Understanding Substance Use and Overdose Prevention

Training Facilitation Guide

NEW YORK STATE
Office of Addiction Services and Supports
OASAS. Every Step of the Way.

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The Purpose of This Facilitation Guide

The goal of this facilitation guide is to give future trainers the tools necessary to train others on understanding substance use and overdose prevention so that they can effectively train others to help the people they serve.

Upon successful completion of this Train the Trainer Program, trainers will be prepared to teach others and increase attendee understanding of:

- the science behind substance use disorder
- how to increase harm reduction in the community
- how to reduce stigma
- how to lead with a person-first approach
- how to recognize and respond to an overdose

The slides and the accompanying notes in this guide are meant to provide you with a map from which to lead this training. The guide is intended to communicate important contextual information, highlight key teaching points, and provide you with tips aimed at enriching the dialogue. The guide is not intended to function as a restrictive script.

Fostering an Affirming Learning Community

Learning happens through relationships.
We grow and learn by talking with others and sharing ideas. These conversations help us move from what we already know to new understanding and skills.

The success of this training depends on everyone actively participating.
Facilitators should focus on both what is being taught *and* how attendees are engaging with the information.

The most effective facilitators lead with curiosity instead of judgment.
By bringing your authentic self and connecting personally to the content, you can help create a safe, engaging learning community where everyone can contribute and grow together.

Training Overview

Estimated time to conduct training: 1.5 to 2 hours

Training Lessons:

1. Overdose Rates (7 slides)
2. Introduction to the Science of Substance Use
3. Introduction to Harm Reduction
4. Understanding Stigma
5. Introduction to Opioids and Naloxone
6. How to Recognize and Respond to an Opioid Overdose

Frequently Asked Questions & Example Answers

“How strong is fentanyl?”

- About 50 times stronger than heroin.

“Can touching fentanyl cause an overdose?”

- Fentanyl does not absorb through the skin easily and would require hours of constant contact to cause an overdose.

“How long does it take for the brain to begin regulating dopamine again? Can a person's dopamine levels bounce back after not using substances for significant amount of time?”

- "...after 14 months of abstinence, their brain is returning to a healthier baseline, and the dopamine transporter levels (DAT) in the reward center of the brain are able to return to a nearly normal level of functioning."
    - Source: *https://www.recoveryanswers.org/recovery-101/brain-in-recovery/*

“How is dopamine measured in the body?”

- Dopamine is measured in the body through a blood test.

“What if someone refers to themselves using a stigmatizing term?”

- An individual can call themselves what they want, even stigmatizing terms. We are responsible for the language that we use as providers, but it is not up to us to decide what language an individual uses to refer to themselves. If someone chooses to use a term that isn’t person-first, you can talk to them about why they refer to themselves that way. It’s a great moment to engage the person and start the conversation. Mirror what the individual asks to be called if appropriate.
    - People who use substances often internalize stigma and bias towards substance use. Referring to themselves using negative or derogatory language is often a result of internalized stigma.
        - While it is not appropriate to correct their language, modeling person-first language should be done, when possible, as long as it does not create a barrier or cause a disconnect between you and the client.

“Does someone need a prescription for naloxone/Narcan?”

- NYS does not require a prescription for naloxone/Narcan.

“Does access to naloxone/Narcan encourage drug use?”

- Existing data does not support the claim that widespread access to naloxone/Narcan encourages drug use.

Good Samaritan Law: **“What if there is more than one person providing help?”**

- Individuals (regardless of age) seeking medical help for themselves or someone who is experiencing an overdose are protected.
- The individual who has overdosed is protected.

Additional Resources

Medications for the Treatment of Opioid Use Disorder

https://oasas.ny.gov/providers/medications-treatment-opioid-use-disorder

Medication for Addiction Treatment

https://oasas.ny.gov/providers/medication-addiction-treatment

Overdose Prevention

https://oasas.ny.gov/prevent-overdose

Order Free Harm Reduction Supplies: Harm Reduction Delivered

https://oasas.ny.gov/harm-reduction-delivered

Turn the Page on Stigma

https://oasas.ny.gov/turn-the-page

More Information on Substance Use Research

https://nida.nih.gov/research-topics

New York State's Good Samaritan Law

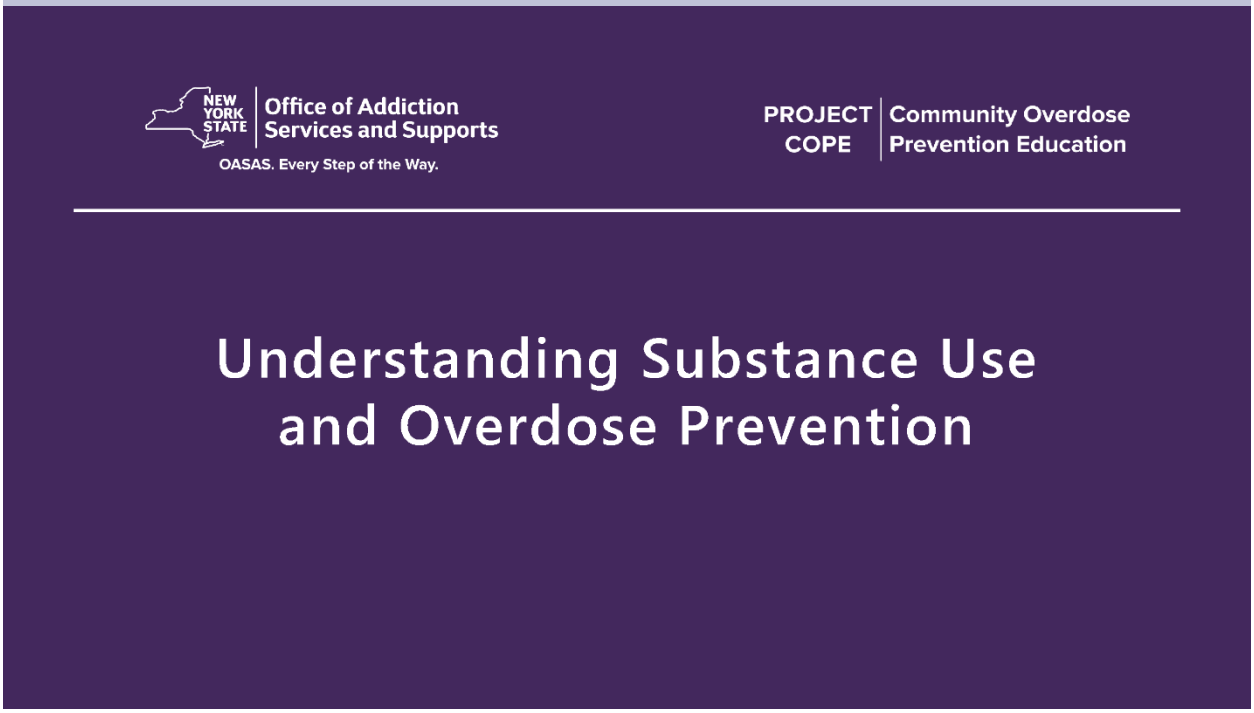
https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm

Training Slides, Script, and Facilitation Notes

Key:

- **Yellow highlight** = Opportunity for attendee engagement
- **Bold and green text** = Key information to focus on

Slide 1: Title Slide



Goal of the Slide:

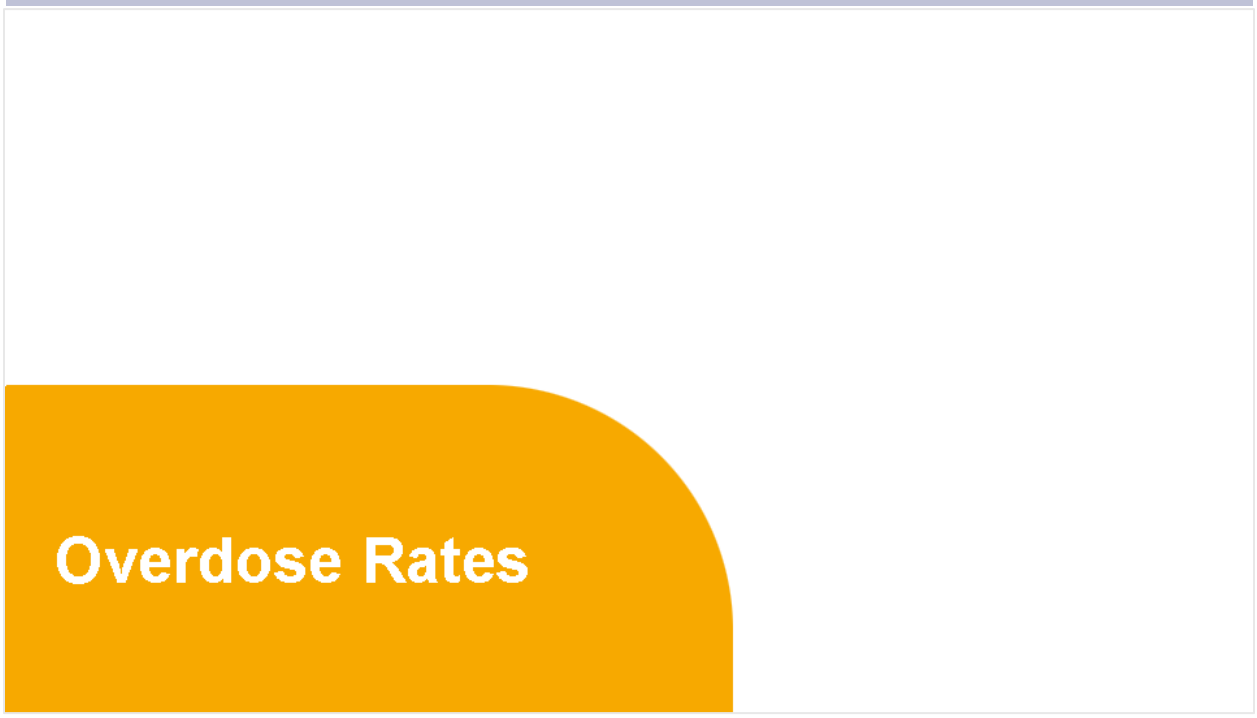
- Introduce the training title and agency to attendees.
- Establish training "housekeeping."
    - E.g. if training is virtual, ask attendees to use the "raise hand" feature or to add their questions in the chat.

Sample Script:

- Welcome to the training "Understanding Substance Use and Overdose Prevention". This information is provided to you by New York State's Office of Addiction Services and Supports. The goal of this training is to better understand the science behind substance use disorder, how to reduce stigma, how to increase harm reduction in the community, how to lead with a person-first approach, and how to recognize and respond to an overdose. This training is interactive, and I'll stop after each section for questions.

Lesson 1: Overdose Rates

Slide 2: Overdose Rates Title Slide



Goal of the Module:

- Provide attendees with data on overdose deaths in NYS.

Trainer Notes:

- Read information on slides.
- On each slide in this lesson, take a moment to allow participants to view the graph / data set.



Trainer Notes:

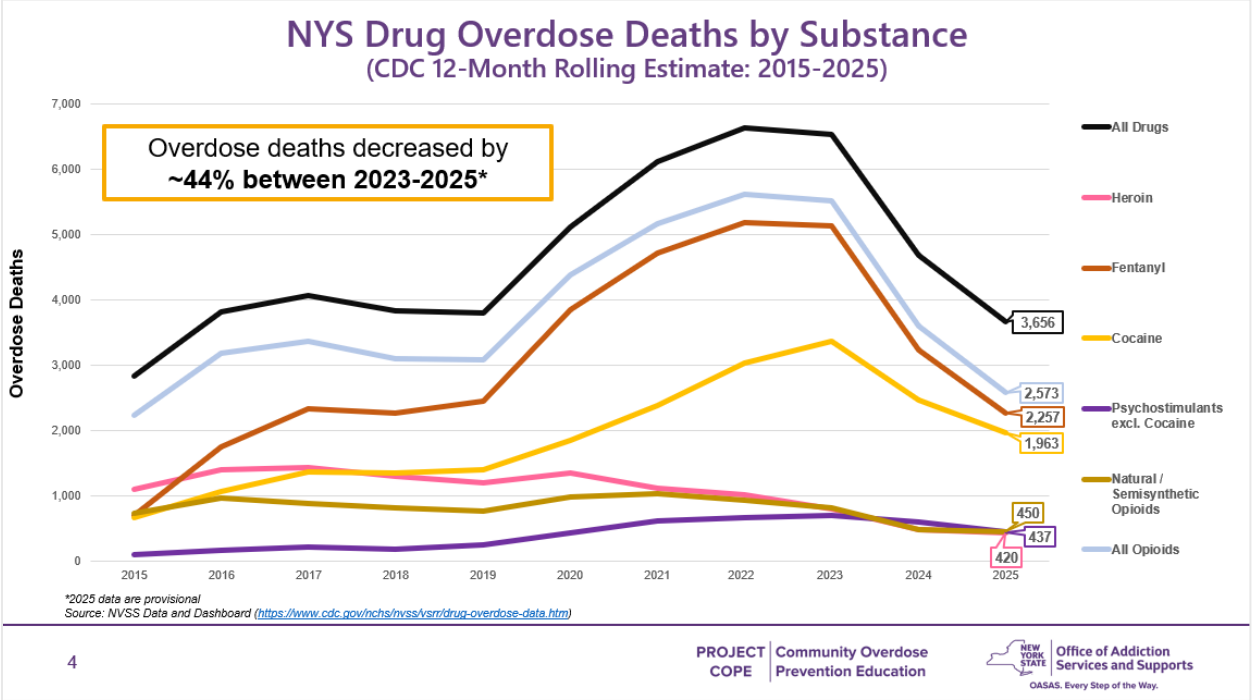
- Read the slide and add some additional context.

Sample Script:

[Read the slide]

- These overdose rates include people who use drugs on a consistent basis, those who use drugs occasionally or for the first time, and those who do not meet the criteria for a substance use disorder.

Slide 4: NYS Drug Overdose Deaths by Substance (2015-2025)



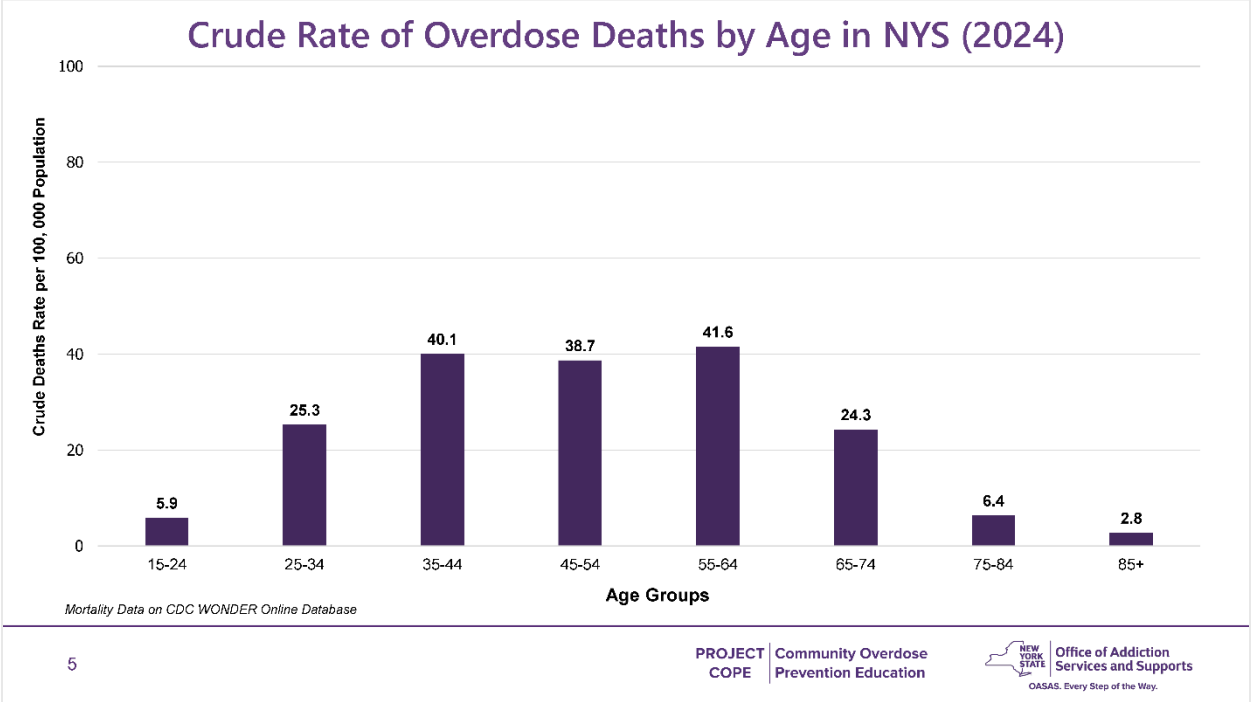
Trainer Notes:

- Read the slide and add some additional context.

