

How old are you?

What is the primary type of opioid that is being used?

Heroin

Prescription opioids

Both heroin and prescription opioids roughly equally

Don't know / Unsure

Other (please specify)

How confident are you at responding to an opioid overdose?

1 - Not confident at all

2 -

3 - Somewhat confident

4 -

5 - Very confident

Have you previously used and/or received training on Take Home Naloxone?

No

Yes, but I would like a refresher (skip to demonstration videos)

Yes, and I am happy to skip the training today (finish intervention)

Now let's learn a little bit more about opioids and opioid overdose...

The following questions are known as the Opioid Overdose Knowledge Scale. They are designed to find out how much you know about opioid overdose and how to respond using naloxone.

Worker Note: Make sure you ask and record a response for each question before scrolling down as the answers are provided immediately after each question. Please do not change the answer after reading the feedback.

Which of the following can increase the risk of an opioid overdose?

- Using too much heroin/opioids
- Change in purity
- Using heroin/opioids with other drugs (e.g. alcohol, benzodiazepines)
- Using heroin/opioids by yourself
- Change in tolerance (e.g. haven't used in a while, after detox, prison)
- Using in unfamiliar places, with unfamiliar people

Feedback

These are some simple ways to reduce the risk of an opioid overdose:

- If using heroin, test a new batch by trying only a small amount first
- Reducing or keeping to the same dose of heroin or opioid
- Choosing slower ways for your body to absorb the drug (e.g. swallowing)
- Avoiding mixing different types of opioids or with other depressants like alcohol or benzodiazepines (such as Valium).
- Starting low and going slow, especially if there has been a break in use
- Having others around when you are using

Remember, even people with a long history of heroin or opioid use can have an overdose. Don't be too overconfident!

Which of the following **MAY** be signs of an opioid overdose? (Select all that may apply)

- Slow shallow breathing
- Blue lips
- Loss of consciousness, won't wake up
- Snoring, gurgling sounds
- Slumped posture
- Clammy skin
- 'on the nod' in and out of conversation and sleep

Feedback

The following are some of the signs of an opioid overdose:

- Slow and/or shallow breathing
- Lips, hands or feet turning blue
- Loss of consciousness
- Unresponsive
- Deep snoring
- Very small pupils

The following are usually signs of overdose from other substances, or from other health problems.

- Having blood-shot eyes
- Fitting
- Agitated behaviour
- Rapid heartbeat

What would you do in the event of an overdose?

- Call an ambulance, Triple Zero, 000
- Stay with the person until they come around
- Walk the person around the room
- Inject saline, salt water
- Give stimulants (e.g. amphetamines, coffee)
- Shake the person for a response
- Splash the person with cold water
- Place the person in a bath or running shower
- Perform mouth to mouth resuscitation
- Place the person in the recovery position (on their side with mouth clear)
- Give naloxone (Prenoxad™, Narcan™ or Nyxoid®)
- Stay with the person until the ambulance arrives
- Give Naltrexone

Feedback

Here are some things that you can do (We will revisit these again in the videos that follow):

- Start basic life support (including checking airways and putting the person in the recovery position. If you are comfortable you can do CPR)
- Call an ambulance and stay with the person until help arrives
- Give naloxone - if you have it

(When discussing answers note that you should do each of the checked items not any one single item. It is also advised to reinforce that placing anyone in a bath or pool creates a risk of drowning.)

What is naloxone used for?



To reverse the effects of any overdose



To reverse the effects of an opioid overdose (e.g. heroin, methadone, oxycodone)



To reverse amphetamine overdose



To reverse alcohol overdose



To reverse benzodiazepines 'benzos' overdose



Not sure

Feedback

Naloxone is used to reverse the effects of an opioid overdose (e.g. heroin, oxycodone, buprenorphine, methadone). It's important to know that it doesn't work to reverse the effects of any other type of drug or substance, like ice or cocaine.

In an overdose situation, what is the recommended way to administer take home naloxone? (Select all that apply)

- Intramuscular injection (inject into the muscle)
- Nasal spray (spray into the nose)
- Intravenous (Inject into the vein)
- Subcutaneous injection (inject under the skin)
- Oral consumption, swallow (tablet or liquid)

Feedback

There are different forms of naloxone. Hospitals and ambulance officers have a form that can be injected into the veins or under the skin. Take home naloxone which we offer can only be administered in the nostril (using the Nyxoid® intranasal spray) or by injection into the muscle (using Prenoxad®).

What is the preferred location for injection? (Select all that apply)

- Upper outer thigh
- Upper outer buttock
- Upper outer arm
- Vein
- Subcutaneous tissue

Feedback

Naloxone should only be injected into muscle.

How long does naloxone take to start having an effect?

- 2-5 minutes
- 5-10 minutes
- 10-20 minutes
- Other

Feedback

It only takes 2-5 minutes for naloxone to start having an effect on the body.

How long do the effects of naloxone last for?

- Less than 20 minutes
- 1- 6 hours
- 30-90 minutes

Feedback

Naloxone typically lasts for about an hour in the body.

How long before another dose of naloxone can be given?

- 2-3 minutes
- 10-20 minutes
- 1 hour

Feedback

If the first dose of naloxone has no effect, a second dose can be given after 2-3 minutes (or 4 minutes if pregnant).

What are the steps when giving intranasal naloxone? (Select all that may apply)

- Place the person on their back
- Squirt the naloxone into the person's mouth
- Spray all of the intranasal naloxone into one nostril
- Test pump the nasal spray

Feedback

Spray the intranasal naloxone into one nostril. If it is possible, first place the person on their back before spraying into one nostril.