



Five Minutes to Help





Updated April 2025

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Why are we here?

Up to **20%** of individuals who EMS providers administer Narcan to **refuse transport to a hospital** or leave the ER before being seen by a healthcare provider.



First responders are often the **only healthcare professionals** to interact with those patients.



2

Goal of Five Minutes to Help

To provide first responders with new skills in motivational interviewing and other communication techniques to apply after revival from an opioid overdose.

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Objectives

- After the training, participants will be able to:
- 1. Describe the **stigma & stereotypes** associated with substance use.
 - 2. Identify several approaches for **addiction treatment** and **harm reduction**.
 - 3. Explain the **stages of behavior change**.
 - 4. Demonstrate **basic motivational interviewing techniques** as a communication tool.



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"If you didn't offer me treatment when I didn't want it, I wouldn't be here to take the treatment when I was ready."



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Section 1

Compassion Fatigue



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Discussion about Successes & Frustrations

What successes have you experienced during an overdose call?



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Discussion about Successes & Frustrations

What frustrations have you experienced during an overdose call?



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Compassion Fatigue

**Secondary traumatic stress + Burnout =
Compassion Fatigue**

Mental stress resulting from exposure to other people's traumatic events, which negatively impacts first responders' mental/physical health and general wellbeing

www.ncbi.nlm.nih.gov/pmc/articles/PMC6924075/

www.ems1.com/public-health/articles/compassion-fatigue-the-hidden-danger-of-document-national-public-health-emergencies-inREs/0081011/



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Compassion Fatigue

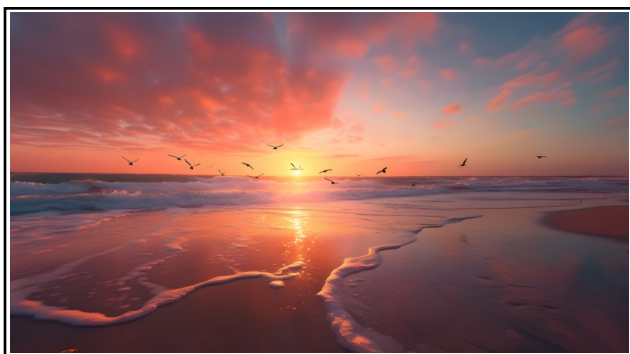
Signs/Symptoms:

- Depression
- Anxiety
- Feeling burnt out
- Exhaustion
- Irritability
- Dissatisfaction with work
- Post Traumatic Stress Disorder (PTSD)

www.ncbi.nlm.nih.gov/pmc/articles/PMC6924975/
www.ems1.com/public-health/articles/compassion-fatigue-the-hidden-danger-of-concurrent-national-public-health-emergencies/id/600810319/



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Section 2

Substance Use Disorder



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Substance Use Disorder (SUD)

- Substance use disorder/addiction is a **chronic** illness of the brain
- No one chooses to develop SUD
- SUD can be treated successfully with the necessary support and treatment



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Causes of SUD

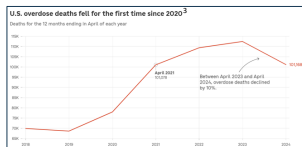
- | | |
|---|----------------------------|
| Genetic predisposition for an addiction | Family history of SUD |
| Environmental influences | Co-occurring conditions |
| Social pressures | Use of drugs early in life |
| Injury leading to opioid prescription | |



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Recent Trends in Overdose Deaths¹

- Between October 2023 and September 2024, the CDC reported a nearly **24% reduction in overdose deaths** in the U.S.¹
- **70 lives** have been saved every day as a result of the decrease¹
- NJ follows a similar trend to the U.S. rates (graph to the right) with overall slightly lower overdose death rates^{2,3}



¹ [CDC Newsroom](#) (February 2025)
² [National Center for Health Statistics](#) (January 2025)
³ [NJPR](#) (September 2024)



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Reasons for Recent Drop in Overdose Deaths

- Data-driven distribution of Narcan¹
- Higher frequency of people carrying Narcan with them²
- Increased access to evidence-based treatment (ex. MOUD)¹
- Financial investment in overdose prevention programs¹
- Changes in drug supply (ex. Xylazine)²
- Rapid identification of emerging drug trends¹
- Researchers are still investigating the causes of the recent decrease in overdose deaths²

