OPIOID OVERDOSE PREVENTION & EDUCATION TRAINER’S MANUAL

Texas Overdose and Naloxone Initiative (TONI)
BACKGROUND AND INTRODUCTION

Texas’ opioid crisis has been growing steadily since 2010 and now includes substantial increases in morbidity and mortality associated with the surge in availability and use of heroin and illicitly-made fentanyl (IMFs). From 2011 to 2014, the state experienced a 38% increase in the number of drug products seized by Texas law enforcement that tested positive for heroin, with a doubling in the number of drug seizures testing positive for IMF from 2013 to 2014. These increases indicate a fast-growing supply of illicit opioids in the state of Texas. Accompanying this surge in supply has been a sharp increase in opioid overdose. In 2013, there were 319 heroin poisoning deaths in Texas, and drug overdose is the second-leading cause of death for Texas women who are pregnant or gave birth in the past year. The decline in the average age of the decedents (from 40 years in 2008 to 36 years in both 2012 and 2013) reveals a trend of increasing heroin use by young adults in the state of Texas. Taken together, these disturbing trends in opioid-involved mortality demonstrate the deadly burden that the opioid epidemic is placing on the state of Texas and highlights the need for immediate action.

To respond, a small group of concerned individuals working in the fields of public health and harm reduction formed the Texas Overdose Naloxone Initiative (TONI). TONI began in 2013 by providing overdose prevention trainings with naloxone on the streets of Austin to people who inject drugs (PWID) and their friends and family. Since then, TONI has grown into a statewide effort. In its brief history, TONI has partnered with a wide range of community stakeholders, private business and non-profit organizations to advance our mission, including key state agencies, the University of Texas, local and national pharmacies, law enforcement, political leaders and civil associations; and most importantly community members and PWID. TONI continues to realize its mission to expand access to the life-saving drug naloxone through a comprehensive and evidence-based overdose prevention and education agenda.

The trainer’s manual before you is one component of TONI’s harm reduction strategy and intended to cultivate self-efficacy amongst PWID and friends and family through an evidence-based curriculum that is accessible for professions and the greater public alike. As such, it is meant to prepare Trainers to teach overdose prevention and naloxone/Narcan administration to lay audiences. With the increase of opioid-related overdose deaths across the nation, this training will assist community leaders in instructing people, households, and community organizations how to become “first responders” in their community.

1 See Appendix 1 for a more detailed history.
MISSION
To decrease the adverse impact of opioids on Texas residents, with an immediate emphasis on reducing overdose mortality through best practices and providing greater access to opioid overdose medication such as Naloxone/Narcan.

VISION
We envision a Texas where the information, materials and evidence-based practices needed to reduce mortality associated with the opioid overdose epidemic are available, accessible, and applied to effectively address this urgent public health crisis.

A vital resource and asset for building community-level capacity to prevent fatal overdose are individuals positioned to carry the message and deliver materials, information and naloxone to their own networks through trainings.

This training is designed to develop community capacity by preparing a cadre of trainers (i.e., training the trainers) who can confidently and effectively deliver overdose prevention trainings to their constituents. Developing a network of trainers from varied communities and organizations across the state of Texas increases the level of community penetration needed to get overdose prevention information and materials—especially naloxone—into the hands of individuals most likely to be at the scene of an overdose event.

OBJECTIVE
To provide the requisite information, tools and guidance needed to prepare interested and qualified people from Texas’ diverse communities to administer trainings on overdose prevention and intervention.

OUTCOMES
Individuals who successfully complete this training will be able to:

1. Describe successful practices for recruiting, financing, preparing and conducting effective OD prevention trainings

2. Describe the relevance and impact of personal experiences, values and beliefs on trainings and strategies to anticipate and manage group dynamics

3. Describe strategies for effectively delivering understandable information on pharmacology, risk factors and evidence-based responses to OD

4. Describe practices for conducting training evaluations and facilitating continuous learning
Outline and Contents of Training

I. Trainer Requirements
II. Trainer Organizational Tasks
III. Trainer Commitments
IV. Before Your Training
V. Full Training Presentation
   i. Introduction/Objectives
   ii. What are Opioids?
   iii. How do Opioids Work?
   iv. Understanding Naloxone
   v. Understanding Overdose
   vi. Responding to Overdose
VI. Brief Trainings
VII. Resources
VIII. Contacts
IX. Appendix
   I. TONI History
   II. Training Prep Checklist
   III. Overdose FAQs
   IV. Brief Training (10 Minute)
   V. Brief Training (5 Minute)
   VI. Training Evaluation
Training individuals with professional or personal overdose experience can be difficult when considering factors like trauma, shame, guilt, vulnerability and drug-related stigma. Given these potential hurdles, TONI and RecoveryATX strongly recommend that trainers take these matters into account when working with individuals and communities directly affected by the opioid epidemic by making an effort to gain experience in empathetic listening, motivational interviewing, group facilitation, anti-stigma education, and recommending effective interventions and treatment. Beyond these recommendations, there are several requirements to become a certified trainer of this overdose curriculum.

