**Topic/Lesson:** Overdose Recognition and Naloxone Administration

**Target Audience:** Community Health Workers/Representatives (CHW/R), CHW/R Managers, College/University Students, Community Leaders

**Materials Needed :**

1. Slide deck
2. Direct Link to Workbook:
3. Naloxone demonstration tools (nasal and needle administration)
4. Naloxone facilitator checklist

**Instructional Objectives**

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.
5. Show ability to respond to an opioid overdose using naloxone.
6. Identify continuing care next steps, including where to refer to resources.
7. Define risk reduction messages and resources to share with clients and communities.

**CHW/R Core Skills:** Communication, relationship building, service coordination, capacity building, outreach, and knowledge base

**Notes for Facilitators:**

1. Recovery is the goal, NOT abstinence (define the difference). Embrace any positive change and support recovery is self-determined.
2. A substance use disorder is a chronic relapsing brain disease, not a moral failing.
3. Use person first language and provide culturally appropriate education. See SAMHSAs *Words Matter: How Language Choice Can Reduce Stigma*.
4. Many CHW/Rs work in chronic disease or maternal/child health; relate substance use back to public health risk reduction messaging pertaining to these two areas chronic disease and maternal/child health).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Mins** | **Purpose/Slides** | **Obj** | **Instructor - What I Will Do** | **Learners - What They Will Do** |
| NA | NA | **Slide 1**  setup | NA | Slide *Welcome! (Virtual Training)*  Before you begin, have the learners troubleshoot   1. Their connection to video/audio and mute themselves. 2. Have everyone complete the sign in (if using) 3. Have Chat box Monitor put in files to workbook, activities, sign in (if using) once most participants are on.   Hello everyone! Thank you so much for joining us today for the Overdose Recognition & Naloxone Administration training. Before we begin, we want to make sure everyone can hear us and see what is on the screen. (Write this in the chatbox as well.)  **Facilitator Roles:**  **Lead Facilitator (**insert staff name**):** manages the slides, videos, and intro; get people set up with tech and eval activities:  **Chatbox, Platform Login, and Attendance Manager (**insert staff name**)**: Manages chat box questions and responses, takes note of brainstorm and parking lot items, sends link to sign in survey, activities, and other sites. | Learners connect to the internet, sign into the learning platform, review their workbooks and evaluations, and enter their First Name, Last Name, Organization, email, and county served into the chat box. |
|  | 5 | **Slide 2**  Engage learners and facilitators; create a safe space for learning |  | Slide *Overdose Recognition & Naloxone Administration*  Introduce yourself (name, org, pronouns, etc.) and create a safe space for the learners. If a small enough group, have the learners introduce themselves as well.  “For our session today, more resources can be found in the accompanying workbook. This is an interactive training.  If you feel unsafe or need a minute alone, feel free to excuse yourself or step out for some self-care. We recognize this topic can be very heavy. We are here to support you in your learning process.” | Learners introduce themselves.  Introductions can include:  Name  Org  Pronouns |
|  |  | **Slide 3** |  | Optional: Learning Platform Overview  Type talking points for learning platform here |  |
|  |  | **Slides 4-5**  Provide learners with an agenda of the training. |  | Slide *Learning Objectives*  “Today we will learn some definitions, go over the current opioid epidemic in Arizona, learn about the connection between trauma and substance use, go over the risks for an opioid overdose, and learn how to recognize and respond to an opioid overdose.”  Slide *Learning Objectives continued…*  We will have a few activities to practice definitions, inclusive language, and how to respond to an opioid overdose. At the end, we will define risk reduction messages and resources. | Learners read learning objectives on the screen |
