- ✓ Help to achieve goals, dreams, aspirations

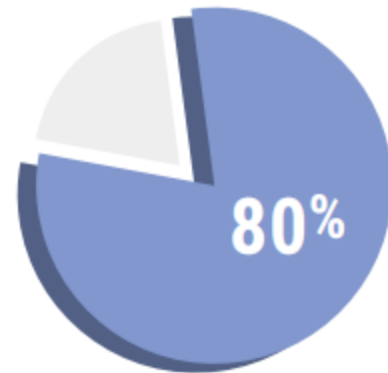


Disparities in Pain

- Sex, race/ethnic, and age differences in pain have been reported in clinical and experimental research.
- Gender role expectations have partly explained the variability in sex differences in pain
- One's expectations of the pain experience of another person are influenced by the stereotypes one has about different genders, races, and ages.
- Racial and ethnic disparities in pain perception, assessment, and treatment were found in all settings (i.e., postoperative, emergency room) and across all types of pain (i.e., acute, cancer, chronic nonmalignant, and experimental).

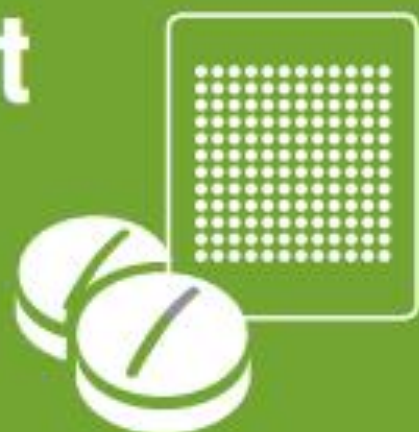
Medication-assisted treatment (MAT) is the use of medications such as buprenorphine, methadone, and extended release naltrexone, often in combination with counseling and behavioral therapies, to treat opioid use disorder.

- Barriers to MAT include stigma of addiction (substance use disorder), not recognizing opioid use disorder, a lack of awareness of treatments available, lack of physician training, and limited access to treatments and treatment providers.
- For more information and a detailed resource on MAT, please visit the Substance Abuse and Mental Health Services Administration (SAMHSA) MAT webpage: <https://www.samhsa.gov/medication-assisted-treatment>



Nearly 80% of those with an opioid use disorder don't receive treatment.⁹

Treating opioid use disorder: medication-assisted treatment



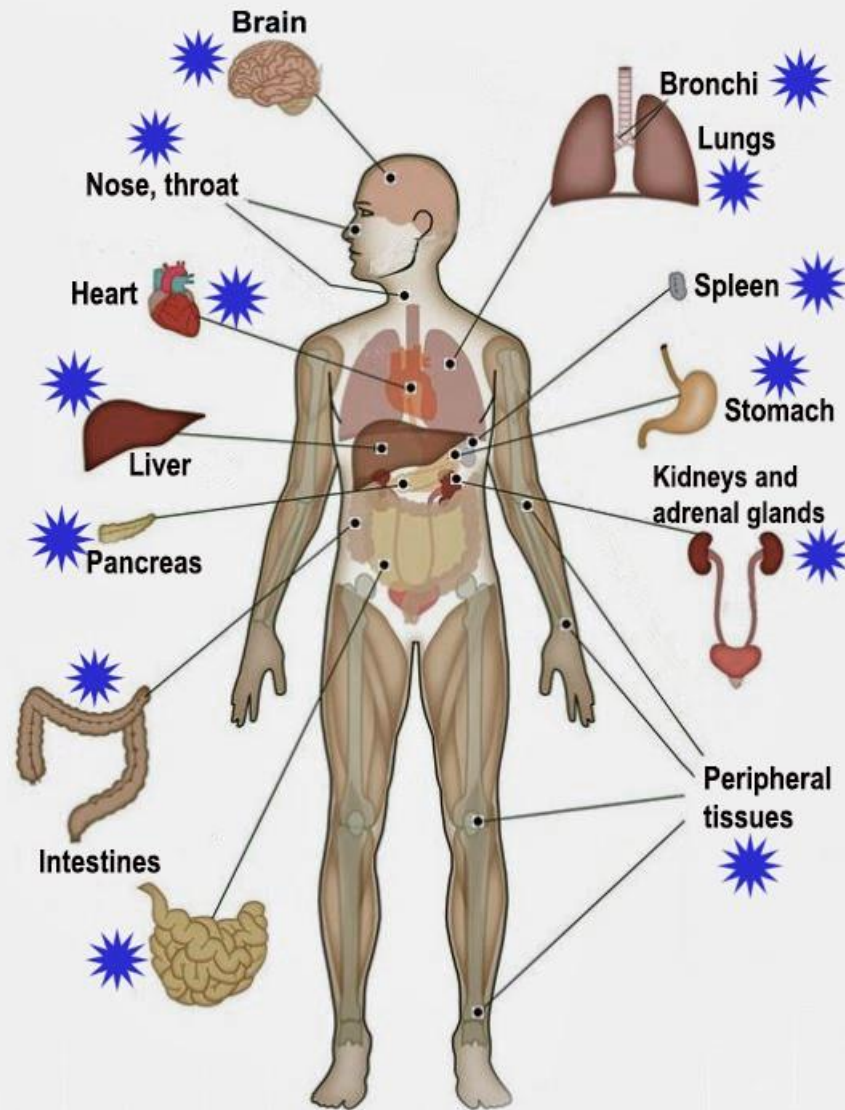
Use of medication-assisted treatment (MAT) has been shown to increase recovery rates, decrease overdose deaths, decrease criminal activity, and lower the risk of infections such as HIV and hepatitis C.

Guidelines for Pain Management

- Prompt recognition and treatment of pain,
- Involvement of patients in the pain management plan,
- Improvement of treatment patterns,
- Reassessment and adjustment of the pain management plan as needed, and
- Monitoring processes and outcomes of pain management.