Community Responders and Professionals are expected to:

- Be >18 aged years
- Have previous training in Overdose Prevention and naloxone administration
- Have knowledge of and experience with the population of people who (ab)use opioids
- Understand the role of shame and stigma in exacerbating people’s substance use disorders
- Incorporate competencies in language and behavior change into the training
- Be familiar with multiple pathways of recovery
- Have experience teaching groups of adults
- Present two letters of recommendation from the community being served
- Be connected, either by employment, contract or volunteerism, to a Recovery Community Organization or a RecoveryATX identified Recovery Ally Partner Organization (RAPO)

Peer Recovery Coach/ Peer Recovery Support Specialist (PRS) needs to meet the same 9 expectations as community responders and professionals in addition to being State certified as a Peer Recovery Support Specialist/Coach or equivalent designation.

While this Instructor Training reinforces some of the skills and knowledge areas above, it is not designed as a substitute for prior knowledge and experience. In addition to previous training, candidates should also be familiar with up-to-date available information and resources through portals like http://getnaloxonenow.org & http://prescribetoprevent.org

Instructors must also identify financial and operational support to assist them in scheduling and running their classes. It is highly recommended that instructor candidates demonstrate appropriate external support with the logistical and administrative tasks related to managing this program. For example, many successful instructors partner with their employer organization or like-minded community organization in order to accomplish the following tasks that are required of instructors (See Appx 2 for checklist to use in practice):
TRAINING ORGANIZATIONAL TASKS

- Planning (creating plans, forming community partnerships, outreach)
- Setting a course schedule
- Setting and collecting course fees
- Marketing and media outreach
- Course registration
- Event planning (catering, logistics)
- Identifying grants and other sources of fiscal support
- Collecting and entering course evaluations and incorporating feedback

TRAINER COMMITMENTS

When an individual becomes a certified TONI – OD Prevention and Naloxone Administration Trainer, s/he is committing to teach the material with fidelity to the core program model and its key messages. Trainers are responsible for nearly all components of their trainings, including:

- Recruiting participants and securing a training location.
- Collecting course fees (if necessary).
- Preparing course materials.
- Compiling local resources.
- Providing participant evaluations to the TONI Project.

In order to maintain trainer certification, trainers are required to:

- Teach their first course within six months of becoming certified.
- Train at least 25 people per year.
- Pass Quality Evaluation visits and assessments.
- Maintain satisfactory participant evaluation scores.
- Engage in instructor/course refresher activities as instructed.
BEFORE YOUR TRAINING

Supplies

- Seating for trainees
- Power Point Projector, laptop
- Pens and pencils
- Trainee notebooks
- Name tags
- Sign-in sheet
- Printed evaluations
- Printed completion self-test
- The resource list for your area

Room Characteristics: The room should be well ventilated and it should be possible to adjust the temperature. The room should not be subject to much noise or to high levels of hallway traffic.

Class Size: The training should include a minimum of 5 and maximum of 20 trainees.

Sign-in Sheet: All trainees must sign-in. Sign in sheets should include date, time and location of the training along with trainees' email address. Trainers are required to submit rosters of those who completed the training to TONI for trainees to receive completion certificates.

Instruction Materials:

- Slides are included as a reference point in the training manual.
- Instruction and resource materials for the trainees should be assembled and ready for use.
- The Training Document is meant as a point of reference for the trainee. It is embedded within this training manual in BOLD.

Timing of training: Agenda and activity timelines are based on a class size of 20 (the suggested maximum). If class size is less than 20, task completion times may vary. If this occurs, please move on to the next task or topic. There is no need to stall or fill-in time unless the group naturally continues a discussion on a particular topic/task. A ten-minute break is recommended between sessions. An efficiently delivered training, including rescue breathing exercise, can be successfully delivered in one hour.

*Based on the length/type of training, the supplies, class size, sign in sheets, and materials may differ.

See Appendix 2 for Prep Checklist
**Local information:** Be prepared to advise the group of any parking restrictions or building access protocols, and tobacco policies. It is also helpful to have some local information on nearby restaurants and recovery meeting lists for the group, if they are traveling.

**Trainer Note:** Indicates items, discussions, and guidelines for content delivery for the Trainer to facilitate the training, and are italicized.