1. [CDC Newsroom](#) (February 2025)

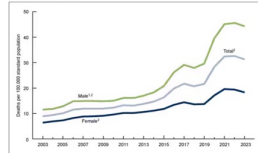
2. [NPR](#) (September 2024)



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Disparities in Overdose Deaths

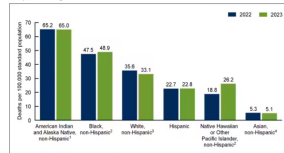
Figure 1. Age-adjusted drug overdose death rate, by sex: United States, 2003–2023



Key Takeaway:

Males have higher overdose rates compared to females.¹

Figure 3. Age-adjusted drug overdose death rate, by race and Hispanic origin: United States, 2022 and 2023



Key Takeaway:

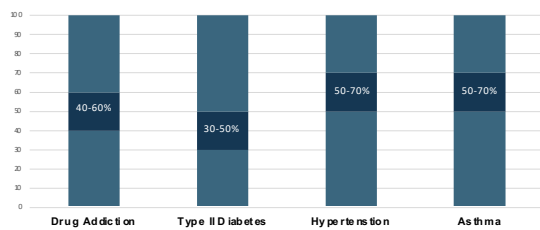
While overdose deaths in the U.S. decreased for White people, rates increased for Black, Hispanic, and American Indian people (2022–2023).¹



1. [National Center for Health Statistics](#)

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Recurrence Rates are Similar for Addiction and Other Chronic Illnesses



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WARNING

Important Note:

If there is an indicator of intentional overdose/suicide, first responders must follow standard protocols.

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Section 3

Stigma Surrounding
Substance Use Disorder

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Individuals living with Addiction Need Support, Not Stigma

Junkie. Stoner. Crackhead. Addict. Alkie.

- These words are dismissive and dehumanizing
- We need to change the national discussion
- We should use **Person-First Language** instead.



AMA Task Force to Reduce Opioid Abuse

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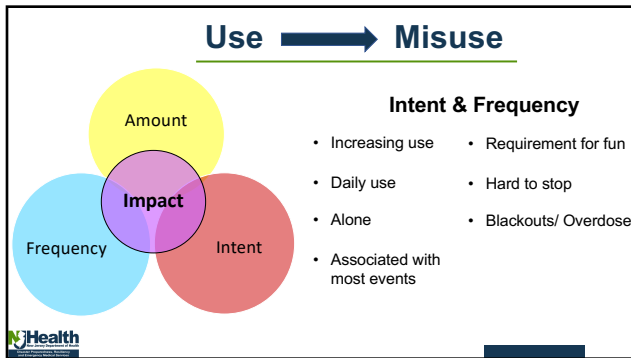
Reducing Stigma by Using Person-First Language

Words to Avoid	Words to Use
Addict, abuser	Person living with a substance use disorder (SUD)
Drug problem, drug habit, abuse	Substance use disorder, drug misuse, harmful use
Clean	Not actively using
Dirty	Actively using
Clean drug screen	Testing negative for substance use
Dirty drug screen	Testing positive for substance use
Former addict	Person in (long-term) recovery
Opioid replacement, methadone maintenance	Medication for Opioid Use Disorder (MOUD), Pharmacotherapy
Relapse	Recurrence



Addictionary: <https://www.recoveranswers.org/addiction-ary/>

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Section 3

Substance Use Disorder Treatment & Harm Reduction

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Three Functional Domains

- 1. Incentive Salience - (Basil Ganglia)**
 - Substances affect the brain's "reward circuit", causing euphoria and flooding it with dopamine.
- 2. Negative Emotionally - (Extended Amygdala)**
 - Increased anxiety, stress and painful symptoms of withdrawal
- 3. Executive Function - (Prefrontal Cortex)**
 - Involved in decision making, self-control, and awareness.

Brain Regions Affected by Addiction

Prefrontal Cortex

- Decision making
- Impulse control

Extended Amygdala

- Stress & anxiety
- "Fight or Flight" response

Basil Ganglia

- Rewards & motivation
- Forming habits & behaviors

Functional Domains of Substance Use

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SUD Treatment can Help Someone...