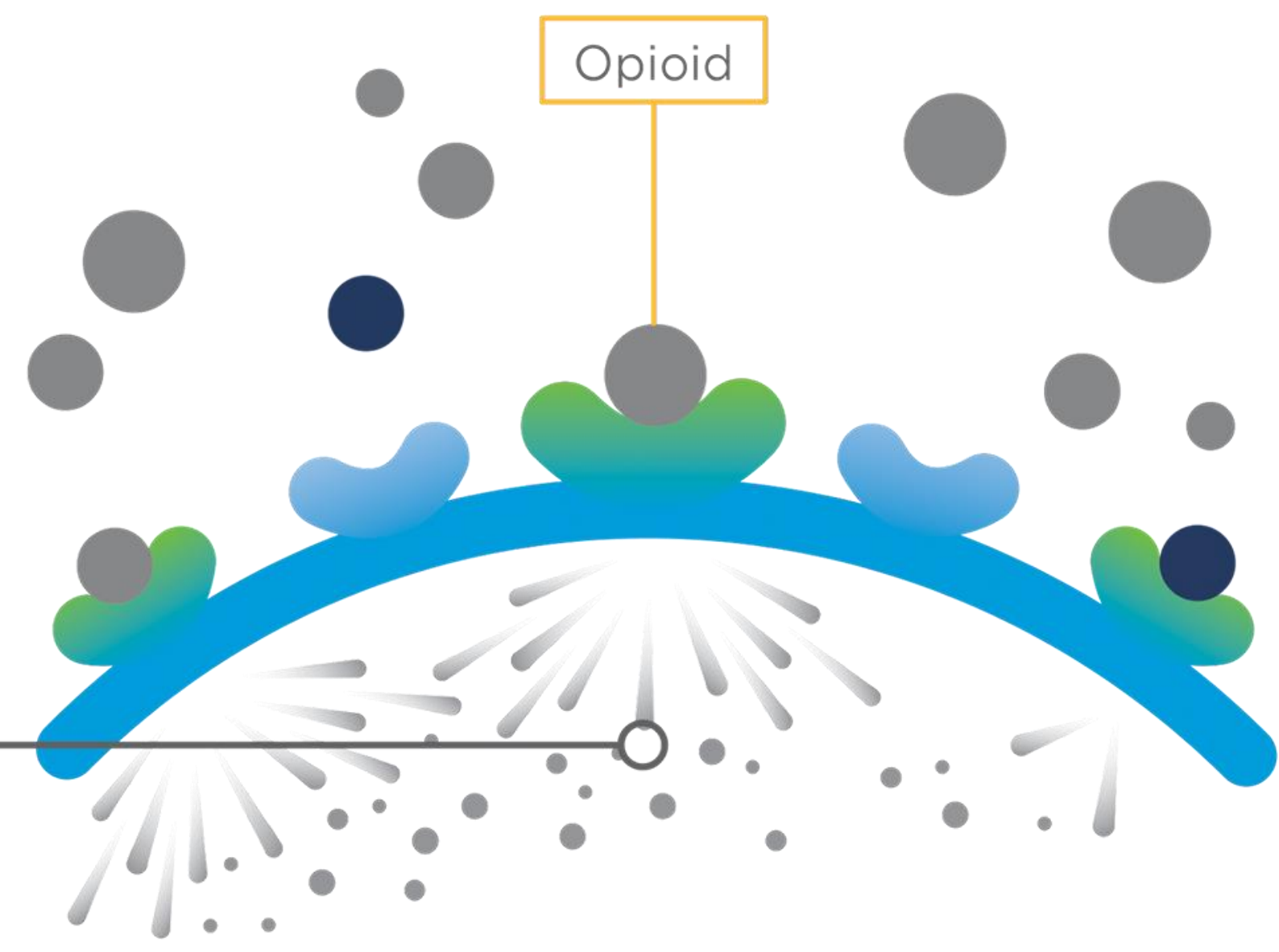
American Pain Society recommendations for improving the quality of acute and cancer pain management, 2005

Known mu-opioid receptors



- = Endogenous Opioid
- = Opioid (eg, Heroin and Pain Relievers)

EXCESSIVE
STIMULATION OF
THE DOPAMINE
REWARD SYSTEM



- Around 100,000 ER visits per year and rising.
- 45 - 50 deaths per day from prescription pain killers.
- Drug overdose deaths killed 63,632 Americans in 2016 (175 per day) per CDC Morbidity and Mortality Weekly Report, nearly 2/3 deaths involved opioids.

EMERGENCY



GOULBURN VALLEY HEALTH

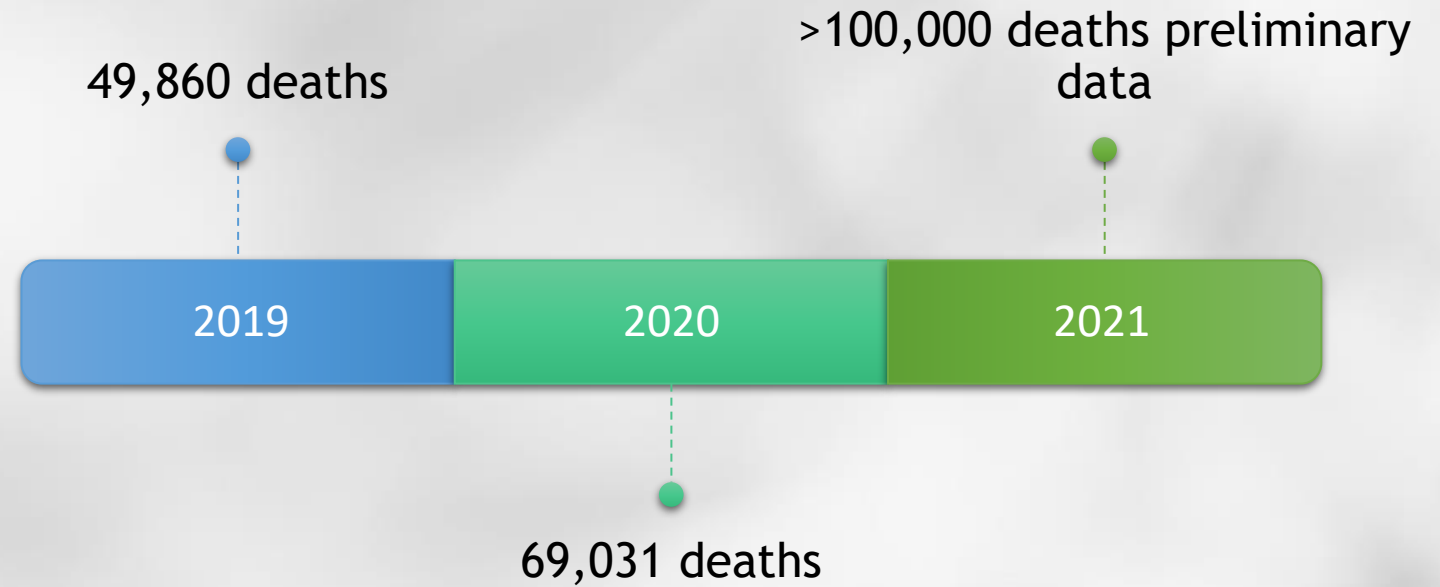


Main Entrance →

Emergency Department Entrance ←

After Hours Hospital Entrance ←
8.00pm to 7.30am only

Deaths from Opioid overdose CDC report



Inadequacies of Health Care System

Average US physician get less than 4 hours of education on substance abuse, and most feel unprepared.

Only 1 in 10 patients who need treatment receives it.

Referrals for treatment come from legal justice system (70%)

Referrals for treatment from health care system (7%)

Solutions

Motivated clinicians need to develop a level of comfort treating substance abuse patients.