**Trainer Instruction** includes instructions for the trainer to provide to the class. Items in **bold** and *italicized* are usually a prompt of what could be said.

**Slide Deck:** Includes group activities and discussions. Slides indicating group activities have a bright background color of aqua to serve as a visual cue for the facilitator.

**Takeaways:** Overdose fatalities are preventable because they can:

- Be witnessed by other people using drug or non-drug using friends and family.
- Be treated effectively with naloxone
- Be managed until EMS arrives.

Now, let’s begin!
TONI Overdose Prevention and Naloxone Administration

Introduction and Welcome

Trainer’s Notes: Welcome the group. Depending on the time allotted and size of group, go around the room and ask people to introduce themselves and share their motivation for attending the training. Yet, try not to ask questions that may trigger personal stories at the start of the training. Emotions will develop over the course of the training, but if they’re addressed too early in training, it may deter from and delay the information presented. Instead, just ask each participant to give their name and a short sentence about why they are attending the training. It can be helpful to give them a time frame. “Please take a moment or two to give us your name and why you are in today’s training.”

Briefly acknowledge RecoveryATX and the TONI project. Suggested talking points:

- TONI is a project of RecoveryATX a non-profit Recovery Community organization in Austin, Texas.
- TONI created this training to educate and provide life-saving resources to community members at risk for opioid overdose and their friends and family.
- TONI’s intent for this training is to dramatically lower the number of opioid overdose deaths in the state of Texas.

Training Objectives

Trainer’s Notes: Review objectives of the training. At this time, the Trainer can set the tone of the training by:

- Reading the objectives
- Sharing a brief and pertinent story about the personal impact of overdose and naloxone administration (optional).
- Launch the “Introduction” of the training.
Objective:
To provide the requisite information, tools and guidance needed to prepare interested, qualified, diverse audiences to conduct trainings on overdose prevention and intervention.

Outcomes:
- Describe successful practices for recruiting, financing, preparing and conducting effective OD prevention trainings
- Describe the relevance and impact of personal experiences, values and beliefs on trainings and strategies to anticipate and manage group dynamics
- Describe strategies for effectively delivering understandable information on pharmacology, risk factors and evidence-based responses to OD
- Describe practices for conducting training evaluations and engaging in continuous learning

What are Opioids?

**Trainer Instruction:** Ask the group “Show of hands, who knows what an opioid is?” Facilitate a conversation around this answer and go into discussing how an opioid works on a person’s body. (See Appendix 3, How Opioids Work on the Brain)

After you have discussed how opioids affect the body, go over this next section, Opioids Include.

**Opioid Types:**
- **natural/semi-synthetic:** heroin, morphine, buprenorphine, codeine, oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®) and hydromorphone (Dilaudid®)
- **synthetic:** pharmaceutical fentanyl (Duragesic®), illicitly-made fentanyl (IMF), methadone, tramadol, meperidine (Demerol®)

**Trainer's Notes:** Previous conversations about opioids, what they are and how they affect the body, leads the class to the next piece of material, Understanding Naloxone. It may be best at this point to have either images of, or the actual medication available for viewing. Suggestion to NOT pass it through the audience because it may detract from what will be said, how the medication works.
How do Opioids Work in the Brain?

Opioids attach to the *μ* receptors in the brain (μ-opioid receptors (MOR)). Normally opioids are created naturally in the body. Once attached, they send signals to the brain of the "opioid effect" which blocks pain, slows breathing, and has a general calming and anti-depressing effect. The body cannot produce enough natural opioids to stop severe or chronic pain nor can it produce enough to cause an overdose.

Opioids can activate receptors because their chemical structure mimics that of a natural neurotransmitter. This similarity in structure "fools" receptors and allows the drugs to lock onto and activate the nerve cells. Although these drugs mimic brain chemicals, they don't activate nerve cells in the same way as a natural neurotransmitter, and they lead to abnormal messages being transmitted through the network.

Opioids target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. The overstimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who misuse drugs and teaches them to repeat the behavior.

Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it. Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.
Understanding Naloxone

What is Naloxone?

Naloxone is a prescription medicine that can temporarily interrupt the effects of opioids on the central nervous system and help a person start breathing again. Naloxone can be sprayed into the nose or injected into a thick muscle such as the thigh or upper arm. Naloxone has no other effects and cannot be used to get high; it will cause no harm if used on an unconscious person not overdosing from opioids. Naloxone is the generic name of a medication that is also sold under the brand names Narcan® and Evzio®.

How Does Naloxone Work?

