

# Communications Interventions for Evidence-Based Practice and Research: Graphic Novel Approach

Sarah Febres-Cordero, PhD, RN

This work represents the views of the  
author, not Emory University School of  
Nursing





# DISCLAIMER!

Language surrounding drug use, drug use dependency, people who use drugs, and those with lived living experiences is quickly evolving.

Over the past eight years, I have seen the language change, and some of the materials I will be showing were created before language evolution.

I no longer use some of the language seen in these videos; this is a limitation of media that lives forever on the internet!



# Objectives

- Positionality
- Communications integrating EBP and engaging community
- Communications integrating research and engaging community
- Future directions
- Graphic Novel



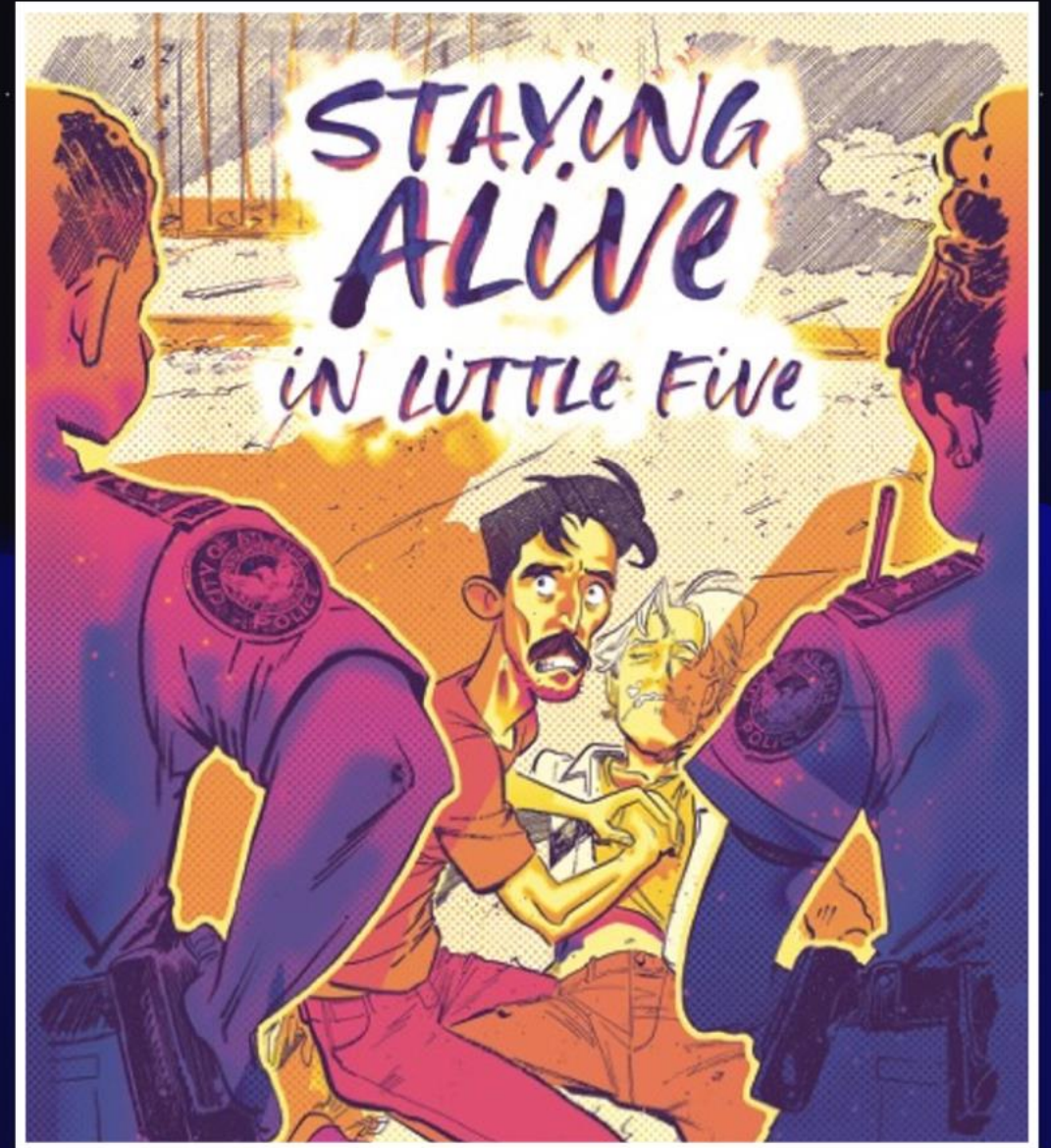






# FROM PIZZA WAITRESS TO PHD

- ❖ L5P is a commercial district surrounded by in-town residential neighborhoods
- ❖ L5P provides a place where people can escape the dominant culture
- ❖ 20 years, the best of times, the worst of times.
- ❖ Call to Nursing
- ❖ Service industry workers become first responders while working by default when someone overdoses in the community—lived experience.







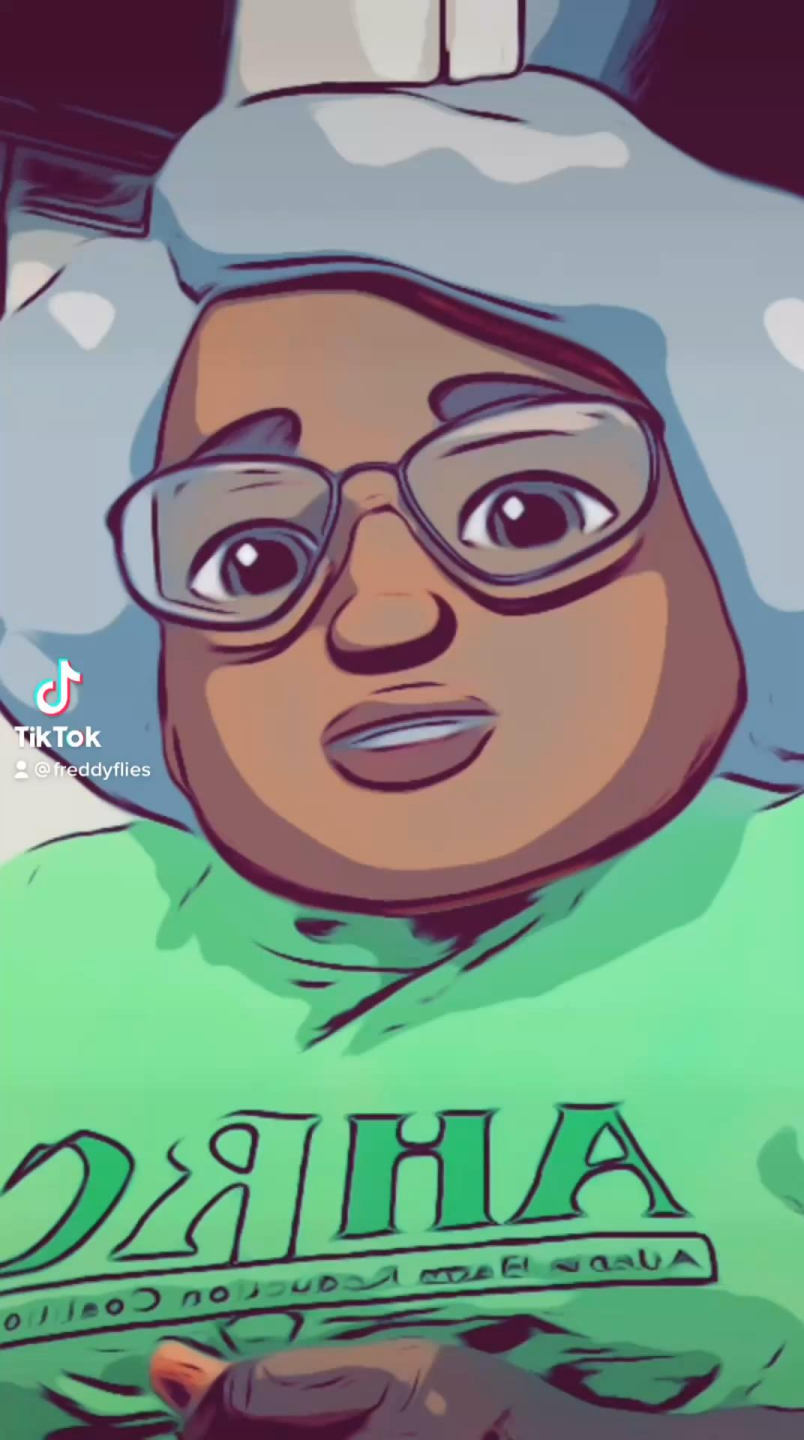


# Identification of occupations associated with drug overdose deaths further characterizes the opioid epidemic. Incorporating workplace research and targeted interventions might benefit the opioid epidemic response

-CDC, 2018

- ❖ The rate of overdose death in the food industry is higher than the general workforce: 39.5 deaths per 100,000 workers, compared to 25 per 100,000 workers. (Harduar, Steege, & Luckhaupt , 2018)
- ❖ An analysis of drug overdose deaths from 2007-2013 by the CDC identified six occupations with elevated mortality ratios, including food service and preparation (Shaw & Punnett L, 2020).
- ❖ Among SIWs, 19% have used illicit substances in the past month (Bush, 2015).
- ❖ Assuring optimal education of people in the food and service industries addresses a critical gap in preventing opioid-related overdose.



