



EDUCATION AND SKILL-BUILDING WORKSHOP  
FOR CONGREGATIONAL AND PERSONAL  
ACTION AGAINST **OPIOID ABUSE**



**Abundant Health**

Global Ministries

**THE UNITED METHODIST CHURCH**

## Overall Time: 1.15 Hours Introduction

Over the past 20 years, abuse of prescription pain killers and other illegal opioids has doubled, leaving communities all across the U.S. hurting. With a problem that is affecting all ages, genders, and locations, we must all come together and take action. In this workshop, participants will learn more about the epidemic our country is facing, how to recognize drug abuse, and steps to prevent the problem from getting any worse. Participants will leave with a greater understanding of the opioid epidemic, and confidence to make a difference in their own lives and lives of their loved ones. This workshop is best implemented at the church of the congregation, with a respected member as the facilitator. Participants should be made to feel comfortable to share and ask questions, as the topic may be a sensitive subject.

## Learning Objectives

By the end of this workshop, participants will be able to:

- Explain the opioid epidemic
- Recognize signs of drug abuse
- Employ preventative and reactive strategies surrounding opioid abuse

## In Preparation for the Workshop

1. Read over the lesson! Parts of this workshop require the facilitator to share background knowledge on opioids and other topics. It will be more successful if the facilitator has read through it beforehand and is familiar with the information.

## 2. Create Question Cards

For the buzz circle activity, create multiple sets of question cards the groups will respond to. Actual number of sets will vary based on participation numbers. In the activity, participants will be split into groups of three to five. For each group, create one set. A set includes three index cards, with one question written on each. The questions are: “Why are you interested in this workshop?”; “What have you heard about ‘opioids’ and ‘the opioid epidemic’?”; “What are you hoping to get out of his workshop?”

## 3. Create Indicator Cards

The indicator cards will be used to help recognize drug abuse signs. Write each of the following indicators on a separate index card:

- Decreased or increased appetite
- Bloodshot eyes
- Bad coordination
- Slurred speech
- Sleep changes
- Anxiety
- Irritability
- Mood swings
- Anger
- Attitude changes
- Financial difficulties
- Lack of interest in hobbies
- Neglecting responsibilities
- Secretive behaviors
- Sudden change in friends

## 4. Designate Tables/Corners for Categories of Drug Abuse Indicators.

These do not need to be physically marked, but be prepared to instruct participants where to go for each category – physical, psychological, behavioral.

## 5. Print the Necessary Papers

Papers to be printed for use in the session are:

- Case Studies (1 of each)
- Drug Abuse Signs graphic organizer (1 for each participant)
- Proper Medication Disposal Sheet (1 for each participant)
- Evaluation form (1 for each participant)

# PART ONE: INTRODUCTION TO **THE PROBLEM**



**Abundant Health**  
Global Ministries

THE UNITED METHODIST CHURCH

## Activity 1.1: Group “Buzz Circle”

**Time: 15 minutes**

Do: Depending on the number of people present, split the participants into groups of three to five each, and instruct them to sit in a circular formation. Once participants are settled, ask them to go around the circle and introduce themselves, then:

- Have the person with Question Card 1 read their card and pose the question to the group.
- Have an open discussion about the question from the Question Card.
- Repeat for Question Cards 2 and 3

Ask the Group: Would anyone be willing to share what they talked about?

## Activity 1.2: Guided Informational Discussion

**Time: 5 minutes**

Do: Facilitate a guided discussion. Read the following script and ask the bolded questions to the audience. Answers to the questions are found in parentheses after the question.

