TRAINING MANUAL

Take-home Naloxone Training Programme for Family Members and Carers

National Addiction Centre

Authors: Anna Williams, John Strang, John Marsden and Kylie Reed.

For further information on this training manual, please contact: Anna Williams on anna.v.williams@kcl.ac.uk
# Table of Contents

1. INTRODUCTION ....................................................................................................................... 3
   1.1. BACKGROUND .................................................................................................................... 3
   1.2. TRAINING OBJECTIVES .................................................................................................. 3
   1.3. HOW THIS TRAINING PROGRAMME WAS DEVELOPED? .............................................. 4
   1.4. WHY TRAIN FAMILY MEMBERS AND CARERS? ......................................................... 4
   1.5. DEFINITION OF FAMILY MEMBER .............................................................................. 4

2. THE TRAINING SESSION ........................................................................................................... 5
   2.1. OVERVIEW .......................................................................................................................... 5
   2.2. PRE-TRAINING QUESTIONNAIRES .................................................................................. 6
   2.3. INTRODUCTION AND GROUND RULES ......................................................................... 6
   2.4. TEACHING SESSION ......................................................................................................... 6
   2.5. PRACTICE SESSION .......................................................................................................... 18
   2.6. TEACHING METHOD ....................................................................................................... 22
   2.8. POST-TRAINING QUESTIONNAIRES ................................................................................ 24

3. NALOXONE PROVISION ............................................................................................................ 25

4. FURTHER READING .................................................................................................................. 27

5. FEEDBACK FORM .................................................................................................................... 28
1. INTRODUCTION

1.1. Background

Preventing drug related deaths became a prime concern in the 1990s when a sharp increase in the prevalence of opioid overdose was recorded. A number of measures were proposed to decrease overdose deaths in the UK, particularly wider provision of opioid substitution treatment. However, these initiatives failed to achieve the government target of 20% reduction in drug mortality and even an increase was recorded in 2005. We require better and innovative strategies to reduce opioid fatalities.

A potential effective way of preventing a fatal overdose is training witnesses on how to manage an opiate overdose. Overdose training among drug users may be a successful method of saving many lives. But other significant people in the user’s life (friends and family members) are also at risk of encountering an opioid overdose. It is important that they know how to recognise and overdose and feel competent at managing an emergency situation.

1.2. Training Objectives

This training aims to help friends and family members of heroin users to be prepared to take the right actions in case they witness an overdose. The objective of the training session is to produce an increased in knowledge, and positive attitudes towards managing an opioid overdose. This training might also help to reduce overdose fatalities if trained family members are able to effectively deal with an overdose situation.

The training session will focus at teaching trainees how to recognise an overdose, learn the right actions to take in an overdose situation and practice life saving skills. We also demystify some misconception about dealing with an overdose and stress the importance of calling emergency services. At the end of the training session we want trainees to be knowledgeable and feel competent at managing an overdose.
1.3. How this training programme was developed?

The two-hour group-based training has been developed by reviewing a number of observational studies on take-home naloxone and the content of take-home naloxone training curriculums. In addition the Principal Investigator, Dr Anna Williams, took part in number of practical activities before putting together this manual. The protocol of the training session was discussed at team meetings within the National Addiction Centre. Adjustments to the protocol were made after undertaking three mock sessions which were also film recorded.

1.4. Why Train Family Members and Carers?

Family members and carers are likely to witness overdoses and consequently might also benefit from training. A study carried out by our research team with 147 family members of drug users showed that, for half of the family members, their relative had already suffered an overdose, and one in five of the family members had witnessed an overdose (eight fatally) (Strang et al. 2008). These results have encouraged us to investigate further how family members and carers could benefit from training and, thereby help to decrease fatalities. Risk of overdosing is one of the main concerns of family members and this fear constantly worries many parents and partners. Overdose training could help meet this particular need.

1.5. Definition of Family Member

A family member in this project is defined as:

“any adult person who is significant in the life of the drug user, irrespective of his or her biological, social or legal status. A carer is defined as anyone who cares for or offers support on a regular and personal basis to an individual, whether or not he or she has formal carer responsibilities and status” (NTA document Supporting and Involving Carers: A Guide for Commissioners and Providers, 2008).
2. THE TRAINING SESSION

2.1. Overview

The intervention should take approximately 2 hours. There will be two facilitators and 4 to 8 family members in each group. Sessions will be structure but informal to allow participants to interact with each other.