Naloxone displaces opioids from their receptors in the brain and usually restores breathing and consciousness in 2 to 5 minutes. It can revive a person overdosing but only remains active for about 30 to 60 minutes, at which point the effect of opioids can return by any remaining opioids returning to the receptors. Some opioids can last for 4 or more hours and thus it is possible for a person to go back into overdose when naloxone wears off.

Naloxone does not work for:

- **Non-opioid sedatives**: Valium, Xanax, Klonopin, Clonidine, Elavil, alcohol
- **Barbiturates**: Seconal, Phenobarbital
- **Neuropathics**: Gabapentin (Neurontin®), Pregabalin (Lyrica®)
- **Stimulants**: cocaine, crack, methamphetamine

The four naloxone products currently available are similar in their effectiveness but cost and availability may vary. A side-by-side comparison of these four products is available at Prescribe to Prevent (www.prescribetoprevent.org).
**What is an Opioid Overdose?**

Opioids bind to receptors in the body. Beyond reducing pain by blocking the body’s pain signals, opioids can cause drowsiness and euphoria and can slow-down and eventually stop breathing. (See Appendix 3 for FAQ Handout)

**What are the Signs of Opioid Overdose?**

An opioid overdose occurs when a person consumes an amount of opioids that causes breathing to slow and then stop. Depending on the type and amount of opioid consumed, an overdose can happen suddenly or evolve over several hours. When breathing slows to the point of reducing the amount of oxygen needed to the body’s organs to function (hypoxia), the person will lose consciousness, can experience brain damage and may die.

**Signs include:**

- Person cannot be awoken, unresponsive to stimulation (unconscious)
- Slow or no breathing (respiratory depression or arrest)
- Gurgling, gasping, or snoring (aka “the death rattle”)
- Clammy, cool skin (diaphoretic)
- Blue or gray lips or nails (cyanosis)

**What are Risk Factors for Overdose?**

- **Loss of Tolerance:** Overdoses occur when people resume opioid use after a period of cessation or abstinence. Period of abstinence are often associated with incarceration, prolonged hospitalization, or undergoing detoxification or abstinence-based treatment for opioid use disorder (OUD).

- **Mixing Drugs:** Mixing opioids with other drugs creates “synergistic”- outcomes whereby drug-to-drug interactions serve to increase the affect on the central nervous system (“the high”). The largest risk for respiratory-based overdose is mixing opioids with depressants such as benzodiazepines (Xanax®), barbiturates (Seconal®), neuropathics (Gabapentin®) or alcohol. Mixing opioids with stimulants (cocaine, methamphetamine) is also a risk factor for overdose but associated with cardiovascular-related outcomes (heart attack)—not respiratory depression—since stimulants do not depress the body’s signal capacity to breath.
Using Alone: Using drugs alone increases the likelihood of a person dying from an overdose since there is no one is present (i.e., bystander) to recognize the signs and respond. It is important to recognize that people often use alone after periods of abstinence, especially when returning from a stay at OUD treatment, due to the shame and stigma associated with “relapse.” For this reason, it is critical for friends and family to stay close to people returning from jail or treatment.

Using Opioids of Unknown Strength: Variation in potency of ‘street’ drugs presents the greatest risks associated with heroin or heroin adulterated with potent opioids like illicitly-made fentanyl. Street drugs vary in their strength and effect based on the drug’s purity and the amount of other ingredients used as ‘cut.’ People who inject drugs can use small amounts (i.e. tester shots) or inject slowly by pushing the plunger half-way to get a feel of the quality.

Having Existing Illness: Any acute or chronic illness that reduces heart or lung function can increase overdose risk (e.g., COPD, infective endocarditis, diabetes, heart disease, etc.).

How to Respond to an Opioid Overdose?

a) Stimulation

- Call their name and shake
- Sternal rub

b) Call for Help

- Call 911. Say: “I can't wake my friend up” or “My friend isn't breathing”
- If leaving the person alone, place them in the Recovery Position. As the picture demonstrates, position overdose victim on their side and make sure their airway is clear by checking their mouth and throat. This will allow them to breathe upon being revived while preventing choking on and inhalation of vomit.

→ If the person is not breathing, perform rescue breathing.

→ If 911 was not called, do it now!
c) **Rescue Breathing** (Demonstrate and Practice)

- Tip the head back with one hand under the neck, the other holding the nose
- Make a seal over the mouth with your mouth and give 2 slow breaths then one every five seconds.
- Keep it up until the person breathes on his/her own or until trained help arrives.