Division of labor with more work by other staff including community health workers.

Involvement of community-based organizations.

Clear messaging in direct, understandable language.



What Works?

What is Health Literacy?

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



High-Risk Groups for Low Health Literacy



65 years old



recent immigrants and other
minority groups



low income



homeless



prisoners



low education levels

EFFECTS OF LIMITED HEALTH LITERACY

SIGNS OF LOW MEDICATION LITERACY

OFTEN UNABLE TO NAME OR DESCRIBE HOW TO USE THEIR CURRENT MEDICATIONS

HAVE LIMITED UNDERSTANDING OF THEIR MEDICATIONS AND ASSOCIATED SIDE EFFECTS

LESS LIKELY TO TAKE MEDICATION APPROPRIATELY AND ASK QUESTIONS TO THEIR PHARMACISTS

EFFECTS ON MEDICATION USE

DECREASE IN ADHERENCE

INCREASE IN MEDICATION ERRORS

HIGHER RISK OF MISINTERPRETATION DURING COMMUNICATION



Red Flags for Low Health Literacy

- ▶ Frequently missed appointments
- ▶ Incomplete registration forms
- ▶ Non-compliance with medication
- ▶ Unable to name or identify medications
- ▶ Ask fewer questions to health professionals
- ▶ Lack of follow-through on tests or referrals

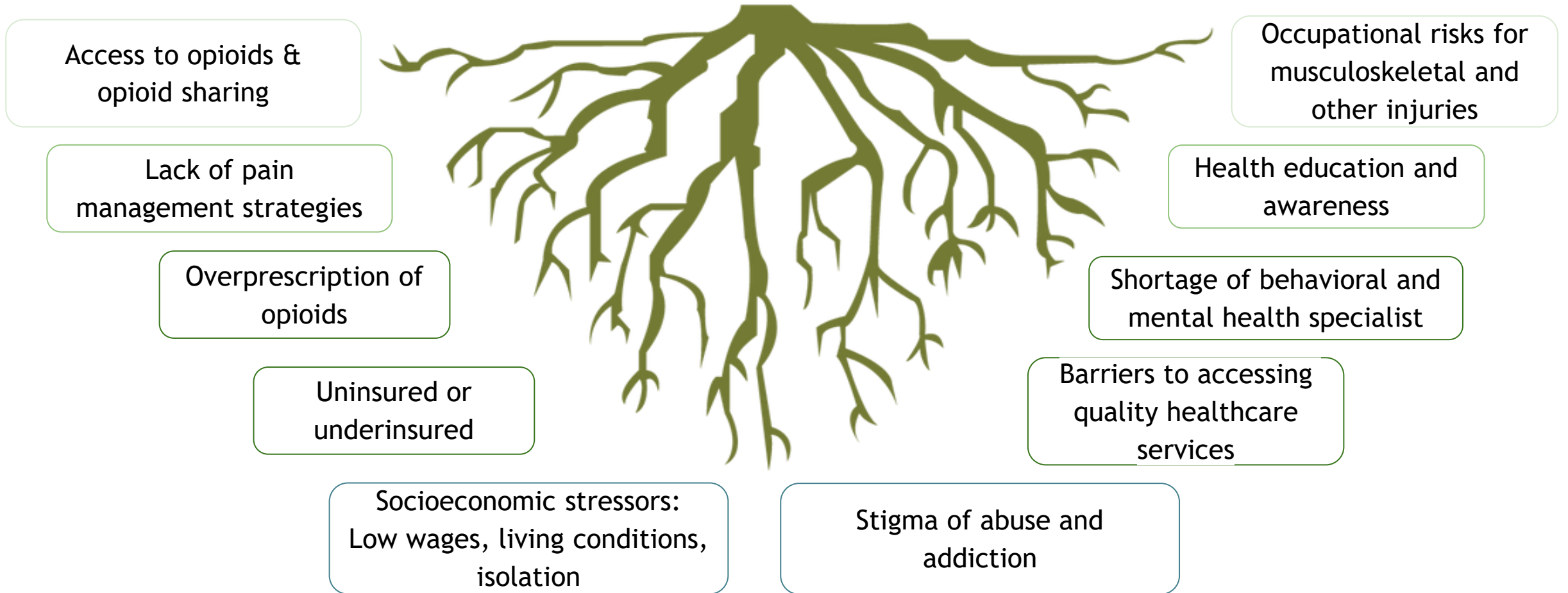
Red Flags for Opioid Misuse

- ▶ Unusual excitement
- ▶ Unusual sedation
- ▶ Doctor Shopping
- ▶ Sudden financial problems
- ▶ Physical withdraws



Root Causes of Opioid Misuse Among Agricultural Workers

Opioid misuse



Community Health Worker *Promotor(a) de Salud*

A **Community Health Worker** is a trusted member of the community who empowers their peers through education and connections to health and social resources. CHWs are widely known to improve the health of their communities by **linking** their neighbors to health care and social services, **educating** their peers about disease and injury prevention, working to make health services more **accessible**, and by mobilizing their communities to **create positive change**.



CHW's Role in Addressing Opioid Misuse in MSAW Communities

► Education

- Building capacity/Outreach
- Disseminating information
- Reduce stigmas
- Provide Alternatives
- Self-care
- Assist with health literacy & digital health

► Providing Support

- Clinical
 - Follow-up
 - Communication between staff
 - Screening & Assessment
 - Group sessions
- Non- Clinical
 - Translation
 - Application completion
 - Health navigation
 - Support groups

► Offering Resources

- Translation
- Aid
- Referrals
- Advocate

Tips- Health Literacy

- ▶ Never assume!
- ▶ Use plain language.
- ▶ Focus on "need-to-know" & "need-to-do".
- ▶ If possible, include visuals

Tips- Opioid Misuse

- ▶ Avoid confrontation
- ▶ Discuss relationship with substance
- ▶ Express empathy
- ▶ Talk about their goals

Tools

- ▶ Use Teach-Back Method.
- ▶ Brown bag
- ▶ 5 whys root cause

FHN Opioid Use Assessment in Agricultural Worker Communities

Background

▶ **Assessment period:**

July - November 2019

▶ **Organizers:**

Farmworker Health Network (FHN)

- Farmworker Justice, Health Outreach Partners, MHP Salud, Migrant Clinicians Network, National Center for Farmworker Health, National Association of Community Health Centers

▶ **Objective:**

- Understand what health services providers and other professionals that serve agricultural worker communities are observing regarding the extent of opioid misuse, and identify potential training and technical assistance needs

FHN Opioid Use Assessment in Agricultural Worker Communities

Methods

- ▶ **Online survey (78 respondents)**

- 68 from health centers, 4 from legal services organizations, 4 from community organizations, 2 from academic institutions