- Stop using drugs
- Reduce the frequency of drug use
- Reduce the risk of harm from using drugs
- Be productive in the family, at work, and in society



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Components of Comprehensive SUD Treatment

Types of Treatment:

- Pharmacotherapy, Medication for Opioid Use Disorder (MOUD)
- Hospital-based
- Outpatient / Inpatient
- Self-help
- 12-step recovery, Alcoholics Anonymous, Narcotics Anonymous
- Spirituality / Faith-based
- Family Support



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Harm Reduction

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and preventing overdose deaths
- A movement for social justice built on a belief in, and respect for, the rights and autonomy of people who use drugs
- Daily examples of harm reduction
 - Seat belts
 - Helmets
 - Condoms
 - Vaccines
 - Masks
 - Designated drivers



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Harm Reduction

- The intent is to **reduce the risks associated with drug use**
- The purpose is NOT to force people to stop using drugs. The purpose is to **keep people alive long enough for if/when they are ready** to stop using
- Evidence-based and effective in **reducing overdoses and overdose deaths**

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Examples of Harm Reduction

There are Harm Reduction Centers in all 21 counties in NJ.



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Benefits of Harm Reduction

Harm Reduction Strategy	Benefits
Naloxone education and access in communities	<ul style="list-style-type: none"> • Community members/loved ones will know how to administer naloxone prior to first responders arriving.
Referral to SUD services or resources	<ul style="list-style-type: none"> • Harm Reduction Centers can provide referrals to SUD resources • Medication for Opioid Use Disorder (MOUD)
Infectious disease testing (HIV, Hepatitis, TB, etc.)	<ul style="list-style-type: none"> • Provides access for treatment and medical care
Access to sterile syringes	<ul style="list-style-type: none"> • Decreases spread of HIV/Hepatitis
Fentanyl Test Strips (FTS)	<ul style="list-style-type: none"> • Detects presence of Fentanyl in a substance before use

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Medication for Opioid Use Disorder (MOUD)¹

What is MOUD?

MOUD is an evidence-based intervention that is proven to be effective in treating Opioid Use Disorder (OUD)

How It Works

MOUD binds to the same receptors in the brain that opioids bind to, but MOUD doesn't activate them as strongly, so it is safer to use

Purpose

Curb cravings to prevent the use of opioids

Types of MOUD

- Buprenorphine
- Methadone
- Naltrexone
- Suboxone (Buprenorphine + naloxone)

Efficacy²

There is a 60% reduction in risk of death for the first 60 days that MOUD is used.

¹ [JHS Information About MOUD](#)

² [MOUD saves lives, especially after 60 days](#)



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Discussion Question

Based on what you just learned about Medication for Opioid Use Disorder (MOUD), what do you think are some of the benefits?

Do you have any real life examples of success stories?



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Benefits of MOUD

Support people who choose to reduce or stop use of opioids

Increase the likelihood that a person will continue not to use substances

Reduce opioid use and associated symptoms

Decrease the risk of infectious disease transmission

Reduce the risk of an overdose related death



¹ National Harm Reduction Coalition

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- **Policy:** EMS clinicians can administer Buprenorphine to treat opioid withdrawal or manage OUD without the prerequisite of a patient receiving an opioid antidote (*Executive Directive No. 25-001*).
- **Clinical Opiate Withdrawal Scale (COWS):** 11-item scale to rate common signs and symptoms of opiate withdrawal and to monitor these symptoms overtime.
- **Purpose:** The total score can be utilized to determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids to identify patients who can receive Buprenorphine.

The Clinical Opiate Withdrawal Scale

Since the 1930s, the clinical opiate withdrawal scale, often referred to as COWS, provides clinicians with 11 assessments related to the treatment of opiate withdrawal treatments.

