Opioid Awareness for Communities

Facilitator Guide

Acknowledgments

The Midwest Consortium developed this course under cooperative agreement number U45 ES 06184 from the National Institute of Environmental Health Sciences for community members to become better prepared to help with the opioid epidemic.

See https://mwc.umn.edu for a listing of contacts at each member institution and additional information. We encourage you to comment on these materials.

Warning

The Midwest Consortium has copyrighted this material. A recipient of the material, other than the Federal Government, may not reproduce it without permission of the copyright owner. The material was prepared for use by instructors experienced in the training of community members to become better prepared to help with the opioid epidemic. Authors of this material have prepared it for the training as of the date specified on the title page. Users are cautioned that the subject is constantly evolving. Therefore, the material may require additions, deletions, or modifications to incorporate the effects of that evolution occurring after the date of this material preparation.

Disclaimer

This training is intended to assist community members to become better prepared to help with the opioid epidemic. It does not provide the necessary skills required to treat those with opioid use disorder, which would require additional training.

Content was finalized March 1, 2022 and all web links are active as of that date; if you find an error, please inform the facilitator so that it can be updated.

Table of Contents

Overview

The Midwest Consortium developed this course to prepare participants to address the opioid epidemic in their communities. By following the outlined format and activities in this guide, you will be better able to enhance learning, stimulate participant discussion, and achieve the training objectives.

The program is designed to be tailored for the needs of participants, from 1-3 hours, depending on the desired content. See Example Agendas below for additional details.

For each session, it is the responsibility of the training center staff to develop/assemble the following:

- o Agenda and Lesson Plan (retain in program file)

- o Supplemental Activities (if used more than once, send to the MWC to be put into the standardized format and made available to other centers.)

- o Sufficient electronic resources for participant use (as appropriate)

- o Registration, sign-in and evaluation forms

The Midwest Consortium for Hazardous Waste Worker Training is devoted to professional instructor freedom while maintaining consistency of training. If you are a new trainer, the lead trainer at your center will provide assistance and initially will observe programs you facilitate. You may be asked to team-teach with an experienced trainer as you gain skills in MWC programs. If programs exceed 25 participants, 2 facilitators are needed for any activity. One way to maintain appropriate facilitator:participant ratio is to have facilitators join breakout sessions.

Preparation

Every facilitator should be familiar with the material in this Facilitator Guide, as well as the accompanying PowerPoint presentation.

This program contains enough material to conduct several hours of training. The length of the program can be adjusted to match the desired level of detail and interests of the participants. A longer program may also be delivered in several shorter segments to meet the availability of participants. For example, a community group might devote an hour per month over a period of three months to a 3-hour training program. The PowerPoint contains several slides of 'Additional Ideas' which can be covered if desired. In addition, most of the topics introduced contain links to additional information if greater detail is required. The facilitator is encouraged to customize the program to meet the participant's needs. This includes identifying local resources and including them in the program by adding them to the Local Resources PowerPoint slide at the end of program. Consider adding content (videos, comments, or in-person) from local leaders, counselors, counselees, or a friend/loved one.

Carefully review the section(s) of the Facilitator Guide which correspond to the topics you are covering before preparing your lesson. Lesson plan forms shown below may be helpful when drafting your presentation outline.

The facilitator should also:

- Ensure operation of audiovisual equipment prior to the session
- Ensure you are able to show the video in the PowerPoint (see note in Opioid Basics details below)
- Test web links prior to the session
- If possible, identify local resources and add these to the PowerPoint
- Adjust the PowerPoint based on the length of the program (see note in Tools for Community Member details below)
- Print and make copies of the PowerPoint (3-slide Handout option) so participants can take notes and have all content to refer to in the future. Note the PowerPoint contains all content typically found in a Participant Guide (acknowledgement, closing/evaluation, etc.).
- Be prepared for controversy, as all participants may not accept opioid use disorder as a disease (see note in Opioid Basics details below)
- Have a plan in case a participant has an emotional response to the content (see paragraph below)

Some of the content in this program may trigger emotional discomfort among participants. Be sure to notify participants that if they feel uncomfortable or upset, they

are free to leave the training room, and if they need immediate support, they should let the facilitator know that. Facilitators should have a plan in place in the rare event that this may occur. The plan should include setting aside private space to provide support. If the lead facilitator provides support, the plan should include having a co-trainer run the class. Alternatively, the plan could include having a person trained in providing support available to call upon, such as a mental health professional or trained crisis response team member.