- ▶ **Individual in-depth interviews (9 respondents)**

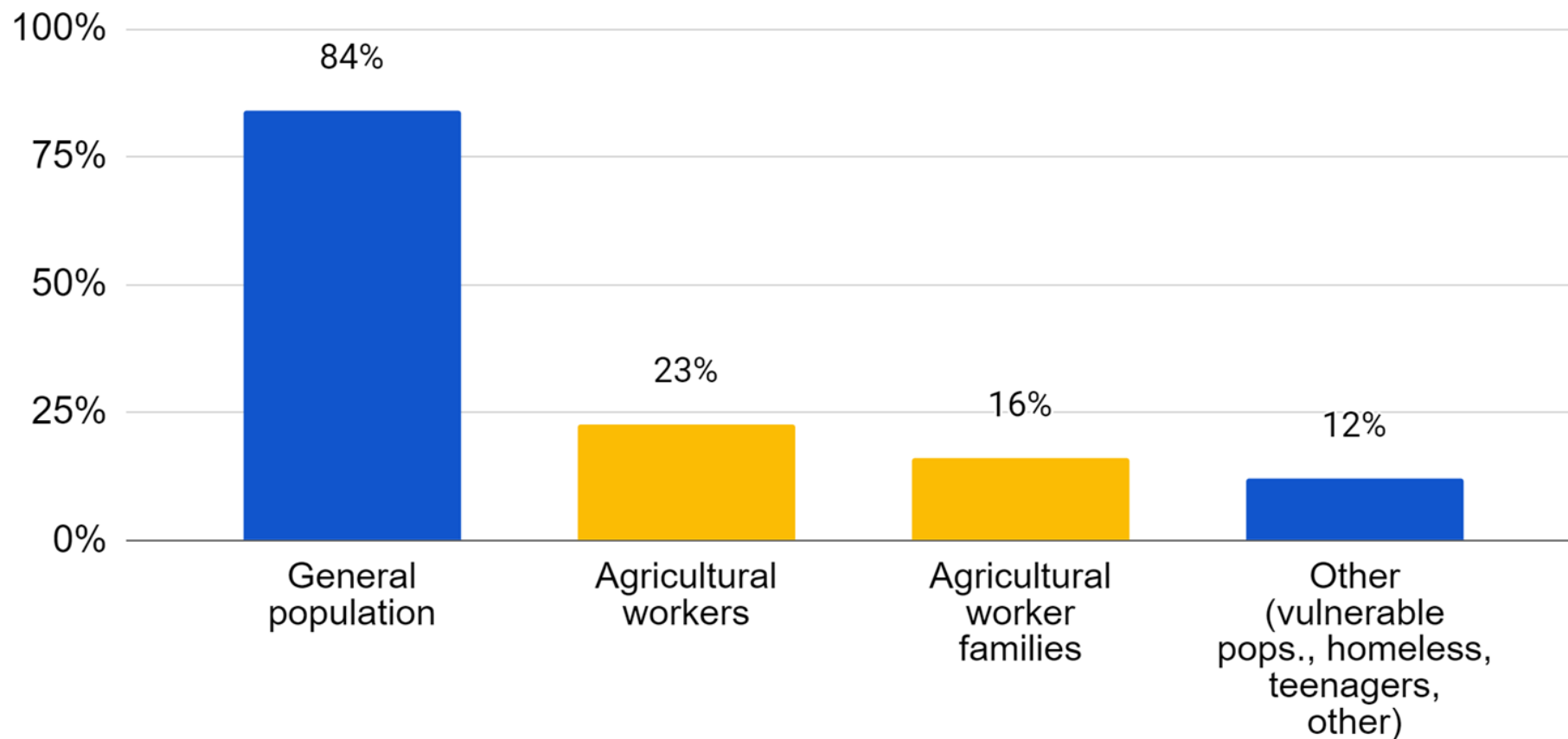
- 6 from health centers, 2 from CBOs, 1 from academic institution

- ▶ **Focus groups/roundtables**

- Midwest Stream Forum (Denver, CO, Sept. 26, 2019)
- East Coast Migrant Stream Forum (San Juan, PR, Oct. 10, 2019)

Results: Online survey

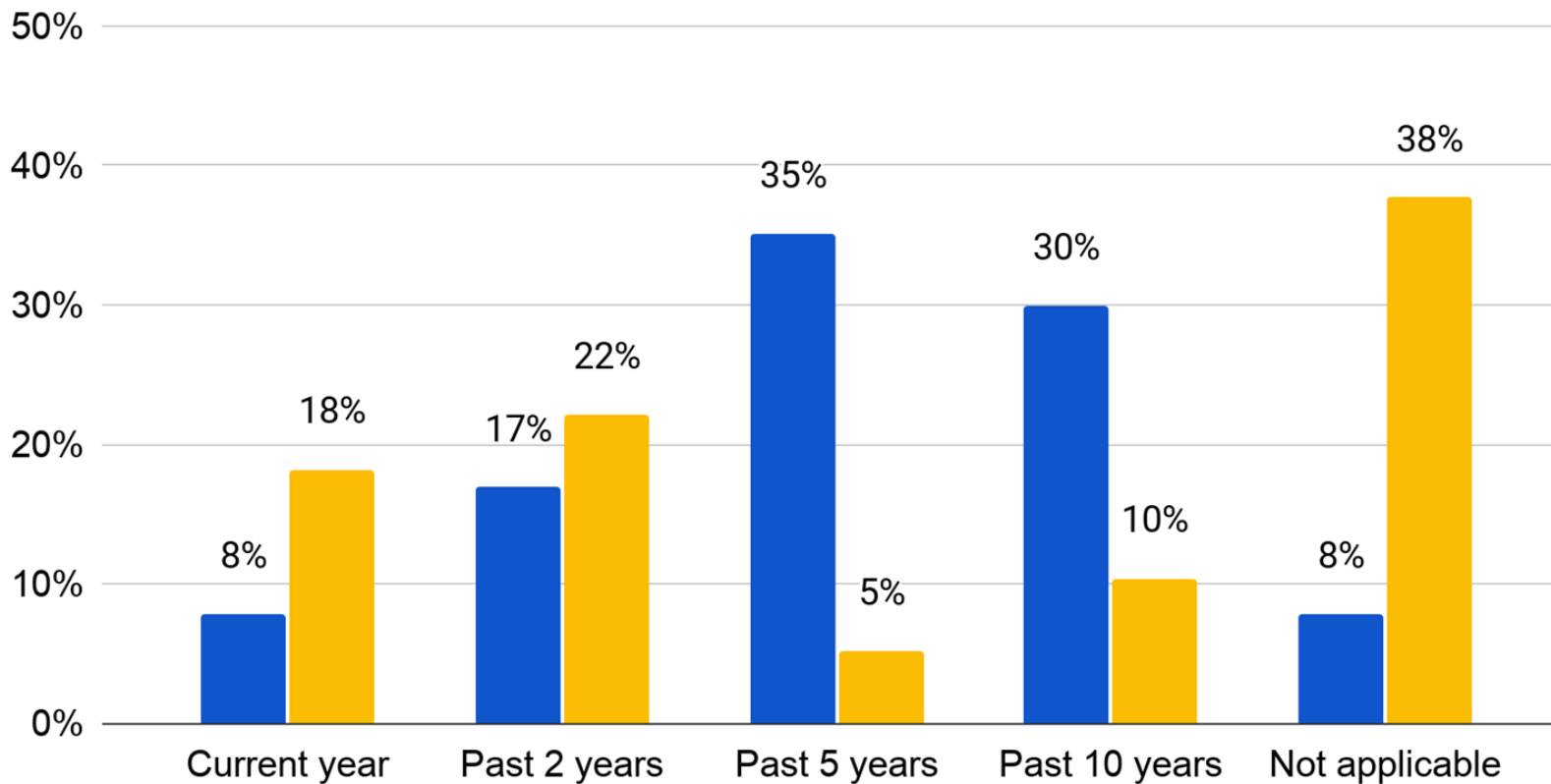
Are you seeing opioid misuse among the following populations in your community (please check all that apply)?



