



A guide to creating opioid overdose training materials

INTRODUCTION

Overdose training is a critical component of take-home naloxone (THN) programmes, as it equips participants with the knowledge and skills to avoid opioid overdoses and prevent them from becoming a fatality. It also teaches participants how to use naloxone. Training can be delivered in a range of formats, from structured classes to informal one-to-one conversations. The length of the training can also vary: some are hour-long comprehensive sessions, while others may be brief conversations that cover the essentials of overdose management. Overdose training

materials can help deliver the training and come in many different forms, including presentations slides, printed sheets of paper and take-away pamphlets.

This document provides guidance on themes to include in overdose training materials and overdose management training sessions. In addition, it includes examples of other training materials used in THN programmes.

Please note this document provides information specific to opioid overdoses.

General advice for creating training materials

Training materials should be clear and concise. They should use lay terminology and language appropriate for people without a medical or scientific background. Training materials should not be text-heavy and should include visual representations where possible. It is critical that training materials are based on good-quality and up-to-date information and are in line with local and national guidelines. Considerations should be given to the languages and dialects commonly spoken by the individuals

that will receive training. It may be worth creating versions of the materials in these different languages or dialects.

The order of the themes outlined below will depend on the format of the training materials and how they will be used. If they are presentation slides used for a formal training session, it may make sense to start with an introduction to naloxone, followed by training on overdose management. However, when creating short take-away pamphlets, the most important information (how to recognise and manage an overdose) should appear first.



An introduction to naloxone

It is important to explain what naloxone is, its ability to reverse opioid overdoses and its potential to save a life. It is also important to clarify that naloxone will only be able to reverse opioid overdoses, so it may be necessary to clarify which drugs are and which drugs are not an opioid. While emphasising

that naloxone will have no effects in a person that has not used opioids, this introduction should also address potential side effects of naloxone. It is not necessary to expand on the pharmacology of naloxone during the introduction.

The introduction to naloxone can be used as a starting point during training courses.

SIGNS OF AN OPIOID OVERDOSE

Training materials should include signs of an opioid overdose. In presentations this may be a separate section, while in pamphlets this may be incorporated into the instructions for managing an overdose. Lay language should be used when describing signs; for example, 'shallow or no breathing' is preferable to 'respiratory

depression'. They may be accompanied by visual representations of these symptoms in a person.

It is crucial that participants are able to identify an opioid overdose. Bystanders may think someone is sleeping or experiencing a 'high' and may not be aware that they are experiencing an opioid overdose.

The common signs and symptoms of an opioid overdose that participants should be advised to look out for are displayed below.

Abnormal or no breathing

Blue lips, skin and fingernails

Snoring or gurgling noises

Unresponsive

Pinpoint pupils



Instructions for reversing an overdose

Training materials should include concise and easy-to-follow instructions on how to manage an overdose. They may make use of diagrams, emboldened key words and visual representations, and should be text-light. This is particularly important for take-away materials such as pamphlets, as they may be referred to by someone witnessing an overdose; therefore, they must cover all crucial steps, while being as succinct and easy to follow as possible. For examples of instructions included in take-away pamphlets used in THN programmes in Scotland, Denmark and Catalonia, see the appendix of this document.

The instructions should specify how to use the naloxone product being distributed (e.g. relevant dose, and how to administer it) and include the ambulance number used in the country where the training materials will be used.

Cardiopulmonary resuscitation (CPR) and the recovery position should also be included, even if training has been delivered through a brief intervention and the trainer has not had the opportunity to demonstrate these steps.

Instructions for using naloxone

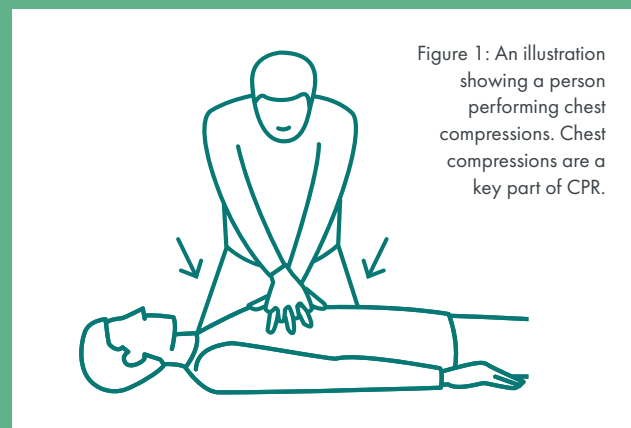
Training materials may benefit from a separate section with the specifics of using naloxone. This is particularly relevant to injectable naloxone formulations intended for intramuscular route of administration, as there may be more steps involved and a need for concise instructions to avoid needle-related harms. Since naloxone products may vary between and occasionally within THN programmes, it is crucial that training materials are tailored to include instructions on the naloxone product being distributed.