After having the information sheet explained to them and signing the consent form, participants are requested to complete the pre-questionnaires in the following order: the initial questionnaire, the Opioid Overdose Knowledge Scale (OOKS) and the Opioid Overdose Attitudes Scale (OOAS). Then the session should start with an oral presentation on overdose management and naloxone administration. Participants are encouraged to ask questions, comment or share their personal experiences. After the oral presentation, an eight-minute film which dramatises real opioid overdose stories will be shown (“Going Over”). The group is invited to practise the actions to be taken in an overdose situation and how to inject naloxone.

The content of the training session involves helping participants to understand why opioid overdoses happen (the risk factors), how to recognise an overdose (signs), actions to take, clarifying misconceptions, what naloxone is and how to use it. The message is repeated three times using three different learning methods: an oral/declarative method (teaching session), a visual method (short film) and a practical/procedural method (practical session).

Structure of the group-based training session:
- Pre-questionnaire completion (30 minutes)
- Teaching session (30 minutes)
- Film (10 minutes)
- Practice session (30 minutes)
- Post-questionnaire completion (20 minutes)

Figure 1: Structure of the group-based training session
2.2. Pre-Training Questionnaires

- Ask participants to complete pre-training questionnaires:
  - Initial questionnaire
  - Opioid Overdose Knowledge Questionnaire
  - Opioid Overdose Attitudes Questionnaire
- Check if all questions have been answered

2.3. Introduction and Ground Rules

- Introduce yourselves and try to put the audience at ease
- Ask people to put mobiles phone in the silent mode
- Inform how the training session is going to work
- Inform the objectives of the session
- Set the Ground Rules:
  1. It is not necessary to disclose any personal information
  2. Participants are expected to act with respect towards the facilitators and other family members taking part in the training and respect any difference in opinions
  3. Let everyone participate and listen with respect

2.4. Teaching Session

First there will be an oral presentation (see slides below) and all important aspects of managing an opiate overdose will be covered. The interactive session will include the following topics: how to recognise and manage an opioid overdose; an explanation of how naloxone reverses an opiate overdose; actions that should be taken and how naloxone should be administered. There will also opportunity for discussions and to clarify doubts and concerns on the topic.
Heroin Overdose and Naloxone Training

Why are we doing this?

- Overdose is the major cause of death among injector drug use
- People who inject heroin are 14 X more likely to die than their peers
- Most heroin users will experience an overdose during their life-time

Be Prepared!

- If you spend time with people who use you could witness an overdose.

"My son died of a heroin overdose, but I couldn’t get to him quick enough, the paramedics couldn’t revive him. My daughter is still on drugs."

"My husband injected heroin and went over, I phoned an ambulance, he stopped breathing, so I had to give CPR."

7
The good News!

The majority of overdose deaths are preventable because they usually happened:

- at home
- in the presence of other people
- most deaths occur within 3 hours after injection

The Heroin Antidote

- User can now be prescribed an “heroin antidote” called Naloxone or Narcan
- Naloxone can reverse an overdose by kicking the heroin off the person’s system
- A legislative change happened in 2005 permitting anyone to administer emergency naloxone for the purpose of saving a life

Objective of this Training:

- Help you to understand why people overdose
- Learn how to recognise an overdose, actions to take in an overdose situation and how to use naloxone
- Clarify any myths/misconceptions
- Practice some basic first aid techniques
- Help you to fell more confidants in dealing with an overdose
Why do People Overdose?

- **Polydrug use** - Using heroin with other substances, such as alcohol or sleeping pills
- **Reduced tolerance** - Using heroin again after not having used for a while. After release from prison or detox treatment
- **Injecting** - Switching from smoking to injecting heroin

Taking larger than usual doses of heroin
- Increase in heroin purity
- Using heroin when no one else is present around
- A long history of heroin use
- Using in unfamiliar surroundings - abnormal routine

What is an Overdose?

Any of the following symptoms occurring in combination with heroin use (or other opioid, such as: methadone, morphine or codeine):

- Difficulty breathing
- Turning blue
- Lost consciousness
- Unable to be roused
How do I recognise an overdose?