The infographic displays 11 symptoms of opiate withdrawal, each with a corresponding icon in a hexagonal box. The symptoms are listed on the left, and the icons are arranged in two columns on the right. The symptoms are:

- 1. Rating Patient Pain**
A patient's rating of pain on a scale of 0 to 10. A rating of 0 to 2 is considered no pain, a rating of 3 to 4 is mild pain, and a rating of 5 to 10 is severe pain.
- 2. Sweating**
The patient's level of sweating. A rating of 0 to 1 is no sweating, a rating of 2 to 3 is mild sweating, and a rating of 4 to 5 is severe sweating.
- 3. Restlessness**
A patient's level of restlessness. A rating of 0 to 1 is no restlessness, a rating of 2 to 3 is mild restlessness, and a rating of 4 to 5 is severe restlessness.
- 4. Pupils**
The patient's pupil size. A rating of 0 to 1 is normal, a rating of 2 to 3 is dilated, and a rating of 4 to 5 is severely dilated.
- 5. Gastrointestinal Upset**
The patient's level of gastrointestinal upset. A rating of 0 to 1 is no upset, a rating of 2 to 3 is mild upset, and a rating of 4 to 5 is severe upset.
- 6. Bone and Joint Ache**
The patient's level of bone and joint ache. A rating of 0 to 1 is no ache, a rating of 2 to 3 is mild ache, and a rating of 4 to 5 is severe ache.
- 7. Tremor and Shaking**
The patient's level of tremor and shaking. A rating of 0 to 1 is no tremor, a rating of 2 to 3 is mild tremor, and a rating of 4 to 5 is severe tremor.
- 8. Irritability**
The patient's level of irritability. A rating of 0 to 1 is no irritability, a rating of 2 to 3 is mild irritability, and a rating of 4 to 5 is severe irritability.
- 9. Goosebumps**
The patient's level of goosebumps. A rating of 0 to 1 is no goosebumps, a rating of 2 to 3 is mild goosebumps, and a rating of 4 to 5 is severe goosebumps.
- 10. Anxious**
The patient's level of anxiety. A rating of 0 to 1 is no anxiety, a rating of 2 to 3 is mild anxiety, and a rating of 4 to 5 is severe anxiety.
- 11. Teething**
The patient's level of teething. A rating of 0 to 1 is no teething, a rating of 2 to 3 is mild teething, and a rating of 4 to 5 is severe teething.

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Section 5

Resources



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New Jersey Department of Health
Division of Public Health, Bureau of Disease Prevention and Control

[illegible]

Resources

[illegible]

Naloxone Leave Behind

- First responders must offer to leave naloxone and resources behind with a patient, friend, or family member post-overdose if the patient refuses transport to the hospital
- Resources must include information about
 - Recovery
 - Treatment
 - Harm reduction
- Passed in 2021 in NJ
- Email 5MinToHelp@doh.nj.gov to receive FREE naloxone and resources.



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Rapid Referral Platform

How it works:

1. EMS encounter with an individual living with SUD (often post-overdose)
2. Platform facilitates a rapid referral, offering medication vouchers, transportation vouchers, and peer referrals to assist individuals in getting to their first clinic appointment
3. Individuals are connected to outpatient treatment organization of their choice and seen in as little as 24 hours from their referral

NJ is in the process of implementing a referral platform to be utilized by first responders.



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NJ Overdose Data Dashboard

<https://www.nj.gov/health/populationhealth/opioid/>



Overview

The dashboard provides a comprehensive overview of the state's overdose data, including trends, hotspots, and interventions. It is designed to be user-friendly and accessible to a wide range of stakeholders.

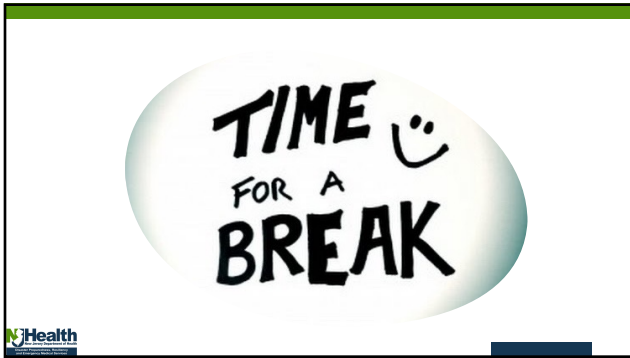
Key Features:

- Interactive Maps:** View overdose data by geographic location, including county-level and neighborhood-level maps.
- Data Visualizations:** Utilize various charts and graphs to analyze trends over time and across different demographics.
- Filtering Options:** Narrow down the data by date range, drug type, and other relevant factors.
- Downloadable Reports:** Generate and download detailed reports for further analysis and sharing.