Results: Online survey

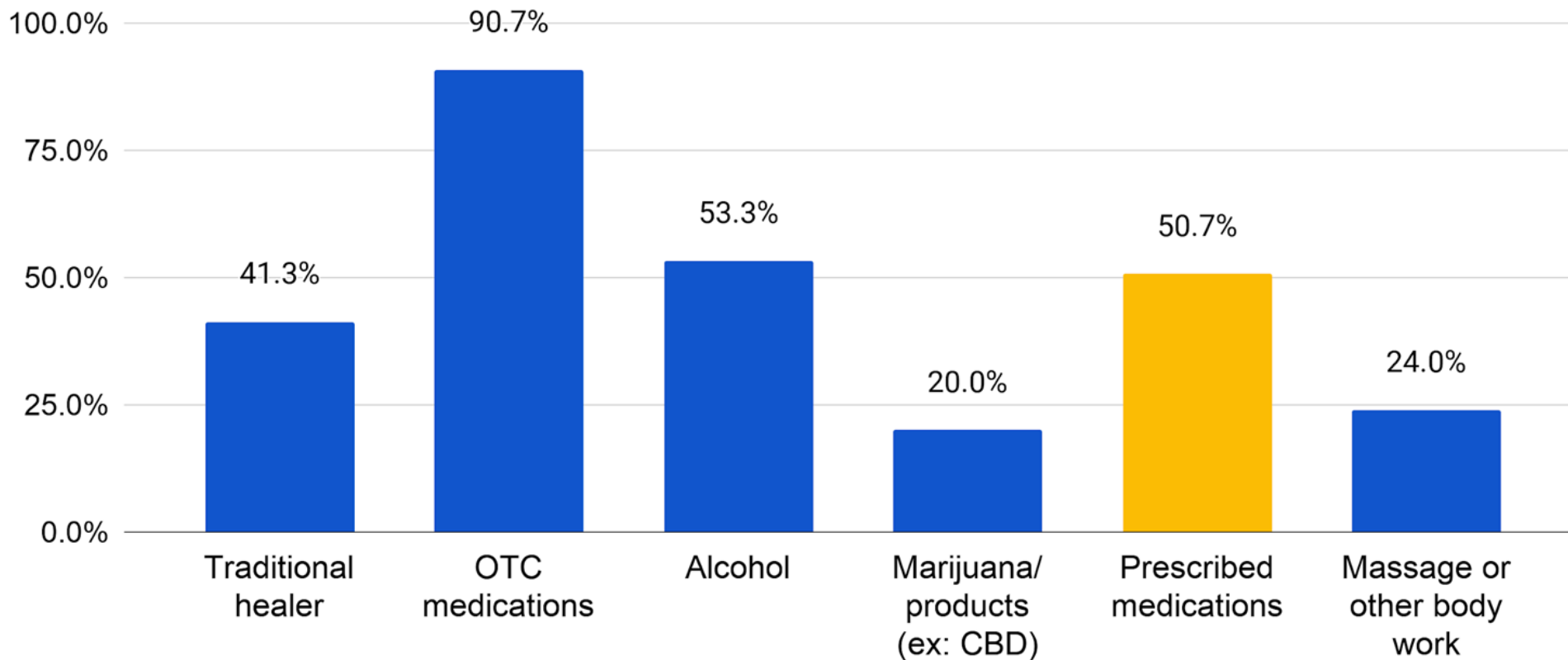
If applicable, when did you become aware of opioid misuse among these populations?

