



Overdose, Harm Reduction & Staying Alive

The skills that keep people breathing · Recovery in Focus · Session Packet

This session has one goal: keeping people alive. Not instead of recovery; so there's a person left to recover. **Harm reduction** is the clinical name for the practical safety knowledge in this packet: overdose recognition, naloxone, and the facts that protect people in a fentanyl supply. Some people hear harm reduction and think it means giving up on sobriety. It means the opposite. Dead people don't get sober. Every overdose reversed, every relapse survived, is a person who still has the chance everyone in this room is using right now.

And this knowledge isn't just about you. Most people in recovery still know people who use: family, old friends, neighbors, the person who might someday be at the next table. Overdose is now one of the leading causes of death for adults under fifty in this country, driven by fentanyl, and the person most likely to witness one isn't a paramedic. It's someone like the people in this room. This session teaches you to recognize an overdose, respond to one, carry the tool that reverses it, and plan honestly for the worst day you hope never comes, including your own.

What is in this session?

This session has four parts, usually covered over two group meetings:

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| CLASS 1 | 1. Why This Session Exists | 2. Recognize and Respond |
| CLASS 2 | 3. Naloxone and the Law | 4. The Worst-Day Plan |

After this session you will be able to

- Explain why overdose risk is highest in and around recovery, not before it
- Recognize an opioid overdose and respond, step by step
- Get, carry, and use naloxone, and know the law that protects you when you call 911
- Make a worst-day plan for yourself and the people you love

What will be asked of you?

You'll be asked to think about death directly, which is heavy, and about people you love who are still using, which can be heavier. This session holds both. The ground rule: this knowledge is protection, not permission, and nobody here treats it otherwise.

Part 1: Why This Session Exists

WAIT, REALLY?

The most dangerous weeks for overdose are not deep in addiction. They're **right after clean time**: after treatment, after jail, after a stretch of sobriety. Tolerance drops; the supply doesn't. The people this session protects most are people exactly like the ones in this room.

The honest math: recovery lowers your risk to zero only while it holds, and most recoveries include at least one stumble. Planning for that fact isn't betting against yourself; it's wearing a seatbelt you intend never to need. The same math covers the people around you: knowing the signs and carrying naloxone makes you the difference in somebody's worst five minutes, whether or not that somebody is you.

EXERCISE 1

Answer yes or no:

1. I know someone who died of an overdose. ☐ Yes ☐ No
2. I've been present when someone overdosed. ☐ Yes ☐ No
3. Someone I love is still using right now. ☐ Yes ☐ No
4. Before today, I knew the risk peaks after clean time. ☐ Yes ☐ No

EXERCISE 2

Who are you learning this for? List them, first names or initials. Include yourself if that's honest.

Part 2: Recognize and Respond

An opioid overdose looks like this: unresponsive or barely responsive (shout their name, knuckle-rub the breastbone, nothing); breathing slow, shallow, gurgling, or stopped; lips or fingertips going blue or gray; pinpoint pupils; skin cold or clammy. Deep snoring in someone who used is not sleep; it can be a closing airway. When in doubt, treat it as an overdose. Nobody was ever hurt by being woken up aggressively.

The response, in order:

- **1. Try to wake them.** Loud voice, shake, knuckles hard on the breastbone.
- **2. Call 911.** Say "someone's not breathing" and the address. You don't have to say drugs on the phone.
- **3. Naloxone.** Spray in one nostril, whole dose. If no response in 2 to 3 minutes, second dose, other nostril.
- **4. Breathing position.** If they're breathing, on their side, top knee forward (recovery position). If not breathing and you know rescue breaths or CPR, use them.
- **5. Stay.** Naloxone wears off before fentanyl does; people can go back under. Stay until help arrives.

EXERCISE 3: SAY THE STEPS

Without looking back, write the five steps in order, in your own words:

1. _____
2. _____
3. _____
4. _____
5. _____

EXERCISE 4

Answer yes or no:

1. I could recognize the signs now, from this page alone. ☐ Yes ☐ No
2. I've mistaken an overdose for sleep, or seen someone else do it. ☐ Yes ☐ No
3. I'd hesitate to call 911. ☐ Yes ☐ No (If yes, Part 3 is for you.)

End of Class 1. Talk it out:

- Who taught you what an overdose looks like, or did nobody ever?
- What would hesitating cost, and what makes people hesitate anyway?

Part 3: Naloxone and the Law

WAIT, REALLY?

Naloxone reverses opioid overdoses within minutes, works even on fentanyl, and does **nothing at all** to a person who hasn't taken opioids. There is no way to hurt someone with it. The worst naloxone can do is get sprayed up the nose of someone who was just asleep.