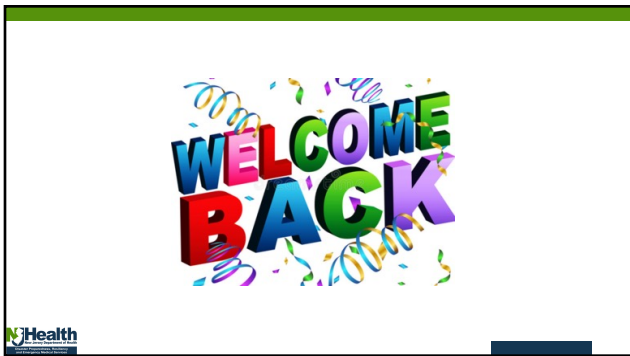
Navigation:

- Home
- Overview
- Maps
- Visualizations
- Reports
- Help

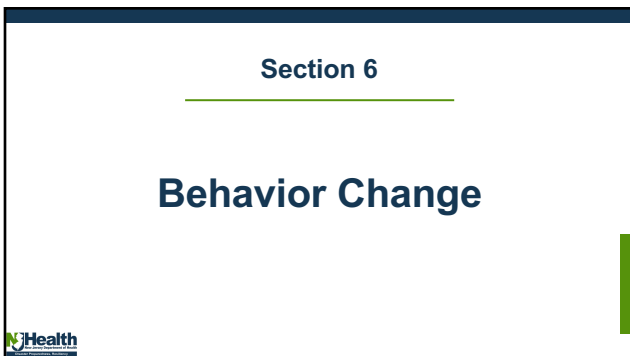
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Behavior Change Discussion Questions

1. What behavior/habit have you tried to change in your life?
2. What barriers/challenges did you experience?
3. Were you successful in changing behavior? Why or why not?



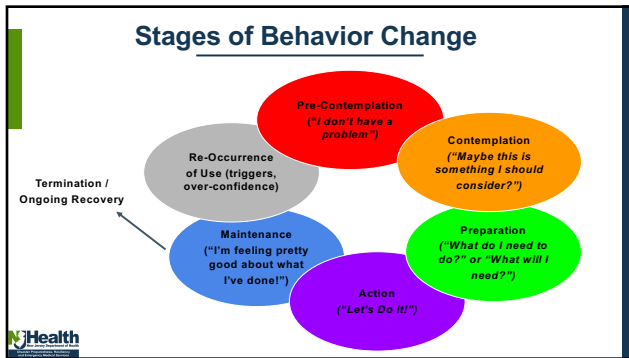
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Dedicated to all the people who are weary....

....of trying to educate,
advise, entice, convince,
coax, cajole, persuade,
sweet-talk, smooth-talk,
guilt-trip, bribe,
manipulate, or otherwise
get people to change.



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Section 7

Motivational Interviewing

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Motivational Strategies

Fear Based:	Goal Based:
<ul style="list-style-type: none"> • Extrinsic • Short Term • Power is external • Disempowering 	<ul style="list-style-type: none"> • Intrinsic • Long Term • Empowering • Self-sustaining

Think of goal-based motivation as doing the work from the inside out.

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Steps to Developing Rapid Rapport

- Go to person's eye level or below
- Once lucid, ask permission before entering their personal space
- Ask and use the patient's name
- Ask the patient what pronouns they use
- Lead in slow deep breathing for someone who is anxious
- Unless agitated, join person's verbal tone and pace

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Sympathy vs. Empathy Video

As you watch this video, look for examples of how the characters develop rapport!



<https://brenebrown.com/videos/rsa-short-empathy/>

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Rapid Rapport Discussion

1. Which animal was most effective in developing rapid rapport and why?
2. Which rapid rapport techniques did you notice in the video?
3. Would you change/add anything about how the animal using rapid rapport responded?

Rapid Rapport Techniques

- Go to person's eye level or below
- Once lucid, ask permission before entering their personal space
- Ask and use their name
- Ask the patient what pronouns they use
- Lead in slow deep breathing for someone who is anxious
- Unless agitated, join person's verbal tone and pace

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What is Motivational Interviewing (MI)?