Example Agendas

This program introduces Opioid Basics (opioids, opioid use disorder and the opioid epidemic). After that, the content can be tailored to the participants as desired, totaling 1-3 hours. The flexibility centers around the six Focus Areas (see below) that are used to develop Tools for Community Members and the ability to adjust the amount of time spent on each.

Six Focus Areas
Increase Awareness – educate your community
Open Your Doors – offer meeting space
Build Community Capacity – partner with local expertise to help individuals
Rebuild and Restore – support those rebuilding their lives
Get Ahead of the Problem - focus on youth and prevention
Connect and Collaborate – join local coalitions to strengthen your efforts

A one hour program would briefly introduce the six areas and include discussion.
A two hour program would briefly cover all six areas AND cover 2-3 of these in detail.
A three hour program would cover all six areas thoroughly.

Below are example agendas of various lengths. Remember, breaks are not part of the training hours.

1 hour program

Introduction/Review Objectives	10 minutes
Opioid Basics	25 minutes
Tools for Community Members	15 minutes

- Briefly introduce all 6 Focus Areas, review Local Resources slide, and facilitate Discussion #1

Closing and Evaluation	10 minutes

2 hour program

       Introduction/Review Objectives   10 minutes
       Opioid Basics   25 minutes
       Tools for Community Members   75 minutes
- Briefly cover all 6 Focus Areas and 2-3 Focus Areas in detail (Increase Awareness, Open Your Doors, and Rebuild & Restore, for example)

       Closing and Evaluation   10 minutes

3 hour program

       Introduction/Review Objectives   10 minutes
       Opioid Basics   25 minutes
       Tools for Community Members   135 minutes
- Cover all 6 Focus Areas in detail

       Closing and Evaluation   10 minutes

Lesson Plan Form 1

Teaching Methods for This Lesson Plan (check each method you will use)	Audiovisual Requirements (check each that is needed)
_ Lecture _ Discussion _ Question and answer _ Hands-on simulation _ Team teaching _ Small-group activities _ Case study _ Other (describe):	_ Training handbook _ Supplemental handbook material _ Online platform (Zoom etc) _ Web Sites loaded on devices: _ Easel and Easel Paper _ Hands-on simulation _ Other (describe):
Reference Materials (list all materials needed--paper or electronic)	**Special Space or Facility Requirements**
	(List any room size or special facility regulations here, such as set-up areas, equipment storage concerns, etc.)

Suggested Discussion Questions (think in advance what you might be asked, and prepare responses)	Suggested Instructor Preparation (consult with others as needed to improve preparation skills)

Lesson Plan Form 2—use to organize your facilitation.

Subject Area or Element	Detail	Reference Number or Citation
Major subject heading from outline format.	Detailed breakdown of subject area or element. This detail will necessarily occupy more space than shown here.	e.g., page number in training handbook, section number of regulation, or audiovisual material.

Instructional Resources

The instructional resources listed below may be useful in preparation and during the program. Note other resources are found in individual sections of this Guide.

Department of Health and Human Services (HHS), Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities - https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html

Substance Abuse and Mental Health Services Administration (SAMHSA), Opioid Overdose Prevention Toolkit - https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

Centers for Disease Control and Prevention (CDC), Opioids - https://www.cdc.gov/opioids/index.html

National Institute of Environmental Health Sciences (NIEHS), Opioids & Substance Use: Workplace Prevention & Response - https://tools.niehs.nih.gov/wetp/index.cfm?id=2587

National Institute of Environmental Health Sciences (NIEHS), Initiatives to Prevent Opioid Misuse and Promote Recovery Friendly Workplace Programs - https://tools.niehs.nih.gov/wetp/opioid_files/WTP%20Opioids%20Initiative%2002152022_508.pdf#page=37

National Institute on Drug Abuse (NIDA) - https://www.drugabuse.gov/

Presentation of Material

Activities

Activities are incorporated to involve participants in clarifying information, identifying options, and applying skills.

Participants may complete the activities on their own and share their results with the group or as small groups with report back to the larger group.

Activities enhance the learning process. Therefore, it is strongly recommended that you make activities and discussions comfortable so that everyone can participate. Assume that every class will have participants with a wide range of communication skills. Some will have no problems participating in group discussion, while others may have a hard time talking in front of the group.