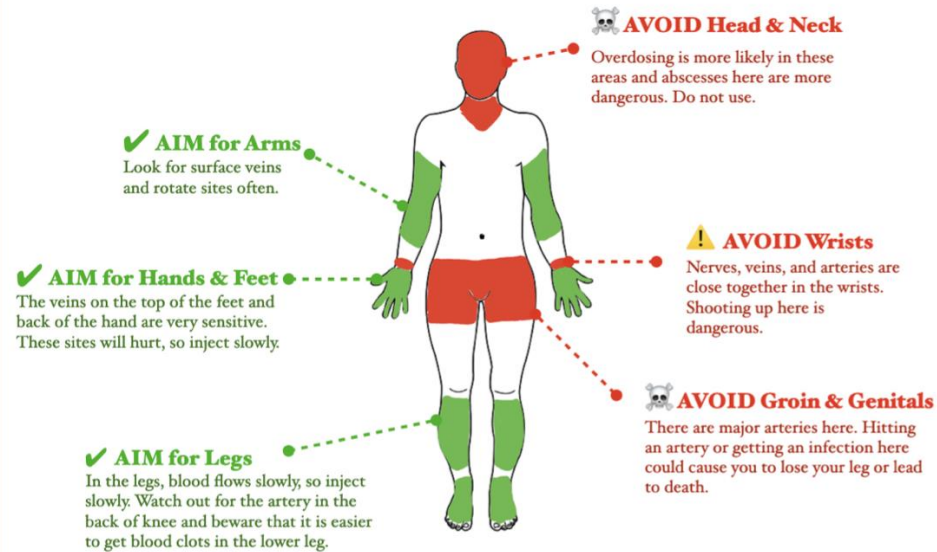


## Volunteer Work and Nurse Precepting

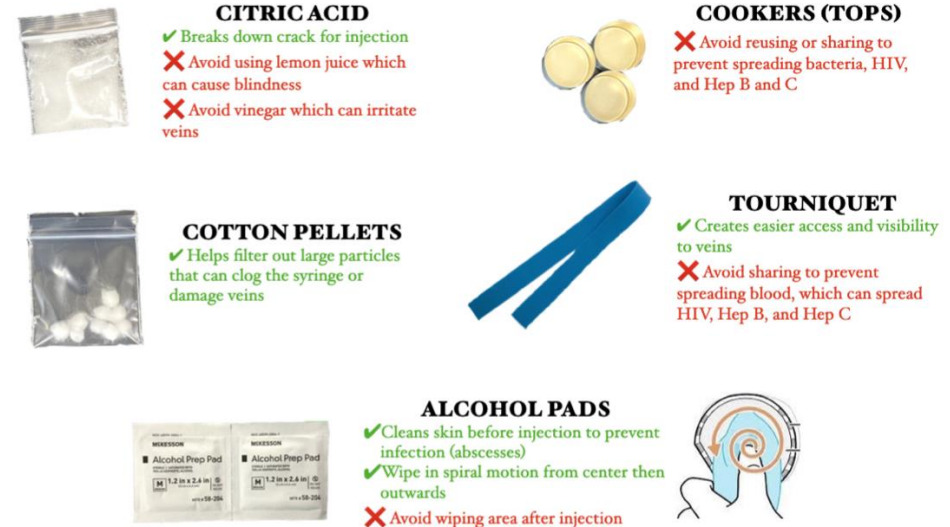
- AHRC/GHRC: PhD to present 8 years
- Wound care nurse/Ambassador
- OEND training
- Built relationships
- Connected AHRC with Emory Nursing (Quyen Phan)
- Engaged students with harm reduction
- Mona Bennett: Harm Reduction and Community Outreach
- Dr. Morgjan Zare: Harm Reduction Policy



# Safer Injection Sites



# Safer Injection Kit Supplies



(404) 817-9994  
ahrcemail@ahrc-atl.org  
1231 Joseph E. Boone Blvd  
NW, Atlanta, GA 30314

## DO YOU NEED...

- Computer lab? Clothes? Food?
- Diabetes support? Foot checks or glucose monitoring?
- PrEP/PEP? (Medication to prevent HIV)
- STI/STD, HIV, and/or Hep B and Hep C screenings and treatment?
- Pregnancy tests?
- Birth control/condoms?

- Vaccines? (COVID, Flu, Hep A, Hep B, Hep C, HPV, TDAP, Pneumonia?)
- Sterile syringes for more comfortable injections (single-use only)? Safer injection kits?
- Wound care?
- Medication to prevent/reverse an overdose (Narcan/Naloxone)?
- Medication assisted substance use therapy with Suboxone?
- Referral to services for help with ID, birth certificates, dental, health care, medical care, substance use, and/or mental health?

## AHRC can help.

All services are **FREE**, no questions asked, and we always have an open-door policy.

Come by or call today!







-Lesley R.

## E-PUBS

A Summer of Innovative Nursing



Scan me!







# It's the PreP for Me!

- [It's the PreP for Me!](#)



Scan me!



It's the PrEP for Me!



## It's the PrEP for Me!

**PrEP** (is a medication that)  
**Prevents**  
**HIV!**

Did you know...

- **58% of women living with HIV** are **Black/African American**
- **Black/African American women** who have sex with men accounted for **91% of new diagnosis'** in 2019

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/women.html>  
<https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/black-african-american-factsheet.html>

**How do I know if I have HIV?**

- Atlanta Harm Reduction Coalition (AHRC) provides **FREE** HIV, STI, and HEP C testing.

**How do I get PrEP?**

- Use the QR code or call to make an appointment for **FREE** (no insurance needed).

Want to learn more?



Scan the QR code to watch a short video to learn more!

Scan the QR Code to learn more about the Atlanta Harm Reduction Coalition



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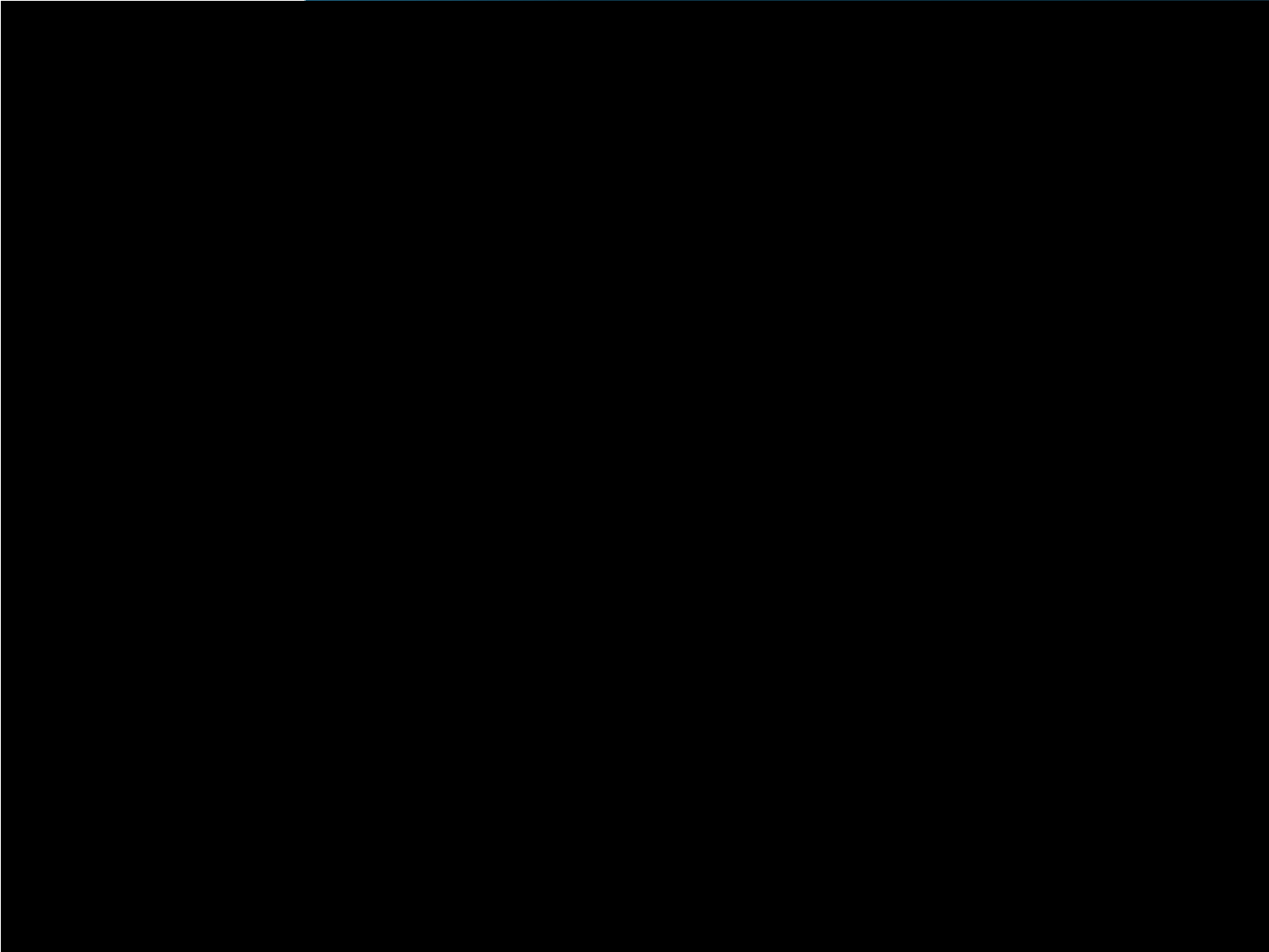