![Rescue Breathing Image](image.png)


d) **Administer Naloxone** (Demonstrate and Practice)

- If the person is not breathing, provide a few breaths and then administer naloxone.
- If person is breathing (even slowly) but is unresponsive, administer naloxone first and then continue to monitor breathing until EMS arrive.
- Inject 1 cc of naloxone into a large muscle such as the upper arm or thigh. Use Evzio Auto Injector, Nasal Narcan or Intramuscular Injection (see images below). If no response in 2-3 minutes, repeat with a new needle/vial, a new Evzio Auto Injector, or a new Nasal Narcan.

*Trainer Instruction*: You may want to have a few different visuals of the types of medication out at this point, as you will be talking about the two ways the medication can be administered

e) **Evaluation and Support**

- Monitor the overdose survivor, reassuring them that the drug withdrawal will decrease in about one hour, and more drugs should not be used now.
- Inform EMS of what happened and how much naloxone was given.
- Encourage survivor to go with EMS to the hospital.

You have reached the end of the regular 60-minute training. Be certain to assess trainees’ comfort level with the information they have received, and confidence that they are equipped to conduct a training. Provide encouragement and make it safe to ask any follow-up questions. If time permits, consider using role play scenarios as a strategy for revisiting and teaching specific pieces of the training.
10 MINUTE OVERDOSE TRAININGS FOR OUTREACH TEAMS AND OTHER PROVIDERS

APPENDIX 4: This 10 Minute training is intended to share appropriate accurate information when working with individuals that are familiar with Opioid Overdoses and you may only have a short period of time to engage them. The training is organized into three key sets of tasks:

1. RECOGNIZE
2. RESPOND
3. EVALUATE

5 MINUTE OVERDOSE TRAININGS FOR PEERS and COMMUNITY FIRST RESPONDERS

APPENDIX 5: The Chicago Recovery Alliance has been the pioneer in community-based overdose prevention for well over twenty years. While developing brief, community-based naloxone training and distribution in their program in the 1990’s, CRA erred on the side of caution and provided lengthy trainings to participants. It became clear that the delivery of a focused economy of information was key, and that lengthy trainings were neither necessary of efficient. CRA distilled the essential information down to a few essential points, producing the acronym SCARE ME. CRA confirmed thousands of peer-delivered overdose reversals before intranasal formulations of naloxone were ever developed and released, hence the “M” stands for muscular injection. But any formulation or administration is appropriate.

Administer Training Evaluation (Appendix 6)

Online Resources

- Download app for ADAPT Nasal Narcan at [Narcan Now](#) to your phone
- www.getnaloxonenow.org
- http://prescribetoprevent.org
For additional questions, please contact:

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Or check us out online

www.facebook.com/Texas-Overdose-Naloxone-Initiative
www.texasoverdosenaloxoneinitiative.com
Texas Overdose and Naloxone Initiative - TONI

History

In December of 2013, a small group of concerned individuals, primarily working in the field of public health and harm reduction, came together to discuss the opioid epidemic and what to do in response to so many overdoses and deaths. With connections to prevention workers engaged with the highest risk communities, primarily injection drug users (IDUs) and their families, we began doing overdose prevention education in the community and on the streets. On December 15th of 2013, we were able to give the Austin Harm Reduction Coalition 3000 units of naloxone to start distributing during their outreach efforts. The first dose of naloxone was distributed from the van and in March of 2014, and thus we founded the Texas Overdose Naloxone Initiative (T.O.N.I). TONI began conducting regular outreach to the homeless community in the Guadalupe area of Austin, as well as providing overdose prevention education. In addition, on March of 2014, we entered into an MOU with Maintenance And Recovery Services (MARS) methadone clinic in Austin to provide overdose prevention training and to make naloxone available to all participants at the clinic. To date, over 640 persons have received this training.

Beginning in November of 2014, we worked with other advocates and the Mental Health Association of Texas’ Substance Use Disorder Coalition to guide and educate the 84th Texas Legislature regarding greater access to life saving medication -naloxone. Sen Royce West submitted Senate Bill 1462, which, after great effort on the part of many, passed and was signed into law by Gov. Abbott on Sept 1, 2015. Also in April of 2014, TONI convened a meeting with a group of physicians, faculty from the University of Texas and Huston Tillitson University, the Department of State Health Services (DSHS), the Texas Department of Health and Human Services (TX HHSC), the Austin Police Department and other key stakeholders in Texas, to speak on the importance of addressing the Opioid epidemic.

TONI also began working with Dr. Lori Holleren Steiker at the University of Texas School of Social Work in the Spring of 2014 to educate the student body at the University of Texas in Austin and to bring Naloxone to the UT-Austin campus. Today, this program is still in place and all Resident Advisors are trained in overdose prevention and have access to naloxone on all floors in every dorm. In addition, Naloxone is available at the Forty Acres Pharmacy, which serves the UT Austin community.