Suggestions for facilitating group activities and discussions include:

- Allow participants to freely express their values, attitudes, and opinions.
- Do not judge a participant's responses.
- Facilitate discussion by paraphrasing and clarifying. It is seldom appropriate for the instructor to give opinions.
- Avoid putting people on the spot. Instead of asking individuals for answers, have a volunteer spokesperson present findings to the entire group.
- Keep the groups focused on the task at hand. Because small-group activities can draw heavily on the participants' personal experience, sometimes conversation can drift.
- Be alert to the potential for one person to dominate work in small groups. If you see this happening, facilitate participation by other members of the group.
- Keep the trainees alert and interested by encouraging participation. If the groups are not participating or giving only cursory answers, ask them probing questions linked to previous work or life experiences.

Evaluation

Evaluation provides input from participants regarding value to them, achievement of learning objectives and insights into how to improve the program. NIEHS supports 'model programs' that employ interactive training methods to build skills; see https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=11266&file_name=WTP_ Minimum_Criteria_062818_Final_508.pdf. Collection and use of evaluation data are key to program improvement. Adherence to these criteria is a term-and-condition of NIEHS funding.

Evaluation forms are shown at http://mwc.umn.edu.

Successful completion of the program is based on attendance for the entire program, documented with the sign-in sheet.

Introduction/Review Objectives

Time Requirement: 10 minutes

Number of Instructors: 1

Materials

- Registration and sign-in forms

- Technology – computer(s), projector, screen, cables, internet

- Opioid Awareness for Communities PowerPoint

- Participant Guide (use the 3-slide Handout option of the PowerPoint)

Overall Objectives

After completion of the program, participants will be better able to:

➢ Discuss opioids, opioid use disorder, and the opioid epidemic
➢ Describe ways to educate your community about opioid addiction
➢ Identify partners to help your community fight the epidemic
➢ Describe ways to assist those in need in your community
➢ Identify local and federal resources

During the brief introduction, the following will be accomplished:

➢ Introductions
➢ Registration
➢ Sign-in

Teaching Methods

The introduction combines presentation with discussion. It is important as an instructor to gauge the level of knowledge of the participants.

Suggested Instructor Preparation

- Identify needs of participants
- Prepare lesson plan
- Review lesson plan with any other facilitators

Minimum Content Requirements

- Introduction of facilitator(s), program, participants (if appropriate)
- Complete registration forms (if not done in advance)
- Everyone signs in

Question You May be Asked

How do I find more information on…?

The internet and the local library are resources for researching. Use only trusted internet sources such as government websites. Avoid independent opinion blogs, newsletters, and unverified groups.

Presentation of the Session

The session can be presented as follows:

Introduction

Introduce facilitator(s) and provide needed orientation. Review MWC, NIEHS 'model programs', and uses of evaluation. Note that attendance is required for the duration of the program.

Review the objectives of the program:

➢ Discuss opioids, opioid use disorder, and the opioid epidemic
➢ Describe ways to educate your community about opioid addiction
➢ Identify partners to help your community fight the epidemic
➢ Describe tangible ways to assist those in need in your community
➢ Identify local and federal resources

If appropriate, ask participants to introduce themselves and what each wants to gain from the session. Note any goals identified by participants that are not in the listing above - address any that may fit with the session materials and describe why remaining goals are outside the scope of this training.

Collect registration and any other forms and provide to program staff for retention.

Opioid Basics

Time Requirement: 25 minutes

Number of Instructors: 1 or more, consistent with ratio in Minimum Criteria

Materials

- Technology (the PowerPoint includes a video to show) – computer, projector, screen, cables, internet
- Opioid Awareness for Communities PowerPoint
- Participant Guide (use the 3-slide Handout option of the PowerPoint)

Objectives

When completed, participants will be better able to:

➢ Discuss opioids, opioid use disorder, and the opioid epidemic

Teaching Methods

- Presentation/discussion

Suggested Instructor Preparation

- Review this guidance
- Review the PowerPoint. Be sure you can play the video (Slide 9) with audio.
- Review the lesson plan

Minimum Content Requirements

The following are minimum content objectives for the session:

- Opioids, opioid use disorder, and the opioid epidemic

Question You May be Asked

Am I in danger if I accidentally touch or breath in opioids?

Seek medical attention immediately if opioids are breathed in; get into your eyes, nose or mouth; or if the exposure is to liquid or gel opioids or by a needle stick. However, accidental exposure is most likely to be by touching dry or powder opioids. Brief skin exposure to dry or powder opioids is not likely to cause a problem, but should be immediately removed by washing with soap and water (not alcohol-based hand disinfectant).

Resources

Opioid Awareness for Communities PowerPoint

Presentation of Material

The session can be presented as follows.

Opioid Basics

Use the PowerPoint slides and notes below to inform participants of opioids, opioid use disorder and the related epidemic.