### **Say/Ask the Group:**

- “Before we start talking about the opioid epidemic our country is facing, let’s start with the basics. Does anyone know what an opioid is? (a type of drug that reacts with opioid receptors on the brain, often resulting in a euphoria-like and calming effect.)
- Opioids can come in many forms, some illegal and some prescribed, but all can be dangerous, even prescriptions that are misused. Can we name some common opioids? (Illegal: Heroin. Prescribed: Fentanyl, Oxycodone, Morphine, Methadone.)
- Starting in the 1990’s, the US has seen a spike in opioid use. Because of medical advocates as well as the development of a new drug, physicians started prescribing opioids at higher rates than ever before, putting the drug in more hands than ever seen. Unfortunately, no one saw the problem coming. Why do you think so many people misuse prescription opioids? (More people have them, and the high-effect).
- At the same time as the prescription rates increased, the country also saw more Heroin coming into the county. This Heroin was strong, and cheap. So what do you think many people who had been abusing their prescription did when they ran out? (Switched to Heroin, which was cheaper and easier to obtain.)
- This is not a problem of the past, but something still happening today. What percent of heroin users do you think first misused prescription opioids? (80%).
- This problem keeps growing, and is now responsible for almost 100 deaths a day in the US.
- As we talked about earlier, many of these drugs are prescribed to us and can be found in our own homes. These drugs have made their way into our medicine cabinets, into our neighborhoods, and into our churches. Together, though, we can make significant strides in the fight against opioid abuse.

# **PART TWO: RECOGNIZING SIGNS OF DRUG ABUSE**



**Abundant Health**  
Global Ministries

**THE UNITED METHODIST CHURCH**

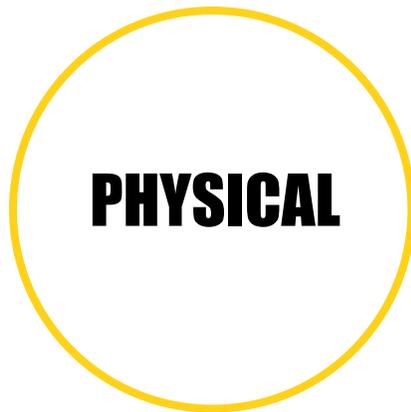
## Activity 2.1: Learning the Indicators of Drug Abuse

**Time: 10 minutes**

Say: “Now that we have talked about opioids and the problem they are causing our communities, we are going to practice recognizing indicators of drug abuse. The better informed we are, the more we will be able to help someone who may be struggling with addiction.”

Do: Distribute the Indicator Cards, giving one to each participant. Instruct each person to read their card silently to themselves, and then walk to the pre-indicated table of indicator category that they believe best matches their sign.

- Participants should also take with them their graphic organizer and a writing utensil. Once each person is at a table, begin with one category – ask the participants there to read off their category of sign, and then each participant to read off their sign from their indicator card.
- Instruct and allow time for others to fill in their graphic organizers. If not all indicator cards were distributed, read off the other signs in that category. Once one category is finished, move on to the next. Categories should include:



- Decreased or Increased Appetite
  - Bloodshot Eyes
  - Bad Coordination
  - Slurred Speech
- Unusual Sleeping Habits



- Anxiety
- Irritability
- Mood Swings
  - Anger
- Attitude Changes



- Financial Difficulties
- Lack of Interest in Hobbies
- Neglecting Responsibilities
  - Secretive Behaviors
- Sudden Change in Friends

*Note: If a participant believes their sign should be in a different category than listed below, let them explain – this is not stringent, and participants are encouraged to be involved in the learning process. Some signs may overlap, and that is okay.*

## Activity 2.2: Case Studies

**Time: 15 minutes**

Say: “Now that we have identified potential drug abuse indicators, we are going to do an activity to see if we can recognize them in situations we may find ourselves in.”

Do: Split participants into four groups and give one case study to each group. Instruct participants to read the case study together, and answer the two questions that follow.

(Case studies can be found in Appendices)

Allow 10 minutes for this, then come together again and have each group share out:

- Quick summary of their case-study
- The drug abuse indicators they recognized.
- What steps they would take if they faced this situation?

**Possible answers for the case study indicators are below:**

### **Case One: Kevin**

1. Anti-social
2. Angry
3. Lack of motivation

### **Case Two: Rachel**

1. Money disappearing
2. Abnormal sleep patterns
3. New friends
4. Out of character behaviors

### **Case Three: Julie**

1. Unexplained weight loss
2. Nervous/anxious
3. Poor coordination
4. Distracted
5. Out of character behaviors

### **Case Four: Lou**

1. Bad attitude
2. Marks on arms
3. Dilated pupils
4. Lack of interest
5. Confusion

As in the last activity, some answers may vary. As long as they make sense, that is okay!  
Participants are encouraged to think through things!

