



Service Industry Focused Overdose Prevention and Harm Reduction Training

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Background

Drug poisoning deaths are the leading cause of injury death in Utah, and continue to be a preventable public health challenge (Utah Department of Health Public Health Indicator Information-Based System [UDOH IBIS], 2021a). Between 2017-2020, drug poisonings accounted for 91% of poisoning deaths and surpassed deaths due to firearms, falls, and motor vehicle crashes (UDOH IBIS, 2021a). According to UDOH IBIS, eight out of 10 adult overdose deaths each week were due to opioids, and four of those were due to opioid prescriptions (UDOH IBIS, 2021b). Illicitly manufactured fentanyl became more common in the illicit drug supply, and led to fentanyl-involved deaths more than doubling in 2020 (Utah Drug Monitoring Initiative, 2021).

Naloxone, the overdose reversal medication, has become an important tool to help combat these high rates of opioid overdose deaths because it is safe and effective if given properly and quickly (National Institute on Drug Abuse, 2020). Naloxone can be administered by lay people and professionals alike (Giglio et al., 2015). In Utah, organizations are providing Naloxone trainings to libraries staff, employee wellness program directors, and staff at senior living facilities, among others, but there is no known intervention reaching service industry employees (SIE), such as bartenders and restaurant staff. This presents a missed opportunity that has shown positive results in other states. Results from a meta-analysis of naloxone education and training for lay people found naloxone administration, overdose recognition, and overdose response were significantly higher for those trained versus those who did not receive training (Giglio et al., 2015). However, as the opioid epidemic continues to grow, it is key to provide Naloxone training to populations that are most likely to interact with people at risk of opioid overdose, such as businesses that serve people with a higher risk of drug use such as bars, nightclubs, restaurants, and convenience stores (Schneider et al., 2022).

Few training programs for SIEs have been created and studied, but several states show promising results. In New York City, NY, an analysis of an overdose response and Naloxone administration module in a three-module intervention showed improved attitudes and knowledge of opioid overdose response among SIEs (Wolfson-Stofko et al., 2018). In Atlanta, GA, an opioid education and Naloxone distribution training was tailored and administered to SIEs, with statistically significant increases in attitudes and knowledge of responding to an overdose (Febres-Cordero et al., 2022). To address this gap, we developed a drug overdose prevention training program for SIEs to reduce overdose deaths in eight high-risk counties in Utah. This manual will be used as a guide for the train-the-trainer sessions.



SIE Training Outline

Please see the outline for the 50-minute Training which will be conducted on-site at local businesses. Due to the in-person format, the presentation will not utilize projected slides and will rely on the use of two pre-printed posters that will be taken to each training.

Material and Supplies

Please ensure you take the following materials to each training event:

- Presenter Materials
 - Printed posters/flipchart:
 - Signs and symptoms of opioid overdose
 - Steps to responding to opioid overdose
 - Naloxone distribution tracking sheet
 - Naloxone to distribute to participants
 - Printed Informed Consent and Survey Packet (online versions available)
 - CPR mannequin (if available)
 - Pens
 - Clipboards

- Business Materials (Leave with manager following training)
 - Business Overdose Prevention Kit (Plastic case with 2 doses of naloxone, gloves, CPR mask, Tip sheet)
 - Information Posters for them to display in breakroom (if available)
 - Educational Materials to display to customers if interested (Coasters, flyers, etc.)
 - Thank you card

- Participant Materials
 - Printed Graphic Novels
 - Treatment and Support Services Informational Wallet Card
 - Naloxone (Track distribution on tracking sheet following training)



Training Outline

I. Introduction, Informed Consent, Pre-Survey (15 minutes)

- Welcome and overview of the training program (1 minute)
 - Please welcome participants, introduce yourself, and provide a short overview of the program and importance to Service Industry Workers. See example below.
 - Hello my name is _____ from Utah State University Extension. I am here today to provide an overdose prevention training designed for service industry workers that work in restaurants, bars, clubs, gas stations, motels, and other places that have a higher chance of interacting with people who use drugs and may overdose. This may include customers, friends, or others. This training will provide you with the knowledge, skills and ability to respond to overdoses.
 - Start with personal story or why are we doing this program. Use your own story or the sample below.
 - We are conducting this training because you could use what you learn today to save a life. In the U.S. a person dies every five minutes from an overdose. Recently, a bartender was able to save a 21-year old's life after he overdosed using a pill, he was trying for the first time. His friend got it from a dealer and it was laced with fentanyl, a very strong opioid. This story is common and we are hoping to give you the skills to reverse these overdoses and help people survive. I want to thank you for attending and learning these skills.
 - Does anyone have any questions before we begin?
- Informed Consent (4 minutes)
 - An informed consent form must be collected from all participants before starting the training. Please read the message below.
 - Before we begin, I am going to pass out the informed consent. This is required because we are doing research and need your consent to complete surveys before we collect any information. We will not be identifying you in any way but would like your feedback about the training. You must be 18 years or older to complete the surveys. If you are under 18 or don't give us your consent, you can still attend the training but you cannot complete the surveys.
 - I will now pass out the packet and read the informed consent to the group.
 - Read the entire informed consent form to the group.
 - Ask if there are any questions? If not ask the participants to sign the form.
 - Give each participant a copy of the form for their records
 - Collect the forms and give pre-surveys to the ones who provided consent. If you are teaching with a partner and have a large group, tag-team to help make this process faster. Pre-Survey (10 minutes)
 - Next have all participants that signed the consent form complete the pre-survey. Please read summary below.