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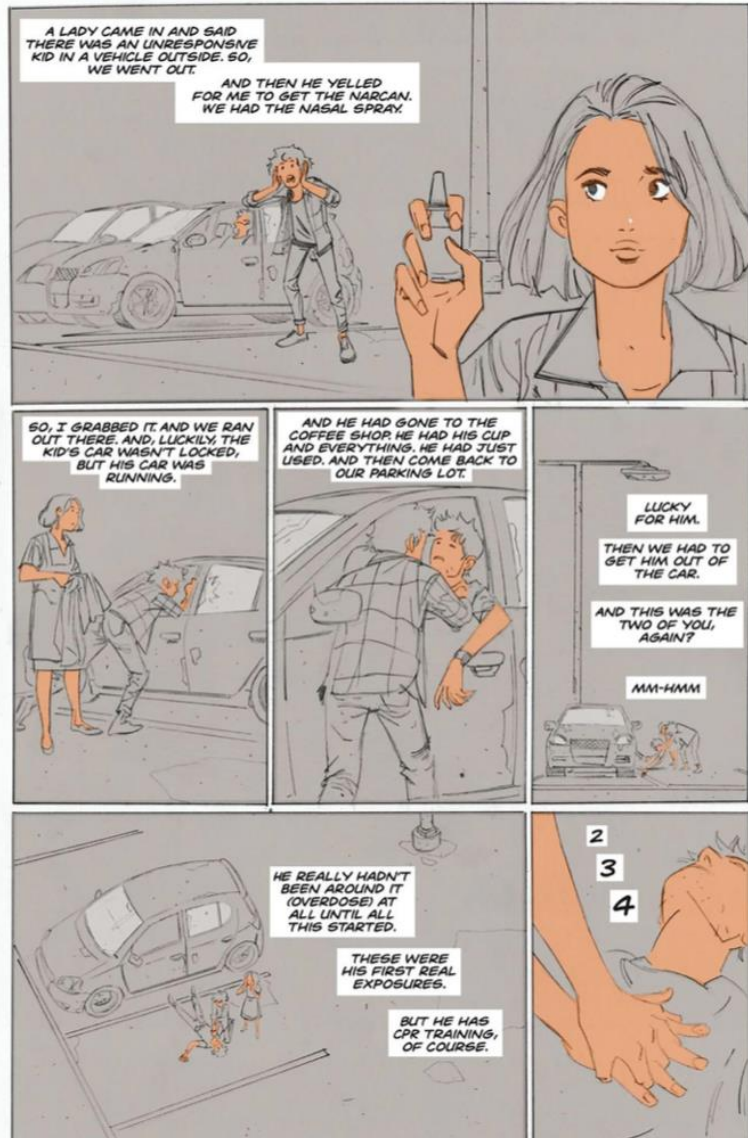
Scan the QR Code to learn more about the Atlanta Harm Reduction Coalition











## Research Article

# Designing a Graphic Novel: Engaging Community, Arts, and Culture Into Public Health Initiatives

Sarah Febres-Cordero, MS, RN<sup>1</sup> 

Athena D. F. Sherman, PhD, PHN, RN, CNE<sup>1</sup>

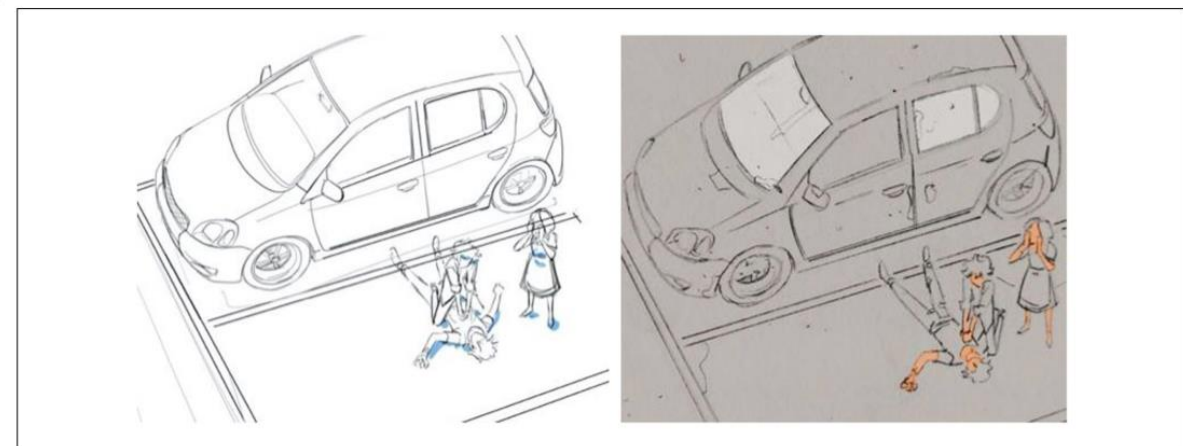
Joseph Karg, MFA<sup>2</sup>

Ursula Kelly, PhD, APRN, ANP-BC, PMHNP-BC, FAANP<sup>1</sup>

Lisa M. Thompson, RN, FNP-BC, MS, PhD, FAAN<sup>1</sup>

Kylie Smith, BA(Hons), PhD<sup>1</sup>

Screenshot by Xnapper.com

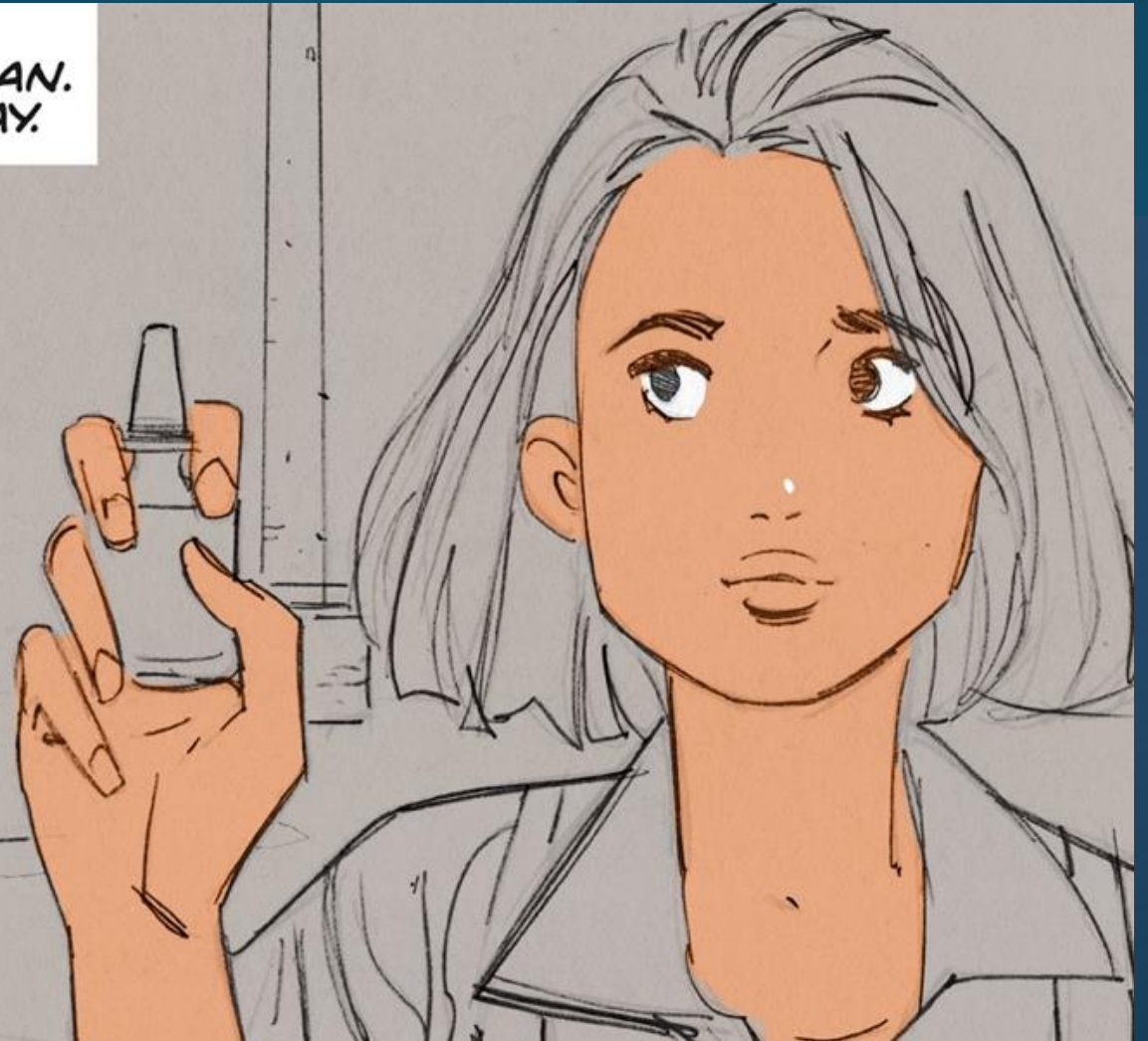


**FIGURE 1** Improper Positioning During Cardiopulmonary Resuscitation (Left Panel, Straddling of a Person Overdosing) Reveals the Need for Artist Education in Life-Saving Procedures