|  | 5 | **Slides 6-7**  Identify topics to address during the session; address what learners hope to learn from the session | 1 | Facilitate the brainstorm.  Slide *Brainstorm, allow time for responses in between questions*  “Please unmute yourselves or use the chat box. Let’s start with a brainstorm. I’d like to hear about your thoughts and experiences with these topics. What is an opioid? What have you heard about Naloxone? and What concerns you about using Naloxone? What have you been experiencing in your community?”  Address these concerns throughout the training. It’s helpful for one person to write responses of interest down to reference later. Use pivoting techniques with problematic/misguided answers.  Slide *Opioids*: Define opioids and reference brainstorm responses.  “Opioids are pain medicine. ‘Heroin and prescription opiates are called “opioids” because they bind to the opioid receptors in the brain. Prescription opiates include medications like Vicodin, Oxycontin, and Percocet, and can be prescribed by a doctor or taken illicitly. They increase pain tolerance, cause drowsiness, and can produce feelings of euphoria. Opioids can cause physical dependence resulting in a painful and difficult withdrawal period if the person stops taking them. All opioids carry a risk of causing overdose if too much is taken by causing respiratory failure.”[[1]](#footnote-1) Take a moment to look at some examples of name brand and generic examples. | Learners respond to brainstorm questions, either in the chat or shouting out collectively. |
|  | 9 | **Slide 8-10**  Familiarize learners with terms to be used in the training | 1 | Optional: Slide *Definitions Worksheet* (7 minutes)  Describe activity directions and give the learners 5-7 minutes to finish the definitions. Put link or file to Activity 1 into the chat if using  “Everyone open activity 1 if you’d like to follow along or you can look at the screen. You can type directly in the document. Click view and edit. We are going to play a matching game. Fill in the middle column with the letter that matches the term. Feel free to work individually or with others. Take 5-6 minutes to have your answers.”  Keep learners unmuted to help learners with the definitions.  Slide *Definitions* x 2:  Review answers together. Reveal answers by clicking. (2 mins).  “Alright, let’s go over the answers together. What is the answer to 1. ------? 2. ------? 3. -----?...”  Be sure to explain the difference between similar answers, especially if there is a mix of answers being called out. | **Definitions Worksheet**:  Learners match the word with the definition by typing in the table. They can work individually or with others.  Review answers together. |
|  | 6 | **Slides 11-12**  Familiarize learners with person first language and terms to be used in the training | 1 | Optional: Slide *Change the Language by Role Modeling. Place link or file to Activity 2 in the chat.*  “Now let’s fill in the blank together.”  “Open Activity 2 if you are using it or follow along on the screen. You’re going to **Fill in the Blank** while we review terms to use to support people. Fear of judgement often stops people from seeking help, so it’s important for us to use words that are kind, positive, and inclusive. This type of language reminds people that they are important community members. We as community advocates (change based on trainee audience) can role model positive behavior.”  “Instead of saying clean, you can say negative (like a negative test result) not currently using substances, or sterile (like a sterile needle).”  “Instead of saying dirty, you can say positive (like a positive test result), a person who is using substances, or not sterile (like used needle)  “Instead of saying addict or alcoholic, which can both be very stigmatizing, say a person with a substance use disorder or a person who uses drugs.”  “You might hear *people who use drugs* use some of these terms and that’s ok. It’s our job to encourage people who don’t use drugs (especially health care providers or loved ones) to be mindful of the words they use.”  Give everyone a minute to type these in their document.  Slide *Change the Language by Role Modeling continued…*  “Here are a few more terms you can use that are more supportive. Instead of abuse, you can say drug use or opioid use disorder. Instead of saying ex-drug addict, you can say a person in recovery.”  “FYI the answers to both of these activities in the back of the workbook.” | **Fill in the blank:**  Learners fill in the blanks while facilitator reads off the “instead of these…, use these…” chart. |
|  | 1 | **Slides 13**  Understand ‘Why is this important?’ | 2 | Present information and statistics to learners.  Slide *The Opioid Epidemic*  “Drug overdoses can impact everyone, likely including everyone in this room. In the US, drug overdose is the leading cause of unintentional injury for adults. In Arizona, most opioid overdoses happen at home, alone, and we have more than five people in our state dying per day. This is why we are here today, to stop that number from increasing.” | Learners follow the slides. |