Sample Script:

- According to these data:
  - An estimated 3,656 New Yorkers died from a drug overdose in 2025, representing an overall drug overdose death decrease by 44% from 2023 to 2025 (NVSS 12-Month Rolling Provisional)
- The largest two-year decreases were observed among fentanyl-involved and opioid-involved overdose deaths:
  - Between 2023 and 2025, fentanyl-involved overdose deaths decreased by 56%
  - Between 2023 and 2025, all opioid-involved overdose deaths decreased by 53%

Slide 5: Crude Rate of Overdose Deaths by Age in NYS (2024)

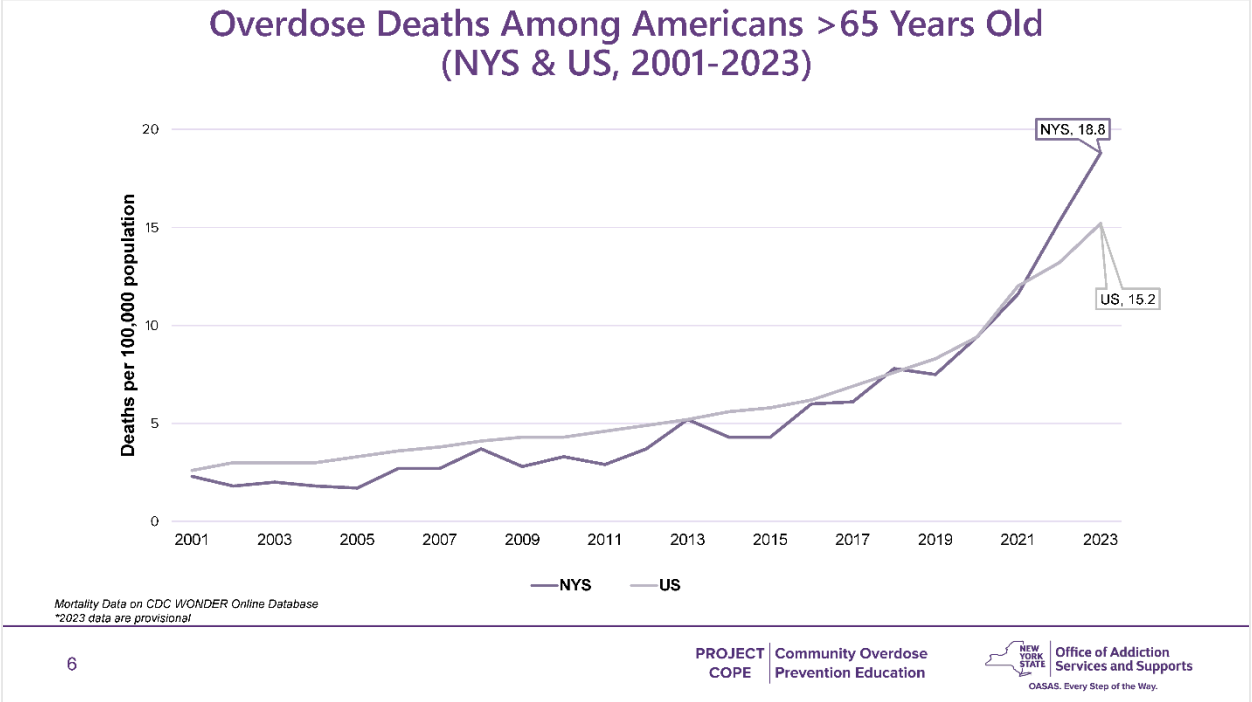


Sample Script:

[Read the slide]

- 86.4% of overdose deaths in 2024 involved individuals aged 35 and older.

Slide 6: Overdose Deaths Among Americans >65 Years Old (2001-2023)

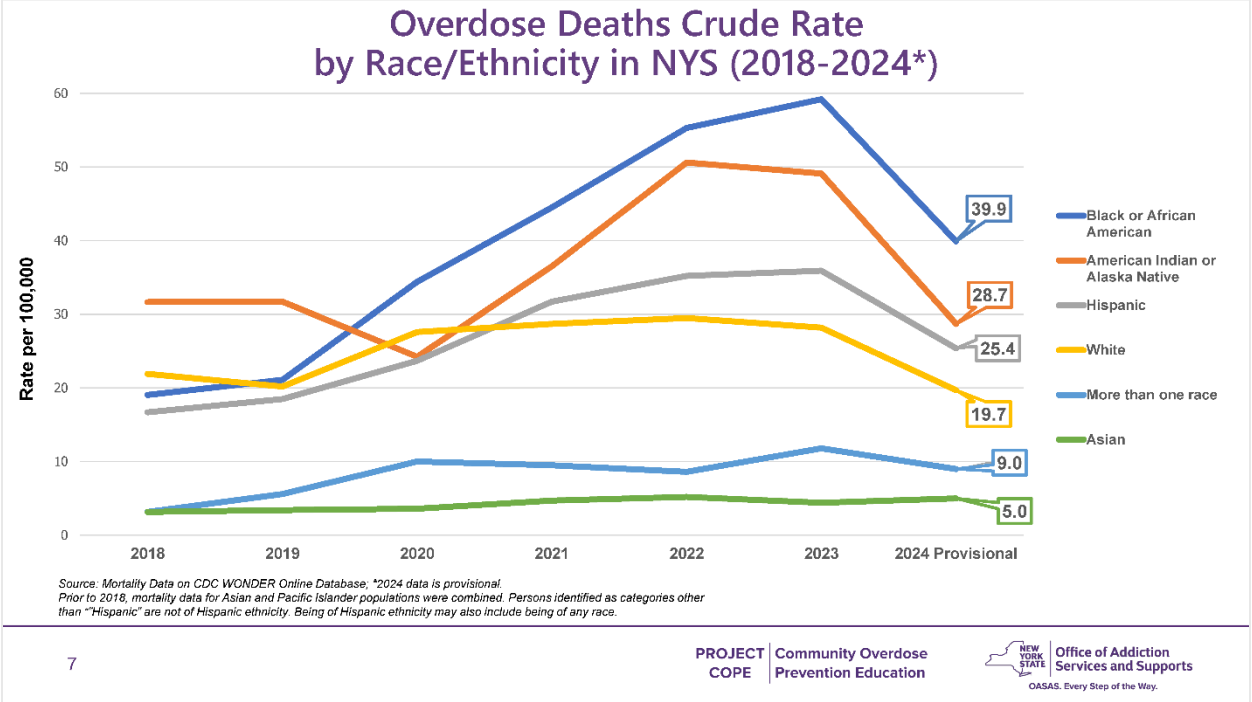


Sample Script:

[Read the slide]

- According to the Centers for Disease Control and Prevention (CDC), adults aged 65 and older experienced the largest percent increase in the rate of drug overdose deaths from 2021 to 2022, at 10%.
- Older adults present unique challenges to effective treatment.
- Late-onset substance use disorder is particularly high among this group and often hard to detect. Symptoms of a substance use disorder in this group can be misinterpreted as signs of aging.
- Older adults could be more reluctant to enter treatment because of shame, guilt, and systemic gaps in care such as limited age-appropriate programming or provider bias.
- Effective treatment for older adults requires the use of techniques and approaches that counteract or minimize stigma and are age-appropriate.

Slide 7: Overdose Deaths Crude Rate by Race / Ethnicity in NYS (2018-2024)



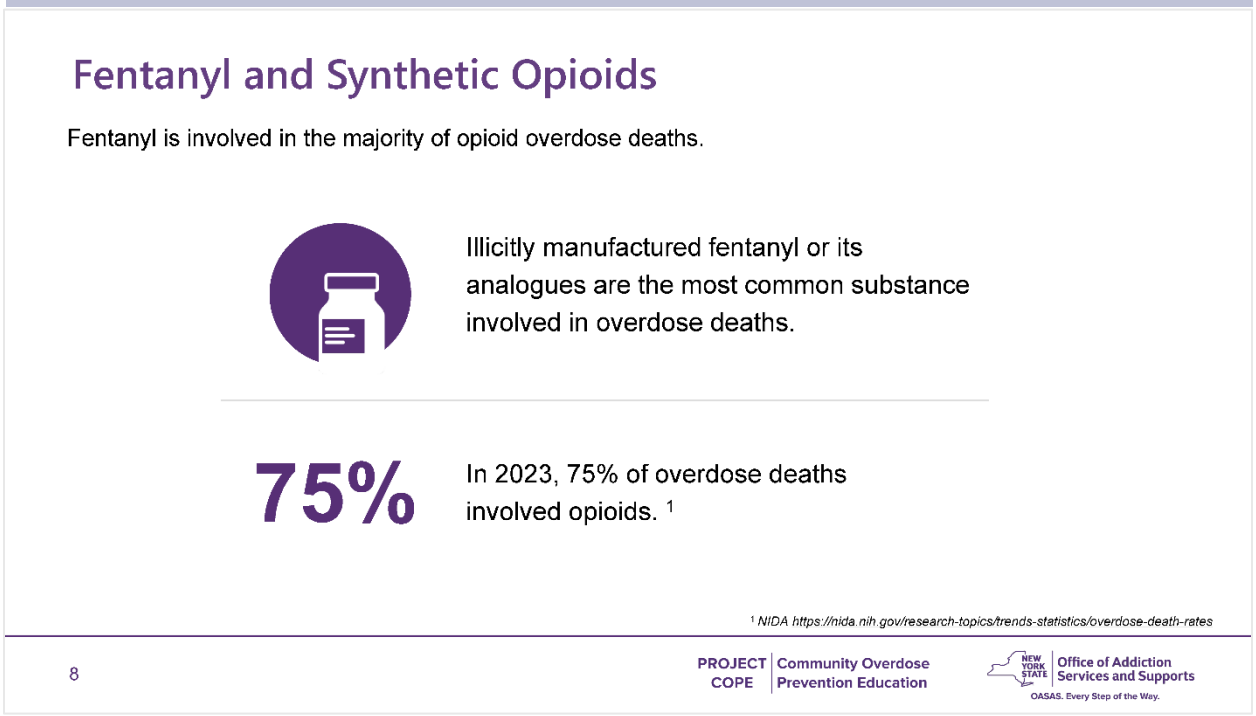
Trainer Notes:

- Allow a few moments for participants to read the slide.

Sample Script:

- Black or African American, American Indian or Alaska Native, and Hispanic or Latinx New Yorkers experience higher overdose death rates, despite the decrease in overall rates.
- Per 100,000 people, roughly 40 Black or African American individuals die due to an overdose. Nearly 30 American Indian or Alaskan Native individuals die per 100,000 people, and 25 Hispanic or Latinx individuals die per 100,000 people.
- While the rate of overdose deaths is decreasing, it remains high for these populations. Structural causes, such as historical disinvestment, barriers to treatment including stigma and systemic racism, lack of insurance, and limited access to treatment can all contribute to the disproportionate overdose rates for these populations.

Slide 8: Fentanyl and Synthetic Opioids



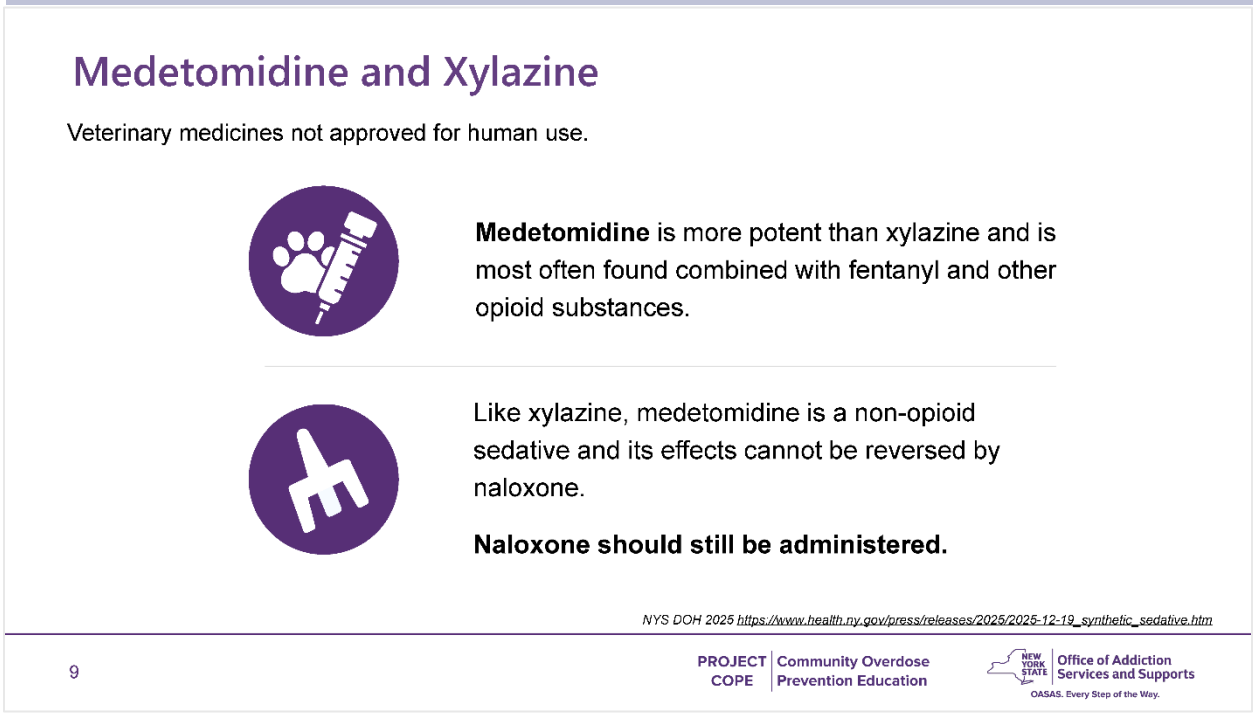
Trainer Notes:

- Because additive trends change rapidly, this is not a comprehensive list. You may need to update the slide to reflect the latest data before delivering the training.

Sample Script:

- Illicit fentanyl and its analogues continue to be a significant public health crisis in New York State. In 2023, 75% of overdose deaths included fentanyl or its analogues. Fentanyl analogues have a similar chemical structure to pharmaceutical fentanyl and mimic its effects.
    - https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates
- Nitazenes *(ny-tuh-zeens)* are a class of opioids developed in the 1950's. They are highly potent, up to 500 times that of morphine, and have the possibility to cause greater adverse effects such as respiratory depression.
    - https://pmc.ncbi.nlm.nih.gov/articles/PMC12331301/
- Carfentanil *(car-fen-tuh-nil)* is a synthetic opioid used in the veterinary field for tranquillizing large animals such as elephants. It is up to 10,000 times more potent than morphine and 100 times stronger than fentanyl.
    - https://www.dea.gov/stories/2025/2025-05/2025-05-14/carfentanil-synthetic-opioid-unlike-any-other

Slide 9: Medetomidine and Xylazine



Trainer Notes:

- Because additive trends change rapidly, this is not a comprehensive list. You may need to update the slide to reflect the latest data before delivering the training.

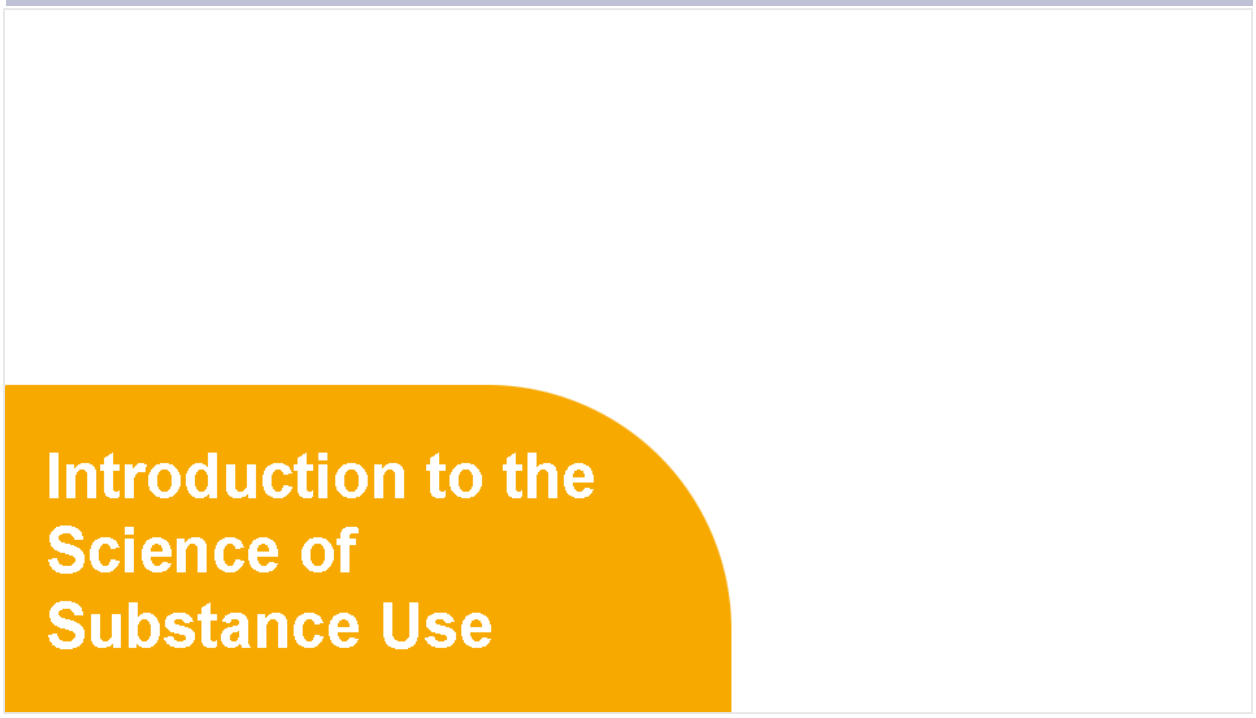
Sample Script:

[Read the slide]

- Medetomidine *(meh-deh-toh-mih-deen)* and xylazine *(zai-luh-zeen)* are non-opioid veterinary medicines used to sedate or tranquilize animals.
    - https://www.health.ny.gov/press/releases/2025/2025-12-19_synthetic_sedative.htm
- Medetomidine is associated with severe withdrawal symptoms and prolonged sedation.
- Xylazine can cause severe wounds anywhere on the body even if it is not injected.
- Naloxone cannot reverse a medetomidine or xylazine overdose. It should still be administered to reverse the effects of opioids in the person's body.

