Appendix

A. Survey Questionnaire

BACKGROUND QUESTIONS

1. **AGE.** How old are you? _____ *(Years)*
2. **GENDER.** What is your gender?

   - Male - Female - Non-binary - Transgender - Other
3. **RACE/ETHNICITY.** What is your race/ethnicity? *(select all that apply)*

   - Hispanic/Latinx/Spanish
   - Black/African American
   - White/Caucasian
   - American Indian/Alaska Native
   - Asian
   - Other _____ *(type response)*
4. **EDUCATION.** What is the highest level of education you have completed?

   - Less than high school
   - High School Diploma or GED
   - Some college
   - College degree or higher
5. **EMPLOYMENT STATUS.** What best describes your current employment status?

   - Working full time
   - Working part time
   - Looking for work
   - Not working and not looking for work
6. **JOB TITLE.** What is your current job title (paid or unpaid)?

   _____

7. **CHW EXPERIENCE.** How much experience do you have working or volunteering as a CHW? _____ years
8. **ROLE.** What best describes the work you do as a CHW? *(Check all that apply)*

   - Volunteer
   - Provide education
   - Screening/risk identification or preventive care
   - Client navigation, referrals, and/or enrollment in services
   - Case management
   - Coaching or social support
   - Translation or interpreting services
   - Home visits
   - Transportation
   - Outreach
   - Advocacy
   - Other _____
9. **PREVIOUS TRAINING.** Have you previously received opioid overdose prevention and response training?

   - Yes / No

   If yes: When and where? _____
10. **PERCEIVED VALUE.** How valuable do you personally think training on opioid overdose response/prevention is to your <u>current</u> work as a CHW?

    - Not at all / Somewhat / Moderately / Very important / Extremely important
11. How valuable do you personally think training on opioid overdose response/prevention is to your <u>future</u> work as a CHW?

    - Not at all / Somewhat / Moderately / Very important / Extremely important

(ASKED THE FOLLOWING AT BASELINE, AND POST-TRAINING ASSESSMENT)

NALOXONE EXPERIENCE.

1. Have you ever administered Narcan or naloxone?
    - Yes/ No / Prefer not to say
2. Have you ever witnessed an overdose?
    - Yes/ No/ Prefer not to say
3. Do you currently carry any Narcan or naloxone?
    - Yes/ No / Prefer not to say

Naloxone-Related Risk Compensation Beliefs (NARRC-B) Scale

INSTRUCTIONS: Please read each statement carefully and circle the number below the item that indicates the degree of your agreement or disagreement with each statement. Please use the scale below, and please do not omit any item.

1. **Opioid/heroin users will use more opioids/heroin if they know they have access to naloxone.**

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

2. **Opioid/heroin users will be less likely to seek out treatment if they have access to naloxone.**

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

3. **Providing naloxone to overdose victims sends the message that I am condoning opioid misuse.**

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

4. **There should be a limit on the number of times one person receives naloxone to reverse an overdose (refers to multiple overdose events, do not count repeated dose administrations during one overdose event).**

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

5. **Naloxone is enabling for drug users (i.e., it enables them to continue or increase drug use when they otherwise might not).**

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

Attitudes towards Narcan usage and overdose reversal

1. If someone overdoses, I want to be able to help them

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

2. Everyone should learn how to use and carry naloxone

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

3. I will do whatever is necessary to save someone's life in an overdose situation

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

Attitudes towards individuals with OUD

4. It is understandable why those who use drugs and experience withdrawal symptoms may use drugs daily.

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

5. We need to provide ways to keep people alive and minimize the harms associated w/ drug use to effectively deal w/ the opioid epidemic.

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

6. People often start using opioids, and find it hard to quit due to a lack of willpower and discipline

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

7. It is understandable that many people are not ready, willing, or able to get treatment for substance use disorder.

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

8. My attitudes toward people who use drugs, and how I think and talk about them, has nothing to do w/ their ability to seek or receive help.

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

Self-confidence in using naloxone and handling overdose

9. I would be afraid of doing something wrong in an overdose situation

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

10. If I saw an overdose, I would panic and not be able to help

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

11. I would be able to deal effectively with an overdose

1	2	3	4	5
Strongly disagree	Disagree	Unsure	Agree	Strongly Agree

Adapted Opioid Overdose Knowledge Scale (OOKS):

Mark all correct answers.

1. What is naloxone used for?

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

To reverse the effects of an amphetamine overdose ☐ (F)

To reverse the effects of a cocaine overdose ☐ (F)

To reverse the effects of any overdose ☐ (F)

2. How can naloxone be administered?

Into a muscle (intramuscular) ☐ (T)

Into a vein (intravenous) ☐ (T)

Under the skin (subcutaneous) ☐ (T)

Swallowing-liquid ☐ (F)

Swallowing-tablet ☐ (F)

Don’t know ☐

3. How long does naloxone take to start having an effect?

2-5 minutes ☐ (T)

6-10 minutes ☐ (F)

11-20 minutes ☐ (F)

21-40 minutes ☐ (F)

Don’t know ☐

4. How long do the effects of naloxone last for?

Less than 20 minutes ☐ (F)

About 1 hour ☐ (T)

1 to 6 hours ☐ (F)

6 to 12 hours ☐ (F)

Don’t know ☐

OOKS (Section I)

Please check the box next to each correct statement.

5. If the first dose of naloxone has no effect, a second dose can be given ☐ (T)

6. There is no need to call for an ambulance if I know how to manage an overdose ☐ (F)

7. Someone can overdose again even after having received naloxone ☐ (T)

8. The effect of naloxone is shorter than the effect of heroin and methadone ☐ (T)

9. After recovering from an opioid overdose, the person must not take any heroin,

but it is OK for them to drink alcohol or take sleeping tablets ☐ (F)

10. Naloxone can provoke withdrawal symptoms ☐ (T)

QUALITATIVE QUESTIONS

Baseline:

- What are you most interested in learning during this training?

Post-training

- What remaining questions do you still have about opioid overdose prevention & response?
- What did you like about the training?
- What did you not like about the training?

B. OOPR Training Outline

Opioid Overdose Prevention and Response Training Outline

- The Opioid Epidemic – discuss current national and state trends of the opioid epidemic. Discuss the origin and change in trends over time.
- Explain the difference between pharmaceutical and counterfeit opioids
- Harm reduction
    - Understanding addiction as a brain disease, not a moral deficiency
    - Risk factors for an overdose
- Adverse childhood experiences
    - Childhood trauma and substance use
    - ACE's in Arizona and the impact of substance use
    - Resiliency factors
- Signs and risks of an overdose
    - Naloxone administration video (https://vimeo.com/799626122/9e79caed6f?share=copy)
- 911 Good Samaritan Act
- Possible Effects of Naloxone/Narcan
    - Aftercare
- Understanding Stigma
    - How we can challenge stigma
    - Change stigmatizing language by role modeling
- Skills practice
    - Scenario #1
    - Recap how to respond with Narcan
    - Scenario #2
    - Recap
- Conclude all information presented
    - Why don't people get help?
    - How to offer support
- Provide community resources for treatment and community resources.
    - Where to find Naloxone
    - Harm Reduction tip sheet

Learning Objectives:

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.
5. Narcan Administration
6. Show ability to respond to an opioid overdose using naloxone.
7. Identify aftercare next steps, including where to refer to resources.
8. Define risk reduction messages and resources to share with clients and communities.

Community Health Worker/ Representatives Core Competencies:

- Communication

- Relationship Building
- Service Coordination
- Capacity Building
- Advocacy
- Outreach
- Professional Conduct
- Knowledge Base