- General approach to facilitate change
- Communication style to build rapport
- Not based on one scientific theory
- Blending of techniques from other theories
- Avoids labeling patients



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MI recognizes that:

- The ideas most likely to succeed are those generated by the individual.
- Applies principles that emphasize a collaborative relationship
- Can help to influence/ encourage progression through the stages of change



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Express Empathy

Show compassion and understanding; remember open-ended questions & affirmations can help!

Develop Discrepancy

Help person see the discrepancy between personal values/goals and current behavior

MI: FOUR GUIDING PRINCIPLES

Roll with Resistance

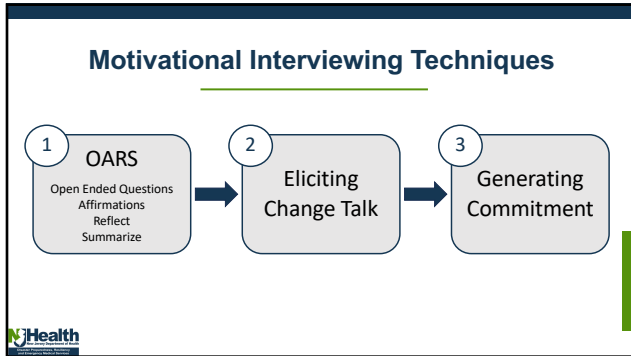
Help guide the process...not force or drag person into treatment. Avoid direct confrontation!

Support Self-Efficacy

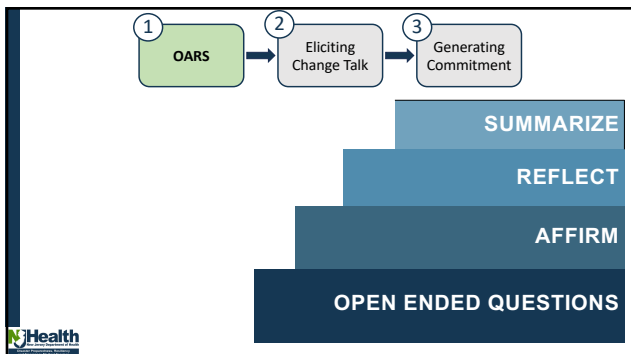
Listen for examples of small success. Believe in the ability to change, to support developing confidence



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Open Ended Questions:

1 OARS

Questions that can NOT be answered with yes or no

Purpose:

- Probe widely for information
- Uncover the person's priorities & values
- Avoid 'socially desirable' responses
- Draw people out

Open-Ended questions are the foundation of OARS

OPEN-ENDED QUESTIONS

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Open Ended Questions Practice

1
OARS

Please pick one of the scenarios below to practice using open-ended questions. Aim to ask your partner 5 questions or probing statements ("tell me about....") about any of the topics below. Be sure the questions can NOT be answered with a "yes" or "no" response.

Your partner....

....went to a concert last night. Learn all you can about it!

.... is moving to a new town – learn all you can about why they are moving and why to that particular town.

....started a new job in a new field – learn about this change and what prompted it.

...has just returned from vacation. Learn all you can about why they chose that type of vacation and how it went.

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<u>Yes / No</u>	vs.	<u>Open Ended</u>
Do you want to quit smoking?	→	What are your thoughts about your smoking?
Do you smoke a lot of pot?	→	What do you like about using pot?
Don't you want to stop using substances?	→	What are your concerns about stopping using heroin?

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<u>Yes / No</u>	vs.	<u>Open Ended</u>
Have you had problems with substance use before?	→	Can you tell me about how your substance use has affected you or those around you?
Do you want to go to rehab?	→	What do you think about the idea of recovery?
Have you been in treatment before?	→	What might be some of the benefits of treatment?

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Affirmations

¹
OARS

- Affirm the person's struggle, achievements, values and feelings
- Emphasize a strength
- Notice and appreciate a positive action, even a small one

AFFIRM

OPEN-ENDED QUESTIONS

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Examples of Affirmations

¹
OARS

- "It takes courage to face such difficult challenges."
- "You've quit before; That took a lot of strength."
- "I know you didn't expect to talk to me about today, so I think it's great that you're willing to speak with me."