- Thank you for agreeing to participate. It helps use evaluate the program. Will you now please complete the pre-training survey. This should take about 10 minutes to complete. Please stop once you see the “Stop Message” and hold on to the survey. The next survey will be completed after the training. You can put the clipboard under your seat for the time being.

II. Training Session (25 minutes)

Next you will begin the training session. Please follow the outline below and modify as you see fit for your session.

A. Introduction (1 minute)

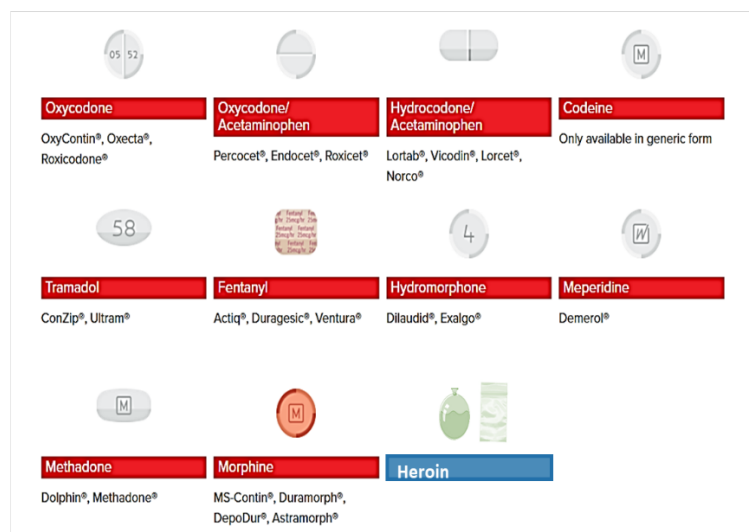
- Please provide a quick overview of the point of the training.
 - We will now start the training. This will cover the basics of identifying and responding to opioid overdose at work, home, or any other location. Please feel free to ask questions as we go through this information.

B. Understanding Opioid Overdose (9 minutes)

- First you will briefly describe what causes opioid overdoses. Please read below or modify as you see fit.
 - Before we begin, I want to emphasize that this training is focused on responding to overdoses caused by opioids. Do you all know what drugs are considered opioids?
 - There are many different types of opioids including oxycodone, Vicodin, Percocet, heroin, morphine, and fentanyl which is a very strong opioid that is now commonly sold in pill form and is also being laced into many street drugs.
 - This increase fentanyl is increasing the risk of overdose to many people because it is so strong.

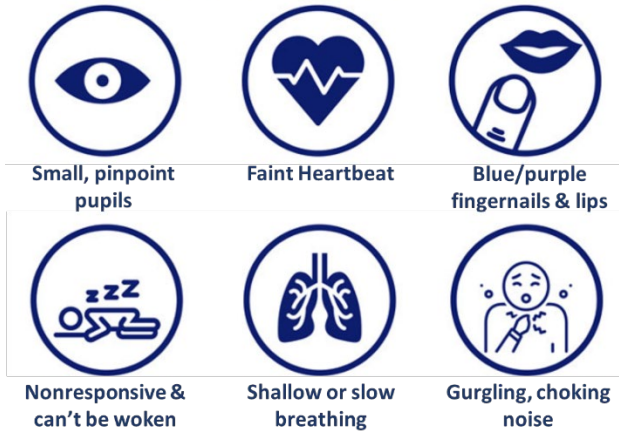
What Are Opioids

- opioids reduce consciousness and **decrease or stop breathing**
- the stronger an opioid, the more likely it is to cause an **overdose**



2. It is important to understand what opioids do to the body and help you be ready to respond when someone overdoses. Does anyone know what the signs and symptoms of an opioid overdose are?

Signs of an Opioid Overdose



Then summarize the key points.