Getting it: in California, naloxone (Narcan and generics) is available at pharmacies without a doctor's prescription, often free through programs and county distribution, and over the counter in stores. Treatment programs, including this one, can usually point you to free kits same-week. **The law that protects you:** California's Good Samaritan law protects the person who calls 911 for an overdose, and the person overdosing, from arrest and charge for small-amount possession and being under the influence at the scene. The law exists because people used to run instead of calling, and people died on floors while friends drove away scared. For those on probation or parole: talk to your PO about how it applies to you, and know this: dead has no second chance, and every officer knows it too.

Three habits that keep people alive in a fentanyl supply, worth knowing whether they're for you or someone you love: never use alone (and there's even a hotline, Never Use Alone, where someone stays on the line); go slow after any clean time, because the old dose is an overdose now; and test strips exist, cheap, legal in California, and able to find fentanyl where it isn't expected.

EXERCISE 5

Answer yes or no:

1. I knew naloxone can't hurt someone who hasn't taken opioids. ☐ Yes ☐ No
2. I knew about the Good Samaritan law before today. ☐ Yes ☐ No
3. There's naloxone where I live right now. ☐ Yes ☐ No

Mia

Mia carries naloxone in her glovebox because her younger brother still uses, and she made peace with what that means. For eight months it rode along unused, until a Saturday in a grocery store parking lot, a stranger slumped in the next car, lips gray, a toddler in the back seat. Her hands knew the steps before her head caught up: yell, sternum, 911, spray, second spray, side, stay. The man woke up angry and confused. The paramedic who arrived told her the sentence she still repeats at meetings: "You gave him a chance at the version of his life you're living."

EXERCISE 6

1. Mia trained for her brother and saved a stranger. What does that say about who this knowledge is for? _____

2. The man woke up angry. Why does that happen, and why doesn't it matter?

3. Whose glovebox, kitchen drawer, or backpack should have naloxone in your world?

Part 4: The Worst-Day Plan

The hardest and most protective thing this session asks: plan for your own worst day, the relapse you intend never to have. Not because you expect it. Because the plan only works if it exists before it's needed, and because making it is the opposite of planning to use: it's removing death from the list of possible outcomes. Three pieces: the people around you know what an overdose looks like and where the naloxone is; your clean-time math is spoken out loud ("my old dose is now an overdose"); and if the worst day ever comes, the rules are pre-decided: not alone, not the old amount, and tell someone the same day, because the hiding after a slip kills more recoveries than the slip.

EXERCISE 7: MY WORST-DAY PLAN

The person in my life who will know the signs and the steps (I'll teach them this week):

Where naloxone will live in my world, and by when: _____

My clean-time math, in my own words: _____

If a slip ever happens, the person I tell the same day:

EXERCISE 8

Some of you are carrying someone: a brother, a daughter, an old friend still out there. Write what you want to say to them about this session. You don't have to send it. You get to decide later.

SKILL OF THE DAY: TEACH ONE PERSON

This week, teach one person the signs and the five steps, and show them where the naloxone is or will be. Teaching it locks the knowledge into you, and it doubles the number of people ready for somebody's worst five minutes.

Take it to the group

- "Protection, not permission." What's the difference, in your own words?
- What did the paramedic's sentence to Mia mean to you?
- Who's your naloxone for?
- What's hard about making a worst-day plan while fully intending to stay sober, and why is it worth it anyway?

Session summary

Overdose risk peaks around clean time, not before it, which makes this session part of recovery, not a contradiction of it. You learned to recognize an overdose, respond in five steps, get and use naloxone, and stand on the Good Samaritan law when you call. You made a worst-day plan that removes death from the list of outcomes, for yourself and for the people you're still carrying. Dead people don't recover. Everyone who keeps breathing still can.

Words used in this session

- **Harm reduction:** practical knowledge that keeps people alive and healthier, fully compatible with an abstinence goal.
- **Naloxone (Narcan):** the opioid-overdose reversal spray. Works on fentanyl, harmless if opioids aren't present.
- **Good Samaritan law:** California's protection from small-possession charges for the caller and the person overdosing when 911 gets called.
- **Clean-time math:** tolerance falls in sobriety; the old dose becomes an overdose. The deadliest fact nobody tells people leaving treatment.

Takeaway: Carry the spray, know the steps, teach one person, and say your clean-time math out loud. None of it is planning to fail. All of it is making sure failure, if it ever visits, doesn't get to be fatal.