THE RECOVERY POSITION AND CPR

The recovery position and CPR may not have been practised or shown during the training, especially if this was delivered as a brief intervention. For this reason, it may be useful to include these in take-away training materials and show a visual step-by-step representation of how to put someone in a recovery position and practise CPR. This could be a separate section or incorporated into the instructions for managing an overdose.

If a person experiencing an overdose is breathing, placing them in the recovery position, on their side, ensures their airway is open and minimises the risks of them choking on vomit. CPR involves clearing the airway, delivering rescue

breathing and performing chest compressions (Figure 1). CPR should be performed when a person is overdosing and either not breathing normally or not breathing at all, as they may be experiencing a cardiac arrest.





IMPORTANCE OF CALLING AN AMBULANCE

A critical step in overdose management is calling an ambulance, as naloxone's opioid-reversing effect will eventually diminish and the person experiencing an overdose may need further care.

There have been reports of a decrease in calls to emergency services following implementation of some THN programmes. To avoid this, it is crucial to emphasise the importance of calling an ambulance in the event of an overdose. This could be highlighted as a separate section or incorporated into the instructions for managing an overdose.

Factors that increase the risk of overdose

It is crucial to communicate the various risk factors of experiencing an overdose. People should be aware of the behaviours and circumstances that increase the likelihood of overdoses. These may include a list of substances that, when combined with opioids, may induce an overdose and periods of reduced tolerance (following release from prison, hospital discharge or when a person has reduced their usage).

Dispelling myths

There are several common mistaken beliefs surrounding overdose management. These can harm the individual experiencing an overdose and impede adequate management of the situation. Overdose training may be a good opportunity to address and dispel these myths, which include injecting a person with salt solution, giving them stimulants and placing them in a cold bath.

The police

Training materials may also cover the role of the police in overdoses, which vary nationally. In some countries, police may arrive to the scene of an overdose if an ambulance is called but will not prosecute the individual experiencing an overdose or anyone helping. It is important to clarify this, as people providing assistance could become alarmed by the arrival of police and flee the scene, or not call an ambulance in the first instance over fear of being prosecuted.

Programme contact information

Training materials, especially take-away pamphlets, may include contact details for the THN programme. People may wish to receive another supply of naloxone if they have used their initial supply or their initial supply has expired. They may also wish to receive a refresher course, want to refer someone to receive training or have further questions about overdose management.



Examples of training pamphlets

Scottish National Naloxone Programme (Part 1)

NALOXONE CAN BE A LIFESAVER



Naloxone is a drug which can temporarily reverse the effects of opioid (heroin/methadone) overdose. In an overdose state, **it can be a lifesaver**.

SAVE SOME NALOXONE

SDF Scottish Drugs Forum | safer scotland

WHAT TO DO IF SOMEONE HAS OVERDOSED


SIGNS & SYMPTOMS

- Pinpoint pupils
- Unrousable
- Pale skin
- Blue lips
- Shallow/slow breathing
- Snoring/rasping breathe