- Unrivable
- Snoring / Rasp ing breathing
- Slow / Shallow Breaths
- Turning blue
- Cold to touch
- Pale
- Very small pupils

How Does Overdose Kill?

First breathing is very slow
Then... breathing stops
Then... the heart stops
Then... circulation of blood to the brain stops

What to do if I see an Overdose?
Approach with Care!

Are there any hazards to either yourself or to the casualty?

Check for danger and be careful with needles that might be around.

How to Check for Response?

- Check whether the person is conscious by
  - calling their name
  - sternum rub
  - pinching the ears
  - the bed of the finger nail

Is it a heroin overdose?

- Yes  
- No
Ambulance
Breathing and Airways recovery Position
+ NALOXONE

If the person is not responsive:
CALL 999
Give the exact address and your phone number to the operator

- Don’t be afraid of calling the police
- Tell them the exact address and directions, what they have taken, and whether the person is conscious and breathing
- Send bystanders to escort the emergency services to the location of the casualty.

Check Airway and Breathing

- Check the mouth for any obvious obstructions
- Clear any blockage
- Open the airways by performing chin lift head tilt
- Place your ear above the person’s mouth and look along the chest and abdomen
- Check breathing for 10 seconds
Check Airway and Breathing

Look
Listen
Feel

RECOVERY POSITION

- Before you leave the person for any reason, you have to put the person in the recovery position, so that if they vomit, they will not choke.

Use the Recovery Position

1. Put their right hand by their head (as if they were waving)
2. Put their left arm across the chest, so that the back of the hand rests against the cheek
3. Hold the hand in place and lift up the left knee
4. Turn the victim on their side by pushing down on the knee
Naloxone

- A 'antidote to heroin'
- Temporarily reverses the effects of an opiate overdose
- No effect on overdoses resulting from the use of other drugs
- No potential for abuse
- Naloxone precipitates WITHDRAWAL (going cold Turkey) – the individual may want to use again straight away or become aggressive.

Naloxone

Overdose can last for 8 hours or more - especially with methadone

It is short acting - wears off quickly
It can begin to wear off in 20 minutes
How to Inject Naloxone

- Remove syringe from box
- Remove needle from packet
- Attach needle to syringe
- Inject into the outer thigh, upper arm or buttock
- Hold needle 90 degree above skin
- Insert needle into muscle
- Slowly and Steadily push plunger all the way down
- Put syringe back in box. Don’t cover needle

Evaluate:

Is the person still not breathing?

If not, start assisted breathing.

- 30 Chest compressions + 2 Breaths
- Repeat until ambulance arrives

Chest Compressions

- Kneel by the side of the casualty
- Place the heel of one hand in the centre of the casualty’s chest
- Place the heel of your other hand on the top of the first and interlock your fingers
- Keep your arms and back straight; press downwards approximately 4-5 cm (1.5-2 inches)
- Do not remove your hands between each compression
- Compress the chest 30 times at the rate of 100 compressions per minute
- You may find it useful to count out loud to keep at the correct rate.
Rescue Breaths

- Ensure the airway is open - chin lift, head tilt and mouth open.
- Pinch the casualty's nose and make a good seal around their mouth with your mouth.
- Breathe into the casualty's mouth. Each breath should take approximately one second to deliver.
- Release the seal and let the chest deflate, look to see if the chest is rising and falling as you release breath for your casualty.
- Repeat to give two effective breaths then return to chest and give 30 chest compressions.
- If the chest does not rise and fall, check the airways is open, the seal around the mouth is secure and that nose is pinched.

SUMMARY

Ambulance
Breathing and Airways
recovery Position
+ NALOXONE

When the Person Comes Around

- The person will be confused
- Explain to them what happened
- Advise them to not use any further drugs
- Remind the person that naloxone will wear off in a little while and the "high" will gradually return
When the Person Comes Around

- Advise the person not to walk away until they have been seen by the paramedics.
- If they choose not to go to the hospital, explain to them that they could overdose again and therefore should be monitored for the next 2-3 hours.

- Tell the paramedics what you have found, seen and done to help.
- If naloxone has been used, dispose used needles safely in a sharp container (paramedics or yours).