Lesson 2: Introduction to the Science of Substance Use

Slide 10: Lesson 2 Title Slide



Goal of the module:

- Provide attendees with the science behind substance use and development of substance use disorder.

Trainer Notes:

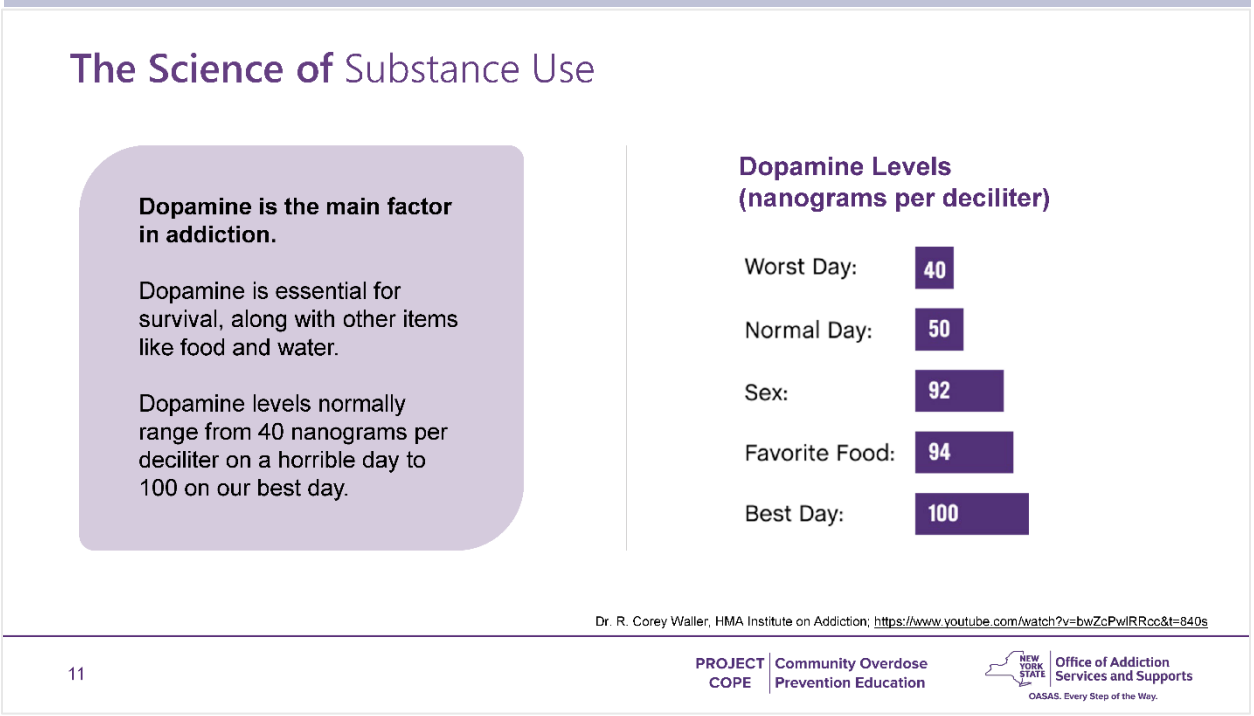
- Before beginning this section, ask attendees the following open-ended questions:
  - What are some of the beliefs you've heard about addiction?
  - How would you describe dopamine?
  - What is something you've had to change behaviorally and struggled with?
- More information on the functional magnetic resonance imaging (FMRI) study can be found here: https://www.youtube.com/watch?v=bwZcPwlRRcc

Sample Script:

- **Substance use disorder is a medical condition, not a moral failing.** As we go through the science behind addiction, it's important to keep that in mind.

- There is also a difference between dependence and addiction.
- Dependence on a substance means the body has adapted to a substance and begins to rely on it. Without it, the person may experience withdrawal symptoms.
    - A common example is caffeine. When someone consumes caffeine every day and suddenly stops consuming caffeine, they may experience a headache, anxiety, fatigue, or other symptoms. This is due to their body relying on the caffeine.
    - A person can be physically dependent on a substance without being addicted, because addiction is characterized by behavioral changes such as compulsive drug seeking. Addiction is a chronic medical condition characterized by compulsive or hard to control drug seeking and use despite harmful or negative consequences.
- "Addiction, as defined by the National Institute of Drug Abuse (NIDA), is a chronic disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and can result in long-lasting changes in the brain. It's more complicated than other diseases, as it's considered both a complex brain disorder and a mental illness."
    - https://drugfree.org/article/substance-use-disorder-vs-addiction/#What%20is%20addiction
- A substance use disorder "is diagnosed if certain criteria occur within a 12-month period as defined by the DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders from the American Psychiatric Association)."
    - https://drugfree.org/article/substance-use-disorder-vs-addiction/#What%20is%20addiction

Slide 11: The Science of Substance Use: Dopamine



Trainer Notes:

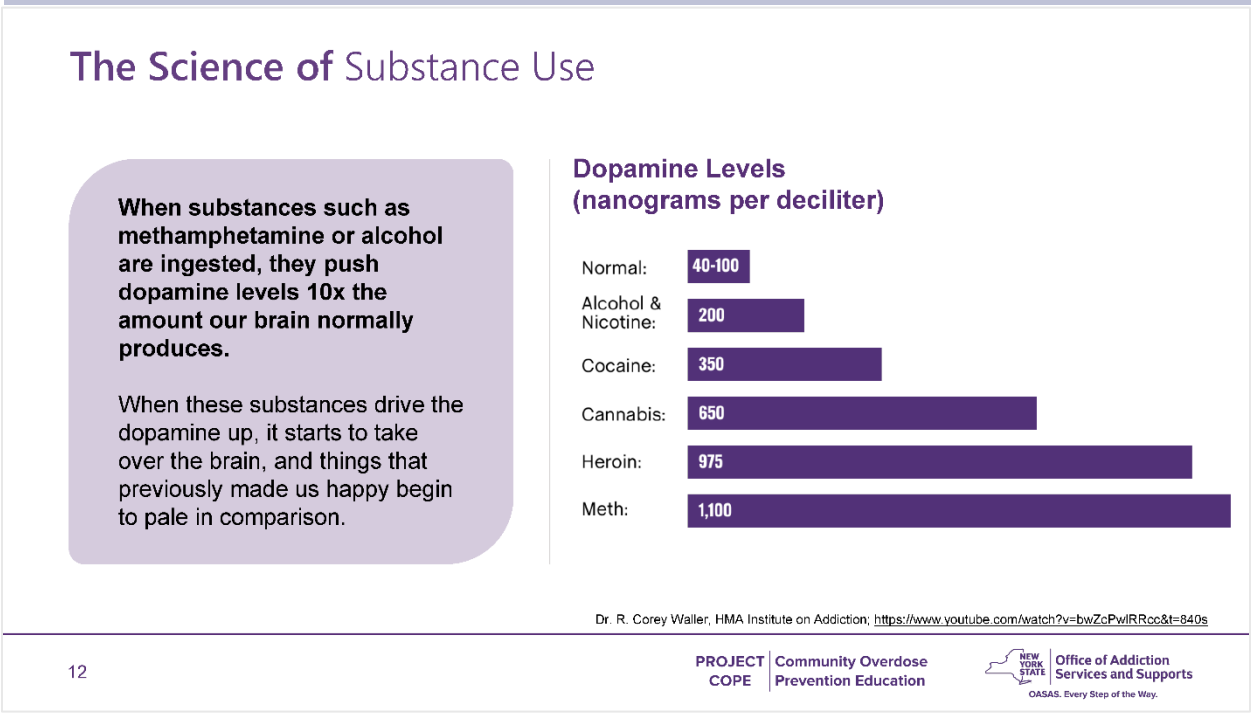
- Allow a few moments for participants to read the slide.

Sample Script:

- Dopamine is a hormone and neurotransmitter produced by the body to send signals from the brain to other parts of the body.
- Dopamine is largely associated with the reward center of the brain and is essential for survival, along with food and water. It helps us form habits, drives motivation, and reinforces habits that make us feel good. When the reward centers of the brain are activated, dopamine is released, which motivates us to repeat behaviors that release dopamine.
- Dopamine ranges from 40 nanograms per deciliter on our worst day to 100 nanograms per deciliter on our best day. This does not take into account mental health diagnoses or crises.
- Take a moment and think about one of your worst days. The kind of day where nothing seems to go right, one of those ‘perfect storm’ kind of days. How productive are you? Are you pleasant and cheerful and fun to be around? Are you motivated to get things done or able to retain new information? Likely no. The goal for the day is survival- just get through the day as best you can. On those days, your dopamine level is 40 nanograms per deciliter.

- Most days, one you could call a normal day, you're likely around 50 nanograms per deciliter. That's only a difference of 10 nanograms per deciliter. Think about how much better you function on those days with only a 10 nanogram difference in dopamine.
- When looking at moments like an orgasm, where dopamine levels are 92 nanograms, or the first bite of your all-time favorite food when you're at 94 nanograms, the release of dopamine reinforces the body's desire to repeat these actions and experience the higher dopamine level again. These are brief moments of increased dopamine.
- Now think of your best day ever. Everything is going right for you… on those days, we're only experiencing 100 nanograms per deciliter. When we put this in context of substance use, keep in mind the highest our dopamine levels naturally go is about 100 nanograms per deciliter.

Slide 12: The Science of Substance Use: Dopamine (continued)



Trainer Notes:

- After going through the slide:
  - Ask attendees for feedback: "How has this information affected your beliefs or understanding of addiction and substance use?"
- Sources/Additional Information:
  - SimplyPsychology.org
  - NIDA
  - YaleMedicine.org

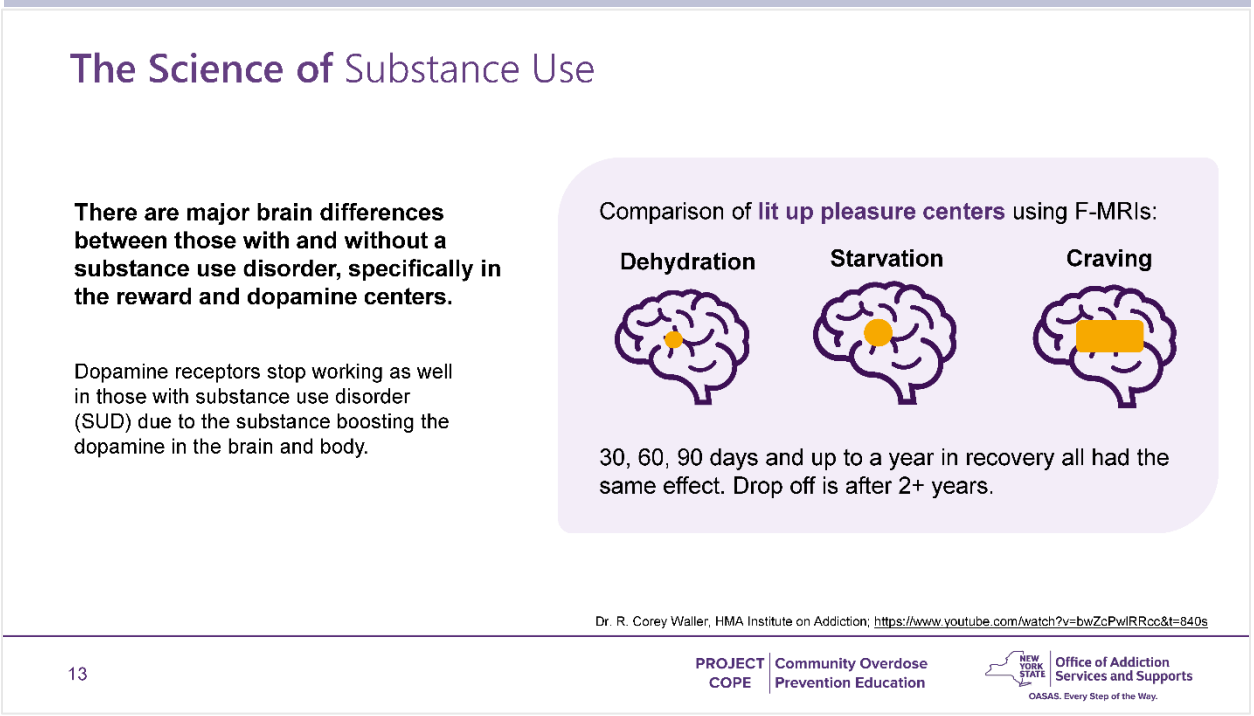
Sample Script:

[Read the slide]

- Substances cause dopamine to flood the brain. Over time, the brain begins to adapt to the chronically increased levels of dopamine and becomes less sensitive to dopamine. This is also known as tolerance.
- After someone takes that first dose, their dopamine level is decreasing, which can lead to taking more of the substance to try to increase dopamine levels. It's the concept you may be familiar with called "chasing the high".

    - It gets to the point where the substance is needed for that person to function. The level of dopamine someone is getting from the substance becomes necessary to survive as the brain stops reacting to dopamine like it once did.
- We know that using cocaine provides 3x more dopamine than someone's "best day ever." Understanding just how rewarding this behavior is can be helpful to us when we are struggling to accept someone's difficulties changing their use.
- Even when there are meaningful external forces promoting change, such as family or a job, science proves how challenging it can be. Everything else pales in comparison to the level the substances produce. It's not about the person not loving or not caring enough. The way the brain functions and is structured is physically changed. The things that should make someone happy don't release dopamine like they used to.
- **Substance use disorder is not a moral failing - it happens because the body requires dopamine for survival, which can lead to dangerous or risky behaviors.**

Slide 13: The Science of Substance Use: Dopamine (continued)



Trainer Notes:

- To better understand the FMRI Study, watch this video by Dr. R. Corey Waller, HMA Institute on Addiction: https://www.youtube.com/watch?v=bwZcPwlRRcc&t=840s
- Pause for attendee engagement as marked in the script.

Sample Script:

- When an individual uses drugs in a consistent manner, their body craves the dopamine and effects of the substance. It can get to the point where the individual needs the substance just to feel 'normal'. A study was done that looked at the brain under a functional MRI machine and explored the effects of dopamine on the brains reward circuit using dehydration, starvation, and substance cravings.
- In the first part of the study, patients had nothing to drink for three days. They're starting to feel a survival need for water as dehydration sets in. While taking images of their brain, the study engaged their senses, asking them to talk about waterfalls, playing sounds of water, sprinkling water on their skin, and showing images of water. The pleasure centers of the brain lit up to the relative size of a **baseball**.
- The second part of the study looked at starvation. They had patients who had not eaten anything for five days but did receive IV nutrients and vitamins. The patients had their favorite food wafted into the room, they tasted the food before spitting it out and talked

about how much they love their favorite food. The images showed the pleasure centers of the brain lit up to the relative size of a **basketball**.
    - Pause here and ask attendees, "What do we need more to survive, food or water?"
    - Follow up with, "Even though we need water more, what we want more is food. Our needs and wants don't always align."
- Think about how exhausting and hard it is to focus on anything else when you're hungry or thirsty. It becomes an all-encompassing need. Retaining new information, having the motivation, being able to solve problems, and controlling impulses all become increasingly more difficult when the body is trying to manage cravings. The same is true for drug cravings.
- The last part of the study focused on addiction, specifically alcohol and opioids. Patients hadn't used a substance for 30 days, 60 days, 90 days, or one year. Patients were asked questions about the first and last times they used the drug and to think about using the drug. The pleasure centers of the brain lit up to the relative size of a **baseball field**. The study found that the cravings and the signals to the brain did not decrease until up to two years substance free.
    - This study also shows something critically important about the way addiction changes the brain. The pleasure centers in the brain responded more strongly to substances than to water and food. Addiction trains our brain to value substance use over everything, even the behaviors that keep us alive.
- One of the ways a person's dopamine levels can be brought back to normal levels is through the use of medications for opioid use disorder, such as methadone and buprenorphine.