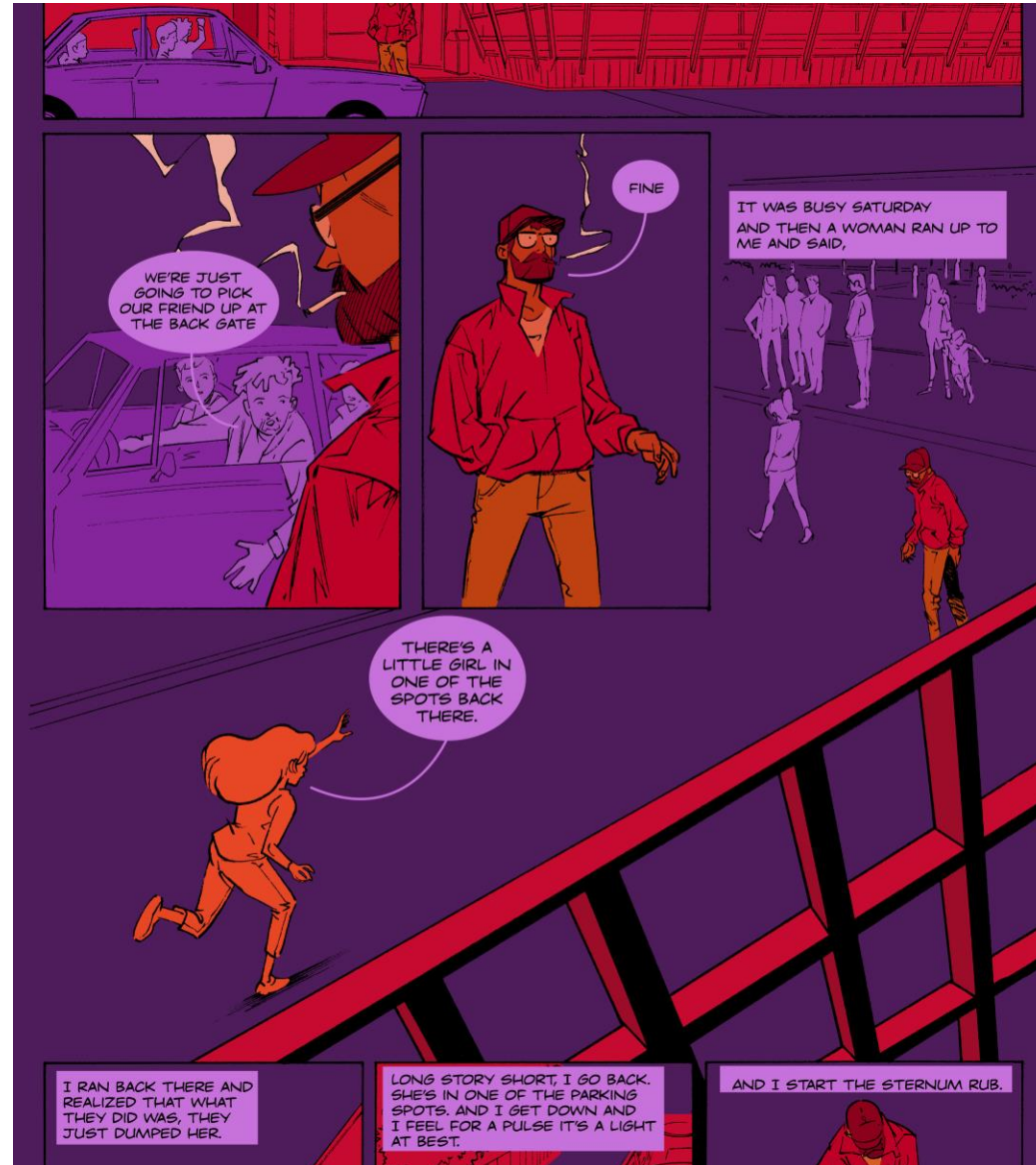
Note. Graphic novel pages by Joseph Karg and Sarah Febres-Cordero.



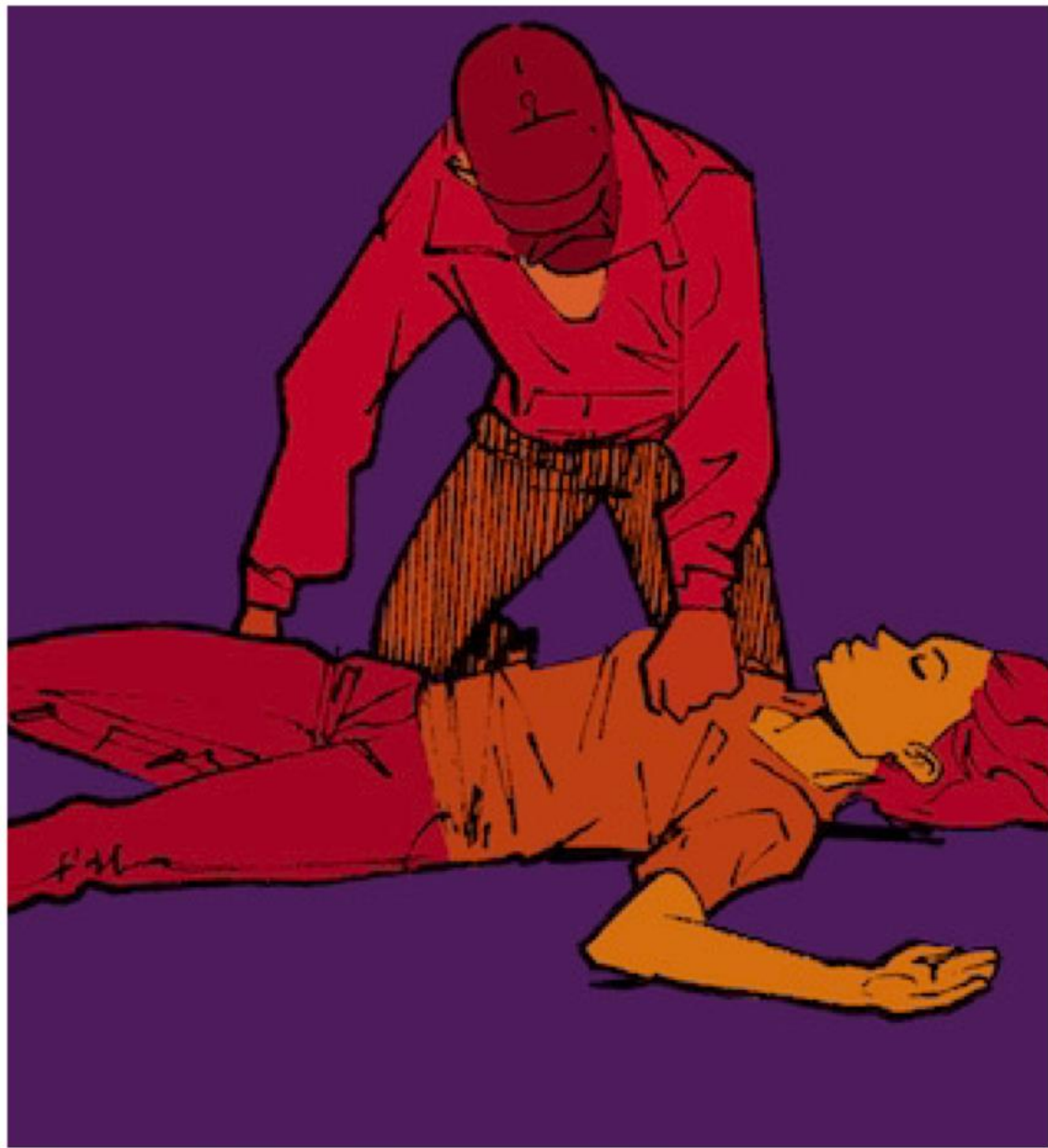
AND THEN HE YELLED  
FOR ME TO GET THE NARCAN.  
WE HAD THE NASAL SPRAY.











RE WAS A NURSE THERE.  
WAS LIKE,

LET ME  
DO CPR ON  
HER.



AND SHE WAS GOING TO START CPR.  
BUT AS SOON AS SHE TOUCHED HER  
WRIST, SHE'S GONE.



I PULLED HER UP ONTO OUR SIDE  
JUST IN CASE SHE STARTED TO  
THROW UP.

IT WAS ALREADY DONE. SHE  
WAS GONE RIGHT THERE.

