



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Overdose, Harm Reduction & Staying Alive

Overdose response, naloxone, and the worst-day plan. Four parts, two group classes.

Topic category (billing anchor)	Alcohol and Drug Education / Overdose Safety, with Relapse Prevention
Clinical focus	Post-abstinence overdose risk, overdose recognition and response, and protective planning as life-preserving relapse prevention
Evidence base	Overdose education and naloxone distribution evidence · Relapse Prevention · harm-reduction-informed, abstinence-compatible
Format	One participant packet · two group classes of about 2 hours each · Class 1 = Parts 1–2 · Class 2 = Parts 3–4
Group rules	2 to 12 clients, same time · at least 1 active Medi-Cal beneficiary · no minors mixed with adults

This file: facilitator guide

class agendas, grief protocol, framing guardrail, FIRP

Companion file: participant packet (print one 4 parts · 8 exercises · 1 vignette · response steps · per member) worst-day plan

FACILITATOR GUIDE

How to run this session

- **FRAME ONCE, FIRMLY:** protection, not permission; dead people don't recover. State it in the first two minutes and any time crosstalk drifts toward "isn't this enabling."
- **THIS IS A SKILLS CLASS:** the five steps get said, written, and recited. If your program has trainer naloxone devices, demonstrate; if not, walk the motions. Members should leave able to teach it.
- **LINK:** nearly every member is carrying someone who still uses; Exercise 2 ("who are you learning this for") binds the room early.
- **LAND IT CLINICALLY:** the post-clean-time risk peak IS the relapse-prevention core: lost tolerance makes the stakes of a slip lethal, which makes every skill in this series life-safety equipment.

Mixed-functioning group adjustments

- Read everything aloud; the five steps work as call-and-response for any functioning level.
- Lower-functioning rooms: run the whole session on signs, five steps, where naloxone lives, and one person taught. Complete and lifesaving.

GRIEF AND FRAMING GUARDRAILS

Grief protocol: Exercise 1 will surface deaths. Acknowledge each by name if offered, allow a beat of silence, continue; offer individual follow-up to anyone visibly carrying it. If the room has a recent shared loss, open with it deliberately rather than letting it ambush the hour. **Witness trauma:** members who've performed CPR or found someone may have real trauma attached; same-day individual check-in if it shows. **Framing:** never let the session drift into use-safety coaching for active use in the room; this is overdose response and protective planning for people in recovery and the people they love. Probation/parole questions about the Good Samaritan law get routed: "talk to your PO, and know the law exists; dead has no second chance."

HOOK SOURCE NOTE: the post-release/post-treatment overdose risk spike is among the most replicated findings in the field (first weeks after incarceration or treatment carry many-fold elevated overdose mortality; lost tolerance is the driver). Naloxone's safety profile (inert without opioids present) is standard pharmacology. California Good Samaritan protection (HS 11376.5) covers small-amount possession/under-the-influence for caller and victim; verify current scope with QA. Never Use Alone is a real hotline. Overdose as a leading cause of death under fifty reflects recent national data; say "one of the leading causes" and move on.

CLASS 1

Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame: *"Tonight's goal is one sentence: everybody in this room, and the people you love, keep breathing long enough for recovery to work. Protection, not permission."* No icebreaker games on this one; go straight to Part 1 with the hook.

Part 1: Why This Session Exists (40 to 50 min)

Teach (5 min or less): the post-clean-time risk peak and why (tolerance drops, supply doesn't); the seatbelt frame; the witness math (the likely first responder is someone like us).

PLAIN "Who taught you anything about overdose before today?"

DEEPER "What's the difference between planning for a worst day and planning to use? Can you feel the difference or just say it?"

- **Exercise 1** (yes/no): run gently; the hands on items 1 and 2 tell the room why it's here. Grief protocol applies.
- **Exercise 2** (who I'm learning this for): go around, names or initials; this list powers everything after.

Part 2: Recognize and Respond (50 to 60 min)

Teach (8 min): signs, then the five steps, on the board. The snoring point saves lives; emphasize it. Demonstrate the sternum rub on your own chest, the spray motion, the recovery position with a volunteer or a chair.

- **Exercise 3** (say the steps): written from memory, then recited around the room, call-and-response, until the whole room can do five-for-five. This recitation is the class's deliverable.
- **Exercise 4** (yes/no): item 3 hesitation gets honored, not argued; "hold that, Part 3 answers it."

Close Class 1 with the talk-it-out questions. Assign: notice this week who in your world would not recognize an overdose.

CLASS 2**Parts 3 and 4 (about 2 hours)**

Opening (10 min)

Re-recite the five steps around the room, cold. Then check in on the homework observation.

Part 3: Naloxone and the Law (50 to 60 min)

Teach (8 min): naloxone's safety (the hook: can't hurt anyone), where to get it locally (have your county's actual access points ready: pharmacy, program kits, county distribution), the Good Samaritan law and why it exists, and the three staying-alive habits framed for the people members love.

- **Exercise 5** (yes/no): item 3 (naloxone at home) sets up the logistics push; solve access for every "no" before the night ends, concretely.
- **Mia vignette + Exercise 6:** read aloud. The paramedic's sentence is the session's heart; let it sit. Question 3 (whose glovebox) converts feeling into logistics.

Part 4: The Worst-Day Plan (45 to 55 min)

Teach (5 min or less): why the plan must pre-exist the day; the three pieces; the hiding-after-a-slip point (cross-reference Hard Emotions: the hiding outcosts the slip).

- **Exercise 7** (my worst-day plan): all four lines completed and read aloud; the same-day-telling person named out loud is the clinical event of the class.
- **Exercise 8** (the letter): written privately, never required to share; offer individual time to anyone shaking after it.
- **Skill of the day:** teach one person the signs, steps, and naloxone location. Promise the check-in.

Close with the group questions, the summary read aloud, and a grounding breath; this session ends heavy and should end held.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's relapse-prevention objective, plus today's topic: post-abstinence overdose risk and overdose recognition/response. **Intervention:** *Educated group on elevated overdose risk following abstinence periods due to tolerance loss within the current fentanyl supply, framed as relapse prevention; processed members' overdose losses and witness experiences with individual follow-up arranged where indicated; taught overdose recognition signs and the five-step response sequence with demonstration and group recitation to fluency; linked members' protective motivations and processed responses.*

Response: individualize, including recitation competence and grief disclosures. **Plan:** identify persons in member's circle lacking overdose recognition; return for Class 2.

Class 2. Focus: same objective, plus today's topic: naloxone access, legal protections, and protective planning. **Intervention:** *Re-drilled response steps to retention; educated group on naloxone safety and local access, California Good Samaritan protections, and protective practices relevant to members' at-risk contacts; resolved naloxone access logistics for members without kits; guided each member through a written worst-day plan including a trained household contact, naloxone placement, spoken lost-tolerance acknowledgment, and a same-day disclosure person; assigned teach-one-person practice.* **Response:** individualize, including plan completion and access arrangements. **Plan:** teach one person; obtain naloxone where pending; individual follow-up for grief or witness-trauma content.

COMPLIANCE NOTES: 2 to 12 clients, same time; at least one active Medi-Cal beneficiary; no one 17 or under mixed with adults (outside a certified school site). Facilitator: licensed/registered clinician or certified/registered AOD counselor, in scope. Participant list each class; one note per member per class with attendance plus that member's specific response, provider-signed, finalized within 3 business days (service day counts as day 0), tied to that member's problem list or objective. Education launches interactive counseling; every segment lands on the substance-use, relapse, and survival link. Confirm county QA stance on harm-reduction content scope before first run.