■ General population ■ Agricultural workers



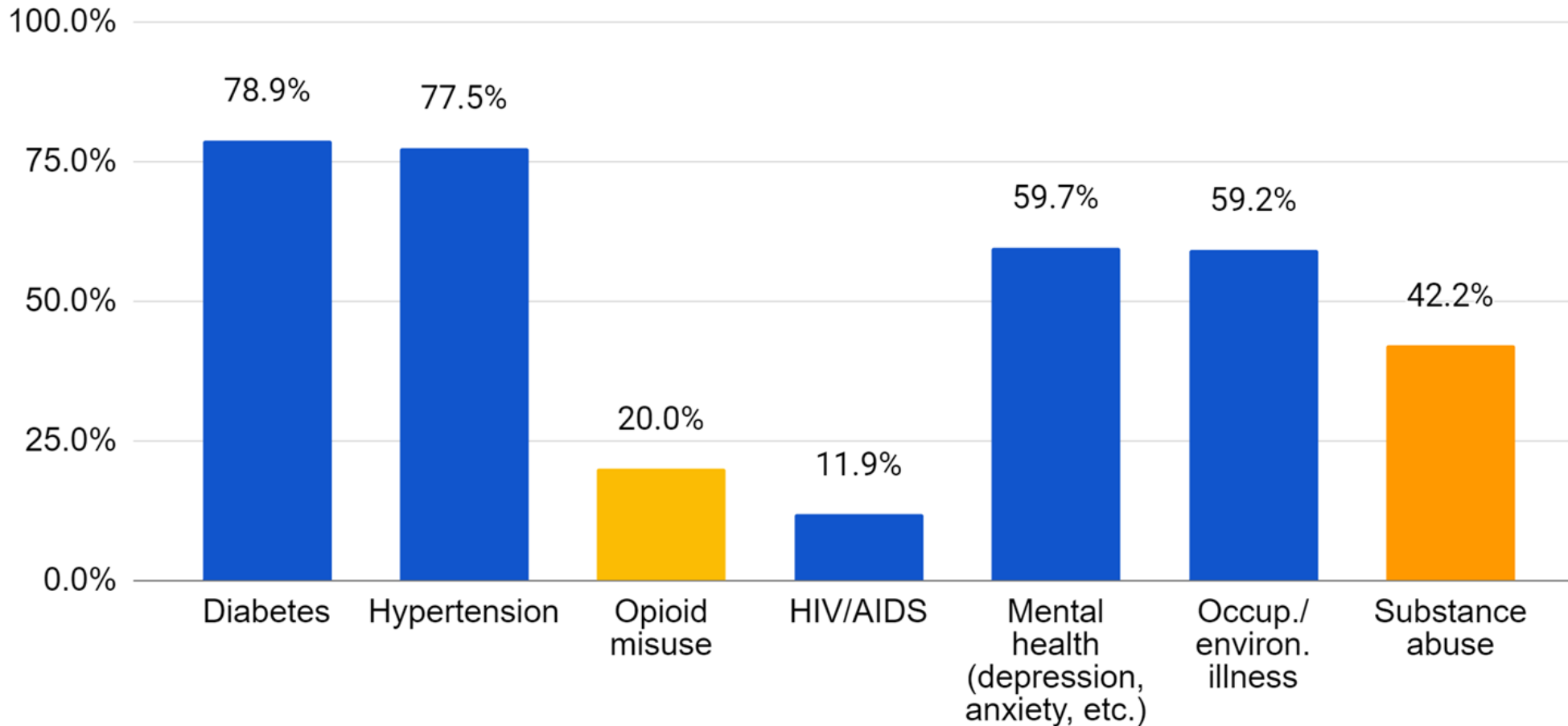
Results: Online survey

What have you observed as strategies used by agricultural workers to manage pain (check all that apply)?



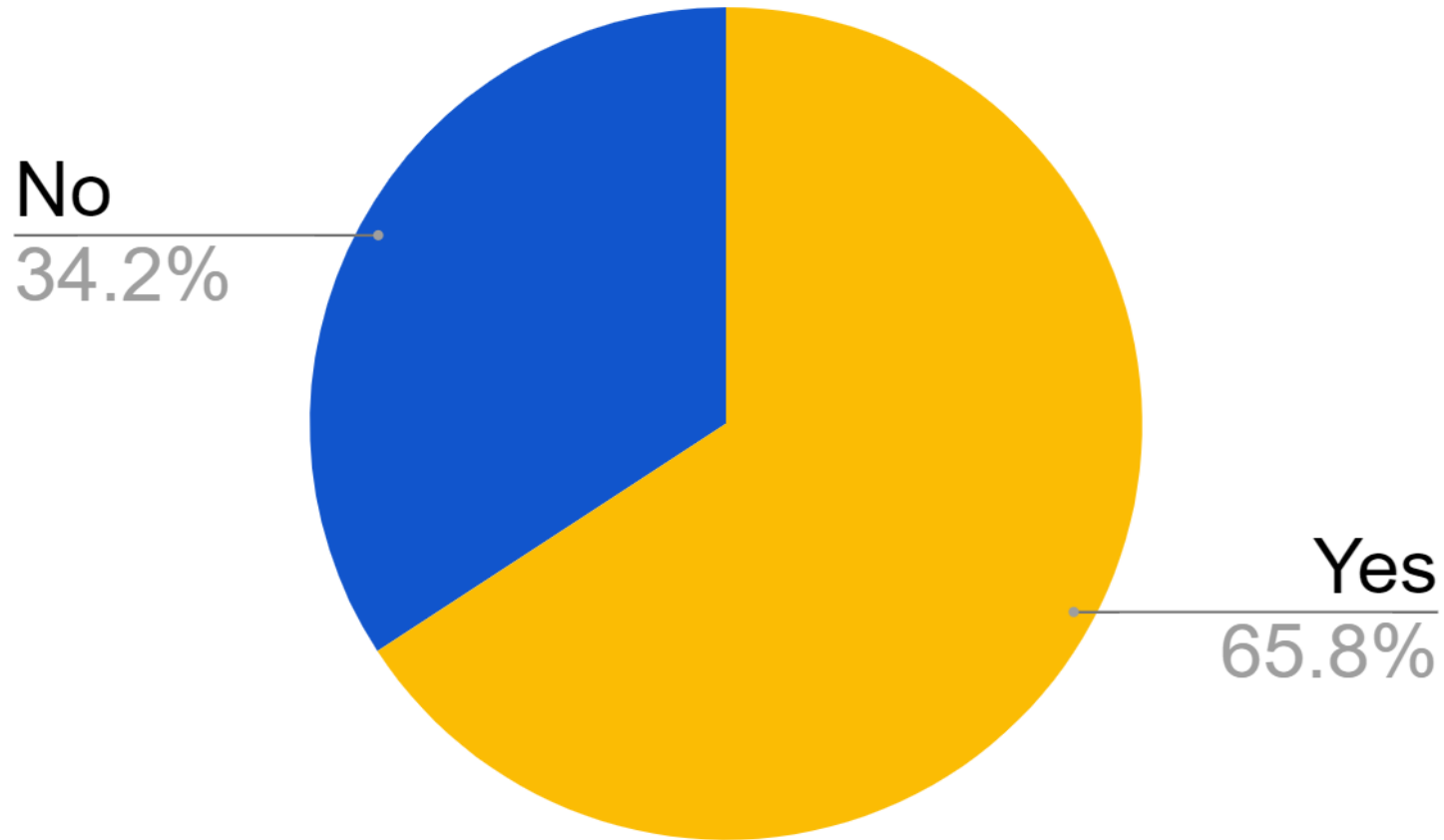
Results: Online survey

Percentage of respondents who identified each of these issues as a high priority issue impacting farmworkers in their community



Results: Online survey

Is your organization working to address opioid misuse?



Results: Online survey

Has your organization adapted any of the following clinical opioid management strategies for use with agricultural workers or other special populations?

- a. Revise and implement policies, patient agreements, and workflows: **50%**
- b. Proactively track and monitor patient care: **51.9%**
- c. Implement planned patient-centered visits: **48.1%**
- d. Measure implementation success: **32.7%**

Reasons for Opioid Misuse Among Agricultural Workers

- ▶ From interviews and focus groups:
 - Self-medication
 - Socioeconomic disadvantages
 - Ease of obtaining opioids from family, friends, emergency rooms, or in Mexico
 - Dealers selling opioids in workplaces
 - Occupational injuries
 - Overprescription of pain medication
 - Shortage of providers to treat opioid misuse
 - Stigma associated with addiction

Health Center Training Needs

In the Opioid use assessment conducted by FHN, the organizations that participated requested training and technical assistance on the following:

- ▶ Patient Education Materials that are “nonjudgmental”
 - Videos, infographics, and fotonovelas for health education related to pain management
- ▶ Tips, alternative ways to manage pain and chronic pain
- ▶ Service brochure - where can folks find treatment, what kinds of treatment, etc.
- ▶ Education targeting stigma around “being weak”
- ▶ Something that helps track, log, and submit opioid cases
- ▶ Waiting room resources (alternative ways to manage pain)

Large Group Discussion

- ▶ What has been your experience with opioids among your farmworker patients?
- ▶ What are the common challenges/stigmas you encounter related to opioid misuse?
- ▶ What programs are in place at your health center or in your community to support farmworkers recovering from opioid and substance use?
- ▶ Where are the gaps in information?

