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BACKGROUND

- In 2020 to 2021, there was a ~30% increase in drug overdose deaths - the most ever recorded in the U.S.¹

78,056 = overdose deaths
April 2019-20

100,306 = overdose deaths
April 2020-21



- Naloxone rapidly reverses opioid overdose & increased naloxone access reduces overdose deaths.²
- At the start of the COVID-19 pandemic, filled naloxone prescriptions declined by ~26% while opioid prescriptions only decreased by ~9%.²
- Barriers to naloxone access include pharmacy availability, high costs, and lingering stigma.³
- Previous research has also found no effect of previous SUD (substance use disorder) exposure on attitudes towards opioid overdose from baseline to post-training.⁴

There is a need for naloxone access education for patients, families, and healthcare workers especially during the COVID pandemic.

Naloxone at WAYNE STATE UNIVERSITY

- Wayne State University School of Medicine (WSUSOM) implemented an Opioid Overdose Prevention and Response Training (OOPRT) program for all students.
- OOPRT aims to educate students to recognize and respond to opioid overdoses as well as how to use naloxone kits to reverse these overdoses.

AIM

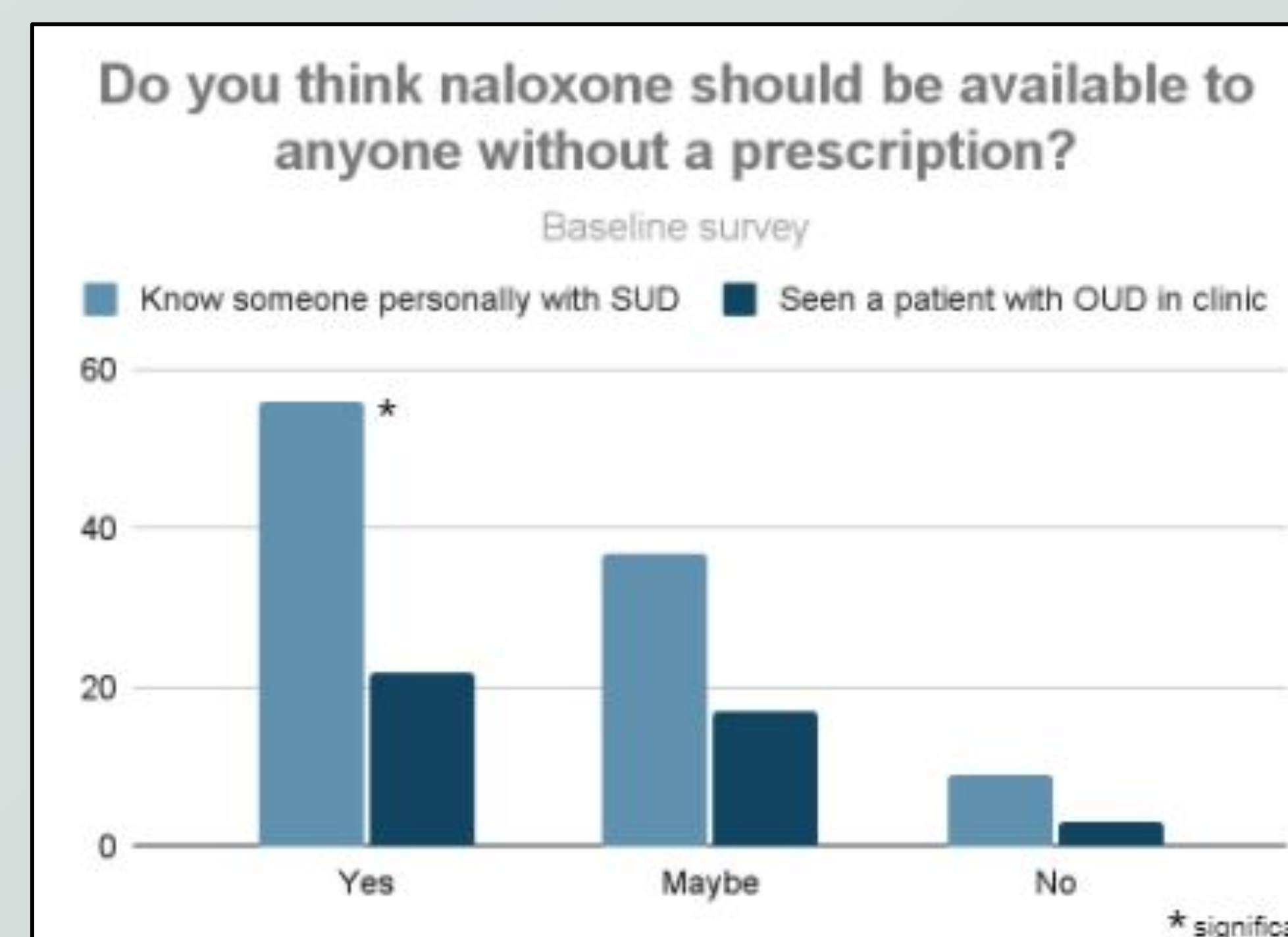
How previous healthcare and personal experiences with opioid use disorder (OUD) or substance use disorder (SUD) prior to medical school affects student beliefs regarding naloxone access, and whether naloxone training and education impacts these beliefs.