AFFIRM

OPEN-ENDED QUESTIONS

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Reflect

¹
OARS

- Communicates that you have listened
- Serves as a 'check' that you correctly understood what was said
- An effective, non-confrontational way to reduce resistance
- Expands on the meaning of what was said

REFLECT

AFFIRM

OPEN-ENDED QUESTIONS

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Examples of Reflections


1 OARS

- “What I’m hearing you saying is...”
- “So on the one hand it seems like.. and, yet on the other hand...”
- “Let me see if I heard you correctly...”

REFLECT

AFFIRM

OPEN-ENDED QUESTIONS



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Summarize

1 OARS


- “What you’ve said is important, and I want to be sure I have it right...”
- “So, what I think I hear you saying is...”
- “Is there anything else you’d like to tell me about this?”

SUMMARIZE

REFLECT

AFFIRM

OPEN-ENDED QUESTIONS




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Motivational Interviewing Techniques

1 OARS
Open Ended Questions
Affirmations
Reflect
Summarize

2 Eliciting
Change Talk

3 Generating
Commitment




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Eliciting Change Talk

Change talk is the language/words someone uses that can 'hint' at and even increase the chances for a positive change.

2 Elicit Change Talk



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Examples of Change Talk

2 Elicit Change Talk

Recognizes the problem:

- "This is getting pretty bad."
- "I guess this has been affecting me more than I realized."
- "I don't know what to do, but something has to change."

Shows concern:

- "I don't know how I can keep up like this."
- "Sometimes when I've been using, I just can't think or concentrate."

Expresses awareness:

- "I think my mom must be really mad at me."
- "I feel terrible about how my drinking has hurt my family."

Sees the cost of continuing current behavior:


- "No one will ever hire me if I keep this up."
- "I'm scared I will overdose again but no one will be there to help me."

Considers the possibility of changing:

- "Tell me what I would need to do if I went into treatment."
- "I think I could stop using if I decided to."

Identifies the benefits of support:

- "I could probably keep my job if I stopped using."
- "I might feel better if I got some help."



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How to Elicit Change Talk


2 Elicit Change Talk

After identifying change talk, you can start to build rapport by asking...

- "How has your drug use affected you and those around you?"
- "What has been the impact of substance use on your job?"
- "What are some things you enjoy doing?"

Another opportunity for open ended questions.

You can engage in a way that feels natural to you – the goal is to build a connection & establish a relationship.



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Developing Discrepancy

2 Elicit Change Talk

- Help the person see the discrepancy between present behavior and their desired behaviors or values
- Listen carefully to the person's statements about personal values and connections to community, family, and faith
- If the person is showing concern about the effects of their behavior, highlight the difference to heighten awareness and acknowledgment of discrepancy

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How to Develop Discrepancy

2 Elicit Change Talk

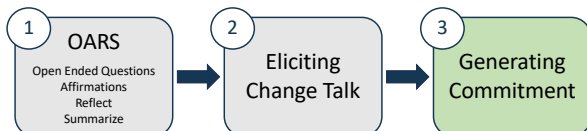
1. Ask for the '**Pros**' of the current behavior:
 - "Tell me about what you enjoy when getting high."
2. Ask for the '**Cons**' of the current behavior:
 - "What worries you about using drugs?"
 - "How do drugs affect your family life?"
 - "What might be different in your life if you stopped using?"

Once the person begins to understand how the current behavior conflicts with personal values, amplify and focus on this discordance until they can see this discrepancy and consider a commitment to change.

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Motivational Interviewing Techniques



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Generating Commitment

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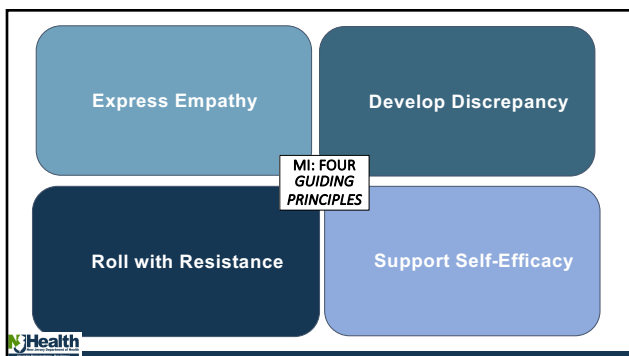
Generate Commitment