Q&A



Related Pages

- > Mental Health
- > Disaster Preparedness and Resiliency
- > COVID-19
- > Vaccines

Opioid Abuse

Following are links to relevant training programs or educational resources on the topic.

- [Opioid Overdose Prevention](#)
- [Decision in recovery – Treatments](#)
- [Principles of drug addiction – Treatment](#)
- [Recognizing opioid abuse](#)
- [Prescription opioids and heroin](#)
- [Naloxone for opioid overdose](#)
- [Misuse of prescription drugs](#)
- [Medications to treat opioid addiction](#)
- [Improving opioid prescribing](#)
- [Commonly used opioids](#)
- [Aberrant drug taking behaviors](#)
- [What to know about prescription opioids](#)
- [Promoting safer effective pain management](#)
- [Preventing an opioid overdose](#)
- [Pregnancy and opioid use](#)
- [Nonopioid treatments for pain](#)
- [Guidelines for prescribing opioids](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS.GOV/OPIOIDS PREVENTION TREATMENT RECOVERY ABOUT THE EPIDEMIOLOGY

HELP AND RESOURCES NATIONAL OPIOIDS CRISIS

NEED HELP? Call the National Helpline 1-800-662-4357 Find treatment near you FindTreatment.gov

Helpful Materials for Patients

[Español \(Spanish\)](#)

Chronic Pain

Living with chronic pain can be challenging. It is essential that you and your doctor discuss treatment options with all the risks and benefits carefully considered. Some medications, such as prescription opioids, can help relieve pain in the short term but also come with serious risks and potential complications—and must be prescribed and used carefully. [CDC's Guideline for Prescribing Opioids for Chronic Pain](#) helps increase providers' ability to offer safer, more effective pain management. The Guideline and supporting resources support clinical decision making about prescribing opioids.

Opioid Overdose Tip Card



[Preventing An Opioid Overdose \[PDF\]](#)

Opioids & Chronic Pain



[Patient Factsheet: Promoting Safer and More Effective Pain Management \[PDF\]](#)

What You Need to Know



[Prescription Opioids: What You Need to Know \[PDF\]](#)

OCCUPATIONAL HEALTH BRANCH

- OHB Home
- What We Do
- Publications & Videos
- A-Z Index of Workplace Health Topics
- Newsletter
- Workplace Health & Safety, Resources

Ergonomics: Preventing Job-Related Pain

Do you or someone you know often feel pain, tingling, numbness, or weakness in your neck, shoulders, arms, elbows, wrists, hands, fingers, back, legs, or feet? If so, it may be a musculoskeletal disorder (MSD). Do the symptoms get worse from working? If so, the problem may be a job-related MSD.

MSDs are injuries caused by wear and tear to the tendons, nerves, muscles, and joints. This can result from weight-bearing or awkward positions or repetitive movements. Job-related MSDs are responsible for about one-third of workers' compensation claims.

Many employers and workers are finding ways to design or arrange the workplace to prevent MSDs and allow workers to do their jobs more efficiently. This is called "fitting the job to the person" or ergonomics. The OHB resources below offer guidance for workers addressing job-related pain, for high-risk jobs, and for physicians treating pain.

Educational materials for specific occupations

Resources



Find Treatment

Alcohol, Tobacco, and Other
Drugs

Opioid Overdose

Harm Reduction

Behavioral Health Treatment and
Services

Behavioral Health Treatment
Services Locator

Disaster Distress Helpline

Implementing Behavioral Health
Crisis Care

Mental Health and Substance Use
Disorders

SAMHSA's National Helpline

SAMHSA's National Helpline

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

[Also visit the online treatment locator.](#)

Call: 1-800-662-HELP (4357)



Frequently Asked Questions

[Expand All](#) | [Collapse All](#)

What is SAMHSA's National Helpline?

SAMHSA's National Helpline, 1-800-662-HELP (4357), (also known as the Treatment Referral Routing Service), via text message: 435748 (HELP4U), or TTY: 1-800-487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and

AAFP Chronic Pain Management Toolkit

Chronic pain is common in the U.S., with anywhere from 11% to 40% of the adult population reporting daily pain.¹ Approximately one-third of patients experiencing pain receive a pain medication.² While the number of prescriptions for pain management have declined in recent years³, opioid misuse remains a significant public health crisis. **Roughly 21-29% of patients who are prescribed opioids for chronic pain will misuse them.**⁴

This increase leads to a rise in opioid overdoses—at least half are attributed to prescription medications—and morbidity and mortality. Numerous groups—including the AAFP, other medical societies, the National Academy of Medicine and the U.S. Congress—are emphasizing the need to improve chronic pain care.

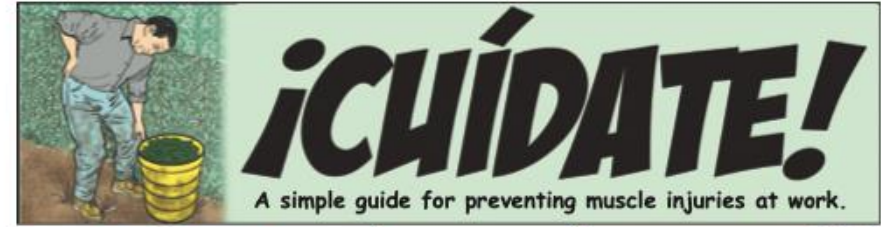
Practice-Based Tools

The Chronic Pain Management Toolkit is broken into sections to help you address specific gaps in your practice flow, standardize evaluation and treatment, discuss pain management goals, and identify at-risk patients.



Assess, diagnose and manage chronic pain needs.