1. The key thing opioids do is **reduce consciousness and slow or stop breathing**. This is what leads to death and why it is important to respond quickly.

2. Key Symptoms:

- Unresponsive, limp body, deep snoring, loss of consciousness
- Lips, hands or feet turning blue: If you can't tell whether someone's skin is turning blue, you can look at the inside of their lower lip, press their fingernail slightly to see discoloration, or rely on the other signs.
- Slow or shallow breathing, gurgling sounds
- Very small pupils but this is impacted by other factors and difficult to check. Rely on other symptoms first.

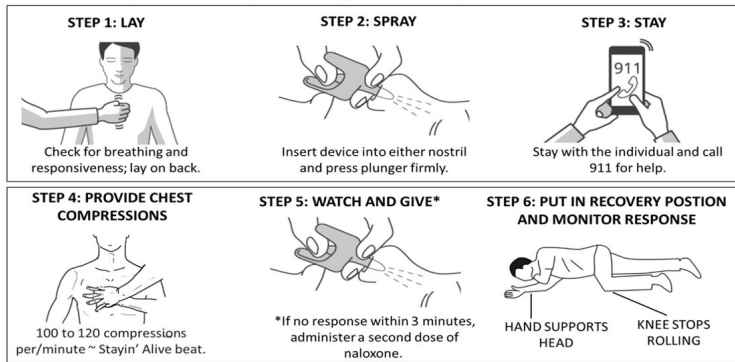
- Symptoms **not** related to opioid overdose (associated with stimulants such as meth, Adderall, cocaine, etc.)
 - Blood shot eyes
 - Agitated behavior
 - Seizures/fitting
 - Rapid heartbeat
- Alcohol overdose symptoms
 - Alcohol can be similar with irregular breathing, blue skin, passing out but it also commonly has some responsiveness, confusion, vomiting, and sometimes seizures.

If you suspect any type of overdose. you can still give Naloxone because people often use multiple drugs or the drugs may be laced with an opioid, and this may save their life. Naloxone is a medication that helps reverse an opioid overdose. We'll talk more about it and how to use it.

- Now that we know the key signs and symptoms, I want all of you to think about the where people may be most likely to use drugs at or near your business. Where do you think this is may happen?
 - Some common places are bathrooms, storage areas, parking lot, surrounding areas, etc. Do you all know how to access the bathroom if it was locked and someone inside needed help? Who has the keys? Do you have any tools to help you get in if needed?
 - Let's say that you found someone unresponsive. Do you have a way to contact each other for help? Having more than one person helps break things up so you can get help for the person faster.



Steps to Responding to an Opioid Overdose



References: www.mass.gov/dor/mdib/ond-ersgram-core-competencies/download
Opioid Overdose Response Information: www.narcan.com

Extension
UtahStateUniversity.



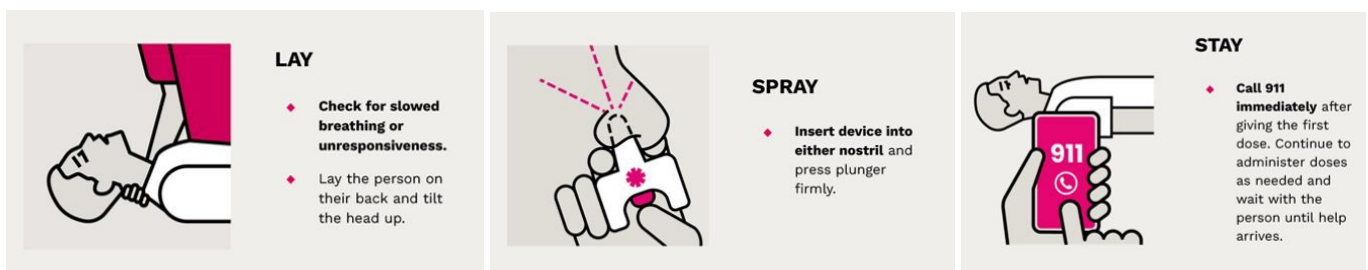
HEALTH EXTENSION
Advocacy, Research, Teaching.

C. Overdose Response (10 minutes)

- i. Now we will cover the steps to respond to an overdose including the use of Naloxone, which is an overdose reversal medicine. We have provided your workplace with this overdose prevention kit that contains Naloxone, gloves, CPR mask, and steps to respond to an overdose. Please make sure to know where this will be located. Now I am going to cover the steps to respond to an overdose outlined in this poster.