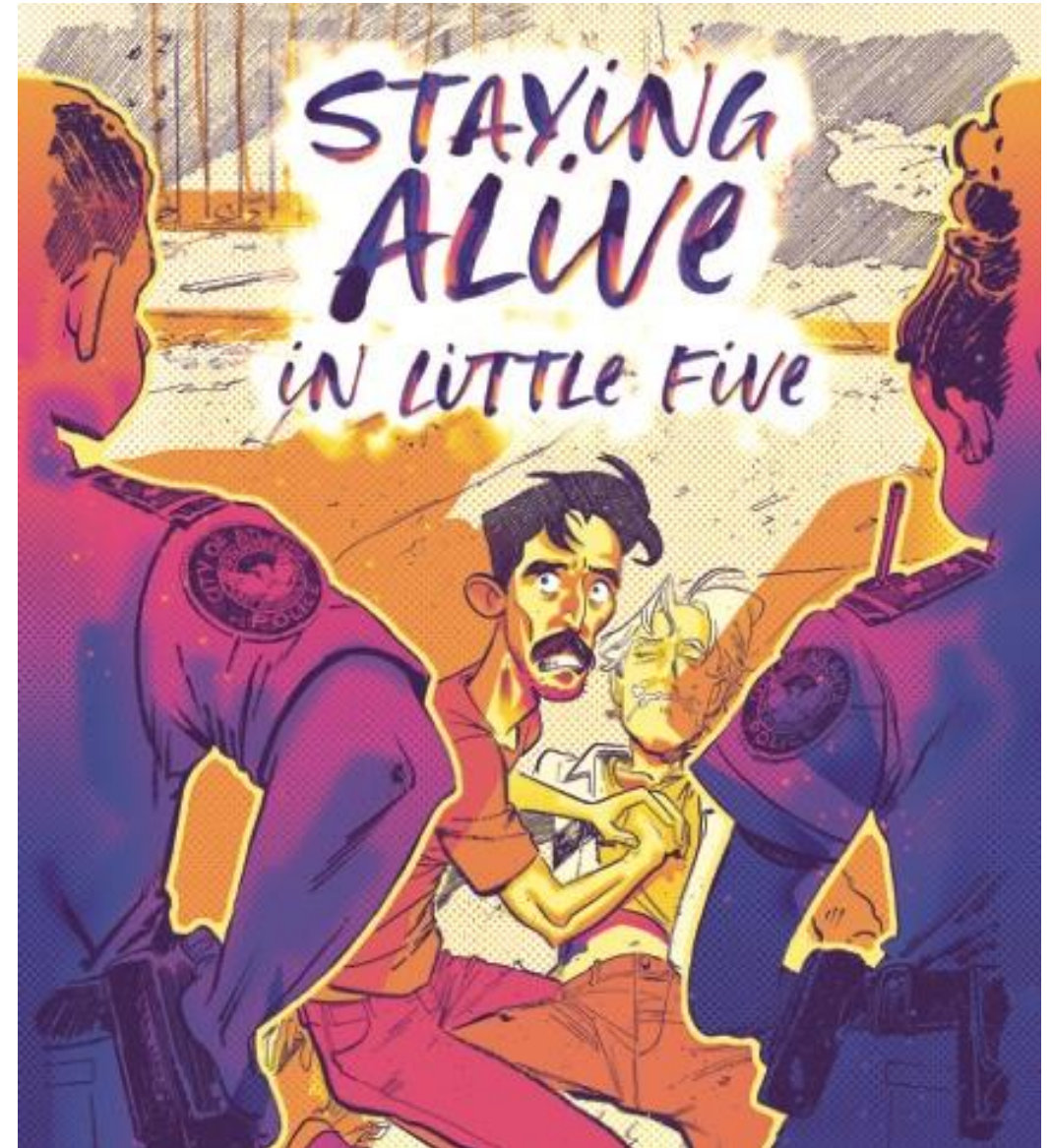






SCIENCE

GALLERY





# Novel forms of Dissemination

Science Gallery: HOOKED When Want Becomes Need





## Introduction

The opioid epidemic is a leading cause of unintentional death in the United States<sup>1</sup> and laypeople are often the first responders to an overdose in community settings including parked cars, the street, business parking lots, and inside businesses themselves.<sup>2</sup>

Within the commercial district of Little Five Points (L5P), Atlanta, GA, service industry workers respond to opioid overdoses by providing lifesaving interventions while on the clock.<sup>3</sup>

- Little is known about how communities cope with opioid overdose exposure.
- We explore how servers cope with exposure to opioid overdose in a community setting.



Artwork by Joseph Karg

## Methods

We assessed perceptions of coping in response to overdose rescue among laypeople in L5P (N=15) using qualitative descriptive, grounded theory, phenomenology and ethnographic observation<sup>4</sup>.

Methods to ensure rigor in this study include: oversight by a community advisory board, member checking of findings, triangulation of methods, and periodic reflexive journaling<sup>5</sup>.

NELL HODGSON  
WOODRUFF  
SCHOOL OF  
NURSING



<https://www.atlanta.sciencegallery.com/hooks>

# Coping with Exposure to Community-based Opioid Overdose among Service Industry Workers

Sarah Febres-Cordero, PhD, RN; Athena D.F. Sherman, PhD, PHN, RN, CNE; Ursula Kelly, PhD, APRN, ANP-BC, PMHNP;

Lisa Thompson, PhD, MS, FNP-C, RN, FAAN; Kylie Smith, BA (Hons), PhD.

## Fight Reaction:

That's a tough thing. Having been a first aider, first aid instructor scouting, and even in the military, when it's happening, my **adrenaline is up**. I'll do whatever it takes to help that person.



## Flight Reaction:

I was devastated, I called the manager, and I was like, I need someone to come in. I can't finish this job today.

## Freeze Reaction:

But I'll tell you, I went into shock. And I'm very thankful a doctor was there. Because you know, in my head, **it's so much**, you know? I couldn't respond. I don't know why. Like, I normally am quick to action. But something about this incident, like, I don't know. I think it scared me **really bad**.



SCAN ME  
FOR REFERENCES



## Avoidant Coping:

To begin with, I'm fine. It's afterwards that I just am freaking out and taking my son's Ativan. It just calms me down. Because I **have to continue to work** and I'm shaking.

## Approach Coping (meditation):

I remember doing the emotional take care of myself thing that, you know, Just, you're OK. I do some deep breathes, some slow breathing.



## Findings

Preliminary findings revealed high prevalence of trauma exposure during response to overdose. During and following rescue, participants had a two-phase reaction: (1) involuntary fight, freeze, or flight responses when presented with an overdose

(2) Use of post-event coping behaviors.

Avoidant coping<sup>6</sup> behaviors included:

- Minimizing feelings
- Dissociation
- Use of alcohol or drugs

Approach coping<sup>6</sup> behaviors included:

- Camaraderie
- Processing with friends and family
- Meditation

## Discussion

Findings demonstrate the resilience of participants and a need for community-based overdose intervention programs. To respond to an overdose shows incredible resilience and strength.

## Implications

- Training people who are in occupations that are more likely to encounter a public overdose is needed
- Acknowledging rescue efforts and supporting people post-exposure is key to healthy communities.

## Next Steps Dissemination

The results of this study will be disseminated to the community in a culturally appropriate form, a graphic novel<sup>7</sup>. Images and stories derived from participant interviews will be used to educate on:

- Opioid overdose identification
- Opioid overdose response
- Coping with overdose
- Ways to decrease stigma surrounding drug use<sup>7</sup>.

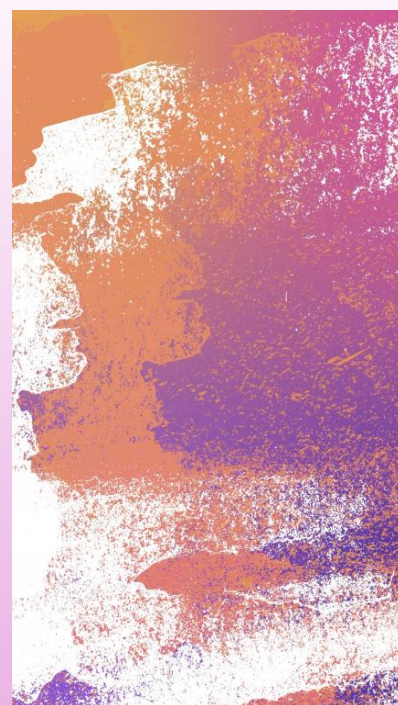
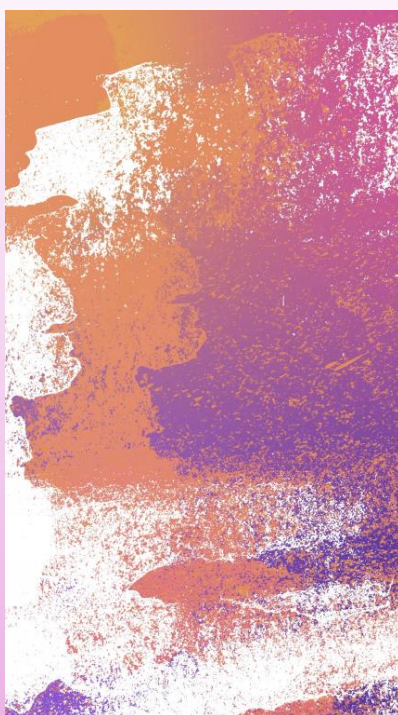
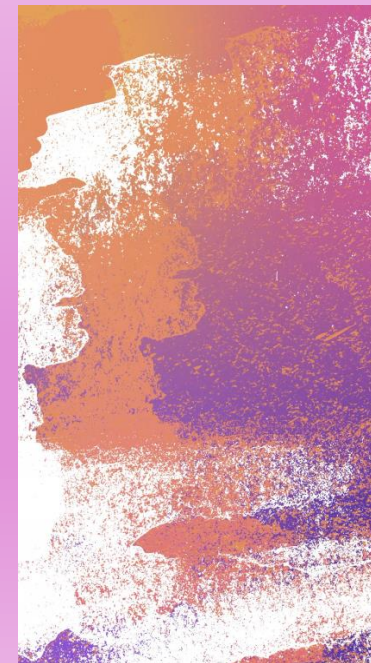
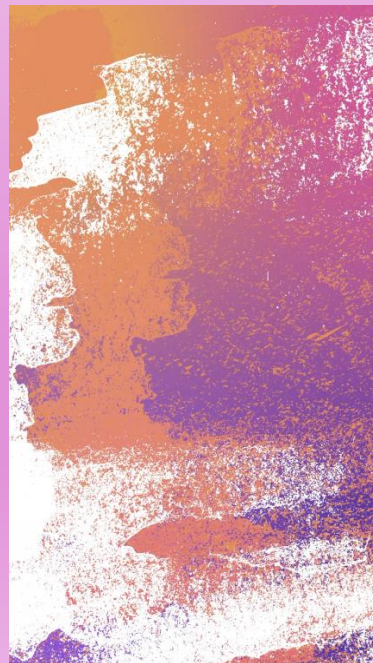
A chapter of the graphic novel, *Staying Alive in Little Five*, will be presented in early 2022 at Science Gallery, in Atlanta GA.