|  | 4 | **Slides 14-16**  Understand the relationship between trauma and substance use. | 3 | Slide *Understanding Addiction*  “Addiction is not a moral failing. It is a chronic relapsing brain disease. It is a medical condition, just like diabetes, and understanding the cause and terminology is helpful in reducing the stigma that keeps people from getting help. Forty-five percent of those diagnosed with **substance use disorders** will also be diagnosed with mental health disorders. It changes the way someone’s brain functions and how it is structured. There are many things that can contribute to someone using drugs including early experiences and hereditary, environmental, and social factors.  Slide *Childhood Trauma & Substance Use*  “Addiction is not a decision. It is a disease rooted in both individual and historical trauma; historical trauma is the multigenerational trauma experienced by a specific cultural, racial, or ethnic group.[[2]](#footnote-2) Here are a few statistics to consider.  Optional: Insert recent, relevant statistics.  “Adverse Childhood Experiences (also known as ACEs) are factors that can impact someone’s future substance use. There is a screening tool to see what your ACE score is called the ACEs Questionnaire. The higher the ACE score, the higher the likelihood of someone developing a substance use disorder. There are resiliency and protective factors that can help prevent and address ACEs.”  Slide *Resiliency Factors*  People respond to ACEs differently. Having adverse childhood experiences does not mean negative health outcomes are set in stone. There are things that can be done to either prevent or lessen the impact of ACEs that can allow people to adapt to adversity. These include connecting parents to resources such as rent assistance and parenting classes. Encouraging youth to get involved in activities can also allow them to find community. Just one healthy, positive adult being present in a youth’s life can make a difference! | Learners follow the slides. |
|  | 5 | **Slides 17-19**  Be able to identify risk factors & signs of an opioid overdose | 4 | Slide *Risk Factors for Overdose*  “It is important for everyone to know the risk factors of overdose to teach our community what to look for. This is a harm reduction approach, just like telling someone to wear a seatbelt. People are at higher risk if they mix their drugs (like if someone mixes their wine with an opioid or benzodiazepine like Xanax). Someone can be at greater risk if they purchase their substance or drug from an unknown dealer (many are being contaminated with fentanyl, which can cause an immediate overdose). Fentanyl is a man-made opioid 50 times stronger than heroin and 100 times stronger than morphine.  It can also be caused by low tolerance. If someone has been without drugs for a long time and then they use at the same level they used before, they are at greater risk for an overdose (like if someone was recently released from jail or the hospital). If someone uses alone or if they are suffering from other health problems such as a weak heart or HIV/AIDS, they are also at greater risk for overdosing.”  Slide *Signs of an Opioid Overdose x 2*  “**Here are the signs of an opioid overdose.** This will help you identify if someone is overdosing from an opioid and if Naloxone will work to save their life. The person overdosing will not wake up. They will have blue or pale skin, lips, and nails, and their body will be very limp.”  Next slide  “Their heartbeat will be slow, with irregular or absent breathing. They will likely make a gurgling or choking sound and have pinpoint pupils, like the image shown here. We are going to watch two videos to see how to identify and respond to an opioid overdose.” | Learners follow the slides. |
|  | 10 | **Slide 20-21**  Be able to use Naloxone | 5 | Play videos on how to use Naloxone. Be sure to share the screen with the video and troubleshoot audio/visual problems. Note: whoever is sharing the video, must NOT be on mute in zoom.  Intranasal: <https://vimeo.com/799626122/9e79caed6f>  Intramuscular: <https://www.youtube.com/watch?v=yojGgAu7Suc> | Learners watch/listen to video. |
|  | 5 | **Slide 22**  Take a second to stretch and rejuvenate | NA | Optional: Lead a stretch break for a few minutes. “Let’s take a 5-minute stretch break. Please return back at \_\_\_\_\_. ” Type in return time on slide  Once done, confirm everyone is back and begin skills practice. | Learners stretch their bodies, standing/sitting, and can take a break. |