Overdose Response Steps

1. Approach the person and ask them if they are OK. If no response, do a sternal rub or other type of attention-getting action that would normally wake a sleeping person. If unresponsive and other symptoms present you can assume an overdose.
2. Call 911 immediately even if you have naloxone--You may not have enough doses for very strong opioids like fentanyl and the person may drop back into overdose once the naloxone wears off, usually after 30-90 minutes.
3. Prepare your naloxone and give it to the person who is overdosing--Demonstrate administering the naloxone (NARCAN).
 - a. Open the package and Lay the person on their back
 - b. Place the nasal spray into the persons nostril and Spray
 - c. Never prime it because it contains only a single dose
 - d. Stay with the person until EMS arrives.



4. Perform chest compressions (and rescue breathing IF YOU FEEL COMFORTABLE). While we do not have enough time for a complete CPR training, I do want to cover the basics.



- a. Make sure the airway is open by laying the person on their back and slightly tilting their head back. Open the mouth and make sure nothing is in the way. Only use fingers and not any utensils to get stuff out of the mouth. Use gloves if available or a plastic cover around your hand.
 - b. Doing chest compression *only* is very effective, so you don't have to do rescue breathing if you feel uncomfortable. You need to provide about 100 to 120 compressions a minute or follow the beat to the song Stayin' Alive.
 - c. If you perform rescue breathing, use CPR mask or barrier to provide 2 rescue breaths for every 30 compressions.
 - d. *Demonstrate chest compressions and rescue breathing.*
 - e. Remember, you can do just chest compressions if you're not comfortable giving rescue breathing. If you have someone to help you, you can alternate by having one person do compressions then the other gives rescue breaths. Or you just stick to chest compressions and give each other a break.
5. If there is no breathing or breathing continues to be shallow, continue to perform chest compressions and rescue breathing for 3-5 minutes while you wait for naloxone to take effect.
 6. If there is no change in about 3 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else is wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).
 - a. A person can also overdose again if there is a high dose of opioids in the system. This happens after the Narcan wears off and the opioids can start working again, causing the person to re-overdose. Narcan does not last as long as opioids in the system.
 7. If they begin to breathe on their own or you must leave the person even for only a minute, put them in the recovery position--*Demonstrate the recovery position and point to it on the poster.*
 8. After a person recovers from the overdose, it will put them in withdrawal making them feel horrible. It is important that they do not use more opioids (heroin, oxy, etc.) and also not drink alcohol or take sleeping tablets. Try to ensure they do not take any substances.
- ii. Self-Care. If you do respond to an overdose, please be sure to allow yourself time to process the event as it may be extremely stressful and traumatic. Please reach out for counseling or support as needed, and we are going to give you some resources you can call. If you need to take a break or leave work after the incident, talk with your supervisor first to see if it's OK. Call 988

D. Legal Considerations, Support and Referral (5 minutes)

- i. We also wanted to cover the legal considerations for you and your workplace. Overall, there are “Good Samaritan Laws” in Utah that protect people who call 911. You will not get arrested for drug possession



when you call 911 or seek medical attention for an overdose BUT Utah does not protect people who report opioid overdoses when they are on probation or violating their parole.

1. We want people to call 911 and not be afraid of being arrested or having the person overdosing being arrested.
 2. Please always call 911 as it may save a life.
- ii. Support and treatment services.
1. We will provide each of you a small postcard with information about available treatment and support services. Please use this information to find help for substance use issues and also support services that may be available in your area. It also has the steps for responding to an overdose.

III. Post-Survey and Conclusion (10 minutes)

- i. Thank the participants for completing the training and encourage them to share their knowledge and skills with others.
- ii. Ask if there are any question.
- iii. Post-Survey- Ask participants to complete the post-survey in their packet. Let them know that once they are done, they can turn in their survey and obtain Naloxone to bring home with them. Any participant obtaining the naloxone must fill out their contact information on the printed sheet. This is required for grant reporting and will not be tied to their survey responses.
- iv. Once surveys are complete the participants may leave.
- v. Store completed packets in a secure location in your office until one of the program Directors can pick up or be delivered.

IV. Data Management

1. All completed informed consent, pre-and-post surveys will be stored in a secure location (locked office) until picked up or delivered to the Program Directors (Aaron Hunt, Gabi Murza).
2. Once Collected, all data will be put into an online database using Qualtrics. Each participant will be assigned a random study identification number. Names will not be input into Qualtrics, but phone and email addresses will be included to be used for follow-up surveys.
3. Physical copies of all documents will be stored in a locked storage container, in a locked office at Dr. Hunt's office on the Logan campus.
4. 6-, 12-, and 18-week follow-up Qualtrics surveys will be sent via email and text to all participants that consented and provided a valid email address or cell phone number. Paper versions will not be utilized for follow-up surveys.