- Generating commitment should follow closely after a patient begins to talk about change
- Provide support to help implement the effort:
 - "What would you like to do next?"
 - "How can we help you?"
 - "What have you tried before? Why did it work/not work?"
 - "What is most important to you right now?"
- Your role is to support the individual and connect them with the appropriate resources to accomplish their next step

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R	RESIST telling person what to do: <i>Avoid telling, directing, or convincing the person about the right path to good health</i>
U	UNDERSTAND person's motivation: <i>Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors</i>
L	LISTEN with empathy: <i>Effective listening skills are essential to understand what will motivate the patient, as well as the pros and cons of their situation</i>
E	EMPOWER person: <i>Work with the individual to set achievable goals and to identify techniques to overcome barriers</i>

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Motivational Interviewing Role Playing Scenarios

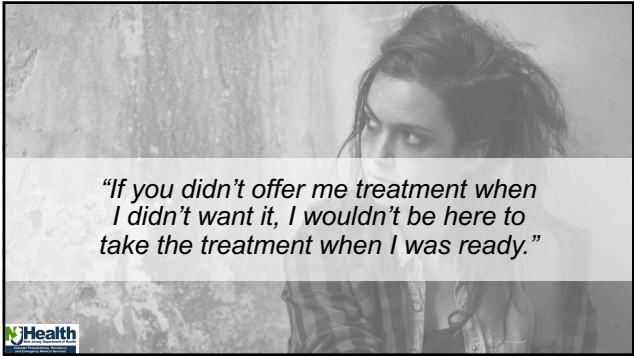
<p>1. 14-year-old overdosed teenager at home A call comes in from Central Dispatch that a suburban middle class neighborhood at 10 pm, regarding a 14-year-old female who was found by her parents in an upstairs bathroom. She was found by her parents unconscious on the bathroom floor. The parents were directed by Dispatch to begin CPR. The parents are in their mid 50s and have very limited knowledge of drug use.</p> <p>Upon your arrival you notice some glassine packets on the floor behind the toilet containing what appears to be Oxycontin. The parents do not recognize their daughter has overdosed. In talking to the parents they are shocked to hear their daughter has been using drugs, and have no knowledge of any prior use and are in denial of her use. She is reversed from the overdose and immediately begins sobbing. The parents are supportive but in denial.</p>	<p>2. Mother overdoses with three children at home You are contacted by Central Dispatch to respond to a residential address where a nine year old child called 911 reporting his mother won't wake up. Upon arrival at the home you go to the kitchen and find the police present, having reversed the mother from an apparent Opiate (suspected fentanyl) overdose. She appears more embarrassed then angry or fearful, as you begin to interact with her.</p> <p>You are told there are three children in the home, ages nine, seven and four. The father (35 yrs) and mother (29 yrs) are separated, with the father living with his parents approximately 5 miles away. From her reaction, you believe this mother may have been reversed before.</p>
<p>3. Pregnant Single Women overdoses in library rest room You receive a call that a young woman has been found in the stall of a library restroom on the floor and unconscious. Central Dispatch said the caller hung up before they could get any further information. You are near library so arrive approximate two minutes from receiving the call. You enter the restroom and find the young woman, pregnant (approx. 5 months) on the floor. Her breathing is shallow and guttural, and her lips and fingertips are blue.</p>	<p>4. Middle-aged man unresponsive in local diner restroom You have arrived at about 9:00pm with your fellow responders to find a man, approximately 50 years of age, in the men's room of a local diner, unconscious. He was found by the owner of the diner, who says he has never see the man there before. He appears to be homeless, as there is a larger cart of belongings near him, and there is a syringe lying next to him.</p>

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Role Playing Discussion Questions


1. Which parts of this felt comfortable for you? What felt uncomfortable?
2. How is this similar or different than how you typically interact with a patient post-overdose?
3. What skills from the training did your group use?
4. What feedback did you give your group members?

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Contact Information	Evaluation
<p>INSTRUCTOR NAME EMAIL</p> <p>INSTRUCTOR NAME EMAIL</p> <p>Five Minutes to Help 5MinToHelp@doh.nj.gov</p>	 <p>https://rutgers.ca1.qualtrics.com/jfe/form/SV_cGEYlvY6XnCidZX</p>



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