|  | 15 | **Slides 23-27**  Skills practice using Naloxone | 5 | Slide *Skills Practice*: Prompt learners to participate. Switch the slides as you progress. Follow the **Facilitator Naloxone Administration Checklist**. Then have several volunteers tell you how to respond to an overdose. Add a few more questions to the **Parking Lot**, as needed, if pertinent to share with all learners. Summarize key points | Learners watch the facilitator practice use of Naloxone on a mannequin and instruct the facilitator the steps required. |
|  | 5 | **Slide 28**  Address myths vs facts | 5 | When done with demo/Parking Lot:  Review together some of the **Parking Lot** questions and answers. Address any misinformation and reiterate important concepts. | Learners review the parking lot comments to assess fact vs myths. |
|  | 3 | **Slide 29-30**  Good Samaritan Act/Side Effects | 5 | Slide *911 Good Samaritan Act*  “The Good Samaritan Act was passed as part of the Arizona Opioid Epidemic Act to encourage people who encounter someone overdosing to call 911 and not be prosecuted for drug possession. Someone is considered a ‘Good Samaritan’ if they were seeking medical help for someone who is overdosing, and if drugs are discovered when medical help arrives. The same goes for the person who has overdosed. There are limits to this law. Do seek legal assistance for guidance.”  Slide *Possible Effects of Naloxone*  Avoid emphasizing “violence.”  “Someone can experience withdrawal from getting Naloxone. It can feel like having an extremely painful flu. Give the individual space after you use naloxone on them. They may feel sick, throw up, or experience any of the symptoms listed here. Withdrawal is very painful, so be gentle and say, ‘You overdosed, and we used naloxone. Take a second to breathe.’” |  |
|  | 3 | **Slides 31-32**  Learners learn steps to take after Naloxone. | 6 | Slide *Aftercare 1*  ““Naloxone can last 30 minutes to an hour and a half, which is why it’s important to monitor someone for several hours after an overdose. That person could have another overdose even if they do not take additional opioids, so don’t leave them alone. EMS can take them to the hospital, though the individual could refuse medical care. They might be uninsured, undocumented or have another reason why they might not want care. If they refuse medical care, someone should stay with them for several hours and keep them awake. Overdose is a very scary thing, so staying calm yourself is important. Sometimes overdose can be the thing that encourages someone to get treatment.”  Slide *Aftercare 2*  Note that naloxone will NOT cause another overdose and it does NOT work on overdoses from other substances. If someone is not overdosing on an opioid and you gave them Naloxone, Naloxone does NOT have a negative impact. For example, if someone took cocaine with fentanyl and overdosed because of the fentanyl, naloxone would work. If there wasn’t an overdose from fentanyl, naloxone would NOT work.” | Learners listen to facilitator. |
|  | 5 | **Slides 33-34**  Learn where their resources are located. | 6 | *Community Resources in Arizona*  “In Arizona, we have a few statewide resources that everyone can use in their communities. Anyone can call the OAR line or Arizona 2-1-1 for resource support. You can look up where to dump your drugs via the ADHS site. If adding location specific resources mention them here. All these resources are in the workbook for quick reference.”  *Where to find naloxone*  There are several ways to obtain naloxone. You can search from the interactive maps here or see if you qualify to become a distributor. With the standing order in place, you can also get it from the pharmacy for a copay or potentially for free. Over the counter status was recently approved, keep an eye out for more information to come. | Learners receive local and statewide resources for people who use drugs and finding naloxone. |