# PART THREE: TAKING ACTION



**Abundant Health**  
Global Ministries

THE UNITED METHODIST CHURCH

Say: “We just talked about some potential action steps when we read through our case studies. Now that you have more knowledge about opioids, and can recognize signs of drug abuse, we are going to learn some steps to take to prevent opioid use by your loved ones.”

### Activity 3.1: If you suspect drug abuse discussion

**Time: 5 minutes Ask the Group:**

- If you suspect a loved one is using drugs, what steps do you think you should take? (possible answers: get them into rehab, talk to them, drug abuse counseling).

Say: “This will look different for every individual, but it is imperative to seek help as soon as possible. Let them know you love them, and you just want the best for them. Ask if they are willing to get help and what they need from you.”

Do: Have participants turn to their neighbor and talk about the following questions:

- Do you feel like you would be able to talk to a loved one about drugs if you needed to?
- If you suspected a loved one was using drugs, who could you reach out to for support?

### Activity 3.2: Proper Disposal of Medication

**Time: 5 minutes**

Say: “As we talked about earlier, many common opioids are found in our own homes. Because they can be easily accessible for someone looking for drugs, or just curious to try, it is important to dispose of old medications and to do so properly.”

**Ask the Group: Allow for 2 or 3 responses.**

- When was the last time you cleaned out your medicine cabinet or drawer?
- How do you normally throw away old medicine?

Do: Distribute the “Proper Disposal of Medication” handout. Give everyone a minute to look over it.

**Ask the Group: Allow for 2 or 3 responses.**

- What are your thoughts on this?
- Is this something you will start doing?

Talk About: The importance of safe medicine disposal, and medicine take-back events/locations. Many local pharmacies also have medicine drop boxes or hold medicine take back events.

## Activity 3.3: Role Play

**Time: 15 minutes**

Say: “In addition to cleaning out our medicine cabinets, it is important to talk to young people in our lives about prescription drug abuse. Research shows that teens who talk to their parents about prescription drug abuse are up to 42% less likely to misuse prescription drugs.”  
\*cite

Talk about: It is important to talk to teens, even if you do not think they are at risk. Opioids are in almost every community in the US; it is better to be safe than sorry.

**When having these conversations, there are some talking points to help guide the conversation:**

1. You care.
2. Prescription drugs are dangerous if abused.
3. Have they heard of this? Is this affecting them at all?
4. What do they want to know?
5. They can come to you for support.

Do: Have participants pair up and take turns role-playing this conversation, where one partner is a teenager or young adult, and the other is talking to them about prescription drug abuse.

**Have them practice the talking points, and have partner give feedback. Then switch roles. After 10 minutes, come back together. Hold a brief open group discussion.**

**Ask the group:**

- What went well?
- What could be better?
- what concerns do you have?
- What would help you feel better? (Ask if anyone has any suggestions or input.)

# PART FOUR: WRAP UP



**Abundant Health**  
Global Ministries

THE UNITED METHODIST CHURCH

**Time: 5**

Say: "In this workshop we learned about opioids, the opioid epidemic, how to recognize drug abuse, who you could get support from if you suspected drug abuse, and steps to take to prevent it. We practiced recognizing drug abuse, as well as having conversations to prevent it."

**Ask the Group:**

- Are there any questions about what we talked about today?

Note: If you do not know the answer, admit it and promise to get back to them after you learn it. Be sure to follow up on this promise!