Before moving on to the next slide…

Ask participants: "What are some of the things you've heard about medications for substance use disorder?"

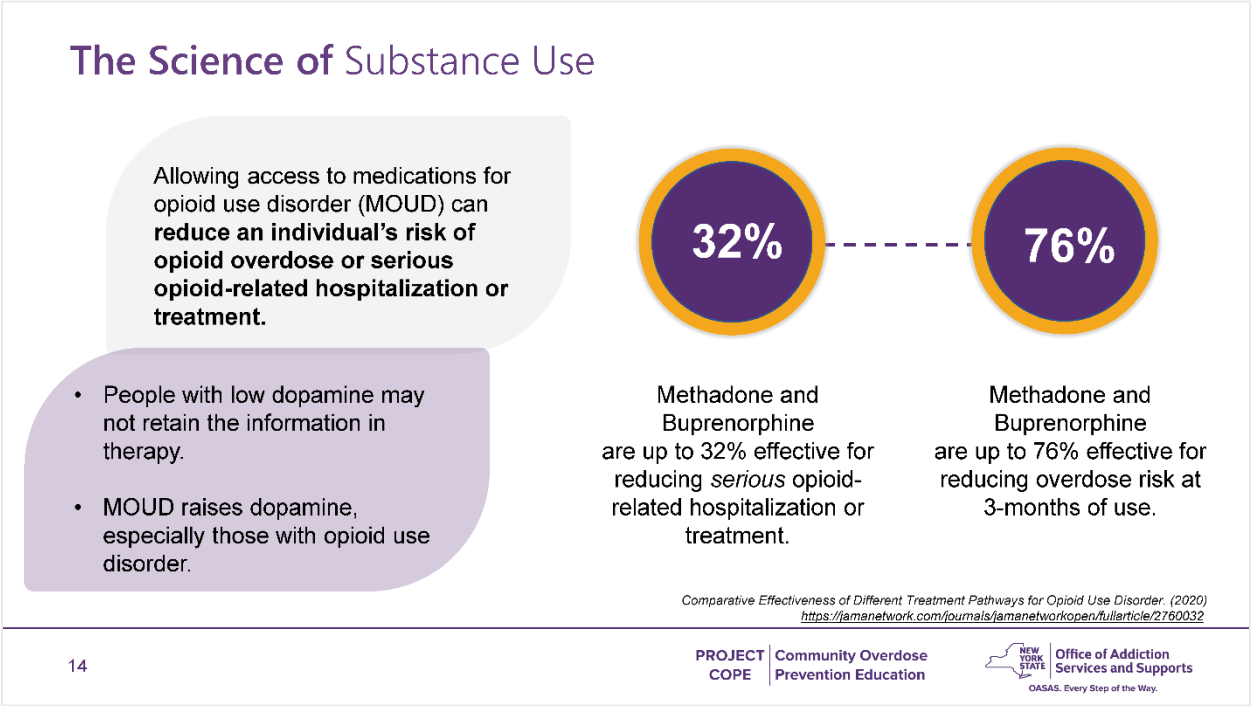
**MAT = medication for addiction treatment; MOUD = medication for opioid use disorder.*

Sample Responses:

- If someone responds: "These medications are just substituting one drug for another," or "these medications replace one addiction with another."
    - You could say: "These medications treat addiction symptoms like cravings, relieve withdrawal symptoms, and stabilize brain chemistry. They are medications to help manage a medical condition."
- If someone responds: "The medications aren't meant for short-term use," or "the medications aren't meant for long-term use."

    - You could say: “Everyone has different needs when it comes to length of time on medication. There is no ‘correct’ time frame or ‘correct’ amount of time to be on medication.”
- If someone responds: “Being on a medication isn’t really recovery,” or “being on a medication isn’t really abstinence.”
    - You could say:
        - “MAT and MOUD are medical management tools for a medical condition. Recovery is a personal process towards improved health and wellness that involves different treatment tools and pathways, including MAT/MOUD.”
        - “The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”
            - *Source: https://www.samhsa.gov/substance-use/recovery*

Slide 14: The Science of Substance Use: MOUD

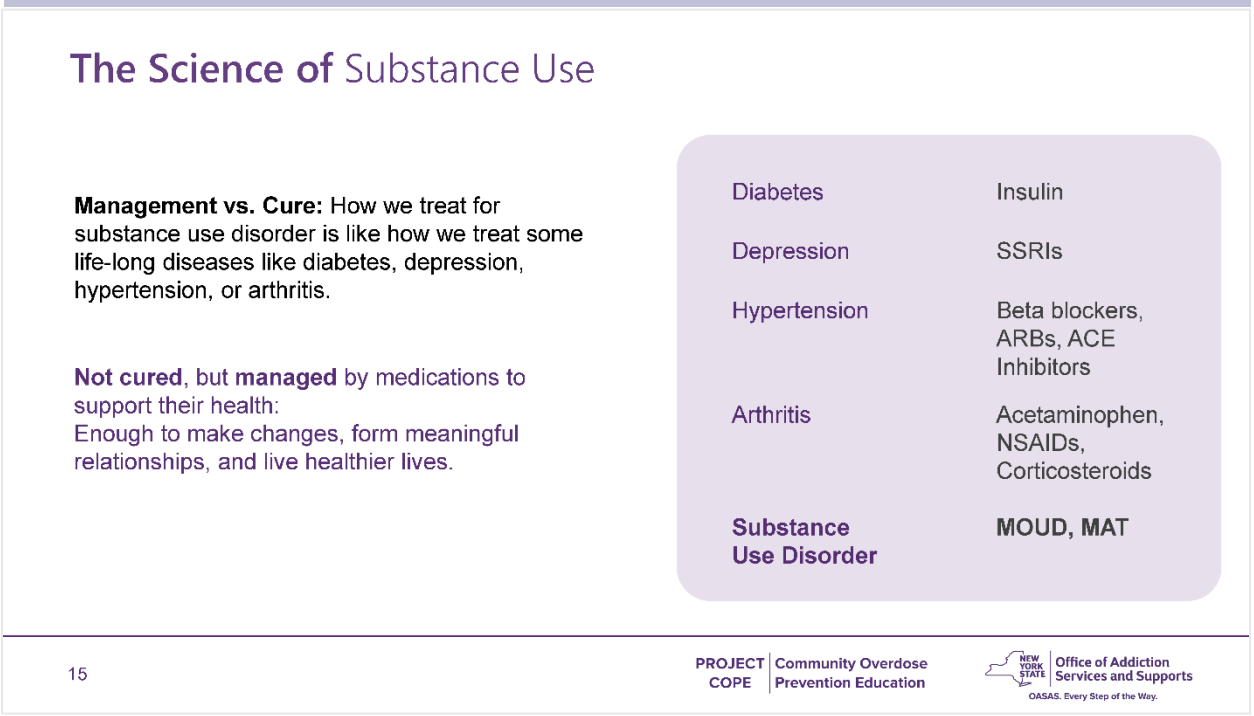


Sample Script:

[Read the slide]

- Preventing mortality is the first step toward promoting or assisting with a pathway to health and wellness.
- MOUD is an effective, evidence-based treatment for opioid use disorder. Empirical studies have shown MOUD's effectiveness for reducing the presence of illicit opioids in toxicology reports, supporting opioid abstinence, increasing mean time to recurrences of use, and improving retention in treatment. MOUD helps prevent withdrawal and cravings as well as overdose.
- For individuals who inject drugs, MOUD also helps prevent transmission of blood-borne infections, such as HIV and hepatitis C, through sharing of injection equipment.

Slide 15: The Science of Substance Use: MOUD (continued)



Trainer Notes:

- Ask attendees: "Are any other medications held to the same standard MOUD/MAT are?"
    - Give an example: "MOUD are a tool to minimize risk and treat a medical condition and are not a cure for addiction. Does insulin cure diabetes? No. Insulin is a management tool that helps a person with diabetes be healthy enough to make their own decisions regarding diet, exercise, medication, and more. When we see a person with diabetes eat an excess amount of sugary food, is there a social uproar about how the individual should not be allowed to continue receiving their insulin since they are making 'unhealthy decisions'? Also no."

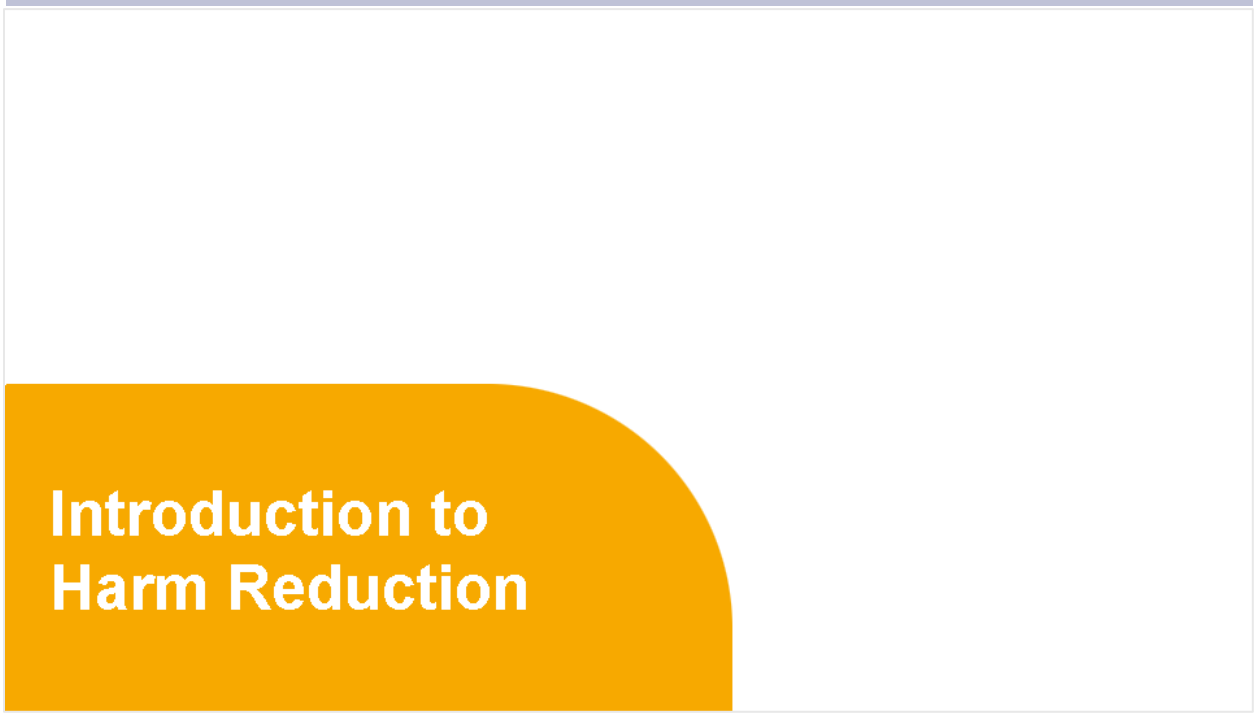
Sample Script:

[Read the slide]

- These medications are a tool to bring people to a healthier baseline, to reduce harm, and to assist in the management of a medical condition. Much like the other medications for ongoing medical conditions on this slide, MAT and MOUD are management tools.

Lesson 3: Introduction to Harm Reduction

Slide 16: Lesson 3 Title Slide



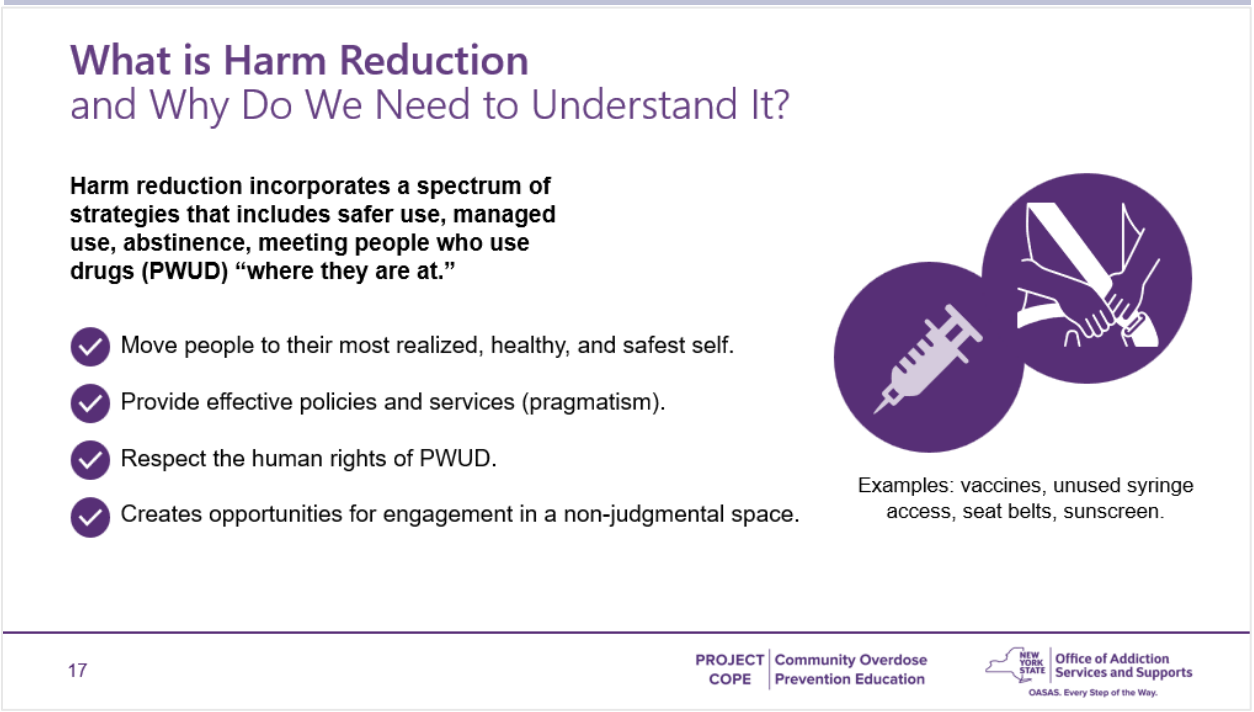
Goal of the Module:

- Introduce the concept of harm reduction and how it relates to substance use.

Trainer Notes:

- Before beginning this lesson, ask attendees:
  - "What are some everyday examples of harm reduction?"
    - Common answers: seat belts, air bags, sunscreen, smoke/carbon monoxide detectors, condoms, STD screenings, helmets, annual doctor visits, etc.

Slide 17: What is Harm Reduction and Why Do We Need to Understand It?



Trainer Notes:

- More information on Harm Reduction Principles can be found on OASAS's website: https://oasas.ny.gov/harm-reduction

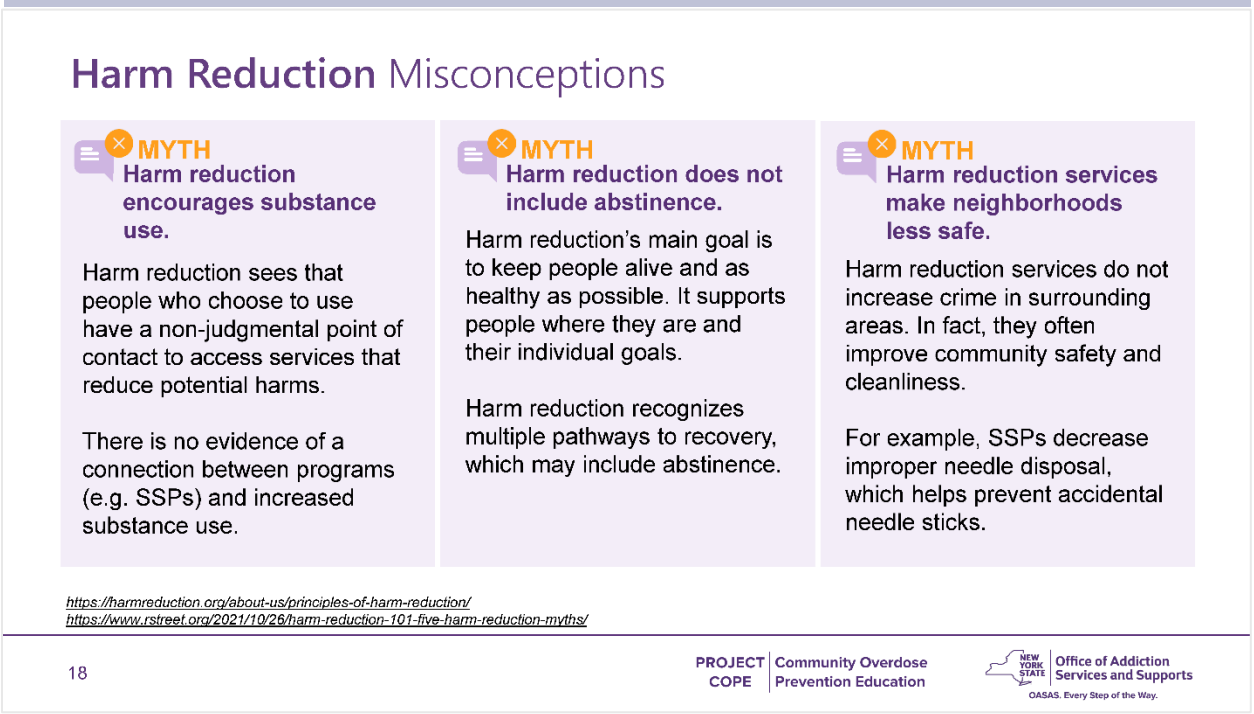
Sample Script:

[Read the slide]

- The goal of harm reduction is to move people from the place where they are to their most realized, healthy and safest self. For some people, that place is abstinence, while for others it is not, because abstinence from drug use is not a requirement for full participation in society. Harm reduction is neither for nor against substance use. It focuses on supporting efforts to reduce the harms of use.
- One of the founding principles of the National Harm Reduction Coalition is that it "Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them." Additionally, harm reduction can be defined as any positive change for people who use drugs. Harm reduction is based on the belief of meeting people who use drugs where they are at and looks different for each individual.
    - https://harmreduction.org/about-us/principles-of-harm-reduction/

- Discussing harm reduction strategies gives these individuals the knowledge and tools necessary to make informed choices about their substance use. People deserve safety, education, and support regardless of whether they choose to use substances.

