

M1s help spot emergency patients who can benefit from naloxone

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Given the worsening drug-overdose epidemic—it was primarily responsible for more than 100,000 deaths in the U.S. in the 12 months between April 2020–April 2021—it’s essential that all medical students enhance their education about how to recognize and treat opioid-use disorder, no matter the physician specialty they eventually choose. In general, however, medical schools provide too little teaching on the topic.

A new project at University of Chicago Pritzker School of Medicine has demonstrated that one place medical schools can train students about saving lives from an opioid-related overdose is hospital emergency departments (EDs). A recent study found that EDs are particularly apt settings for overdose education and naloxone distribution (OEND), a harm-reduction strategy aimed at both teaching patients how to recognize and respond to opioid-related overdose and distributing naloxone to laypeople for use outside of health care settings.

The AMA encourages all states to review naloxone-access laws to add provisions specifically allowing for the distribution of naloxone from emergency departments and other settings that would help increase access to the opioid-overdose reversal medication. Email the AMA Advocacy Resource Center if you would like to learn more.

For the study, published in *MedEdPORTAL: The AAMC Journal of Teaching and Learning Resources*, researchers evaluated the feasibility and resources required of a medical student-driven screening program for identifying and training patients eligible for OEND in emergency departments. The researchers found that implementation was successful, with naloxone-kit distribution rising more than 18-fold.

From chaos comes order

“The ED is a critical access point for OEND, but there are many challenges to implementation, and uptake remains limited,” wrote the authors, who are from both the medical school and University of Chicago Medicine.

The University of Chicago Pritzker School of Medicine is a member of the AMA Accelerating Change in Medical Education Consortium.

“Barriers exist at the administrative level and also for individual providers, who may have difficulty integrating OEND into their clinical workflow due to time constraints,” the authors noted. “While curricular initiatives focused on opioid use disorder are growing in number, we are not aware of any other curriculum that offers teaching on OEND with a direct application of learning in the clinical environment.”

The project—Outpatient Principles in Addiction Training and Education (OPIATE)—sought to not only address a shortage in addiction medicine education but also create a value-added role for medical students by overcoming challenges of naloxone distribution and improving patient care.

Thirty M1s in the emergency medicine elective received a one-hour didactic session, given by an ED member, on opioid-use disorder and OEND. They then applied this knowledge during two clinical shifts by performing screenings to identify patients at high risk of overdose.

When a patient screened positive, the student provided education and notified the physician, who ordered a naloxone kit. Screening and education took a maximum of 12 minutes for patients who screened positive.

Read why 2022 is a critical year to address worsening drug-overdose crisis.

How initiative helps

Of the 147 patients screened, 40% were positive for naloxone eligibility, while more than one-fifth reported someone close to them used opioids, and 18% had witnessed an opioid-related overdose. Some 12% had themselves experienced an overdose.

By the close of the three-month pilot, 59 naloxone kits had been distributed, compared with just 13 over the prior year.

Through the OPIATE initiative, “medical students were provided with early didactic instruction and clinical exposure to facilitate a better understanding of the opioid epidemic,” the authors wrote.

In addition, “students gained early experience developing rapport and discussing sensitive issues with patients,” they added.

EDs are often chaotic environments, and “it can be difficult for physicians to explore risk factors for opioid overdose and discuss the benefits of naloxone with patients,” the authors wrote. “Student involvement enables more comprehensive screening and training of patients presenting to the ED.”

The AMA believes science, evidence and compassion must continue to guide patient care and policy change as the nation’s opioid epidemic evolves into a more dangerous and complicated illicit drug-overdose epidemic. Learn more at the AMA’s End the Epidemic website.