TONI has continued working hard to support naloxone access and education across the state by working with various pharmacies and professional organizations. A Standing Order was written for all Texas Walgreens in May of 2016 by Dr. Alicia Kawalchuk from
Baylor School of Medicine. In addition, Dr. Carlos Tirado of the Texas Pharmacy Association wrote a Standing Order on August 1, 2016, for all Pharmacists and Pharmacies. And standardized training was developed by Lucas Hill from the College of Pharmacy at University of Texas and all pharmacists have access to this free training.

In May of 2016, the NAS program from DSHS executed a contract with TONI to conduct 19 trainings for local Mental Health Authorities located in the regions with the highest overdose incidence rates in Texas. In result, TONI has provided training to hundreds of other providers from around State.

In addition to supporting and providing training and education, TONI wanted to do more to address the loss and grief experienced in the central Texas area by those whose lives had been touched by overdose and death. In September of 2015, TONI began the Austin Chapter of Grief Recovery After Substance Passing, (GRASP), a national group developed for those specifically affected by substance use deaths.

TONI has been keen to support the development of strong advocates, and provide a platform to remember those who have been lost to this public health epidemic. For the last three years, TONI has planned and hosted three International Overdose Awareness Days on the steps of the Texas Capitol to bring awareness to this issue and give those individuals that have suffered the loss of loved ones a time and place to gather together in honor and memory of those whose lives have been lost. To date, TONI has distributed over $500,000 of free overdose medication throughout State.

The mission and vision statements of TONI are as follows:

**Mission**

To decrease the adverse impact of opioids on Texas residents, with an immediate emphasis on reducing overdose mortality through best practices and providing greater access to opioid overdose medication such as Naloxone/Narcan.

**Vision**

We envision a Texas where the information, materials and evidence-based practices needed to reduce mortality associated with the opioid overdose epidemic are available, accessible, and applied to effectively address this urgent public health crisis.
TONI - TRAIN THE TRAINER EVENT PREPARATION CHECKLIST

TRAINER COMMITMENTS

When an individual becomes a certified TONI – OD Prevention and Naloxone Administration Trainer, s/he is committing to teach the material with fidelity to the core program model, as well as the key messages. Trainers are responsible for almost all components of their trainings, including:

- Recruiting participants and securing a training location.
- Collecting course fees (if necessary).
- Preparing course materials.
- Compiling local resources.
- Providing participant evaluations to the TONI Project.

TRAINING ORGANIZATIONAL TASKS

- Planning (e.g., creating plans, forming community partnerships, outreach)
- Setting a course schedule
- Setting and collecting course fees
- Marketing and media outreach
- Course registration
- Event planning (e.g., catering, logistics)
- Seeking grants and other sources of fiscal support
- Collecting and entering course evaluations and incorporating feedback

SUPPLIES

- Seating for trainees
- Power Point Projector, laptop
- Pens and pencils
- Trainee notebooks
- Name tags
- Sign-in sheet
- Printed evaluations
- Printed completion self-test
- The resource list for your area
Overdose Response - Frequently Asked Questions

What about injecting saline, milk, or other solutions? Many users believe that injecting saline, milk or other solutions will revive an overdose victim. There is no medical reason why this works and it can be dangerous, as it wastes time.

What about walking someone around? If the person can walk this is good and they don't need naloxone. Dragging someone around doesn't help.

What about ice? Like the sternal rub, ice can wake someone in a heavy nod. The sternal rub is easier.

How bad does getting naloxone feel? Naloxone puts an opioid dependent person into withdrawal. This program recommends starting with 1 cc. Emergency Medical Services often give larger doses, which can precipitate much more severe withdrawal.

Can one take naloxone and give a clean urine? No, the naloxone only blocks the opioid for a little while; it is still in the body.

What if I hit a vein instead of the muscle? Naloxone is effective intramuscularly (in the muscle), intravenously (in the vein) and subcutaneously (skin popping). Intramuscularly is the quickest and easiest way.

What if someone is pregnant - is it dangerous to administer naloxone? Remember naloxone is only to be given if you think someone is dying. Human research on safe administration of naloxone to pregnant women is lacking. Naloxone does cross the placental barrier, so administration could theoretically precipitate withdrawal in the fetus. If naloxone must be administered to save the mother, it should be done so cautiously as to avoid precipitating extreme withdrawal.

