
Total Overdose Trainer 12

our study has several limitations. first, the study only included a small sample size. we aimed to enroll 200 eligible participants, but were forced to suspend data collection early due to the covid-19 pandemic. with respect to the sample size, the findings of this study are not generalizable to the population of new york city. however, the findings can inform the adaptation and implementation of oend programs in other areas. second, we used self-report measures for the evaluation of implementation outcomes. although we provided comprehensive training to oend trainers and used all instruments with high face validity and good reliability, the participants may not have recalled their training sessions in detail. therefore, the fidelity of oend implementation and the strength of associations between implementation outcomes and overdose prevention outcomes could be overestimated. third, we used a convenience sampling strategy and relied on a non-probability sampling approach. this may have led to selection bias in the recruitment process, and the findings may not be generalizable to the population of new york city. however, our study provides a good starting point for future research in this area, and we do not expect that the study sample is biased towards more positive results. lastly, our study was part of a larger research initiative in which we evaluated the effectiveness of oend in preventing opioid overdose-related deaths in nyc. because of the limitations of this study, it was not possible to disentangle whether the findings of this study and our prior study (mcdonald et al., 2017) could be attributed to oend alone, the enhanced training alone, or the combination of the two. future research may benefit from the use of more specific evaluation measures and larger samples to disentangle the independent and combined effects of oend and enhanced training.

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a) sampling procedures: to ensure that the study sample was representative of the general population, we used convenience sampling methods and recruited participants from local communities. we recruited participants from four communities in the province of quebec, canada, where there is a high incidence of overdose related fatalities (montreal metropolitan area: ; vancouver metropolitan area: ; toronto metropolitan area: ; hamilton metropolitan area:). participants were recruited by invitation through local community groups and media channels (e.g., radio, facebook, fliers). recruitment was supported by the study pi and the development and implementation of a recruitment strategy. participants were given a survey packet to complete and return in a stamped addressed envelope. to obtain a representative sample, we used data from a previous phone survey on opioid use [] that recruited 1,095 participants in the montreal area, to estimate the number of people we needed to include in the study. the number of participants to include was determined as follows: 90% power ($1 - \beta$), $\alpha = 0.05$, expected average effect size = 0.3 (cohen's d), and an estimated 20% attrition rate. with the estimated number of participants ($n = 175$) and using stata version 11.1, we were able to detect a medium effect size of 0.5, with $n = 95$ participants. given the lower number of participants recruited in hamilton and toronto, we increased the power of the study to 90%. effective training programs are an essential part of an overdose prevention strategy. however, the implementation of oend is not straightforward, especially in the context of a high overdose rate and its prevention being a low priority in many countries. in order to increase awareness and support for oend, trainers need to have a thorough understanding of the overdose and overdose education approaches and provide content that will be useful for both trainers and trainees. this study demonstrates that there is a need for a shift in the way overdose education and naloxone distribution are implemented into practice. interventions must address the multifaceted barriers to access and take a life-course approach to addressing opioids and overdose (chappell et al., 2018). the present study provides initial evidence to inform the development and implementation of such strategies. 5ec8ef588b

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