Naloxone Training

Staff Training

Naloxone Training for Trainers
(to be delivered by master trainer)

This course should provide an overview of drug-related deaths (DRDs) nationally and locally with an emphasis on overdose prevention, intervention and naloxone.

It should explore the causes of DRDs, risk factors, high risk times, myths and how to identify the signs and symptoms of an overdose.

There should be a focus on naloxone, its actions, kit assembly and administration with specific attention to the inclusion of naloxone in basic life support.

The course should also include an element of adult learning and teaching, providing people with the skills to deliver group sessions and brief interventions.

Following the course workshops and practical skills training, participants should feel confident in identifying an overdose and intervening with naloxone which may be available for use in an emergency situation within the prisons.

Participants should also be in a position to offer training on overdose and naloxone to people likely to witness an overdose, to encourage the uptake of take-home naloxone on release in accordance with the THN programme.

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Learning Outcomes

By the end of the session participants should:

- Have a clear understanding of the evidenced based overdose prevention and naloxone messages
- Clearly identify and communicate the observable signs/symptoms of a depressant overdose and respond accordingly
- Be equipped with the skills and knowledge to manage an overdose emergency and answer questions from prisoners on naloxone
- Have a much greater understanding of the THN Programme and its importance to assist in the reduction of DRDs
- Feel confident to deliver THN training to people likely to witness an overdose.

Aimed At

Staff working in prisons

Duration

Example from Scotland: Training for Trainers (T4T) was initially delivered over 2 days but often reduced to 1 day due to restrictions of staff attendance. It is now delivered over 1 day but only due to the fact that SDF has other courses on DRDs that duplicate some of the T4T content.

Awareness Sessions

Generally delivered over 1.5-3 hours and are aimed at those who may need to respond to an overdose but will not be training people in the use of naloxone.

Awareness sessions are a condensed version of the T4T, without the adult learning and teaching element.

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Peer Education Model

Peer Naloxone Education Programme

Training prisoners as trainers to deliver the intervention to others within the prison

In Scotland, this is a four day community based course (usually delivered over 3 weeks) followed by six meetings (4-6 weekly) to consolidate learning.

In the community, it would be as follows:

- Day One: Drug Awareness, with a strong emphasis on attitudes, values and stigma.
- Days Two and Three: Naloxone Training for Trainers course (as staff training).
- Day Four: Theory and Practical, exploring the benefits and challenges of peer education plus practical strategies for delivering training.

This training not only enables peers to deliver naloxone training but also provides them with valuable skills to support their own personal development.

In the prison environment it has been condensed to meet the needs of the prison regime. Prisoners receive the 2 days naloxone training for trainers first, followed by 6 meetings that incorporate the training delivered on days 1 and 4 in the community.

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Learning Outcomes from Days 1 and 4

Topics covered from both days

- Drug harms
- Drug groups, effects and their legal status
- A brief history of drugs
- Attitudes and values
- Treatment options
- What is peer education?
- Advantages and Disadvantages of peer education
- Peer led approaches
- Peer information and education
- Aggression-signs and de-escalation
- Brief interventions
- Facilitation skills
- Managing nerves
- Challenging situations

By the end of the 6 follow up sessions participants will be able to:

- Identify and explore values and attitudes around specific drugs
- Recall different drug groups, effects and legal status
- Identify how our values can affect our judgment
- Identify the many reasons why people use drugs
- Recall the principles behind peer education and identify the benefits and drawbacks
- Demonstrate an understanding of the different types of peer-led approaches
- Recall skills in managing awkward or challenging situations and behaviours during training
- Name the main points of facilitating and co-facilitating a group training session
- Plan a naloxone awareness session.

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Peer educators are supported by prison staff and health staff to deliver brief interventions in the prison. Staff is then able to ensure that a supply of naloxone is put in a prisoner's personal property for their release.