People who  
carry  
naloxone  
save lives!



Scan me!





**STAYING ALIVE  
IN LITTLE FIVE**

Whitehead Auditorium - Emory  
Friday, October 25 at 5:30  
Reception to follow at 6:45  
Narcan demonstration at 7:30  
Presented by the WHSC Library



**A Moderated Dialogue on  
Overdose Response in Communities**

  
Sarah Febres-Cordero, PhD, RN  
Faculty, SON

  
Joseph Karg, MFA  
Professor, Kennesaw State

  
Clint Fluher, PhD  
Senior Director of  
Culture, Community,  
& Partnership, EUL

  
Andy Gish, RN, BSN, CEN  
Director, Georgia Overdose  
Prevention





@maskedartist333





# **STAYING ALIVE IN LITTLE FIVE: CONFRONTING STIGMA AND PROMOTING HARM REDUCTION THROUGH A GRAPHIC NOVEL INTERVENTION**

**SARAH FEBRES-CORDERO, PHD, RN; OLIVER CHALFANT, AHRC; KYLIE SMITH BA (HONS) PHD;  
ILLUSTRATORS: JOSEPH KARG AND CHRIS BIVINS (COMBO-BREAK.COM)**



# INTRODUCTIONS

## CROSS COLLABORATION

Nurse Scientists

Historian

Public Health Scientist

Harm Reductionists

People Who Use Drugs

Food Service Industry Workers

Sequential Artists

ILLUSTRATIONS BY JOSEPH KARG AND CHRIS BIVINS

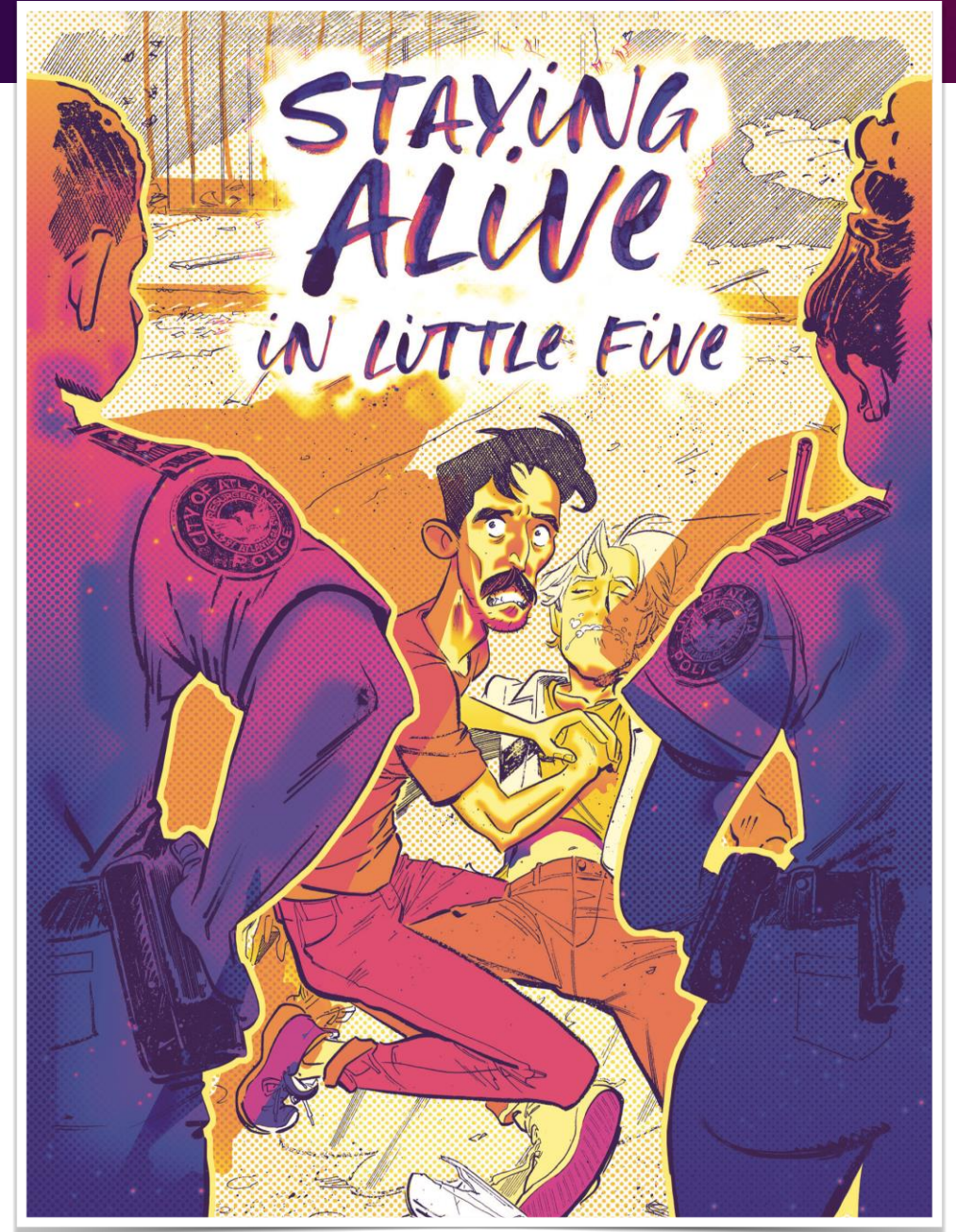




# RESEARCH WITH SERVICE INDUSTRY WORKERS IN LITTLE FIVE POINTS, ATLANTA

## A PLACE OF REFUGE: HOME OF SUB AND COUNTERCULTURE

- Place of tolerance and acceptance of others
- Underground syringe exchange since the late '80s
- People go to drink and party
- Food service workers have intimate knowledge of drug use and overdose deaths
- 16.7 million food service workers in the US
- Servers in the area are being called upon to rescue from OD
- Potential to train an entire workforce in opioid education and naloxone distribution





# SERVICE INDUSTRY WORKERS

## CHAPTER ONE: DOG FOOD

- Findings from qualitative study N=15
- Chapter one: Experience of two food service workers and an encountered overdose
- Prototype there is much to learn from their experiences

End goal:

- Graphic novel intervention to train in overdose education and naloxone distribution
- Decrease stigma surrounding drug use

**ALL PARTICIPANTS WERE PWLLE !!!!!**





Places of  
alcohol  
consumption

No stereotype  
of a person who  
uses drugs

Language of the  
streets

Identifying an  
overdose

TEXT BY L5P SERVICE  
WORKERS

ILLUSTRATIONS BY JOSEPH  
KARG AND CHRIS BIVINS



SO, THE NIGHT OF THE ENCOUNTER  
WAS A WEEKNIGHT, MAYBE A MONDAY  
OR A WEDNESDAY. I CAN'T REMEMBER,  
BUT A WEEKNIGHT.



AND I WAS WORKING AT THE FRONT  
COUNTER THAT NIGHT AT WORK WITH  
HEATHER. SHE WAS MY COUNTER  
PERSON, AS THEY CALL IT.



AND IT WAS SORT OF BUSY.  
OUR SERVER AT THE TIME WAS  
GARY AND HE WAS JUST BUSY  
DEALING WITH LOTS OF TABLES,  
LOTS OF CUSTOMERS WERE IN  
THERE.

AND THERE WAS ALSO A CROWD  
OF TO-GO CUSTOMERS AROUND  
THE FRONT COUNTER. ANYWAY, SO  
THERE WAS THIS YOUNG MAN WHO  
HAD COME IN AND ORDERED A BEER  
FROM GARY.