Where to keep your naloxone

- Carry with you, OR
- In a specific place at home
- Let other people know where it’s kept
- Keep away from strong light
- Keep out of reach of children
2.5. Practice Session

The second stage is the practice session. Trainers will demonstrate and participants will practice the following skills in this order (Emergency Card below):

1. **APPROACH GENTLY**
2. **CHECK FOR RESPONSE AND SIGNS OF OVERDOSE**
   - If the person is not responsive, **CALL 999**
     - Give the exact address and your phone number to the operator
3. **CHECK AIRWAY AND BREATHING**
   - Clear if necessary
4. **PUT IN THE RECOVERY POSITION**
5. **NOT BREATHING NORMALLY**
6. **GIVE NALOXONE**
   - Inject into the muscle: buttock, upper arm or outer thigh
   - 1. Insert the needle at 90 degree angle
   - 2. Pushed down the plunger on the syringe
   - IF NO RESPONSE AFTER 2 MINUTES, REPEAT THE DOSE
7. **STILL NOT BREATHING**
8. **START ASSISTED BREATHING:**
   - 30 chest compressions
   - 2 Breaths
   - REPEAT UNTIL AMBULANCE ARRIVES
Breakdown of the Emergency Card:

Approach with Care!
Are there any hazards to either yourself or the casualty? Check for danger and be careful with needles that might be around.

How to Check for Response?
Check whether the person is conscious by calling their name, gently shaking their shoulders, talking loudly into their ears, sternum rub, or pinching the ears or the bed of the finger nail.

Calling for Assistance
If there are other people nearby, ask them to call 999, so you can continue to look after the casualty. If you are by yourself, call an ambulance immediately. Tell them the exact address and directions, what they have taken, and if they are unconscious and not breathing. Try to keep calm and speak clearly. If possible, send bystanders to escort emergency services to your location. Don’t be afraid of calling an ambulance. The police is unlikely to attend. But if they do attend, they will be there to make sure the ambulance crew is safe. The police will also attend in case a death occurs.

How do I check airways and breathing?
- Check the mouth for any obvious obstructions
- Clear any blockage (see below how to do this)
- Open the airways by performing chin lift head tilt
- Place your ear above the persons mouth and look along the chest and abdomen
- Check breathing for 10 seconds by:
  - Looking to see if the chest is moving
  - Listening near to the face for breathing sounds
  - Feeling for a breath on your cheek

How to Clear Airways?
Kneel by the side of the casualty and roll them towards you. If the blockage doesn’t come off turn the casualty's head to the side, hook two fingers together and sweep them through the mouth.
Practicing How to Put in the Recovery Position

The recovery position is basically putting some one on their side. In this position the airway is open, the person is balanced on his side and if the person vomits they won’t choke. If you need to leave the scene, before leaving, put the person in the recovery position.

1. Put the right hand by the head as if they were waving

2. Put the left arm across the chest, so that the back of the hand rests against the cheek

3. Hold the hand in place and lift up the left knee

4. Turn the person on their side by pushing down on the knee
Practicing How to Inject Naloxone

Sometimes overdose casualty may make grunting, gasping or snoring type breathing sounds for a couple of minutes. Do not be confused by this abnormal type of breathing. This is a sign that the person desperately needs oxygen. If you see/hear this type of breathing, **DO NOT** delay naloxone. If a heroin user is unresponsive and not breathing (or is breathing abnormally), then call 999, put the person in the recovery position and give them naloxone.

How to Inject Naloxone:

1. Take the syringe from box
2. Remove needle from packet
3. Attach needle to syringe
4. Take off the cap
5. Choose an injection site: either the outer thigh, upper arm or buttock
6. Hold needle 90 degree above skin
7. Insert needle into muscle
8. **Slowly** and **Steadily** push plunger **half-way down**
9. Put syringe back in box. **Don’t cover needle**

An 'Injection Trainer' (Figure 2) will be used to practice how to give an intramuscular injection of naloxone. Naloxone syringes will be pre-filled with water solution.

![Figure 2: Injection Trainer](image)
Important!

- Evaluate: Is a second dose necessary? Repeat the dose if there is no response after 2 minutes, giving the rest of the dose
- Let the paramedics know that naloxone has been given
- If naloxone was used, dispose of used needles safely in a sharp bin container (the paramedics’ or yours).