- 1/ Try to wake the person up/get a response by shaking their shoulders and shouting "open your eyes" or "wake up".
- 2/ If they don't wake/respond, make sure you open their airway, by gently tilting their head back and opening their mouth. Look, listen and feel for signs of breathing for 10 seconds.
- 3/ If you see/hear/feel breathing during this 10 seconds put them in the recovery position. If you have naloxone available, assemble the kit, then inject 0.4mls by pushing the plunger to the first black line marked on the barrel into the upper, outer thigh (at a 90° angle to the surface of the skin). Inject straight through clothes. Return the kit to its box, set it aside (in case it's needed later).
- 4/ If they are not breathing, phone 999 and ask for an ambulance right away. Explain where the person is, and that they are unconscious and not breathing.
- 5/ Start chest compressions. With the heel of the hand in the centre of the chest, give 30 compressions followed by 2 rescue breaths. This is called 1 cycle of CPR.
- 6/ If naloxone is available – assemble the kit, then inject 0.4mls by pushing the plunger to the first black line marked on the barrel, into the upper, outer thigh muscle. Inject straight through clothing. Return the kit to its box, set it aside (in case it's needed later).
- 7/ Continue with chest compressions/rescue breaths and give 3 more cycles. Inject naloxone again. Continue giving 3 cycles of CPR and naloxone.

RECOVERY POSITION



Say 'hi' | Support my face | Lift my leg | Roll me over

HOW TO SET UP A NALOXONE KIT

At time of writing, naloxone kits in Scotland will have red tamper evident tape on each end of the pack. This must be removed prior to the following steps.

- 1/ Twist the outer plastic box to break the tamper evident seals and open.
- 2/ The box contains 1 syringe of naloxone and two needles.
- 3/ Unscrew the clear plastic top from the syringe.
- 4/ Peel back the backing paper from the needle packet and remove the needle in its protective sheath.
- 5/ With the needle still in its sheath, screw the blue fitting on to the syringe.
- 6/ Gently twist the needle sheath and remove it from the syringe.
- 7/ To inject someone who has overdosed, hold the syringe like a pen.
- 8/ Insert the needle into the patient's outer thigh or upper arm, through clothing if necessary, and inject first dose (0.4ml) at a 90° angle. Withdraw the needle and syringe after each dose.

THE FACTS

DEPRESSANTS / HEROIN / DIAZEPAM / ALCOHOL / METHADONE

Mixing downers like heroin, benzos (e.g. diazepam) and alcohol can kill you, especially if you take other medications like methadone. Some of these downer drugs can stay in your system for many hours, sometimes days, so it's very easy to think you're not mixing them.

LOWERED TOLERANCE

You're at greater risk of overdosing if your tolerance is lowered. It may be lowered when:

- Just out of prison, rehab or hospital.
- You've been using less.

You may be at risk of dying by overdose if you use combinations of the drugs mentioned above – even small amounts of each drug mixed together can kill you.



Scottish National Naloxone Programme (Part 2)

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WWW.NALOXONE.ORG.UK / WWW.SDF.ORG.UK

HOW TO HELP

THE CASUALTY MIGHT NOT HAVE MUCH TIME

Make sure that you are calm and where you are is not too noisy.

Dial 999 and ask for an ambulance. Tell the call handler the **location** (where the casualty is and any landmarks that might make it easier for the crew to find them). Tell the call handler the status of the casualty, for example if they are:

- **UNCONSCIOUS:** They don't stir when you shout/shake them
- **UNCONSCIOUS AND NOT BREATHING:** They are 'lifeless' - won't wake up and you can't see, hear or feel breathing for at least 10 seconds

You may be asked what happened. If you don't know or are not sure, tell the call handler that.

If you know what the person has taken, it may be helpful to tell the call handler. If you prefer not to say, **don't let that stop you from phoning an ambulance.**

OVER 80% OF CASUALTIES ARE ALREADY DEAD BY THE TIME AN AMBULANCE ARRIVES. THAT IS WHY IT IS IMPORTANT TO CALL THE AMBULANCE EARLY.

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THE ROLE OF THE POLICE

Most of the time in Scotland, the police will be notified about and **may** attend the scene. **Remember**, in some areas, the police may be the first to arrive at the scene and will provide vital first-aid assistance. If the casualty is still alive **it is their duty** to do all they can to help preserve life.

This is because the police, like the ambulance service, **see saving lives as their priority.**

It is not a priority for the police to seek the prosecution of any individual suffering an overdose or any person helping them.

