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Opioid Task Force Highly Successful in Training Residents in Naloxone Use

Overview

Aiming to limit the increase in deaths from opioid overdose to 25% of current levels, the Genesee-Orleans-Wyoming Opioid Task Force (“the Task Force”) began a campaign in 2015 to, among other goals, increase the number of individuals trained to administer Naloxone in the tri-county area. This training is a critical need in these rural counties where there are low numbers of professional first responders dispersed over a wide geographic area. The Task Force also used these trainings to promote the importance of follow-up care after the administration of Naloxone, thus aiming to prevent opioid overdose deaths and facilitate a first step in recovery.

Research Approach

The evaluation team constructed pre- and post-training surveys which participants were asked to complete at the start and end of the Naloxone trainings. The surveys were based upon an evaluation previously conducted by the Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA), a key partner in the Task Force. Surveys were designed to assess changes in participants’ knowledge of Naloxone administration and attitudes toward its use. Surveys were administered between January 2019 and August 2021. The number of pre-survey respondents totaled 958 (42% of all people trained in this time period, although those who received one-on-one trainings were not offered the survey), and the number of post-survey respondents totaled 943; the number of respondents to each question varies somewhat due to missing data.

Key Findings

Reach

Between 2015 and 2017, 1,722 total participants attended Naloxone trainings in the tri-county area, or on average 574 per year. The Task Force aimed to increase participation by 50% over three years, setting the goal at 2,583 total participants trained between 2018 and 2020 (or approximately 861 per year). This goal was far exceeded, with a total of 3,299 participants trained over the three years, an increase of 91% (see **Figure 1** for a yearly break down of participation, including participation into a fourth year). Assuming no one received the training

more than once, by the end of the first year of the project, approximately one in 100 adults (18 years of age and older) in the tri-county region received Naloxone training, a number which may have risen as high as one in 12 by the end of the four-year project.¹

This dramatic increase in participation was accomplished even though participation slowed drastically with the onset of the COVID-19 pandemic in early 2020, which necessitated the adoption of online trainings. Participation through the end of 2021 had not yet returned to its earlier heights but did recover enough to be above the baseline 2015-2017 average despite being offered solely online, a testament to the resilience of the training campaign.

Impact

Participants showed statistically significant improvement in all seven knowledge questions between the pre- and post- surveys (see **Figure 2**), indicating that learning occurred over the course of the training.

Figure 1: The cumulative number of area residents trained to administer Naloxone jumped substantially following the implementation of the Task Force, well exceeding the goal set based on the previous three years.