AND HE WAS SITTING AT THE FIRST  
TABLE IN THE RESTAURANT NEAR THE  
FRONT DOOR AND THE COUNTER.



I GUESS WHERE HE'S FROM  
DOG FOOD IS SLANG FOR  
HEROIN. HE'S LIKE, "THAT GUY'S  
ON THE DOG FOOD."

I COME AROUND TO SEE  
WHAT HE'S SEEING AND THE  
MAN WITH THE BEER, IT'S A  
FULL, UNTOUCHED BEER SITTING  
ON THE TABLE.

AND HE'S SLUMPED OVER  
THE TABLE AND HE'S DROOLING  
ON THE TABLE.

AND THE PEOPLE AROUND  
HIM DON'T SEEM TO BE  
AWARE OF HIM.



BUT FROM WHERE I WAS STANDING,  
I COULDN'T SEE HIM BECAUSE OF  
THE CROWD OF PEOPLE AND JUST  
THE WAY THE RESTAURANT'S SET UP.  
I JUST COULD NOT SEE THE MAN  
SITTING THERE.

AND THEN ONE OF OUR  
COOKS, GARY, WHO COULD SEE  
THROUGH THE GLASS OUT TO  
THE DINING ROOM HAD A DIRECT  
LINE OF VISION ON THIS GUY,  
AND HE'S LIKE...

HEY  
COME HERE  
MAN.  
THAT GUY  
LOOKS LIKE  
HE ON THE  
DOG FOOD.



BUT I IMMEDIATELY  
WAS LIKE...



OH MY  
GOD!  
THAT  
GUY IS  
OD'ING!



LIKE THIS IS  
CRAZY. THIS IS  
HAPPENING.



Calling EMS

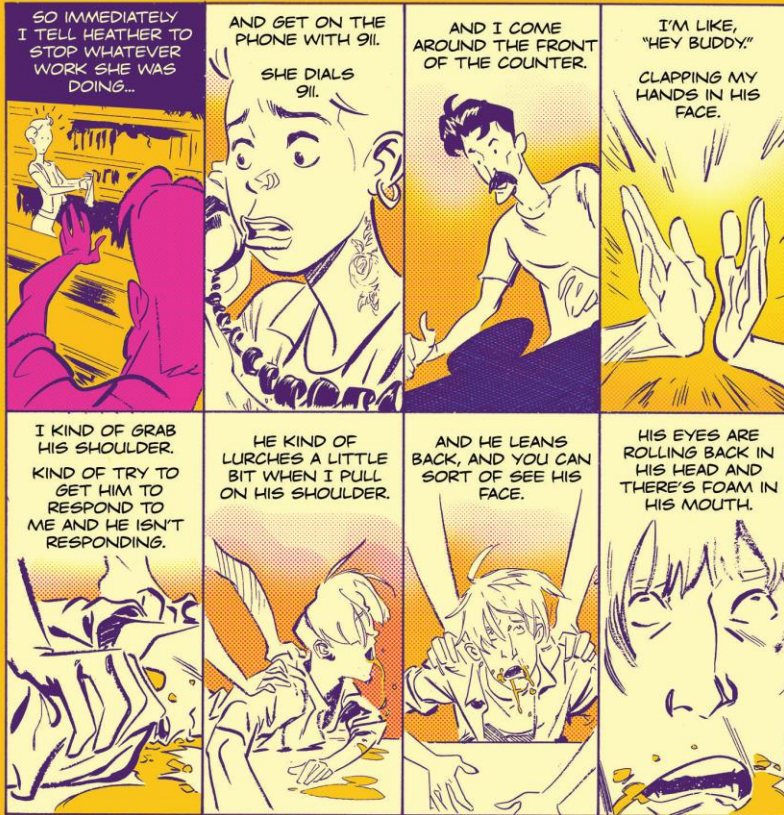
Checking for  
responsiveness

Working as a  
team

Preparing for  
life-saving  
intervention

TEXT BY L5P SERVICE WORKERS

ILLUSTRATIONS BY JOSEPH  
KARG AND CHRIS BIVINS



I WAS JUST LIKE, OH MY GOD, WHAT DO I DO. WHAT DO I DO? HEATHER IS ON THE PHONE WITH THE 911 OPERATOR. AND THE OPERATOR'S PASSING ALONG INSTRUCTIONS TO ME.



I WAS WORKING ON THE COUNTER.

ME AND TOM WERE WORKING TOGETHER.

SOME GUY HAD COME IN, SAT DOWN AT THE FIRST TABLE WHICH IS RIGHT BY THE COUNTER.

AND THEY'RE BASICALLY SAYING, YOU NEED TO GET THIS GUY ON HIS BACK.



YOU NEED TO GET HIM OUT OF HIS CHAIR, GET HIM ON HIS BACK. SO, I CALLED BACK TO THE SAME COOK WHO HAD ORIGINALLY SPOTTED HIM.



AND I WAS LIKE, "HEY, CAN YOU HELP ME GET THIS GUY OUT OF THIS CHAIR?"

SO WE GRAB UNDER HIS ARMPITS

AND DRAG HIM OUT TO THE AREA BY THE BENCH IN THE HALLWAY BY THE FRONT OF THE RESTAURANT.





Responsiveness

Airway

Hands-only CPR

TEXT BY L5P SERVICE WORKERS

ILLUSTRATIONS BY JOSEPH  
KARG AND CHRIS BIVINS



SO, HE'S ON THE FLOOR ON THE BENCH RIGHT BY THE FRONT DOOR, LIKE ADJACENT TO THE RIGHT ON THE FRONT DOOR WHEN YOU WALK IN. AND TOM STARTS DOING CPR ON THE DUDE. SO, I'M ON THE PHONE WITH POLICE KIND OF HELPING HIM COUNT THROUGH IT. TOM'S JUST DOING CPR. NO RESCUE BREATHING, JUST CHEST COMPRESSIONS. I WAS ON THE PHONE WITH THE POLICE, AND SO SHE WAS COUNTING-- SHE WAS COUNTING TO ME AND SO I WAS HELPING TOM COUNT JUST THE SETS OF FOUR JUST GETTING HIM ON A RHYTHM-- JUST KIND OF MATCHING WITH THE HEARTBEAT.



HE'S TURNING BLUE, HE'S NOT BREATHING. HE'S NOT CONSCIOUS ANYMORE. SO, I START WITH THE CHEST COMPRESSIONS AND HEATHER'S COUNTING OFF WITH THE OPERATOR A SPECIFIC TEMPO THAT I NEED TO BE KEEPING UP. AND IT'S FASTER THAN YOU THINK IT'S GOING TO BE. AND YOU HAVE TO PUSH HARDER THAN YOU THINK YOU HAVE TO PUSH. AND I DON'T EVEN KNOW IF I WAS STILL PUSHING HARD ENOUGH BECAUSE YOU JUST DON'T KNOW. AND IT FELT LIKE IT LASTED FOREVER. I MEAN, I'M SURE I WAS JUST A FEW MINUTES, BUT.



I THINK IN THE MOMENT, IT'S SO HARD TO TELL WHAT TO DO. THERE'S SO MUCH ADRENALINE, AND YOU ARE JUST KIND OF REACTING. I WASN'T THINKING. I HAD NEVER USED NARCAN BEFORE. I NEVER USED ANYTHING BEFORE SO I WASN'T THINKING THAT WAS EVEN A POSSIBILITY THAT WAS IN MY HEAD. I WAS JUST ON THE PHONE LIKE, SOMEONE ELSE, TELL ME WHAT TO DO, BECAUSE I CAN'T THINK.



Adrenaline

No formal  
training

Acted  
when  
needed

Role of the  
Police?



TEXT BY L5P SERVICE WORKERS

ILLUSTRATIONS BY JOSEPH  
KARG AND CHRIS BIVINS

THEN EVENTUALLY  
THE POLICE SHOW UP, AND THE  
POLICE JUST KIND OF WALK IN VERY  
NONCHALANTLY AND ASK WHAT'S  
GOING ON?