Tips for a Prison Peer Education Naloxone Programme (delivered by prisoners)

- Promote the training for trainers well in advance
- Provide a named member of staff as the regular contact for all peers
- Provide regular support sessions and progress meetings with peers
- Have all staff involved at the beginning of setting up a programme, i.e.prison staff, health staff etc.
- Incentivise the training for prisoners
- Allow all prisoners to apply for a place on the programme
- Promote brief interventions to deliver training (10-15 minutes)
- Have an internal communication strategy i.e. Prison magazine, radio, TV Channel.
- Recruit long term prisoners, who will be around for a while

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- Engage prisoners who may already have a reputation or influence in the prison estate (they are your motivators to other prisoners for the programme to be successful)
- Proper recognition for individuals who are involved in delivering training, should be celebrated and encouraged
- Create naloxone posts for prisoners as their prison job
- Ensure peer educators have a clear structure to provide details of prisoners trained to the staff who will place the naloxone in their

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Key Components of a Brief Intervention

When delivering sessions to people likely to witness an overdose, a training session should include the following*:

The most common drugs identified in a drug-related death (heroin, methadone, benzodiazepines & alcohol – all CNS depressant drugs) **and the physical effects these drugs have** (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp)
The main causes of drug overdose (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels)
High risk times (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays)
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip color, no response to noise or touch, loss of consciousness)
The common myths (don't inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)
Knows when to call for an ambulance (when person won't wake with shout/shake, status of person and location)
Knows about the recovery position (person on side, airway open) see more: https://harmreduction.eu/toolbox/videos/10-recovery-position-step-by-step-guide

* note that the main drugs involved and BLS guidance may vary from country to country

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Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle of BLS) see more https://www.youtube.com/watch?v=LTep2s7rjqo
Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3 mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Dose – 0.4mls into outer thigh muscle via clothing) - this description is based on page Prenoxad Injection http://www.prenoxadinjection.com/hcp/when_and_how.html
Knows that naloxone is short acting (the effects of naloxone wear off after 20-30 mins, possible that overdose may return)
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness)

This intervention should be more like a conversation than a training session. The trainer should not just read from the list but engage the person by listening to their experiences or knowledge of overdose and drawing on that information to cover the key points.

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Top Ten Tips for Naloxone Programmes

1. Make 'training' brief

A quick ten minute conversation is enough to provide someone with the basic skills to save a life. Never underestimate the potential outcome of a brief intervention!

2. Don't tell someone to come back at a later date, just get it done!

Opportunistic conversations while you have the person there in front of you can be the difference between life and death. You don't know if you'll ever see this person again, make sure they're equipped!

3. Make sure the training and supply happens in the same place

Your programme will be much more successful if you can physically hand over the naloxone after the training. Adding in additional steps maymean many people do not end up with a supply.

4. Involve peers!

Peers have instant credibility among the target group and hugely enhance the rate of distribution, particularly when they are also enabled to make the supplies.

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5. If someone refuses naloxone from you, you're doing something wrong. Change your message.

The key part of any programme is about relationships. If you can show someone that you genuinely care about whether they (or their friends) live or die, then no-one will refuse the offer of naloxone from you.

6. Be creative, don't expect people to come to you

Outreach! Go to where the people are, or the services they frequent, and don't rely on an appointment-based programme.

7. Prioritise the supply to people who use drugs

People who use drugs are most likely to witness an overdose. This should always be where the most effort is placed.

8. Make sure everyone on opioid agonist treatment has a supply

Everyone you see on OAT should automatically be receiving a supply. You are providing a powerful opiate, you should also provide the antidote. (Yes, treatment is a protective factor but this is about ensuring coverage and makes sense for it to be normalised in this way).

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9. Prioritise, normalise and standardise in all drug services

The biggest risk of death for your client group is accidental and preventable overdose.

10. Always encourage and support people to talk about their experience of using naloxone

If someone has used naloxone to save a life - congratulate them! This may also have been a traumatic experience and they may need some support. It's also an opportunity for a training refresher and of course a re-supply of naloxone.

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