The color and texture of fentanyl do not indicate anything about its strength. That can only be determined by chemical analysis. Similarly, the texture of fentanyl may range from light and finely powdered to somewhat coarse, cakelike, and crumbly, resembling powdered milk. Occasionally, fentanyl may have a medicinal or chemical odor, but this

is not characteristic. There is nothing about the appearance of fentanyl samples that is unique, and it is impossible to distinguish them from heroin except by chemical analysis.

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing their gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity.

Opioids have many street names/nicknames. If possible, ask a local resource in advance what opioids are called in the community.

Seek medical attention immediately if opioids are breathed in; get into your eyes, nose or mouth; or if the exposure is to liquid or gel opioids or by a needle stick. However, accidental exposure is most likely to be to by touching dry or powder opioids. Brief skin exposure to dry or powder opioids is not likely to cause a problem, but should be immediately removed by washing with soap and water (not alcohol-based hand disinfectant).

Illicitly-produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone.

Most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally-made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product - with or without the user's knowledge - to increase its euphoric effects.

Slide 9 - The video was developed by the National Safety Council and is entitled, Opioids & the Brain. It is 2 minutes and 36 seconds long and is an excellent tool for helping people understand Opioid Use Disorder. The video is embedded in slide. You will need an internet connection and sound source to show the video. The YouTube URL for the video is: https://youtu.be/baCPgy6YLs4. If you know that you will not have internet access you can make your PPT presentation self-contained uploading the video and then save the PPT as a packaged PowerPoint presentation and not a full PowerPoint file by clicking File > Save As > PowerPoint Show. Be sure to test the file to make sure it works properly.

Avoiding dope sickness is the main motive for people addicted to opioids.

Slides 16-18 (Overdose & Naloxone):
- In advance, identify how to obtain Naloxone locally. It is accessible in all states without a prescription.
- Note that it can be difficult to distinguish an opioid overdose from other cardiac or respiratory emergencies. However, Naloxone will not harm a patient who is experiencing cardiac or respiratory arrest from causes other than opioids.

- All states have Naloxone Access laws, which protect individuals who administer Naloxone.
- Inform participants regarding calling 911 for overdose victims. Only Kansas, Texas, and Wyoming DO NOT have Good Samaritan laws, which protect individuals who call for medical assistance for an overdose victim.

Be prepared for controversy: Presenting evidence that opioid use disorder is a relapsing disease may be controversial and not accepted by all participants. Understand that stigma and disbelief about addiction is powerful. Therefore, it is very important that facilitators are familiar with the evidence and avoid arguing or debating with participants, and rather point them to reliable sources such as Centers for Disease Control and Prevention (CDC), American Medical Association (AMA), etc. Although controversy in a training program may be uncomfortable, teaching that opioid use disorder is a disease and addressing stigma are key parts of the program. Bottom line: whether the addiction started due to a workplace injury and subsequent prescription of opioids or because the person was using drugs recreationally, the addicted worker in both cases needs and deserves support to regain their lives through treatment and recovery.

A common misconception associated with Medication-Assisted Treatment (MAT) is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.

Tools for Community Members

Time Requirement: 15 – 135 minutes

Number of instructors: 1 or more, consistent with ratio in Minimum Criteria

Materials

- Technology – computer, projector, screen, cables, internet

- Opioid Awareness for Communities PowerPoint

- Participant Guide (use the 3-slide Handout option of the PowerPoint)

- As appropriate:

  o Whiteboard, easel and easel paper, or chalkboard

  o Markers or chalk

  o Room with tables for small group activities

Objectives

When completed, participants will be better able to:

➢ Describe ways to educate your community about opioid addiction
➢ Identify partners to help your community fight the epidemic
➢ Describe tangible ways to assist those in need in your community
➢ Identify local and federal resources

Teaching Methods

- Presentation/discussion
- Activities - individual or small group

Suggested Instructor Preparation

- Review this guidance including the activities
- Review the PowerPoint. Update Local Resources slide for the community and adjust the Activity slides based on the length of the program.
- Consider adding content (videos, comments or in-person) from local leaders, counselors, counselees, or a friend/loved one.
- Review the lesson plan

Minimum Content Requirements

The following are minimum content objectives for the session:

- Tools for community members to help with the opioid epidemic
- Activity: Discussion
- Activity: For longer programs, start making a plan to help your community with the opioid epidemic

Question You May Be Asked

This is overwhelming. How do I get started?

Identify one area to start with and a partner or two. They could be other community members or perhaps a church or community organization. This guidance includes materials to help you take the first step in making a plan.