What about methadone/buprenorphine and overdose? The correct dose of methadone/buprenorphine blocks the effects of heroin. If you take other opiates while also taking methadone/buprenorphine, you may not feel the effects of opiate use. If you try to use “over” your methadone/buprenorphine dose you may end up overdosing. You may also overdose if you mix methadone/buprenorphine with other drugs such as benzodiazepines and alcohol.
Will naloxone make you high? No. the only effect of naloxone is to reverse the effect of opioids. It cannot make you high: if you are not using opioids, an injection of naloxone would feel the same as an injection of water. Naloxone has no potential for abuse or dependency.

Can naloxone cause overdose? No. It is not possible to overdose on naloxone. If a large dose is given to a person with opioids in their system, they may experience symptoms of withdrawal.

Will naloxone work even if someone has previously used it? Yes. You cannot develop tolerance to naloxone, so it can be used in every opioid overdose situation no matter how many times a person has overdosed in the past. People may respond to naloxone differently each time but this is often more likely due to how old the naloxone is, how it has been stored, what type of drugs the person took and in what dose or combination.

Is naloxone the same as naltrexone? No. Naltrexone is like naloxone but it doesn’t work as quickly and lasts much longer, generally about 24 hours. It is sometimes used in the treatment of drug or alcohol dependence. It is not a substitute for naloxone. Naloxone is sometimes used in combination with buprenorphine in drug dependence treatment — that medication is commonly known by its brand name, Suboxone.

Can naloxone be safely used if it is expired? Naloxone loses its effectiveness over time as well as from too much heat or cold, or exposure to sunlight. While expired naloxone will not hurt the victim, it probably does not work as well as new naloxone. Programs should dispose of expired naloxone or use it for demonstration and training purposes, and encourage participants to exchange expired naloxone for a new supply. To make sure it lasts as long as possible, naloxone should be kept in a dark and dry place between 25°C/80°F and 5°C/40°F if possible. But it is important to have it at hand when an overdose might happen.

Does the distribution of naloxone lead people to increase their drug use? No. There is no evidence that suggests that people are more likely to use opioids or overdose on them because they have access to Naloxone.
10 MINUTE OVERDOSE TRAININGS FOR OUTREACH TEAMS AND OTHER PROVIDERS

This 10 Minute training is intended to share appropriate accurate information when working with individuals that are familiar with Opioid Overdoses and you may only have a short period of time to engage them. The training is organized into three key sets of tasks:

1. RECOGNIZE; 2. RESPOND; 3. EVALUATE

RECOGNIZE WHAT DOES AN OPIOID OVERDOSE LOOKS LIKE

When coming across someone that shows following signs of distress:

- Deep, slow respiration
- Snoring or gurgling sound
- Heavy nod, not responsive to stimulation – teach sternal rub (rubbing breastbone hard with knuckles)
- Slowed breathing
- Cyanotic- bluish lips and nail beds
- Graying of the skin

HOW TO RESPOND TO AN OPIOID OVERDOSE

- STIMULATION
  
  - YELL INDIVIDUALS NAME/GENTLY SHAKE PERSON
  - USE STERNAL RUB
  - IF NO RESPONSE: CALL 911

  TELL DISPATCHER THAT YOUR FRIEND IS HAVING PROBLEM BREATHING AND NEEDS MEDICAL ATTENTION

  - If leaving the person alone, place them in the Recovery Position – positioned on the side. This will help to keep the airway clear and prevent them from choking on vomit.

  IF NOT BREATHING PERFORM RESCUE BREATHING

  (demonstrate & practice):

  - Tip the head back with one hand under the neck, the other hand pinch the nose
  - Make a seal over the mouth with your mouth and give 2 slow/strong breaths then one every five seconds.
  - Perform rescue breathing for 30-60 seconds

ADMINISTER NALOXONE/NARCAN

(demonstrate and practice administration of naloxone)

- Inject 1cc of naloxone into a large muscle such as the upper arm or thigh or Auto injector. Or, if using Narcan Nasal spray insert nasal apparatus and administer medication
- If no response in 3-5 minutes, repeat with a new needle and vial, Auto injector or another nasal spray.

After administering Naloxone go back to rescue breathing
BRIEF NALOXONE TRAINING

The Chicago Recovery Alliance has been the pioneer in community-based overdose prevention for well over twenty years. While developing brief, community-based naloxone training and distribution in their program in the 1990’s, CRA erred on the side of caution and provided lengthy trainings to participants. It became clear that the delivery of a focused economy of information was key, and that lengthy trainings were neither necessary of efficient. CRA distilled the essential information down to a few essential points, producing the acronym SCARE ME. CRA confirmed thousands of peer-delivered overdose reversals before intranasal formulations of naloxone were ever developed and released, hence the “M” stands for muscular injection. But any formulation or administration is appropriate.