**MAKE THE CALL
SAVE A LIFE**

**FOR FURTHER
INFORMATION
ABOUT HOW YOU
CAN ACCESS
FREE NALOXONE
TRAINING
AND YOUR
OWN SUPPLY
CONTACT:**





Antidote Denmark



FIRST AID FOR DRUG-USERS

www.antidote.dk



SIGNS OF AN OVERDOSE (OD)

Unresponsive, no/weak breathing.
 Blue lips and nails.
 No reaction → **SHOUT FOR HELP!**

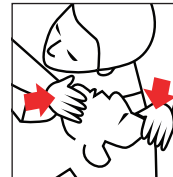
1



SECURE OPEN AIRWAYS

Perform head-lift and chin lift and open mouth.
 Listen and feel for respiration for a max. of 10 sec.
 See if chest is moving.

2



NO REACTION DIAL 1-1-2

BREATHING NORMALLY?

NO → **CARDIAC ARREST** → GO TO 4 + 5

YES → GO TO 6

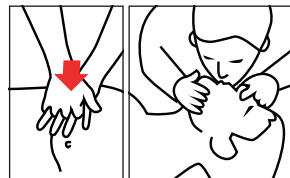
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CHEST COMPRESSIONS + RESCUE BREATHS

Chest compressions = 30 compressions.
 Rescue breaths = 2 tries.
 Repeat until help arrives/normal breathing.

4

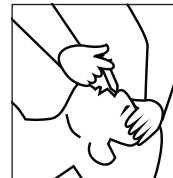


ANTIDOTE NASALINJECTOR

HELP EACH OTHER!

1 ampule in each nostril- if it does not delay
 chest compressions.

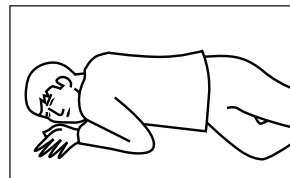
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NORMAL BREATHING

Put the person in recovery position.
 Secure free airways. 2
 Administer antidote if signs of OD.
 Stay until ambulance arrives.

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Catalonian Programme of Overdose Prevention



SOBREDOSIS

POR OPIÁCEOS (heroína y/o metadona)



Com saber si algú té una sobredosi d'heroína

- No contesta, ni reacciona quan el mous o li enraones
- Respira molt més lentament del normal
- Llavis i orelles blavoses
- Pupil·les molt petites

Qué hacer cuando una persona tiene una sobredosis por opiáceos (heroína y/o metadona)

1. Protégete

Vigila no pincharte con la "chuta" del compañero. Sácala y apartala de tu lado, no vuelvas a taparla. Intenta no perder la calma.



2. Estimula


Mira si está consciente: zarandea a la persona con suavidad por los hombros y llámala por su nombre.



3. ¿Responde o no responde?


Si responde:

- Ponla en posición lateral de seguridad**
- Llama al 061 o al 112 (es gratis, puedes llamar sin saldo)**
 - Di que hay una persona inconsciente o que casi no respira.
 - Indica claramente la dirección dónde estás: calle, número...
- Obsérvala con regularidad**




Si NO responde:





- Valora la respiración (abre la vía respiratoria: maniobra frente-mentón)
- Si respira normalmente:**
 - Ponla en posición lateral de seguridad.
 - Llama al 061 / 112.
 - inyéctale naloxona.
- Si no respira normalmente:**
 - Llama al 061 / 112.
 - Haz la respiración asistida e inyéctale naloxona.
 - Si hay sospecha de parada cardíaca, haz compresiones torácicas y respiración asistida.
- Si no se recupera en 3-4 minutos, inyéctale otra ampolla.**
- Espera hasta que llegue la ambulancia**




La inyección de naloxona

- Abre la ampolla: pon el dedo gordo sobre el punto donde se encuentra el cuello de la ampolla y rómpela.
- Carga el líquido de una ampolla usando la jeringa del kit.
- Pásale alcohol sobre la zona de punción.
- Coge un pliegue de la piel del hombro y pincha en el medio.
- Cuando acabes de introducir el líquido, saca la aguja y tápala con la capucha de seguridad.

¿Y después?

Tras sufrir una sobredosis, es frecuente desear volver a consumir. Si lo haces, el riesgo de una nueva sobredosis es alto. El efecto de la naloxona dura menos que el de la heroína. Cuando desaparece, vuelve a subir el efecto de la heroína. Por lo tanto, se aconseja:

NO VOLVER A CONSUMIR DURANTE LAS DOS HORAS POSTERIORES A UNA SOBREDOSIS TRATADA CON NALOXONA