Resources

Opioid Awareness for Communities PowerPoint

Presentation of the Session

The session can be presented as follows.

Tools for Communities (variable length)

The accompanying PowerPoint and notes below may be used to facilitate the session.

See Example Agendas in Facilitator Overview to guide your program's content. Each of the Six Focus Areas below has 1-3 PowerPoint slides which describe ways for community members to get involved. Most of the ideas presented contain links to additional information, if greater detail is desired. Most of the Focus Areas also have an "Additional Ideas" slide with more ways (and corresponding links) to get involved. You can choose to cover any or all of these ideas during your program.

Six Focus Areas
Increase Awareness – educate your community
Open Your Doors – offer meeting space
Build Community Capacity – partner with local expertise to help individuals
Rebuild and Restore – support those rebuilding their lives
Get Ahead of the Problem - focus on youth and prevention
Connect and Collaborate – join local coalitions to strengthen your efforts

Activities (15 minutes per hour of program)

Three Activities are provided for use, depending on the length of the program. See the PowerPoint Activity slides and adjust them in advance of the program.

If 1 hour, then use only Activity – Discussion #1. It should take place after the Local Resources slide, right before the Closing.

If 2 hours, then use Activity – Discussion #1 and Activity – Make a Plan. Discussion #1 should take place about 45 minutes into the program at any natural breaking point between Focus Areas. The Make a Plan should take place after the Local Resources slide, right before the Closing.

If 3 hours, then use all 3 Activities. Discussion #1 should take place about 45 minutes into the program at any natural breaking point between Focus Areas. Discussion #2 should take place about 90 minutes into the program at any natural breaking point between Focus Areas. The Make a Plan should take place after the Local Resources slide, right before the Closing.

Activity – Discussion #1

Have participants break into groups for small group discussion using the questions below.

1. In what way(s) can you make a difference in your community?

2. Who can you partner with in helping your community?

Activity – Discussion #2

Have participants break into groups for small group discussion using the questions below. Encourage them to form different groups than during Discussion #1.

1. What did you learn today that you would like to share with others?

2. What barriers exist to making a difference in your community?

Activity – Make a Plan

As there is strength in partnerships, this activity will ideally be completed in small groups from the same neighborhood. However, it may also be completed by individuals who may later find partners or by small groups of likeminded individuals from different neighborhoods. The activity involves them starting to make a plan using the information on the PowerPoint slide and also found below. Instruct groups to work on the items with an asterisk (*) for now. There is also a Template to record key elements of the plan.

I. Form a team

- a) Identify leaders
- b) Identify team members
- c) Identify key stakeholders - Who will be most impacted? Who has a vested interest in the welfare of the community? Who knows the community well? Who has resources?

2. Understanding your community's situation

- a) *Who is already helping in the community?
- b) How extensive is the problem?
- c) What existing relationships should be considered?
- d) What are key factors of the community to consider?

3. Plan Development

- a) *Establish goals
- b) *Identify community resources
- c) *List and evaluate potential options

    d) Develop strategy - Who will do what and when? What resources are needed? What is timeline?

    e) Obtain feedback

    f) Finalize plan

4. Plan implementation and Maintenance

    a) Begin

    b) Evaluate and modify strategy as needed

Community Plan Development Template

Plan element			Anticipated barriers and approach to each	Date to be completed	Reason for Delay	Date done
1.Call a meeting	**Who calls it?**	**Who participates?**				
2.Get support	Volunteers to help = Money = Supervisor =					
3.Finalize plan and set deadlines for each action	**Actions and Deadlines**	**Who "owns" each action**				
4.Present final plan to teammates						
5.Begin plan						

Closing and Program Evaluation

Time Requirement: 10 minutes

Number of Instructors: 1 or more, consistent with ratio in Minimum Criteria

Materials

- Evaluation forms

Objectives

➢ Review program objectives

➢ Answer questions

➢ Collect feedback (evaluation forms)

Teaching Methods

- Discussion

Suggested Instructor Preparation

- Assure you have evaluation forms prior to the program.

Minimum Content Requirements

The following are minimum content requirements for the section:

- Evaluation forms
- Answer questions
- Provide certificates for those who met the definition of successful completion; provide remediation according to Training Center and MWC policy for anyone who did not attend the entire program.

Question You May Be Asked

"How do I get more training?"

Provide your schedule and reference other MWC members who provide the needed training.

Presentation of the Session

Thank participants for attending the program.

Review the goals of the program.

This is an opportunity for final questions and to assure that the list of questions has been addressed during the program.

Evaluation is important to continued program improvement. This should not be rushed.