Slide 18: Harm Reduction Misconceptions



Trainer Notes:

- "SSPs" stands for syringe services programs.
- If someone says: "Harm reduction encourages substance use."
    - You could respond with: "Harm reduction is neither for nor against use. Harm reduction focuses on supporting efforts to reduce the harms of use. People have the right to make their own decision and still deserve safety and education regardless of the decision they make."

Sample Script:

[Read the slide]

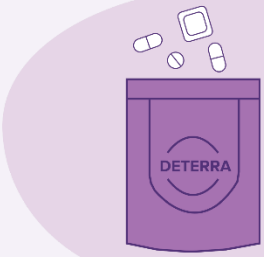
Slide 19: Medicine Safety

Medicine Safety

Medication safety is for everyone.

Misuse
Among people aged 12 or older in 2024 who misused prescription pain relievers in the past year, 42.3 percent obtained the pain relievers the last time from a friend or relative. (SAMHSA, 2025)

Practice Safe Storage or Disposal
To properly dispose of unused or expired medications, dispose of medications in a community drop box site or safely deactivate medications using a Deterra bag.



A Deterra bag is **a safe medication disposal pouch** used to destroy and properly dispose of unused, unwanted, and expired medications with the simple addition of tap water.

https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021_NNR_figure_slides.pdf

19

PROJECT COPE | Community Overdose Prevention Education

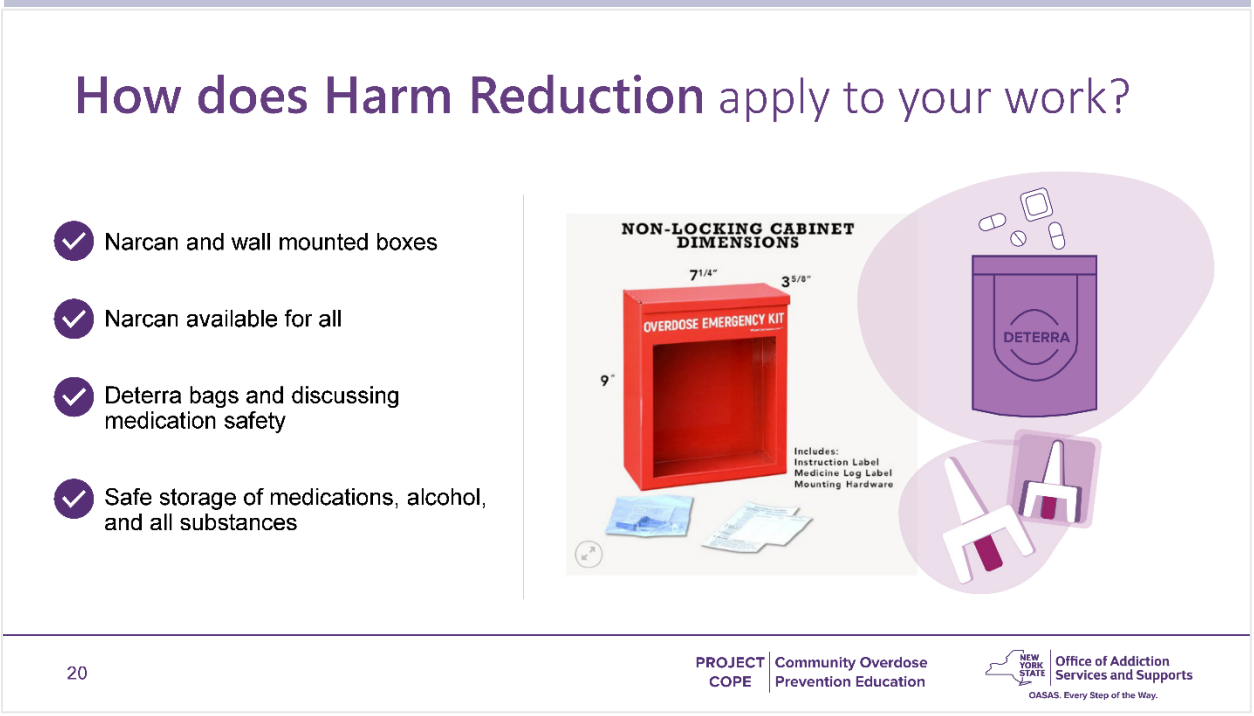
NEW YORK STATE | Office of Addiction Services and Supports
OASAS. Every Step of the Way.

Sample Script:

[Read the slide]

- This is a great way to begin the conversation about harm reduction and overdose prevention. Medication safety is a tangible thing that everyone can benefit from understanding and practicing. It's safely disposing of expired medications or medications someone isn't using anymore, and storing medications safely so other people and pets can't get into it.
- In 2025, the number one reason for pet owners to call Animal Poison Control was due to accidental ingestion of over-the-counter medications and supplements. The number three reason for calls was due to accidental ingestion on human prescription medications.
    - www.aspca.org/news/top-10-toxins-2025
- Deterra bags offer a low threshold start to harm reduction. They also reduce barriers of having to take medication to a drop site at a pharmacy or police station. Some barriers to safe medication disposal include:
    - Accessing transportation to or from the site
    - The hours medication can be dropped off being the same hours someone works, goes to school, or has other responsibilities
    - Carrying a controlled substance prescribed to a member of the household, even if the purpose is to dispose of it, potentially causing legal trouble for the individual

Slide 20: How Does Harm Reduction Apply to Your Work?



Trainer Notes:

- After reading the slide, ask attendees:
  - "What are some ways you can incorporate harm reduction in your work or everyday life regarding substance use?"

Sample Script:

[Read the slide]

- Unlocked wall mounted boxes eliminate the barrier of needing to ask for naloxone.

Slide 21: How to Have the Conversation



Trainer Notes:

- Invite attendee participation as noted in the script:
  - "What is your planned response when a client expresses they are actively using or plan to return to active use?"
  - "What are your biases or judgements to be aware of going into these conversations?"

Sample Script:

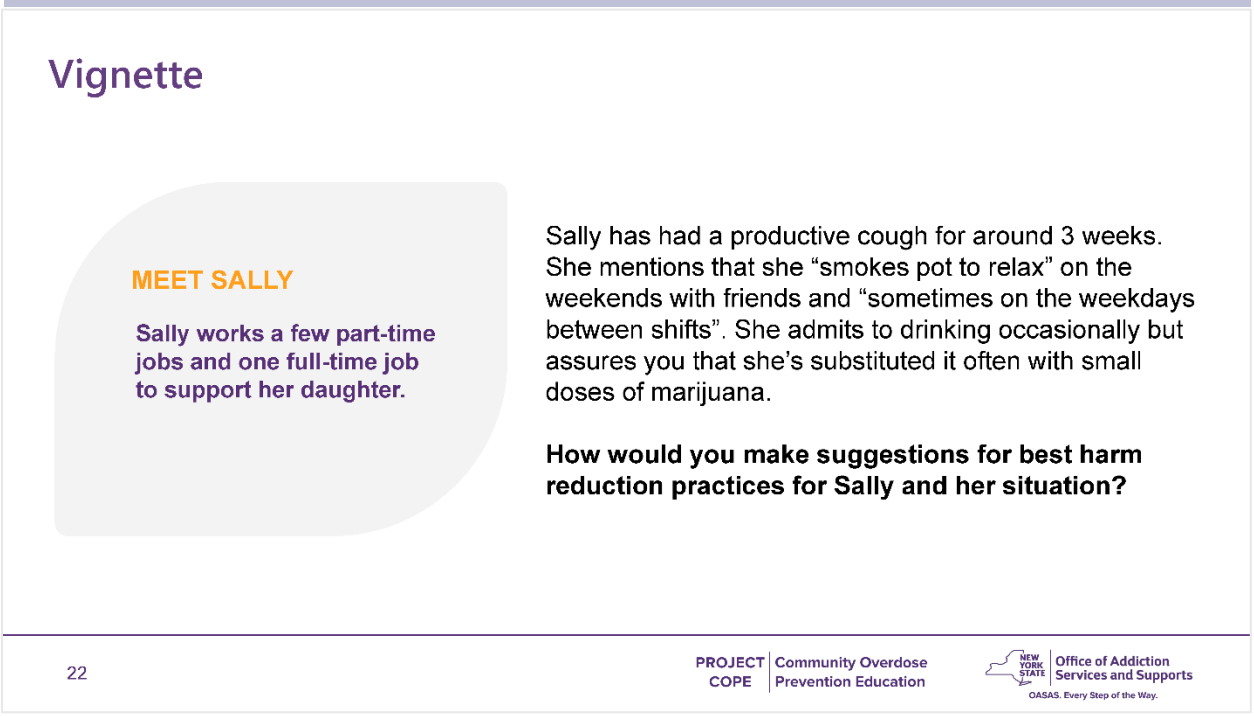
- By providing harm reduction supplies to everyone, we avoid unintentionally targeting or "othering" people who use drugs. It also ensures access to life-saving harm reduction supplies and education for individuals who may not have disclosed their substance use or know someone who uses drugs. This universal approach normalizes conversations about substance use and harm reduction.
- So you might say to an individual, "we have these kits/bags that we provide to all clients/families/individuals. Whatever you don't need, feel free to pass on."
- We don't tell other people what to do; however, we can have a conversation on harm reduction from a person-centered approach with the goal of meeting the person where they are at.

- Ask attendees: “What is your planned response when a client expresses they are actively using or plan to return to active use?”
    - Responding to attendees:
        - If they say, “I would tell them not to” or “I would tell them the dangers/consequences of using substances,”
            - You could tell them that while this might be an instinctual response, it can damage the trust between the attendee and their client. It is also unrealistic given what has been previously covered in terms of the medical model of addiction.

              Instead, consider:
                - Acknowledge that opening up about substance use is often difficult/scary,
                - Ask open-ended, non-judgmental questions about their substance use/desire to use substances,
                - Ask the client if they want to discuss harm reduction strategies to help support their safety if they choose to use.
- Everyone has biases and opinions, and it’s important to identify these and to acknowledge how they can get in the way of helping or supporting others.
- Sometimes under the judgement is fear or empathy or another emotion we can’t immediately identify. Being prepared for these conversations helps prevent a potentially stigmatizing response.

- Ask attendees: “What are your biases or judgements to be aware of going into these conversations?”

Slide 22: Vignette: Sally



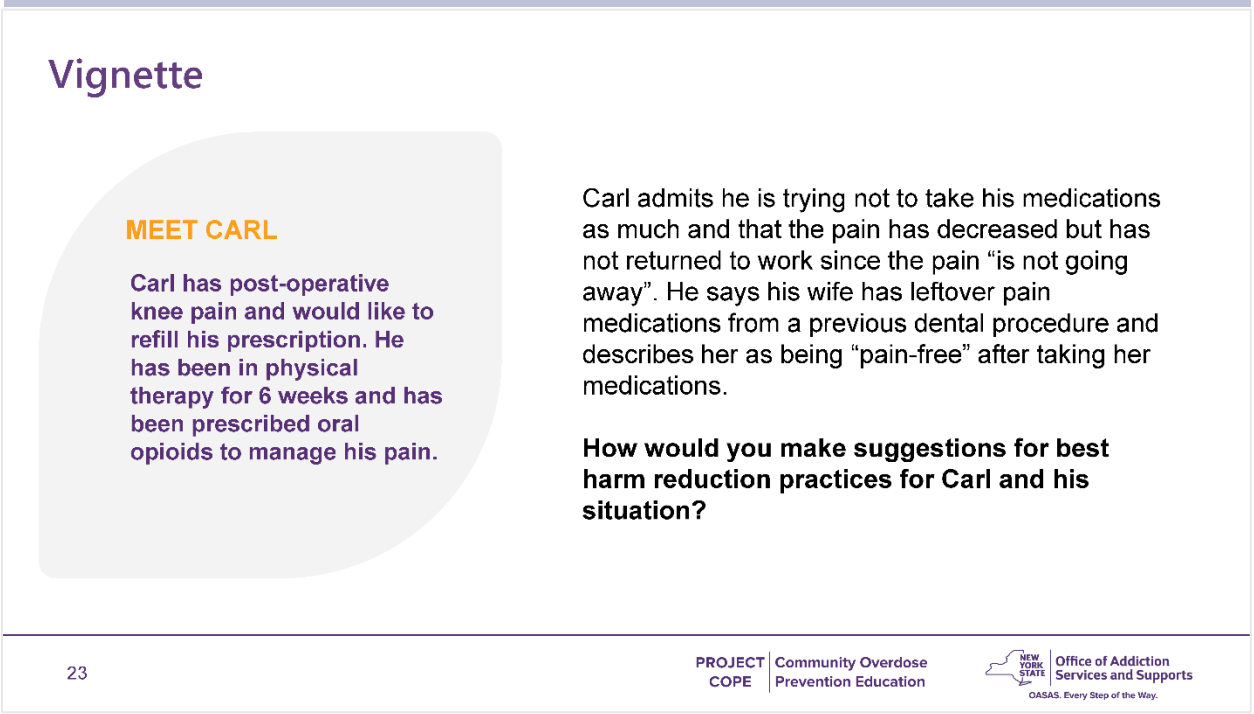
Trainer Notes:

- After you've read the vignette details aloud, ask attendees: "How would you make suggestions for best harm reduction practices for Sally and her situation?"
    - Possible answers:
        - Switch from smoking/inhaling to another method of consumption such as tinctures or edibles.
        - Talk to her doctor about her persistent cough.
        - Securely store alcohol and cannabis products away from daughter by utilizing lock bags for cannabis products.
        - Avoid drinking and smoking at the same time.
        - Obtain cannabis from regulated dispensaries, not the street.
        - Help Sally find a full-time job with better pay, so she isn't working as many different jobs, or refer Sally to a Vocational Counselor.
        - Help Sally find alternatives to cannabis that help her relax.

Sample Script:

[Read the slide and invite attendees to participate]

Slide 23: Vignette: Carl



Trainer Notes:

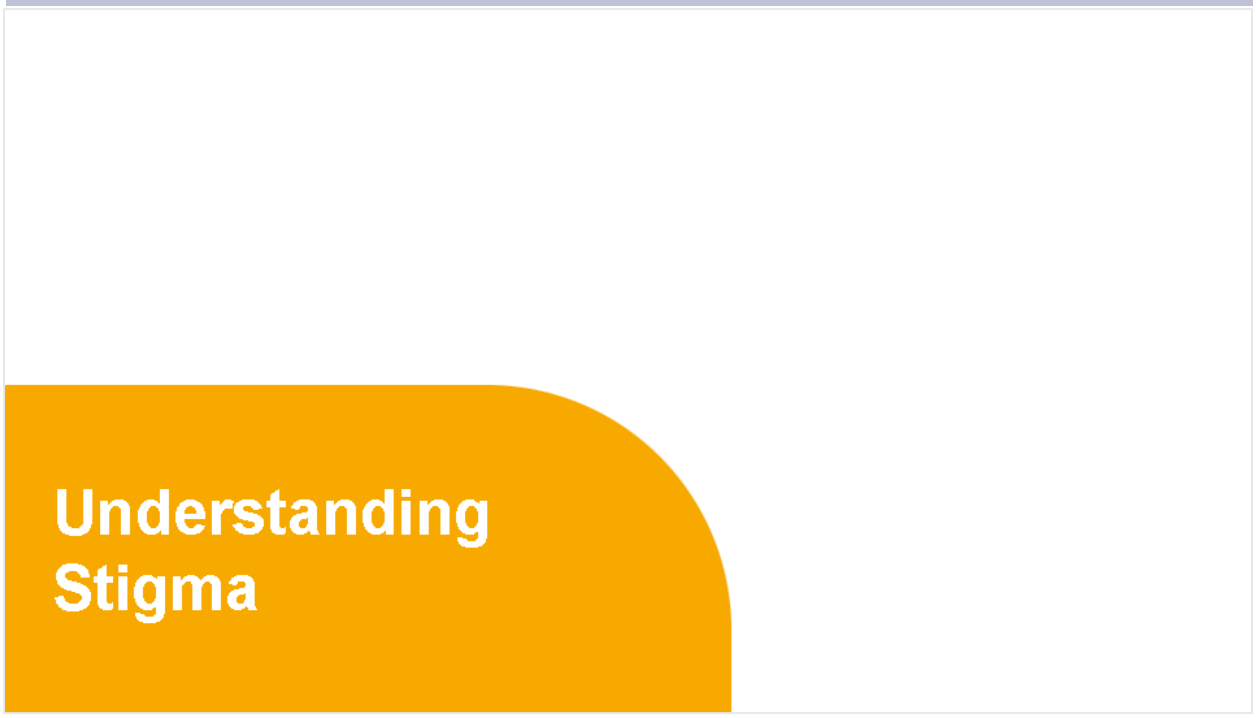
- After you've read the vignette details aloud, ask attendees: "How would you make suggestions for best harm reduction practices for Carl and his situation?"
    - Possible answers:
        - Dispose of his wife's leftover pain medicine with a Deterra bag.
        - Talk to his doctor about medication, dosage, and frequency.
        - Talk to his physical therapist about changing the routine.
        - Remind Carl that dental surgery and knee surgery heal at different rates and are different types of surgery.
        - Provide Carl with naloxone to keep in his house, and make sure others in the household know how to use it.