[DOWNLOAD FULL TOOLKIT >](#)



SAMHSA Opioid Overdose Prevention TOOLKIT

Opioid Use Disorder Facts

Five Essential Steps for First Responders

Information for Prescribers

Safety Advice for Patients & Family Members

Recovering From Opioid Overdose



SAMHSA
Substance Abuse and Mental Health
Services Administration

COVID-19 Get the latest information from CDC | NIH Resources / En español | NIDA Resources on COVID-19 and Substance Use / En español

National Institutes of Health

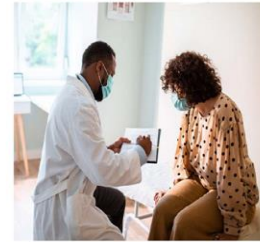
NIH National Institute on Drug Abuse
Advancing Addiction Science

Home Drug Topics Research & Training Clinical Resources Grants & Funding News & Events About NIDA

Home / Drug Topics / Treatment

Treatment

En español



There are many options that have been successful in treating drug addiction, including behavioral counseling, medication, medical devices and applications used to treat withdrawal symptoms or deliver skills training; evaluation and treatment for co-occurring mental health issues such as depression and anxiety; and long-term follow-up to prevent relapse.

A range of care with a tailored treatment program and follow-up options can be crucial to success. Treatment should include both medical and mental health services as needed. Follow-up care may include community- or family-based recovery support systems. Read the DrugFacts

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

A-Z Index
Advanced Search

Opioids

CDC > Injury Center > Opioids



Opioids

Opioid Basics

Understanding the Epidemic

Commonly Used Terms

Prescription Opioids

Heroin

Fentanyl

Overdose Prevention

Naloxone

Framework for Response

Data

Information for Patients

Healthcare Providers

Opioid Basics

En español (Spanish)

Opioids are a class of drugs used to reduce pain.

Prescription Opioids

Prescription opioids can be prescribed by doctors to treat moderate to severe pain but can also have serious risks and side effects.

Common types are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone.

More

Fentanyl

Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain¹. Illegally made and distributed fentanyl has been on the rise in several states.

More

Heroin

Heroin is an illegal opioid. Nearly 40 people die every day from an overdose death involving heroin in the United States².

More

Understanding the Epidemic

Commonly Used Terms

¿Qué son los opioides?

Los **opioides** son un tipo de fármaco que se encuentra en algunos medicamentos para el manejo de dolor (analgésicos narcóticos), y otros medicamentos recetados, y en algunas drogas ilegales (ej. heroína). En ciertas situaciones los opioides pueden disminuir o detener la función respiratoria de una persona.

Peligros relacionados con el uso de opioides

- El tomar demasiados opioides puede ocasionar que una persona pierda el conocimiento, pare de respirar y muera.
- Los opioides son altamente adictivos con potencial de abuso.
- El uso diario de los opioides puede crear tolerancia, lo que significa que la persona necesitará una dosis más alta para obtener el mismo efecto.
- Si una persona discontinúa el uso de opioides, perderá la tolerancia. Esto significa que si una persona deja de tomar los opioides y luego vuelve a usar la misma dosis que solía usar cuando tenía tolerancia, le podría causar una sobredosis.
- La dosis de opioides de una persona podría causar una sobredosis a otra persona si comparten la droga. Esto se debe a que la otra persona no haya desarrollado tolerancia.

Por favor comparta esta tarjeta con un amigo o miembro de su familia.



WWW.VA.GOV

Uso seguro de opioides

El uso seguro de opioides puede prevenir los efectos adversos no sólo para usted, sino para su familia, los amigos, o el público en general.

Para usar los opioides de manera segura

- Conozca lo que está tomando (ej. *calor/forma/tamaño/nombre del medicamento*)
- Tome sus medicamentos opioides exactamente como le fueron recetados
- Repase con su proveedor de salud el folleto *Tómalo: opioides responsablemente por su seguridad y la de los demás*
- NO mezcle los opioides con:
 - » Alcohol
 - » Benzodiazepinas (Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium) a menos que su médico le indique lo contrario
 - » Medicamentos que le causan sueño

Pregunte a su proveedor del VA si naloxona es apropiado para usted

Consideraciones importantes:

- Naloxona sólo trabaja contra sobredosis de opioides y puede revertir temporalmente la sobredosis causada por opioides para ayudar a la persona a empezar a respirar nuevamente
- Durante una sobredosis el que usa no puede reaccionar, así que otra persona tiene que administrarle la naloxona
- Anime a su familia y personas significativas a aprender cómo usar la naloxona (ver la sección de "Recursos de sobredosis")
- Si usted tiene naloxona, infórmele a sus familiares y personas significativas donde la guarda
- Debe guardar la naloxona a temperatura ambiente, lejos del calor y la luz (ej. no la mantenga en su automóvil), si no la naloxona perderá su eficacia.

Opioid Safety/ Seguridad con el uso de opioides
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Seguridad con el uso de opioides

Recursos



Servicios locales de emergencia: 911
Línea directa al Centro Nacional de Intoxicación: 1-800-222-1222
La Línea de Crisis para los Veteranos: 1-800-273-TALK (8255) o texto - 838255

Tomando opioides responsablemente por su seguridad y la de los demás

- http://www.ethics.va.gov/keco/policy/taking_Opioids_Responsibly_2013.05.28.pdf

Localizador de programas del VA para el tratamiento del abuso de sustancias

- www7.va.gov/external/guide/SAB.asp

Localizador de programas del VA para el tratamiento del trastorno por estrés posttraumático (TEPT)

- www.va.gov/external/guide/PTSD.asp

Videos Educativos para Naloxona del VA

- Naloxona Auto-Inyector del VA: <https://youtu.be/5-D88GmAP7Y>



Los opioides recetados pueden ser adictivos y peligrosos.

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Trastorno por consumo de opioides | Trastorno por Consumo de Estimulantes | TAM | Recursos

Trastorno por Consumo de Opioides

Adicción

La adicción a los opioides es una enfermedad.

Los opioides son drogas que ralentizan las funciones corporales como la respiración y los latidos cardíacos. También producen efectos en el cerebro para aumentar las sensaciones de placer. Su consumo deriva del opio, la droga que se elabora a partir de la planta adormidera.

Los medicamentos opioides se recetan para tratar dolores intensos y algunos otros problemas de salud, como la tos fuerte. Los opioides legales, como la heroína, se fuman, se inhalan o se inyectan para experimentar una sensación placentera que normalmente se conoce como «viaje» o «colocón». Hay personas que a veces consumen opioides recetados en dosis considerables para poder experimentar esta sensación.

Si consumes opioides por algún motivo, tienes posibilidades de desarrollar tolerancia a ellos. Esto implica que necesitarás una dosis cada vez mayor de la droga para que te haga efecto. También existe la posibilidad de que te vuelvas dependiente a los opioides. Es decir, que experimentarás síntomas de malestar si dejas de consumirlos. A esos síntomas se los conoce como abstinencia. La dependencia no es lo mismo que la adicción, pero algunas veces deriva en ella. Las señales que indican adicción son las siguientes:

Deseo: la mente desarrolla un deseo irresistible por la droga.

Pérdida de control: se hace difícil negarse a consumir la droga. El consumo es compulsivo y prolongado, sin importar los daños que pueda producir.

Adicción
Tratamiento
Prevención

Contact information

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