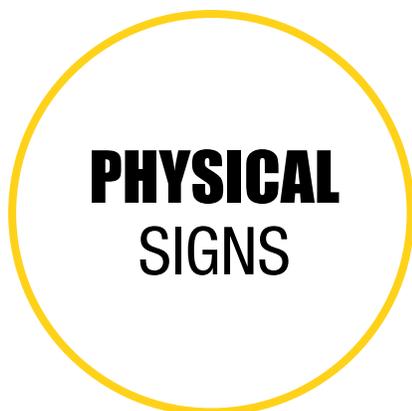
Talk about: There is always more to learn and very helpful resources you can find online. The sheet you are giving them will help them locate more information they may be curious about. Thank the participants for coming, and encourage them to do the very brief evaluation form.

Do: Distribute list of resources, and evaluation (both can be found in Appendices)

**Appendix A. Drug Abuse Signs Graphic Organizer**

# **RECOGNIZE OPIOID ABUSE**

## Know What To Look For



## Appendix B. Case Studies

# 1. KEVIN

Kevin is a junior in high school who has always been very motivated. He recently began looking at colleges, and was excited to pick out his major. His grades have always been good, passing. Kevin's youth pastor, John, has recently noticed a change. Suddenly, Kevin does not seem at all interested in talking about his future, and has made remarks about not caring about his schoolwork anymore. Though Kevin has always been a little shy, lately he has shown even less enthusiasm about participating in youth group activities, and some of his peers have even told John that Kevin has not been nice to them lately. The other students informed John that Kevin has been getting very angry lately, and is easily irritated out of concern that something might be going on with him.

**Should John be concerned about Kevin?**

**What signs might point to drug abuse?**

**What steps should John take to help Kevin?**

# 2. RACHEL

Gina is a single mother of two – Robert, age 9, and Rachel, age 14.

Rachel is your average teenager – likes to hang out with her friends, sleeps late, and a little moody. She enjoys school, and is active in multiple student organizations. Gina has a good relationship with Rachel, but being a single mother often has to work late and rely on Rachel to take care of Robert. Rachel rarely complains about this, and doesn't mind spending time with her little brother. One night when Rachel was supposed to babysit Robert through dinner, Gina arrived home to find out that Rachel never arrived home to feed her brother. Knowing this is out of character and being concerned for Rachel, Gina called her on her cell phone. When Rachel answered, Gina heard voices in the background she didn't recognize and was unfamiliar with all of the people Rachel said she was with. That night Rachel arrived home past curfew, and slept well into afternoon the next day. Gina knew that she usually sleeps late, but something felt not right. While Rachel slept, Gina went to the grocery store to get food for lunch. Upon paying for the food, she realized that her wallet was missing 20 dollars that had been there before. Gina had a bad feeling.

**Was Gina's bad feeling justified?**

**What signs might point to drug abuse?**

**What steps should Gina take to help her daughter?**

## Appendix B. Case Studies

# 3. JULIE

Every month, childhood best friends Lisa and Julie meet for lunch to catch up. Both having jobs and families of their own now, it can be difficult to find time together, so these monthly lunches are a special appointment for both women. Agreeing to meet at noon at their favorite restaurant downtown, Lisa shows up on time and gets a table for the both of them while she waits for Julie to arrive. After 15 minutes passed and Julie still had not shown up, Lisa was getting a little worried. As she pulled out her phone to call her, Lisa walks into the restaurant. The first thing Julie noticed was just how skinny Lisa has become. When Julie asked her about this, Lisa shrugged it off and changed the topic. Throughout the lunch, Julie noticed that Lisa was very anxious, always looking around her, unable to sit still. She dropped her fork so many times the waiter began to get annoyed with having to bring her a new one, and when she got up to use the restroom, she stumbled getting out of her chair. Lisa thought, “there is definitely something going on with Julie.”

**Is Lisa right about something abnormal happening with Julie?**

**What signs might point to drug abuse?**

**What steps should Lisa take to help her friend?**

# 4. LOU

Lou and Jim are more than brothers, they're best friends. As children they would play together every day, and always had each other's back. 40 years later, things hadn't changed. They were in each other's weddings, and present for all the other's important life events. Their favorite activity was getting together after church on Sundays to watch Football – a weekly tradition in the Fall. One Sunday, Jim showed up at Lou's like he always does, nacho's in hand, but something was different. When Lou finally answered the door, he looked confused and asked Jim why he was there. When Jim calmly reminded him about their weekly football game viewings, Lou snapped at Jim for “his attitude,” and criticized the snacks he brought. Every time Jim tried to talk to Lou during the game, Lou was short with him, not wanting to talk, and never engaging in conversation. At halftime, Lou suggested that Jim just leave, he was done watching the game now. Jim, thrown off by his brother's strange attitude, didn't argue and got ready to leave. As he tried to hug his brother goodbye, he noticed strange marks on Lou's arms, and that his pupils were dilated. Jim made a note to himself to call Lou's wife later to see how he's been doing.