Sample Script:

[Read the slide and invite attendees to participate]

Lesson 4: Understanding Stigma

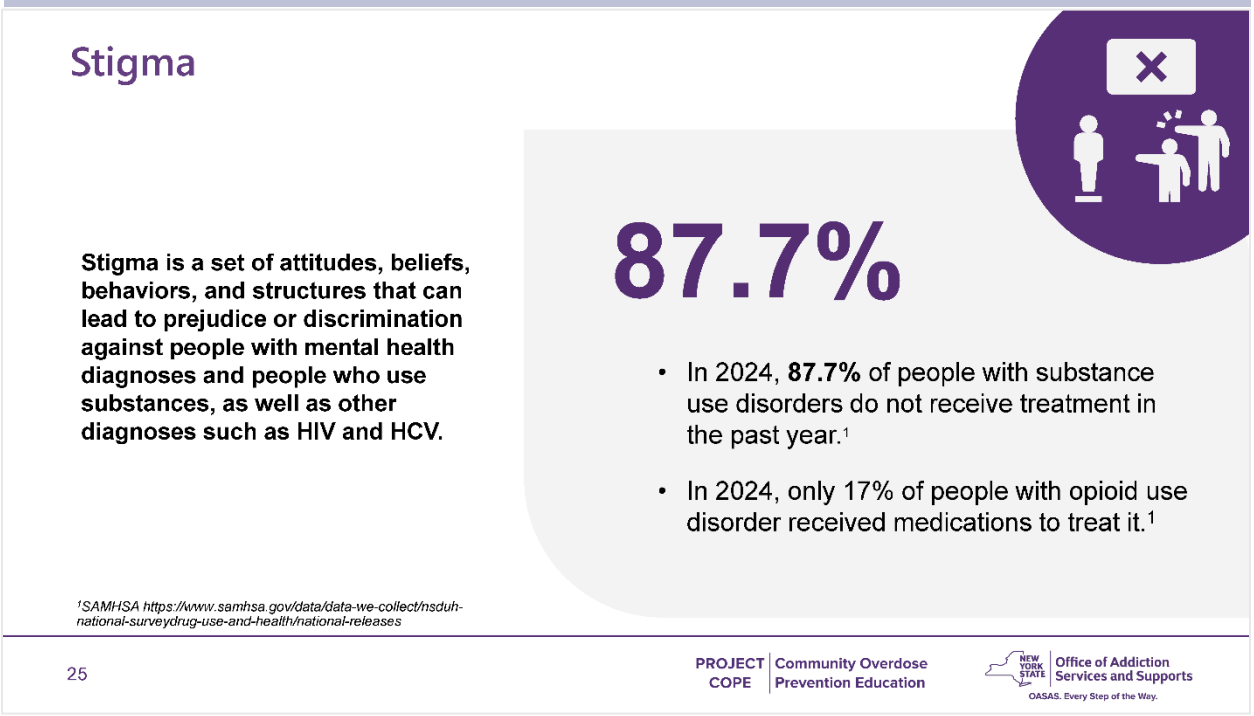
Slide 24: Lesson 4 Title Slide



Goal of the Module:

- Recognize and help change stigmatizing language.

Slide 25: Stigma

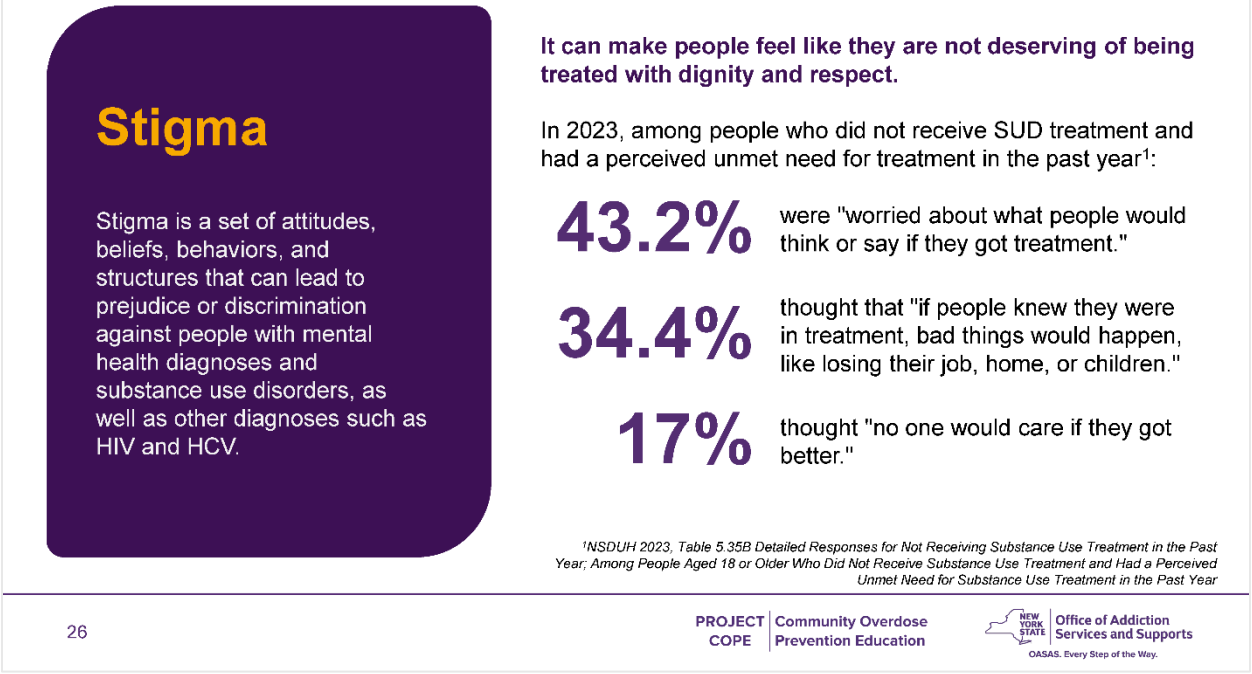


Sample Script:

[Read the slide]

- We can't always tell when someone uses substances or what someone's experience with substance use disorder is. Being mindful of our body language, verbal language, behaviors, and reactions with every client helps reduce stigma associated with substance use.

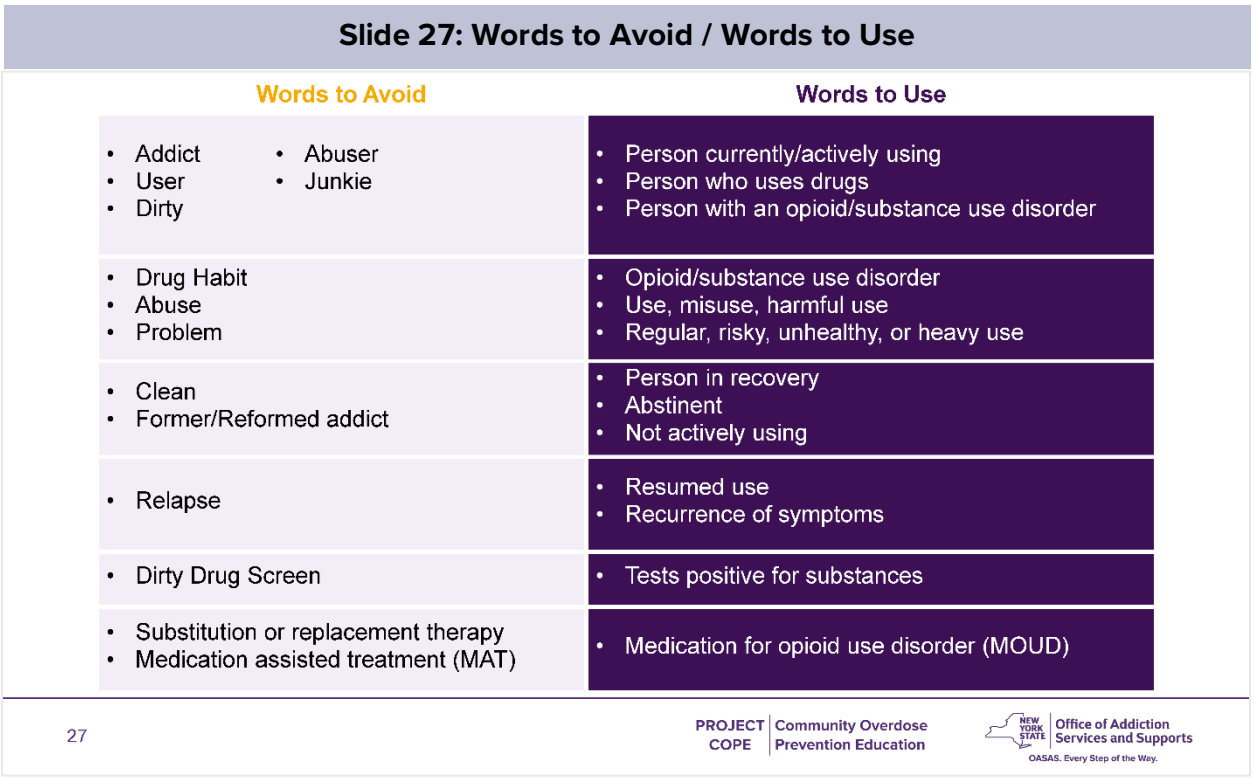
Slide 26: Stigma



Sample Script:

[Read the slide]

- The people you serve may have already experienced stigma or bias from other providers or settings. This can make it hard to feel safe discussing substance use with others. How you act, talk, and react affects how open and honest someone will be with you.



Trainer Notes:

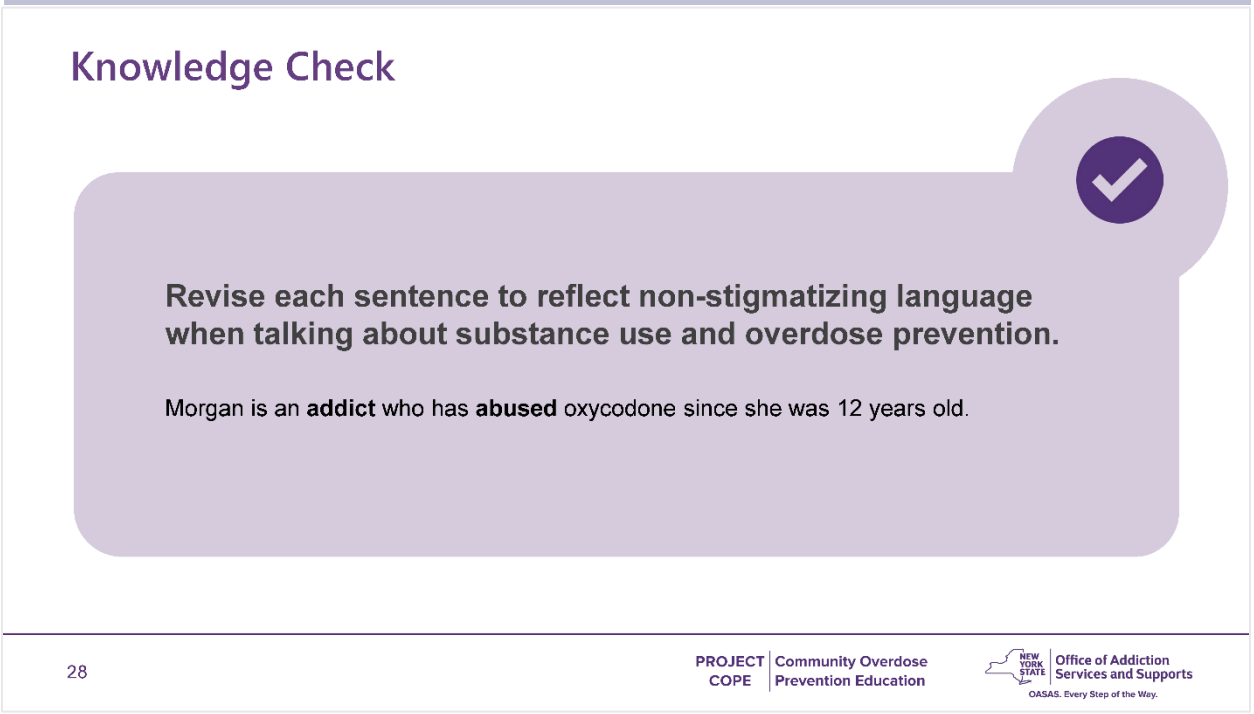
- Ask attendees to cross their arms in front of their chest. Then have them cross their arms the other way – so that their opposite arm is in front this time.
    - And then say, "Getting used to these changes can be uncomfortable. It may not feel quite right, but the more you do it, the more natural it will become."

Sample Script:

[Read the slide]

- Using person-first language is important because it creates the foundation of how we view people. Would anyone of us like to be known for the worst or most shameful thing we've done? Why would we use language to describe someone as a medical condition, not as a person?
- MAT stands for medication for addiction treatment.
    - Historically, MAT stood for "medication-assisted treatment." This phrasing implies that the medication is not a primary treatment for addiction, or that it's a supplement to other forms of treatment. Using "medication for addiction treatment" instead is preferred because it emphasizes that these medications are effective treatments for addiction and reduces stigma towards their use.

Slide 28: Knowledge Check (1/2)



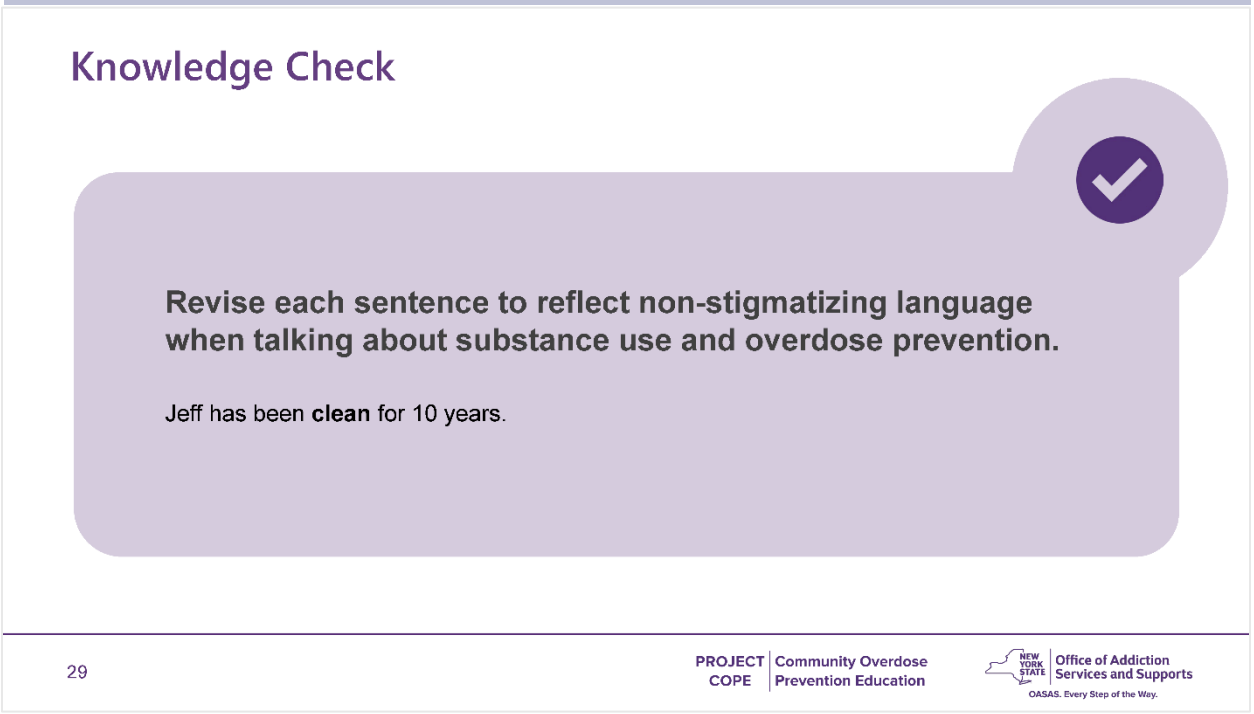
Trainer Notes:

- Read the slide and ask attendees how they would edit the sentence.

