Panelists

► Alexis Guild  
*Director of Health Policy & Programs*
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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
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)
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)

Not Legal in USA
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.
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
- Carrying
- Bending over
- Falling from ladders
- Reaching
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 sent to a possible explosion in the 2900 block of Klein School Road in New Athens, where they found a 54-year-old man with a head injury. The man was working on farm equipment in the field, a disc plow attached to an anhydrous pull behind tank, when a high pressure hose failed on the plow and knocked the man back, according to a news release. There was no explosion. The man was airlifted to a St. Louis area hospital, and police said they did not know the extent of his injuries.

2-year-old boy killed in Kansas farm accident
October 20, 2011
BELLEVIILE, Kan. (AP) - AP Wire
A 2-year-old, Belleville boy has died after being run over by a payloader 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.

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 an 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 foraged forage. It often don’t rotate at the required speed so can look 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.

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. The Journal says Anderson was operating a combine when it overturned, cutting him with a sickle [sic].

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, which 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.
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
= 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.
Deaths from Opioid overdose CDC report

2019: 49,860 deaths
2020: 69,031 deaths
2021: >100,000 deaths preliminary data
# Inadequacies of Health Care System

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<td><strong>Average US physician get less than 4 hours of education on substance abuse, and most feel unprepared.</strong></td>
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<td><strong>Only 1 in 10 patients who need treatment receives it.</strong></td>
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<td><strong>Referrals for treatment come from legal justice system (70%)</strong></td>
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<td><strong>Referrals for treatment from health care system (7%)</strong></td>
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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 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

https://www.fipfoundation.org/health-literacy/risk-of-limited-health-literacy/
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

Access to opioids & opioid sharing

Lack of pain management strategies

Overprescription of opioids

Uninsured or underinsured

Socioeconomic stressors: Low wages, living conditions, isolation

Occupational risks for musculoskeletal and other injuries

Shortage of behavioral and mental health specialist

Health education and awareness

Barriers to accessing quality healthcare services

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

- General population: 84%
- Agricultural workers: 23%
- Agricultural worker families: 16%
- Other (vulnerable pops., homeless, teenagers, other): 12%
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)?

- Traditional healer: 41.3%
- OTC medications: 90.7%
- Alcohol: 53.3%
- Marijuana/products (ex: CBD): 20.0%
- Prescribed medications: 50.7%
- Massage or other body work: 24.0%
Results: Online survey

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

- Diabetes: 78.9%
- Hypertension: 77.5%
- Opioid misuse: 20.0%
- HIV/AIDS: 11.9%
- Mental health (depression, anxiety, etc.): 59.7%
- Occup./ environ. illness: 59.2%
- Substance abuse: 42.2%
Results: Online survey

Is your organization working to address opioid misuse?

Yes 65.8%
No 34.2%
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?
**Ergonomics: Preventing Job-Related Pain**

Do you or someone you know often feel pain when sitting, standing, or even when performing tasks that involve lifting, pushing, pulling, or reaching? If so, you may be experiencing an occupational health issue. Pain is a common problem that can affect many workers. It is important to address occupational health issues early to prevent long-term effects.

**What is Ergonomics?**

Ergonomics is the science of designing and designing the workplace to fit the needs of the worker. Ergonomics helps to design products, equipment, and workstations to fit the worker's needs. It is important to take ergonomics into account when designing a workplace to prevent injury and pain.

**Common Causes of Ergonomic-Related Pain**

- Sitting for extended periods of time
- Standing for extended periods of time
- Repetitive motions
- Lifting objects
- Reaching or bending

**Preventing Ergonomic-Related Pain**

- Take breaks throughout the day
- Use ergonomic equipment
- Adjust workstations to fit your body
- Practice proper lifting techniques
- Take steps to reduce stress and fatigue

**Resources for Specific Occupations**

Many employers and workers are finding ways to design or re-design the workplace to prevent MSDs and allow workers to do their jobs more efficiently. The OSHA resources below offer guidance for workers addressing job-related pain, for high-risk jobs, and for physicians treating pain.