SCARE ME

Stimulation
Call 911
Airway
Rescue Breathing
Evaluate
Muscular Injection
Evaluate again

Stimulation: Does the person respond to painful stimulation like a knuckle rub to sternum or upper lips? If no, this is an overdose needing attention.

Call 911: While it is true that a group of people actively incarcerated by police might hesitate to call for help it was important to do if possible.

Airway: Is the person’s airway unobstructed and are you able to breath for them? Surviving an opiate OD is all about having a clear airway and breath!

Rescue Breathing: Provide rescue breathing for the person as this can save a life if all else fails!

Evaluate the Situation: How is the breathing coming along? Do you need and have naloxone nearby? Is it worth stopping the breathing to get it?

Muscular Injection: Inject 1-2cc of naloxone into the person’s shoulder, butt or thigh muscle using 1-1.5 inch needle. Resume rescue breaths.

Evaluate again: Naloxone takes 3-5 minutes to work. Keep up rescue breathing. Give another dose of naloxone if no response in five minutes.
When someone is overdosing...

Remember to:

**S.C.A.R.E. M.E.**

1. **Stimulate**
   - Try and wake them up by calling their name, shaking them, pinching their fingers or raking their breastbone with you knuckles.

2. **Call 911**
   - If they don’t respond to noise or pain, call 911. If you must leave them to call, put them in the recovery position.*

3. **Airway**
   - Make sure nothing is blocking their airway, then watch their chest and put your cheek over their nose and mouth to feel for breathing.

4. **Rescue Breathing**
   - If they aren’t breathing at least 1 breath every 5 seconds, tilt their head, pinch their nose and give them one slow breath every 5 seconds. Watch to see that their chest rises and falls with each breath.

5. **Evaluate**
   - Are they better? Can you get to Narcan quickly?

6. **Muscular Injection**
   - Prepare the Naloxone and inject it straight into a muscle (upper arm, butt, thigh). Continue breathing for them until it kicks in.

7. **Evaluate and Support**
   - If the first shot does not kick in after 4 minutes, give them another. Comfort the person, he or she will be dope sick from the Naloxone.

* Recovery Position
   - Put them on their side, with their hands under their head.
# Overdose Prevention and Naloxone Training for Trainers

## Class Evaluation Form

**Class Code & Name**: OD Prevention and Naloxone Training for Trainers (Recovery ATX and TONI)

**Date(s)**

**Presenter(s)**

**Site and Room**

<table>
<thead>
<tr>
<th><strong>A. Objectives:</strong></th>
<th><strong>strongly agree → strongly disagree</strong></th>
<th><strong>please circle one</strong></th>
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</thead>
<tbody>
<tr>
<td>1. Describe successful practices for recruiting, financing, preparing and conducting successful OD prevention trainings</td>
<td></td>
<td>5 4 3 2 1</td>
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<td>2. Describe the relevance and impact of personal experiences, values and beliefs on trainings and strategies to anticipate and manage group dynamics</td>
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<td>5 4 3 2 1</td>
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<tr>
<td>3. Describe strategies for effectively delivering understandable information on pharmacology, risk factors and evidence-based responses to OD</td>
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<td>5 4 3 2 1</td>
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<td>4. Describe practices for conducting training evaluations and engaging in continuous learning</td>
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<td>5 4 3 2 1</td>
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<tr>
<th><strong>B. Content/Process:</strong></th>
<th><strong>strongly agree → strongly disagree</strong></th>
<th><strong>please circle one</strong></th>
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</thead>
<tbody>
<tr>
<td>1. The content presented met the stated objectives.</td>
<td></td>
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<td>2. The presenter(s)' platform skills were effective (organized, enthusiastic, knowledgeable, etc.).</td>
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<td>5 4 3 2 1</td>
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<td>3. The teaching methods and strategies used were conducive to learning (lecture, discussion, exercises, audio-visual, materials, etc.).</td>
<td></td>
<td>5 4 3 2 1</td>
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<tr>
<td>4. The information presented was useful and applicable to my job.</td>
<td></td>
<td>5 4 3 2 1</td>
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<tr>
<td>5. My personal objectives for attending this event were met.</td>
<td></td>
<td>5 4 3 2 1</td>
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<tr>
<td>6. I was satisfied with this training and would recommend it to colleagues.</td>
<td></td>
<td>5 4 3 2 1</td>
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<td>7. The training space was functional for the purpose of the day.</td>
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**In order to improve our trainings, if you answer 3 or less on any item please list why you responded with this rating.**

**PLEASE MAKE ANY ADDITIONAL COMMENTS OR SUGGESTIONS ON THE REVERSE SIDE.**

Name (optional): ______________________________ Telephone Number (_____) ____ - ____________