2.6. Teaching Method

For the practice session the ‘four stage teaching method’ is going to be applied. This training method was used in the Glasgow Naloxone Training Programme and by the Chicago Recovery Alliance. It consists of:

1. Conceptualisation: the trainer perform the skill in real time, so the participant know what is expected of them.
2. Visualisation: the trainer performs the skills again but this time the trainer verbalises all the actions while performing them.
3. Verbalisation: the trainer performs the skills but this time the trainer asks a participant to verbalise each action while the trainer is performing them. If the participant can verbalise the steps correctly they may also be able to perform them.
4. Practice: they put the skill into practice themselves.

How to apply the ‘four stage teaching method’:

- Ask if everyone is fit to perform the skills. If for any reason, a family member is unable to perform, explain that the session is still important as they can talk another person through each step.
- Describe the ‘four stage teaching method’:
  - I will run through the sequence in real time
  - I will then do the same sequence again and explain what I am doing. If you have any questions please wait until the end and I'll answer them then
  - I will then ask someone to talk me through the sequence of actions
  - Then I will ask someone to demonstrate the skill and talk through the steps at the same time
Important points to remember:

- Each stage should demonstrate the skills identically throughout each step
- Avoid giving too much explanation in stage two (Visualisation), the purpose of this step is skills acquisition. Additional information can be given when this has been achieved.
- Choose your narrator carefully at stage three (Verbalisation). Stay slightly ahead of them to ensure they commentate on your actions correctly. The intention at this stage is not to be told what to do but to increase their confidence.
- Stage four (Practice) should be carried out by the same person who acted as commentator in stage three. They have verbalised the steps and therefore they might remember them correctly.

Checking for response
Checking airways
Placing in the recovery position
Attaching the needle to the naloxone syringe
2.7. Closing
- Ask if there are any questions- pause at this stage
- Answer questions constructively
- Summarise the main points using the emergency card
- Conclude the session.

2.8. Post-Training Questionnaires
- Ask participants to complete post-training questionnaires in the following order:
  - Overdose Knowledge Questionnaire
  - Overdose Attitudes Questionnaire
  - Feedback sheet
- Check if all questions have been answered
- Give their certificates
- Give their vouchers (please ask them to sign a receipt)
3. NALOXONE PROVISION

Upon completion of training, a psychiatrist from the service will prescribe a 2mg/2ml of naloxone hydrochloride in a pre-filled syringe (Martindale Pharma®) to the opioid user related to the family member (figure 4). A one-inch blue needle will be sello-taped to the medication which comes inside a yellow hard box.

Naloxone is a prescription only medication which needs to be prescribed to a named patient for their personal use. So, naloxone provision to family members can become complicated. However, family members are allowed to collect the medication for a named patient, and this procedure will be used in this project.

The family member will have been sent by the post a consent form before the training day which they need to have it signed by the user/patient and bring it signed to the training session. In case the consent hasn’t been signed before the training day, they will still be welcome to take part on the training, but won’t receive the naloxone supply until the consent form has been signed and given to the team. Once they get the consent signed, we will arrange a day for the family member to collect the naloxone.

Naloxone Prescription:
- Complete prescription details
- Participant and doctor sign
- A copy of the prescription is keep with the research team for records
- Provide a supply of naloxone and a needle

![Figure 4: Pre-filled Naloxone Supply](image)

Each trained participant will receive a training pack with copies of the presentation, a comprehensive booklet containing information on how to deal with an overdose (DVD
enclosed), an emergency card summarising the actions to take in an overdose situation, a key-ring containing a face shield to be used for mouth to mouth resuscitation, a mini sharps box, latex gloves, a note pad and a pen (figure 5). At the end of the training session, participants also receive a certificate and a ten pounds supermarket voucher.

Figure 5: Training Pack
4. FURTHER READING


Useful Links:

- [www.exchangesupplies.org](http://www.exchangesupplies.org) – going over DVD and suggested overdose training
- [www.anypositivechsnge.org](http://www.anypositivechsnge.org) – naloxone DVD and harm reduction material
- [www.lifeline.org.uk](http://www.lifeline.org.uk) – publications and leaflets
5. FEEDBACK FORM

Thank you very much for taking part in our Overdose Training. We will be very grateful if you could answer this brief feedback form. Your opinion is very important to us and will help us improve our training.

<table>
<thead>
<tr>
<th>Regarding the Training</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participants in the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regarding the Trainers</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear when explaining</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to answer your questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good at interacting with participants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regarding the Venue</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other comments or suggestions