1. **OSHA Fact Sheet: Preventing Job-Related Musculoskeletal Disorders (MSDs)**
2. **OSHA Fact Sheet: Work-related Upper Extremity Disorders**
3. **OSHA Fact Sheet: Work-related Lower Extremity Disorders**
4. **OSHA Fact Sheet: Work-related Neck and Back Disorders**

By taking steps to prevent MSDs, employers and workers can reduce the risk of pain and injury and improve workplace safety and efficiency.
AAPP 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. Approximately one-fifth of all visits to physicians are for the treatment of chronic pain. While the number of prescriptions for pain medication have declined in recent years, opioid misuse remains a significant public health crisis. Roughly 21-25% of patients who are prescribed opioids for chronic pain will misuse them.

This increase leads to a rise in opioid overdoses—at least half are attributed to prescription medications—and mortality and morbidity. Numerous groups—including the AAPP, 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

National Institute on Drug Abuse
National Institutes of Health

Treatment

There are many options that have been successful in treating drug addiction, including behavioral counseling, medications, medical devices and applications used to treat withdrawal symptoms or deliver skill 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

Opioids

Opioids are a class of drugs used to reduce pain.

Understanding the Epidemic

Common Used Terms
Prescription Opioids
Heroin
Etamine
Overdose Prevention

Naloxone
Framework for Response
Data
Information for Patients
Healthcare Providers

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, methadone, hydrocodone, Vicodin, morphine, and methadone.
¿Qué son los opioides?
Los opioides son un tipo de fármacos que se encuentran en algunos medicamentos para el manejo de dolor (analgésicos orales), y otros medicamentos recetados y, en algunas drogas ilícitas (ilícitos). En ciertas situaciones los opioides pueden dominar y alterar la función respiratoria de una persona.

Peligrar vinculado con el uso de opioides
• El tanto de los fármacos pueden provocar tolerancia, lo que significa que la persona necesita una dosis mayor para obtener el mismo efecto.
• Si una persona desarrolla el uso de opioides, puede desarrollar tolerancia. Esto significa que una persona puede necesitar aumentar la dosis de un medicamento para continuar sin sentir dolor.
• Los opioides pueden alterar el sistema nervioso central y afectar el comportamiento y el pensamiento.

Seguridad con el uso de opioides

Recursos

Sanidad Social de Emergencias: 112
Línea Directa al Centro Nacional de Inmigración: 9-800-223-122
Línea de Crísis para los Viernes: 9-800-271-7648 (ECO) o Testo – (9231)

Toma de medicaciones con cuidado y respeto

Localizador de programas del FOM para el tratamiento del dolor:

Localizador de programas del FOM para el tratamiento del dolor:

Vídeo Educativo para casas del VI:

Adicción

La adicción a los opioides es una enfermedad.

Los opioides son los que reciben el nombre de opioides o que contienen opioides. Se trata de sustancias que actúan en el cerebro para producir un efecto analgésico. Estos medicamentos pueden ser recetados por el médico, como analgésicos orales, o administrados por otros médicos, como terapeutas o farmacéuticos.

El uso de opioides puede causar dependencia física y psíquica, que conduce a una necesidad constante de la sustancia para evitar síntomas de abstinencia. La adicción a los opioides puede ser peligrosa y peligrosa para la salud.

Este es un problema que se puede tratar con ayuda de un profesional de la salud. Se puede recibir tratamiento para abstinencia de opioides, que puede incluir medicamentos y terapia cognitivo-conductual. También se pueden considerar cambios en el estilo de vida, como cambios en la dietas y ejercicio.

Si se sospecha de una posible adicción a opioides, se recomienda buscar ayuda profesional inmediatamente. Hay muchos recursos disponibles, como grupos de apoyo y programas de tratamiento. También se puede considerar la opción de buscar tratamiento por vía telefónica o en línea.
Contact information

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