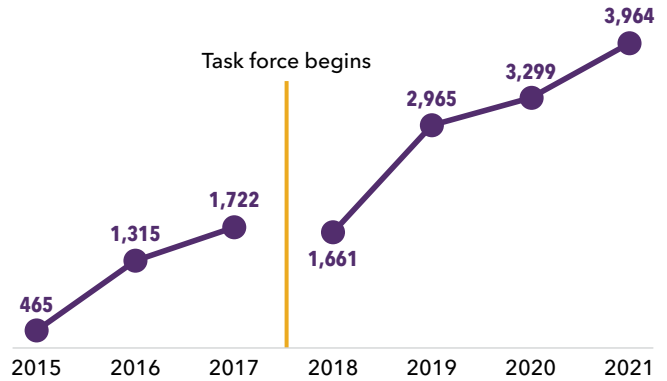
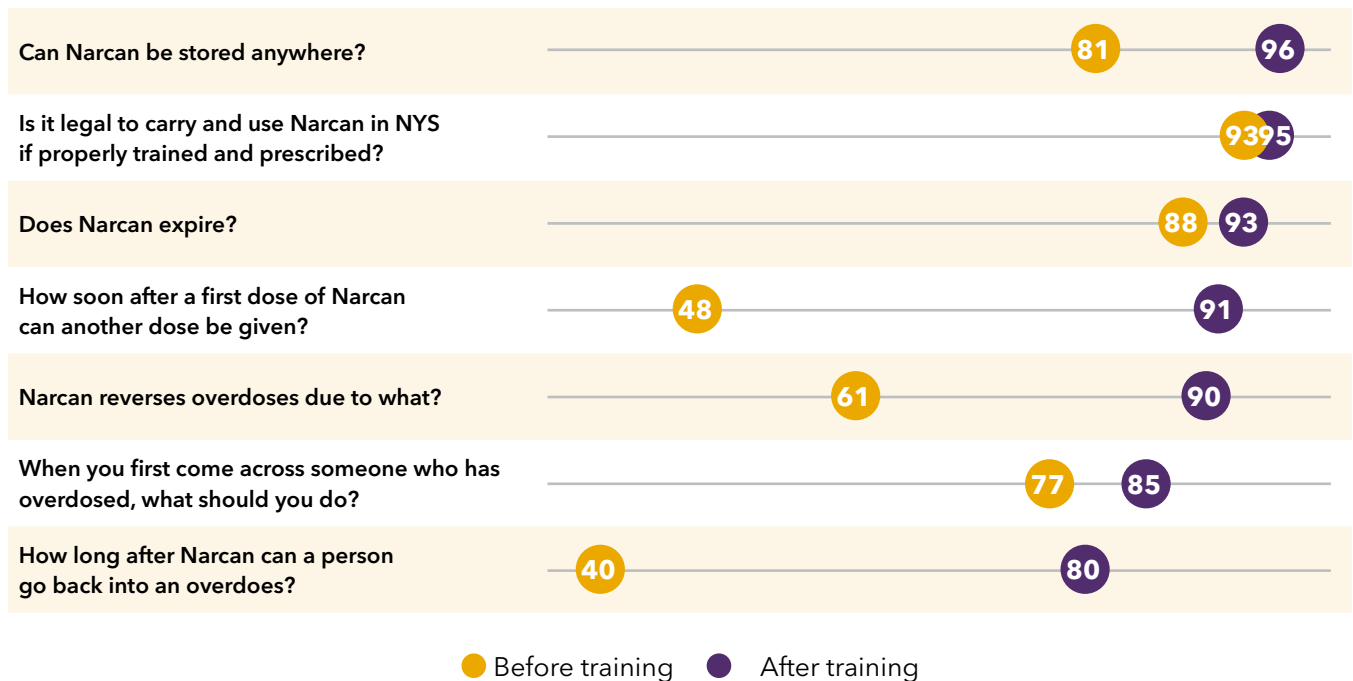


Figure 2: The percentage of participants who answered correctly significantly increased after training on all questions.



¹ Based on U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. It is important to note the four-year estimate has a higher likelihood of including repeat trainees than the first-year estimate, and thus may overestimate the proportion of area residents trained in Naloxone administration.

Participants also showed an increased belief in the importance of follow-up care after the administration of Naloxone, with 93% indicating in the post-survey that follow-up care was always necessary, compared with 88% in the pre-training survey (n=881).

Participants' feelings of self-efficacy more than doubled between the pre- and post- survey, with 95% feeling confident that they could administer Naloxone on the spot if needed after the training, compared to only 42% before the training, a 126% increase (n=888).

126%
**INCREASE IN
SELF-EFFICACY**

Conclusions

Participation in the Task Force's trainings far outpaced the original goal of a 50% increase in just its first two years of implementation (2018-2019) and has even recovered to pre-Task Force levels in 2021 after the upheaval of the pandemic and shift to online trainings. And critically, the trainings led to across-the-board improvements in participants' knowledge of opioid overdose treatment, belief in the importance of follow-up care, feelings of self-efficacy, and willingness to administer Naloxone. Alongside this far-reaching training initiative, the region saw an encouraging downward trend of opioid overdose deaths. Although reduced overdose deaths cannot be directly attributed to Naloxone training, the effectiveness and reach of these trainings provided a strong foundation in the Task Force's multi-pronged approach to limiting opioid deaths in Genesee, Orleans, and Wyoming counties.

About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department at the University at Albany. CHSR has over 30 years of experience conducting evaluation research, designing information systems, and informing program and policy development for a broad range of agencies serving vulnerable populations.



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