Possible Answers:

- Morgan has actively used oxycodone since she was 12 years old.
- Morgan is a person who has used oxycodone since she was 12 years old.
- Morgan has had opioid use disorder since she was 12 years old.
- Morgan is a person who has used oxycodone since she was 12 years old.
- Morgan is a person who has actively used oxycodone since she was 12 years old.

Slide 29: Knowledge Check (2/2)



Trainer Notes:

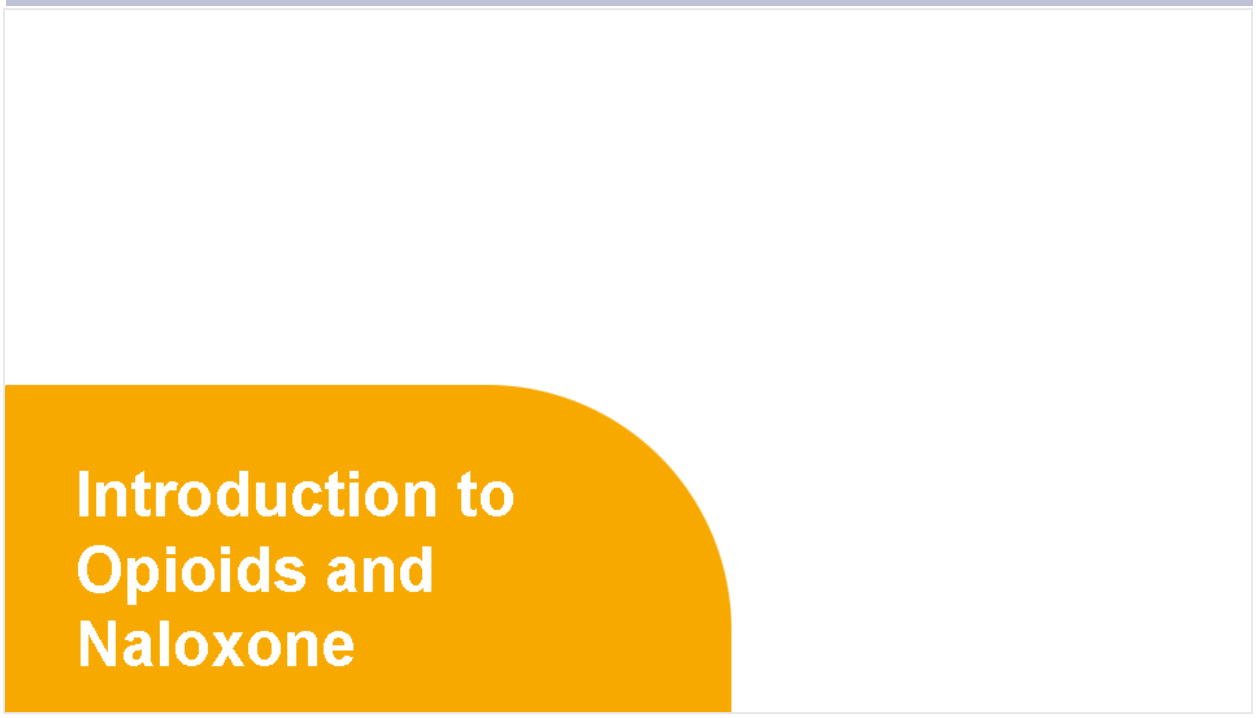
- Read the slide and ask attendees how they would edit the sentence.

Possible Answers:

- Jeff has been in recovery for 10 years.
- Jeff has abstained from using substances for 10 years.
- Jeff has been sober for 10 years.
- Jeff has not actively used in 10 years.
- Jeff is a person in recovery. He has been abstinent for 10 years.

Lesson 5: Introduction to Opioids and Naloxone

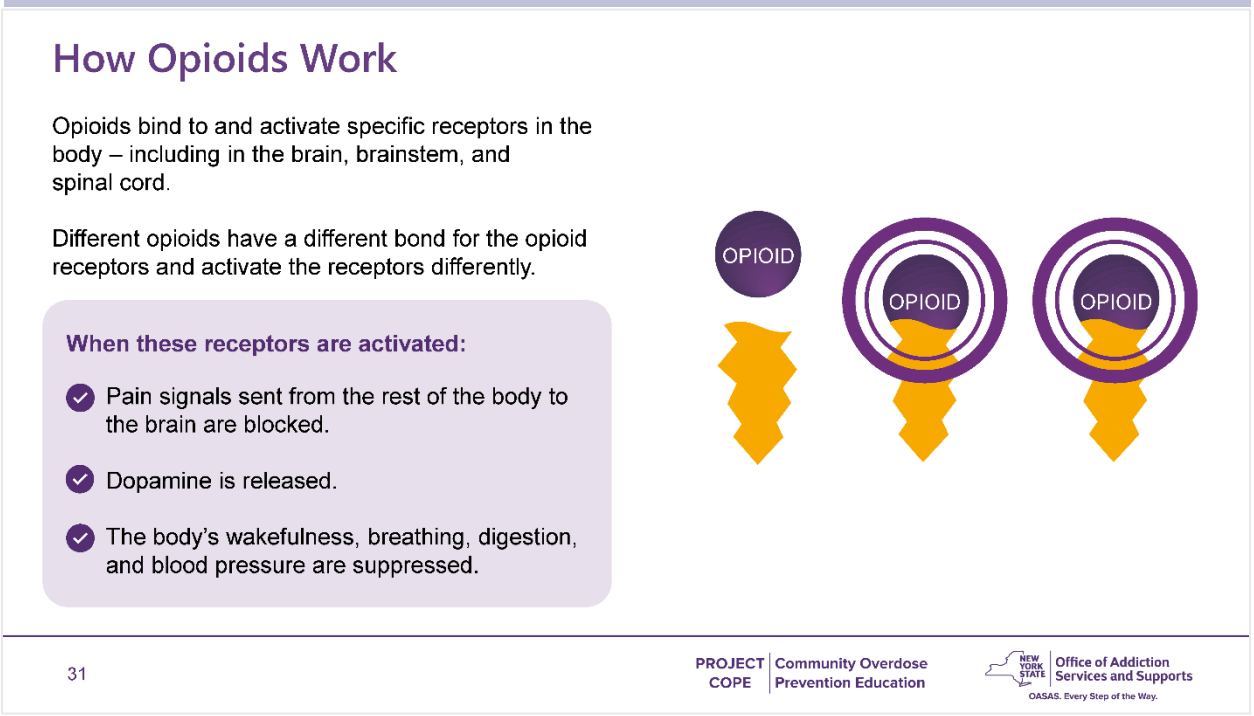
Slide 30: Lesson 5 Title Slide



Goal of the Module:

- To teach attendees how opioids bond in the body and cause overdose, how naloxone works in the body, and naloxone misconceptions.

Slide 31: How Opioids Work

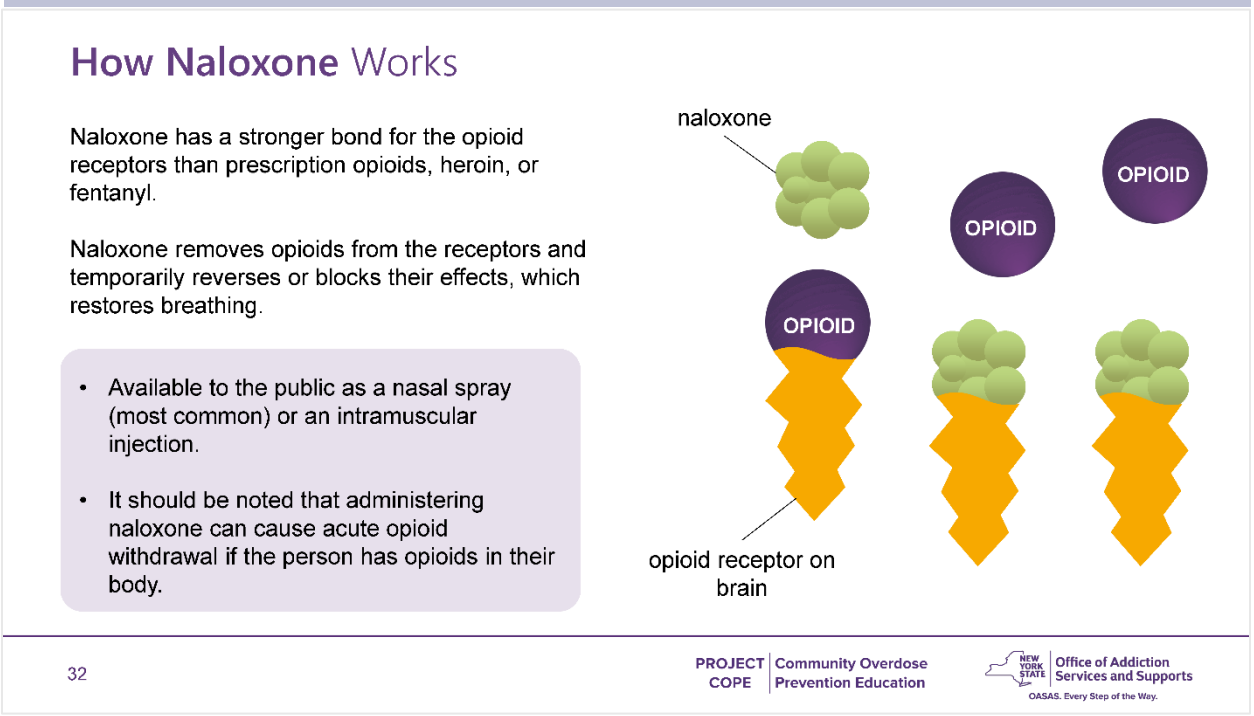


Sample Script:

[Read the slide]

- Our brains have opioid receptors because of naturally occurring opioids in the body, like endorphins. An overdose occurs when too much of an opioid bond with too many receptors in the brain, overpowering the body's natural functions.

Slide 32: How Naloxone Works

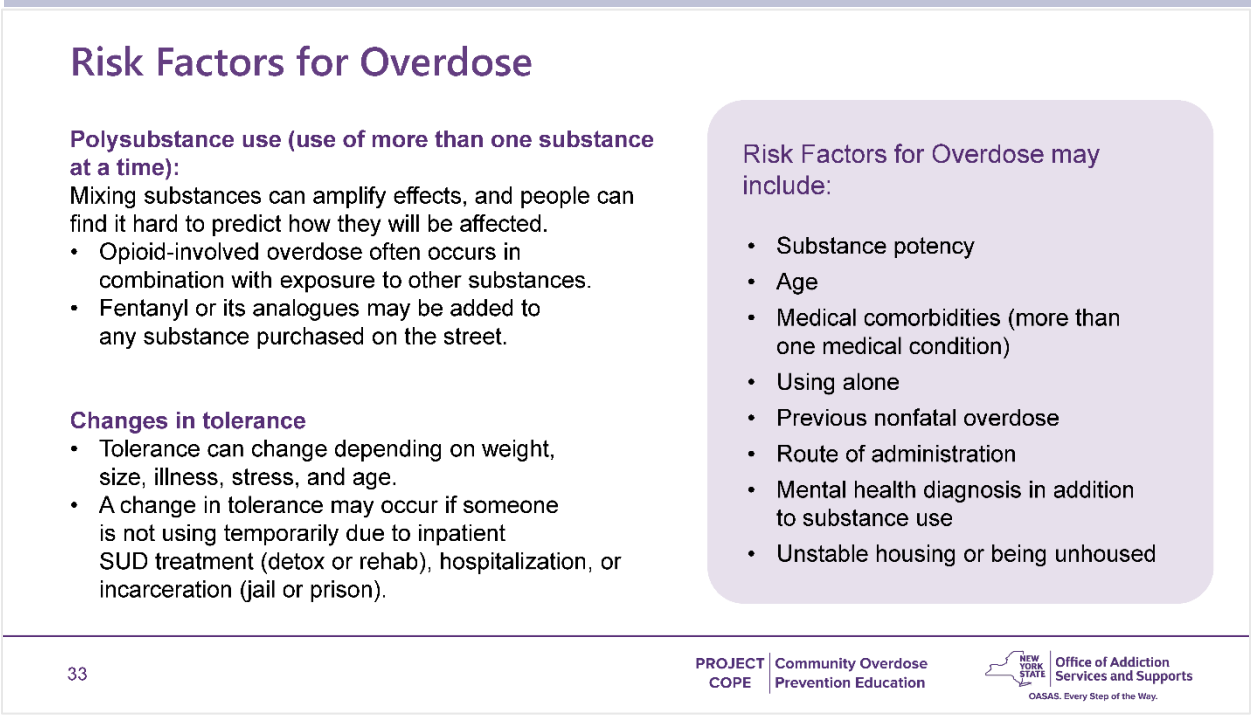


Sample Script:

[Read the slide]

- In a polysubstance (multi-substance) overdose, naloxone cannot reverse non-opioid effects, and additional interventions may be necessary. A polysubstance overdose can happen without intention, due to adulterants in the supply.
- Administering naloxone has the potential to cause acute opioid withdrawal syndrome.

Slide 33: Risk Factors for Overdose

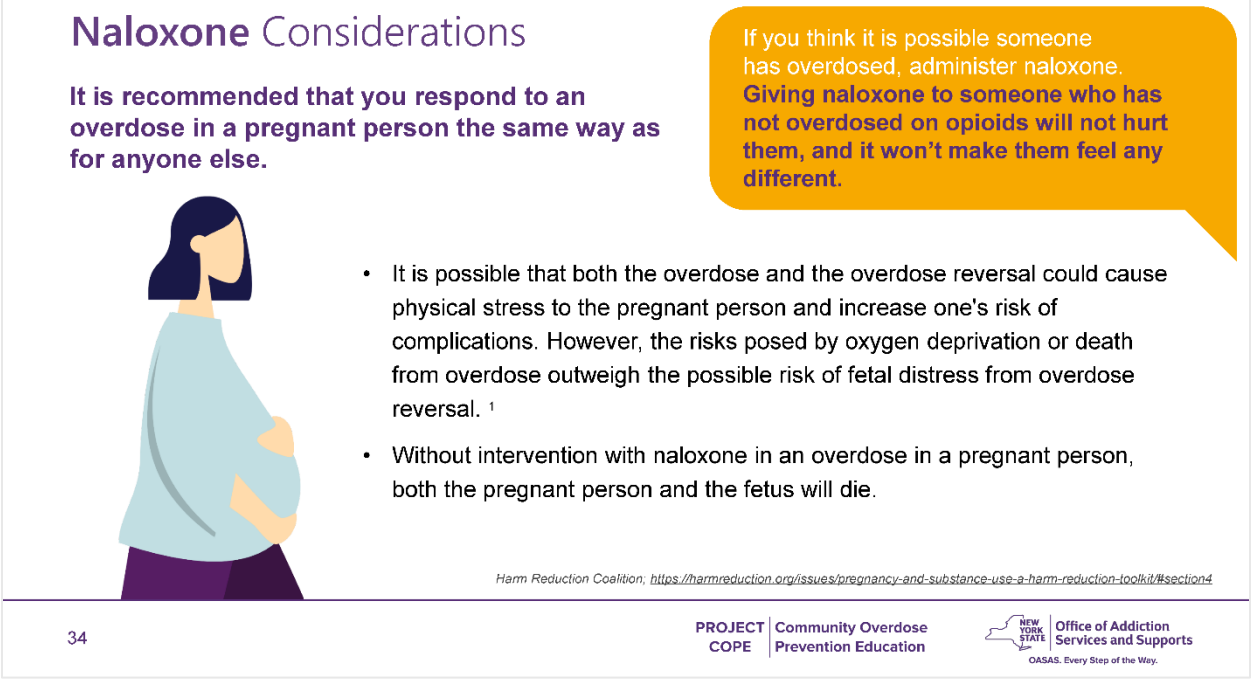


Sample Script:

[Read the slide]

- Another risk factor can occur after administering naloxone. If the duration of the opioid is longer than the duration of naloxone (30-90 minutes), the individual may experience depressed breathing again.
- A person's tolerance can significantly decrease in short amounts of time, causing withdrawal symptoms. This decrease in tolerance raises their risk of experiencing overdose. According to the National Institutes of Health (NIH), opioid withdrawal symptoms for short-acting opioids can begin 8-24 hours after last use with a duration of 4-10 days. Opioid withdrawal symptoms for long-acting opioids can begin 12-48 hours after last use and with a duration of 10-20 days.
    - Source: https://www.ncbi.nlm.nih.gov/books/NBK310652/