|  | 5 | **Slides 35-39**  Redefine relapse and recovery and how CHW/Rs can offer kind support. | 7 | Slide *Why don’t people get help?*  “Even with these resources, getting help is not as easy as it may seem, especially for our rural and underserved communities. Drug use is the number one stigmatized issue in the world. There are limited treatment options, even with investments in behavioral health. A person might not be ready to recognize and accept they have a disorder. Sometimes it can be expensive and in a completely different city. Withdrawal can be very painful and scary, as can fear of being arrested or isolated from someone’s social support network. These systems can be very hard to navigate, which is where you step in as community health workers and representatives (change based on audience). Sometimes people fear losing jobs, their house, their relationships and families because of how stigmatizing drug use is.”  Slide *Relapse & Recovery*  “A part of the journey is relapse and remission. It’s a very normal part of any chronic disease. It can take years for someone to recognize and admit they need and want help. It can be a life-long journey and relapse can be part of the recovery process.”  Slide *Relapse is normal and common*  “Relapse has similar relapse rates to other chronic diseases like diabetes, asthma, and hypertension. [[3]](#footnote-5) Because we are talking about the most stigmatized topic in the world, we tend to hold people with a substance use disorder to a higher standard than people with diabetes, for example. Someone with diabetes can be really well controlled and then they have a stressful experience that might trigger eating habits that increase their blood sugar. It’s a similar experience for people who use drugs.”  Slide *How to Offer Support* slide  “Everyone in this training can offer support. Use motivational interviewing tools, or just be there to listen. Remember that we are not here to diagnose someone. We are here to support someone and help them access care if they want it. Use person-first language. Remember that words are important. ‘If you want to care for something, you call it a flower; if you want to kill something, you call it a weed.’ Everyone here can offer harm reduction tips.  Slide *Harm Reduction Tip Sheet*  “The main points of harm reduction for opioid use are, if someone is actively using drugs: 1) Don’t use alone, 2) go slow, 3) use a fentanyl test strip, 4) know how to recognize the symptoms of an overdose (like pinpoint pupils, gurgling sound), 5) learn rescue breathing, which we discussed, and 6) carry naloxone.” | Learners follow the PPT slides. |
|  |  | **Slide 40-41** |  | Slide *Overlapping Mechanisms*  People diagnosed with an SUD during the pandemic were eight times more likely to require hospitalization and die from COVID-19 than those without an SUD. People with SUDs often have weakened lung function, which immediately puts them at increased risk of contracting and suffering worse outcomes from COVID-19. The hallmark symptom of an opioid-related overdose is decreased respiration. COVID-19 is caused by severe acute respiratory syndrome coronavirus-2, may impair the immune system and/or cause neuroinflammation, this could decrease the successfulness of the COVID-19 vaccines in this population.  Slide*Take Action, Stay Safe, and Protect Others*  When the pandemic started there were elevated levels of depression and anxiety. Social Isolation caused an increase in depression. We are still feeling the repercussions of COVID 19 in terms of our health and wellbeing. Importantly, together we can promote self-care – mental health practices such as (list some of the items here from the slide) and social connectedness. You can learn more about social connectedness here: <https://www.hhs.gov/surgeongeneral/priorities/connection/index.html> |  |
|  | 6 | **Slides 42-43**  Learners are provided tips to give to clients to reduce the risk of overdose and/or death. | 7 | Slide *Parking Lot*  “Looking back at our parking lot, what questions do you still have? What are you still unsure about?”  Address any closing parking lot items. Be sure to address any concerns, questions, or misinformation that was mentioned during the brainstorm.  Slide *Remember*  “The three key takeaways we want everyone to leave with is that people who use drugs are not bad people. They’re just people. A substance use disorder is a chronic relapsing brain disease, and naloxone reverses an opioid overdose. So, save a life and carry naloxone. Thank you everyone!” | Learners follow the slides.  Learners ask any clarifying questions.  Learners review the three key takeaways from the training. |
|  | 5 | **Slide 44** | NA | You can find more information or contact the creators of this training here. | Learners are referred to contacts for questions |

1. https://spwaz.org/faq/ [↑](#footnote-ref-1)
2. <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept> [↑](#footnote-ref-2)
3. National Institute on Drug Abuse [↑](#footnote-ref-5)