EMS 7 minutes

Naloxone was on  
the premises

Shows need for  
training

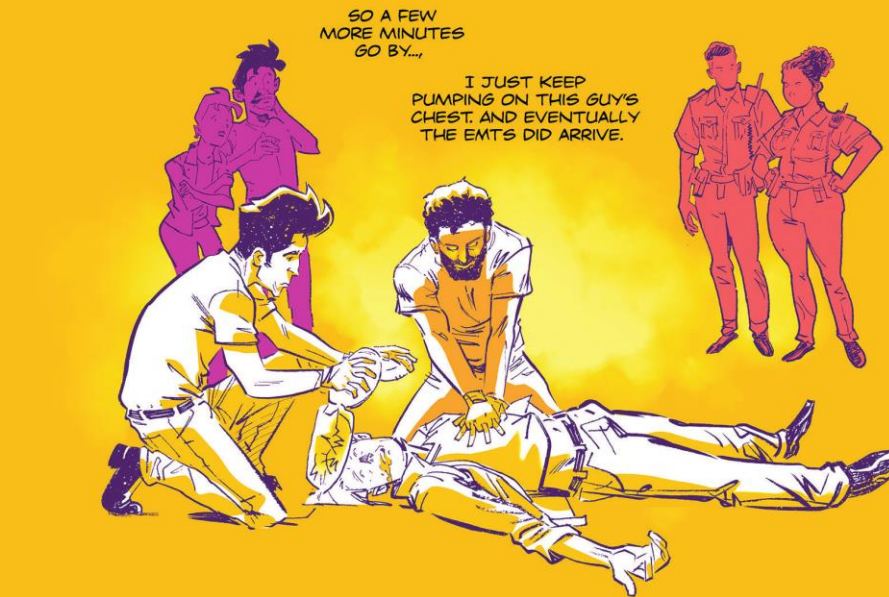
Don't run call 911

Never Use Alone

Trauma

TEXT BY L5P SERVICE  
WORKERS

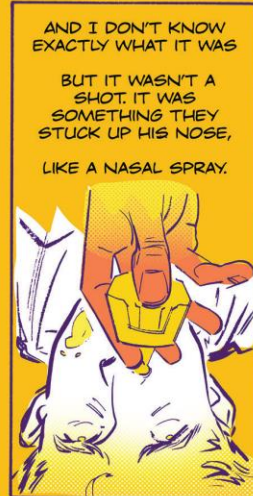
ILLUSTRATIONS BY JOSEPH  
KARG AND CHRIS BIVINS



SO A FEW  
MORE MINUTES  
GO BY...

I JUST KEEP  
PUMPING ON THIS GUY'S  
CHEST. AND EVENTUALLY  
THE EMTS DID ARRIVE.

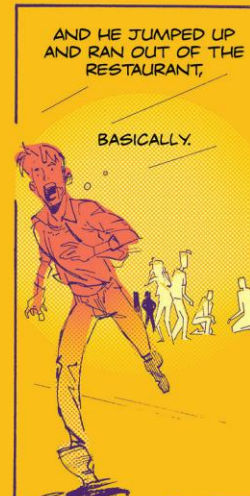
A COUPLE SECONDS LATER PARAMEDICS COME IN. THEY RUSH IN, GET THE GUY ON THE BOARD. I THINK THEY GAVE HIM NARCAN. THE GUY JUMPS AWAKE ALMOST IMMEDIATELY AND GOES "WHAT'S GOING ON?" AND THEN THE REALIZATION OF IT HITS HIS FACE AND HE KIND OF REALIZED WHAT HAPPENED. THE PARAMEDICS ARE LIKE, YOU REALIZE WHAT HAPPENED, RIGHT? YOU OVERDOSED, AND YOU'RE ALIVE BUT JUST BECAUSE LIKE THIS DUDE, TOM, KEPT YOU ALIVE.



AND I DON'T KNOW  
EXACTLY WHAT IT WAS  
BUT IT WASN'T A  
SHOT. IT WAS  
SOMETHING THEY  
STUCK UP HIS NOSE,  
LIKE A NASAL SPRAY.



AND IT WOKE  
HIM UP IMMEDIATELY.



AND HE JUMPED UP  
AND RAN OUT OF THE  
RESTAURANT,  
BASICALLY.

AND THEY GRABBED HIM AND TRIED TO GIVE HIM SORT OF AN EVALUATION. BUT REALLY BEYOND THAT, THERE WAS NOTHING. THERE WAS NO CEREMONY, THERE WAS NO, "HEY, KID, YOU DID A GOOD JOB". LIKE, NO REPRIMAND FOR THE GUY HIMSELF WHO'S WAS DYING, JUST NOTHING.



AND LITERALLY THE RESPONDERS, THEY JUST KIND OF TOOK OFF THEIR GLOVES AND LEFT. I MEAN, ONE OF THE THINGS ABOUT THE WHOLE EXPERIENCE WAS IN THE BACK OF MY HEAD I KNEW THAT SOMEWHERE IN THE RESTAURANT WE HAD NARCAN.



BUT IN THE MOMENT, I DIDN'T FEEL LIKE I HAD TIME TO SEARCH FOR IT BECAUSE I DIDN'T KNOW EXACTLY WHERE IT WAS. AND I DIDN'T FEEL LIKE I HAD TIME TO EXPLAIN TO SOMEONE ELSE WHERE IT MIGHT BE FOR THEM TO LOOK FOR IT EITHER. BUT IT IN THE MOMENT IT'S HARD TO KNOW HOW MUCH TIME YOU HAVE OR WHAT THE RIGHT THING TO DO IS.



AFTER THAT I EXPERIENCE I WAS DEVASTATED BY WHAT I HAD JUST GONE THROUGH. AND I COULD NOT GO BACK TO WORK AFTER THAT. I CALLED THE MANAGER AND I WAS LIKE, "I NEED SOMEONE TO COME IN. I CAN'T FINISH THIS JOB TODAY". BY THE END OF IT, I WAS IN TEARS, JUST SITTING ON THE FLOOR.



IMMEDIATELY AFTER I QUESTIONED WHETHER I WANTED TO COME BACK TO WORK AT ALL AFTER THAT. IF I EVER WANTED TO COME BACK TO WORK AGAIN. IN MY HEAD IT'S LIKE, IF I EVER HAVE TO DEAL WITH SOMETHING LIKE THIS, I DON'T KNOW IF I'M GOING TO BE ABLE TO AGAIN. I DON'T KNOW IF I'M GOING TO WANT TO AGAIN. JUST FELT VERY, LIKE, ALMOST LIKE TAKEN ADVANTAGE OF OR SOMETHING IN THE SITUATION.



AFTERWARDS SOME NEGATIVE VIEWS ON THE SUBJECT. STUFF LIKE, "YOU KNOW, MAN, I DON'T KNOW IF I WOULD HAVE HELPED HIM". OR LIKE, OH, "YOU SHOULD HAVE JUST LEFT HIM OUTSIDE". OR, "HE DID THAT TO HIMSELF". THAT KIND OF THING. OR PEOPLE SAYING, OH, "I'M GLAD YOU DID THAT BECAUSE I DEFINITELY WOULDN'T HAVE BEEN ABLE TO DO THAT". I WAS KIND OF HARD TO DEAL WITH IT.



# OPPORTUNITY FOR CRITICAL THINKING

## QUESTIONS

### and Topics of Discussion

The cook asks if they see the person on dog food on page two.

***Is it necessary to know alternative local and regional names for drugs?  
Why or why not?***

On page three, Tom begins to assess for an overdose.

***Do you know the signs of an opioid overdose? What are they?  
How would you know for sure that someone was overdosing on an opioid?***

Many people jump in to help rescue, with Tom leading the way.

***How might this scene have played out if the person who was overdosing was alone? What if there was only one rescuer there? How does that change how we should respond? How might the rescue attempt have been different if Tom had found the naloxone (the opioid antidote, more commonly known by the brand name, Narcan®) before beginning CPR?***

Tom mentions that chest compressions are faster and harder than he thought.

***How many beats per minute should we deliver chest compressions?  
Which songs can help us to remember the appropriate rate?  
Have you been trained in CPR, and if so, how long ago?  
Do you know where to find the most up-to-date practices for life-saving interventions?  
Would you feel confident administering chest compressions?***

When Heather is on the phone with 911, the operator instructs her to lead Tom in hands-only CPR. The best practice for an opioid overdose is to check for breathing and a pulse, as opioid-induced respiratory depression can lead to organ damage and failure.

***The operator does not instruct them to perform rescue breathing, even though Tom says he is not breathing. Why?  
What do you think are reasons people might be hesitant to perform rescue breathing for someone who is overdosing?  
Would you perform rescue breathing on someone who has overdosed and is not breathing? Why or why not?  
Do you know of any techniques to make people more comfortable/confident to administer rescue breathing?***

On page eight, Tom is disappointed when the police do not take over in the rescue attempt.

***What is the police's responsibility when arriving at an overdose rescue?***

Tom mentions there was no recognition for his rescue and no reprimand for the overdosed person. He also says he felt taken advantage of.

***Why might Tom feel that he deserved recognition? If so, how would he be recognized?  
Do you think Tom was taken advantage of? Why or why not?  
How can we support people (particularly non-medical personnel) who have rescued someone from an overdose?  
Should people who overdose "be reprimanded"? Why or why not?***

Tom heard many negative comments after the event.

***Why do you think people would be hesitant to try and save someone's life from overdosing?  
Why do you think it was hard for Tom to hear these remarks?***

Do you have negative feelings about people who use drugs?

***If yes, what are the specific negative feelings you have?  
If yes or no, what experiences have you had to make you feel this way?  
Why do you think some drugs are considered more harmful than others?***



# SCIENCE GALLERY, ATLANTA

**This work was presented as part of  
HOOKED: When Want Becomes Need,  
the inaugural exhibition at Science Gallery Atlanta.**

Science Gallery Atlanta brings science, art, technology, and design together to deliver world-class educational and cultural experiences. Equal parts engaging and interactive, these events and exhibitions are designed to inspire a passion in young people for new ideas and areas of interest, equipping them with resilience, empathy, and ethical understanding.



Scan the QR code for a panel discussion on Hooked: When Want Becomes Need.





# THANK YOU!

QUESTIONS???





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