**Is Lisa right about something abnormal happening with Julie?**

**What signs might point to drug abuse?**

**What steps should Lisa take to help her friend?**

## SAFETY STARTS AT HOME

Many of us have prescription pain killers in our own medicine cabinets that we no longer need, and are just sitting there ready to be taken. Even if you think your child or loved one has no interest in stealing old medications, the old saying stands true: it is always better to be safe than sorry. To ensure that your home is a safe environment, there are a few steps you can take.

## DISPOSE OF OLD MEDICATION... PROPERLY!

It is important to always clean out your medicine cabinet and get rid of any expired or unnecessary medication, but make sure you are doing it safely. Many pharmacies have permanent drug disposal sites that are always good places to go—call your local pharmacy to find one near you. If you are going to throw out medication at home, there are extra precautions you must take. To properly dispose of medication, and discourage any potential drug use, follow this guide:

- **Remove labels from pill bottles/packaging you are disposing**
- **Do NOT crush pills, keep them in their original form**
- **Mix unwanted pills or liquid with something else unpleasant, such as coffee grounds, kitty litter, or old food in a separate bag**
- **Tie the bag with the medicine tightly shut**
- **Throw the bag with the medicine in the trash can, separate from the bottles**

**Important Note: Make sure to cross out any identifying information on pill labels before throwing them in the trash.**

### Appendix D. Helpful Resources

## OTHER HELPFUL RESOURCES

For information on recognizing drug abuse, visit

<http://sobercollege.com/signs-of-drug-use/>

For information on overdose symptoms, visit

<http://americanaddictioncenters.org/prescription-drugs/opiate-overdose/>

For information on medication take-back events, visit

[www.dea.gov](http://www.dea.gov)

For information on the opioid epidemic, visit

<https://www.drugabuse.gov/drugs>

For information on finding drug treatment and counseling, visit

<https://www.healthgrades.com>

For information on work being done on a governmental level, visit

<https://www.drugabuse.gov/>

## Appendix E. Evaluation Form

Thank you for attending this workshop! We appreciate your interest in preventing opioid abuse, and hope this training provided useful information and skills. Please take just a few minutes to answer these questions. Your responses help us improve, and inform us about topics that you would like us to follow up on. Together, we can make a difference in the fight against opioids!

**Please respond to the following statements by circling the option you feel best represents how you feel.**

1. Today I learned valuable information I can use to prevent drug abuse.

**Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree**

2. Today I learned the information I wanted to learn.

**Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree**

3. Today I learned new information I did not know before.

**Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree**

4. After attending this workshop, I am better equipped to recognize drug abuse.

**Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree**

5. After attending this workshop, I am confident in my skills to talk to loved ones about drug abuse and prevention.

**Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree**

**Please respond freely to the following question.**

Are there any questions you have that were not answered, and you would like us to follow up with you on?

If you would like someone to follow up with you, please write your name and the best way to contact you below.

Doctors Abuse Overdose Families Usage  
Political Epidemic  
OPIOID Drugs Heroin Injections  
Laws Fatal CRISIS Dependence  
Control Policing Health Addiction Deaths  
Addicts Communities Adverse  
Detox Health Drugs Treatment Laws  
Antidote Depression Withdrawal



**Abundant Health**

Global Ministries

THE UNITED METHODIST CHURCH

Email: [umc@abundanthealth.org](mailto:umc@abundanthealth.org)

458 Ponce De Leon Avenue, NE | Atlanta, GA 30308 | +1.404.460.7575