Slide 34: Naloxone Considerations

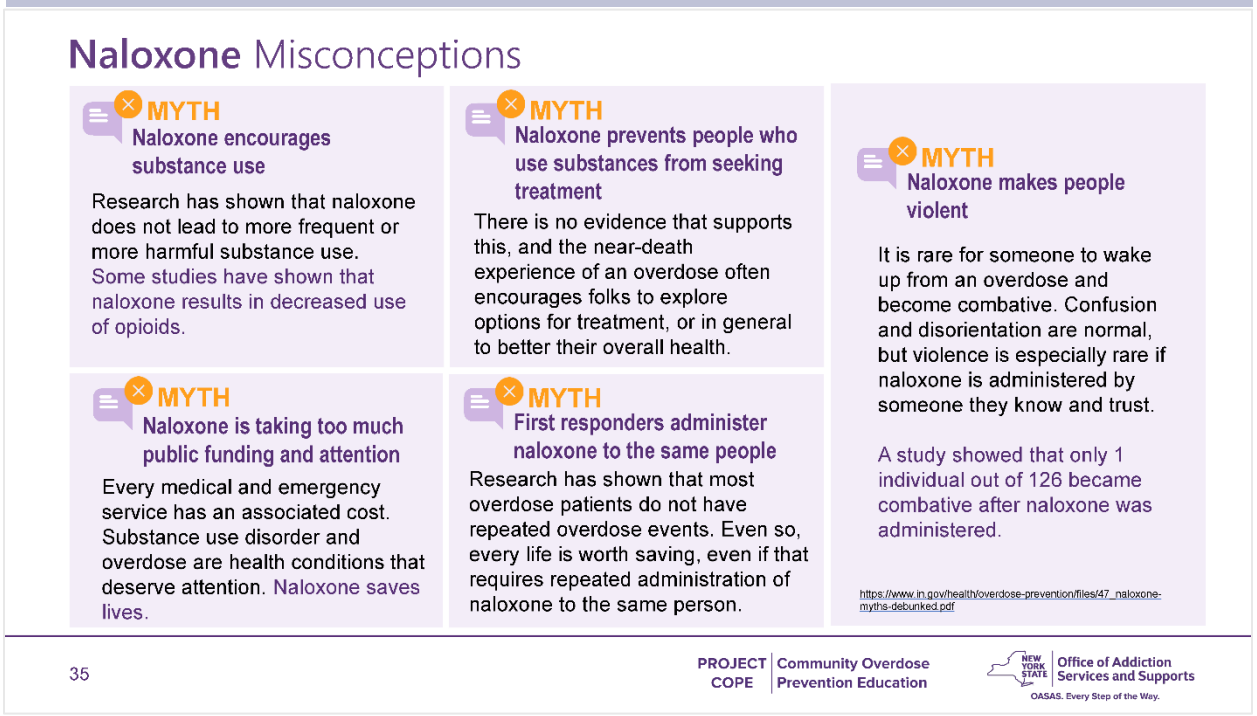


Sample Script:

[Read the slide]

- Naloxone is safe for pregnant people, children, animals, and people not experiencing an overdose.

Slide 35: Naloxone Misconceptions



Sample Script:

[Read the slide]

Lesson 6: How to Recognize and Respond to an Overdose

Slide 36: Lesson 6 Title Slide



Goals of the Module:

- Identify signs of an overdose, learn why an overdose occurs, understand the Good Samaritan Law, and learn how to administer naloxone.

Trainer Notes:

- You will play a video as part of this lesson. Make sure that your audio sharing settings are set up and you load or download the video ahead of time to ensure a smooth transition.

Slide 37: Understanding Opioids: Overdose

Understanding Opioids: Overdose

An opioid overdose occurs when **too much of an opioid**, such as heroin or fentanyl, fits in too many receptors, **slowing and potentially stopping breathing**.

SIGNS OF AN OPIOID OVERDOSE

- Unconscious (difficult to wake up)
- Slow or no breathing
- Snoring or gurgling sounds
- Blue or grey lips/nails



37

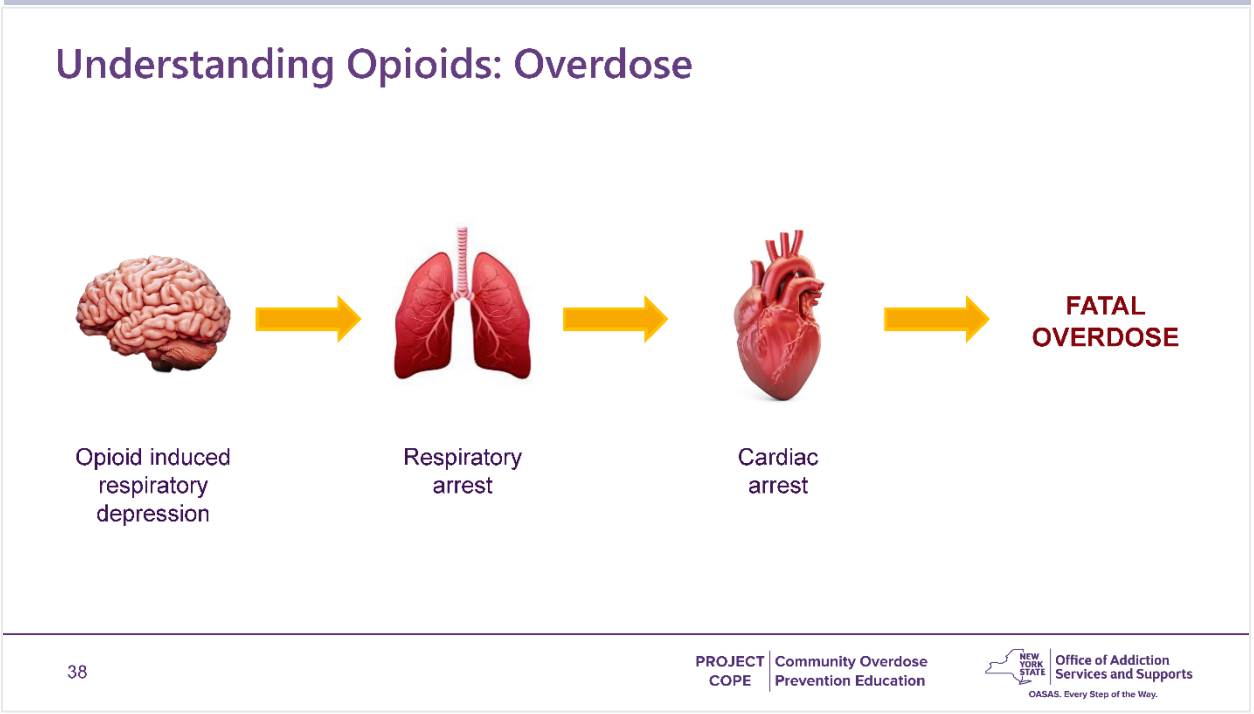
PROJECT COPE | Community Overdose Prevention Education

NEW YORK STATE | Office of Addiction Services and Supports
OASAS. Every Step of the Way.

Sample Script:

[Read the slide]

Slide 38: Understanding Opioids: Overdose (continued)

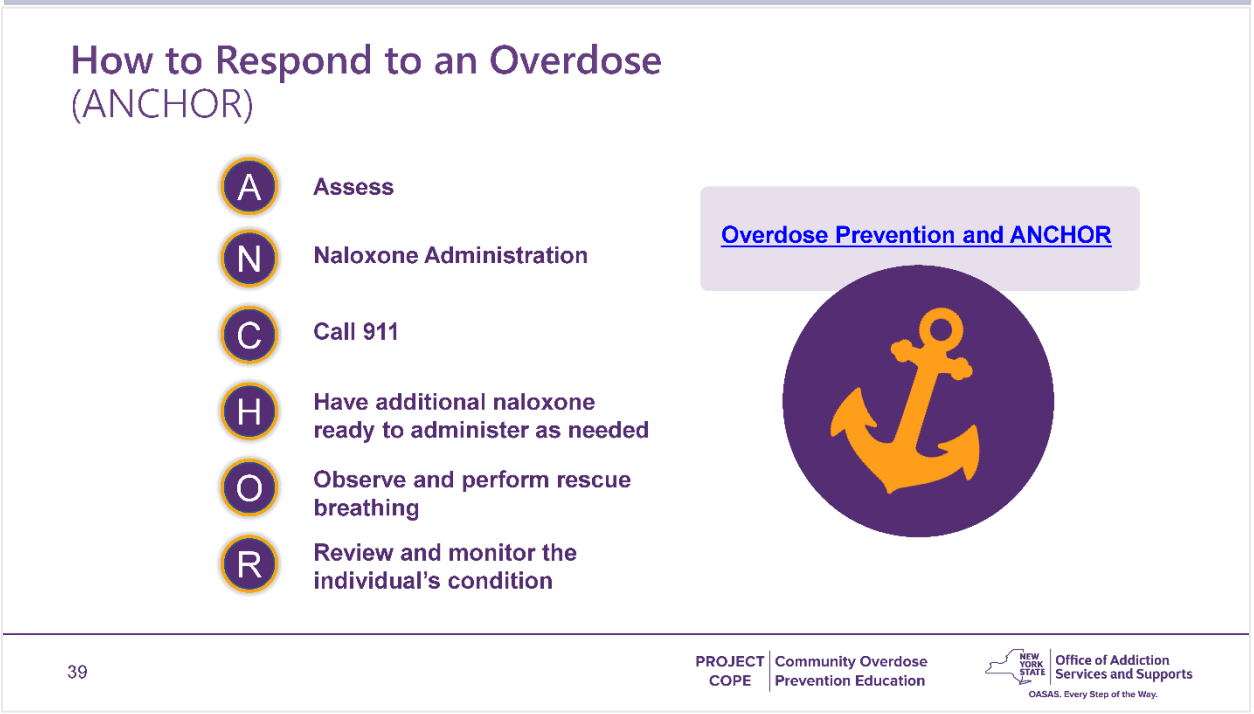


Sample Script:

[Read the slide]

- After bonding to the receptors in the brain, opioids induce respiratory depression, slowing a person's breathing. This can cause respiratory arrest, which is when a person stops breathing completely. When breathing stops, it can cause cardiac arrest, which stops the heart from beating and transporting blood throughout the body, including the brain. These steps lead to overdoses being fatal.
- Naloxone's effects last for 30-90 minutes. Once naloxone wears off, any opioids in the body can bond with the receptors again and cause respiratory depression. This can cause a fatal overdose. Individuals should be monitored for up to three hours after the initial dose of naloxone to prevent overdose death.

Slide 39: How to Respond to an Overdose (ANCHOR)



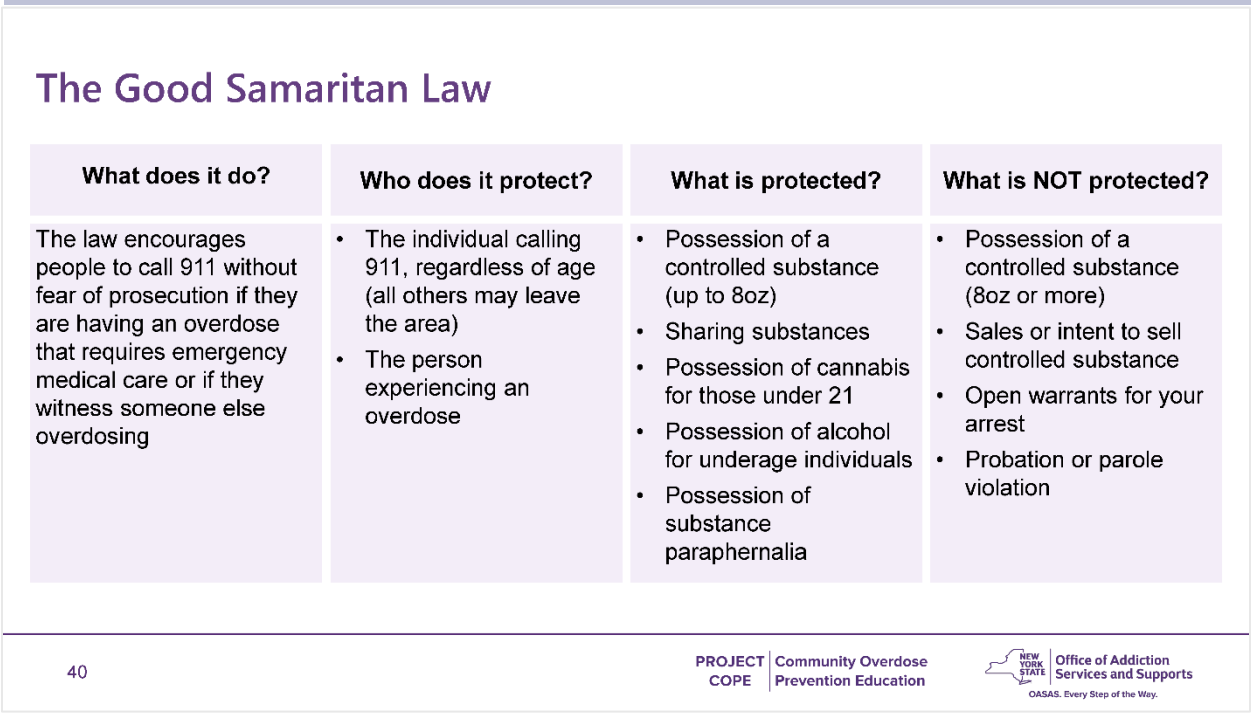
Trainer Notes:

- Play the video (3.5 minutes) after reading the name of each step:
  - https://www.youtube.com/watch?v=0WBMRvpEKBc
- Make sure your sound is being shared and the volume is loud enough for attendees to hear.

Sample Script:

- ANCHOR is a helpful acronym to remember the steps to take when responding to an opioid overdose.
- *[Read the slide and then play the video]*

Slide 40: The Good Samaritan Law



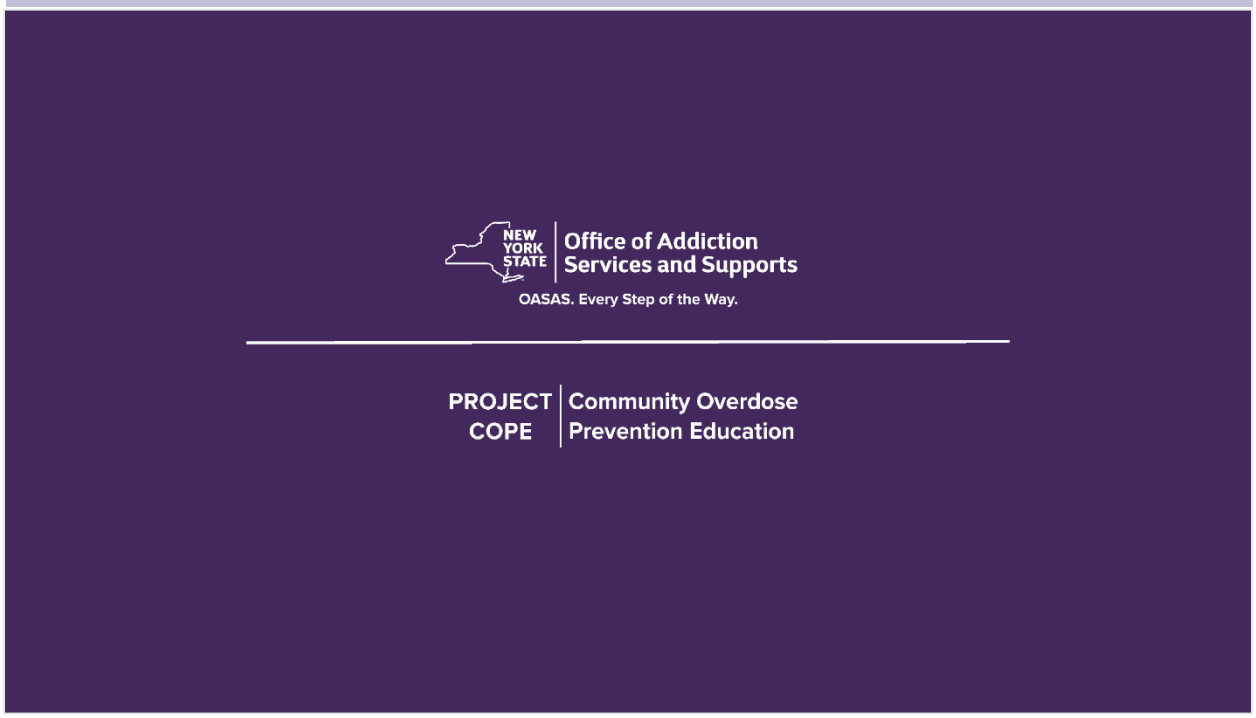
Trainer Notes:

- For more information on the Good Samaritan Law in New York, visit the NYS DOH website:
  - https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm

Sample Script:

[Read the slide]

Slide 41: End Slide



Trainer Notes:

- You may want to share any additional helpful resources at the end of the training
  - E.g. Harm Reduction Delivered is a NYS OASAS program that provides New Yorkers with free harm reduction supplies such as test strips and naloxone: https://oasas.ny.gov/harm-reduction-delivered

Sample Script:

- Thank you for attending today's training!
- Does anyone have any remaining comments or questions?