METHODS

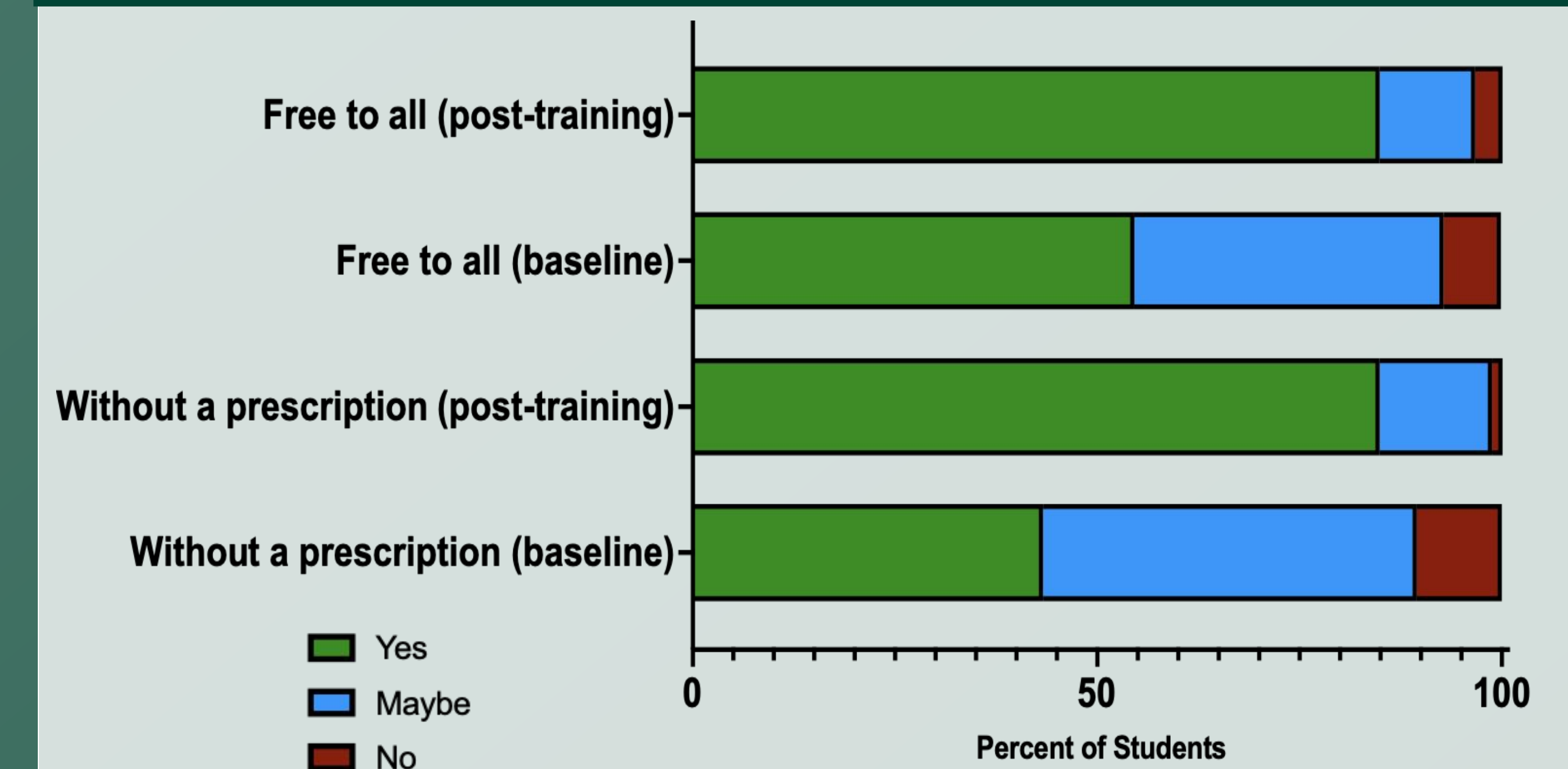
- 238 first-year students at WSUSOM completed a survey before & after OOPRT that included assessments of:
 - Previous clinical experience with SUD
 - Previous experience knowing someone with SUD
 - Previous experience and opinions on naloxone access
- We used Pearson Chi square correlations to explore relationships between a student's previous experience with SUD and opinions on:
 - naloxone availability without a prescription
 - who should have access to naloxone
- Using RM ANOVA, we then explored the change in these outcomes post-training and the interaction between personal experiences and training.

RESULTS

- 42.9% knew someone with a SUD.
- 56.3% had clinical experience with patients with OUD.
- Knowing someone with a SUD was associated with
 - ↑ agreement that naloxone should be available to everyone without a prescription (p=.007)
 - ↑ desire to make naloxone easily accessible to more groups (e.g. patients with SUD, anyone prescribed opioids, those with history of overdose)
- Clinical experience working with patients with OUD had no impact on these outcomes.



RESULTS - continued



- There was no relationship between gender and attitudes towards naloxone availability.

DISCUSSION

- Students entering medical school who know someone with a SUD had more positive opinions towards increased naloxone availability and distribution.
- Clinical exposure to patients with SUD before medical school is not significant enough to influence opinions and attitudes.
- However, the OOPRT program had a significantly impact on students' opinions regarding naloxone access.
- These findings highlight the need for widespread increase in medical education on naloxone access to better address the rising opioid overdose cases.
- Further research is needed on the relationship between gender and views on naloxone access.

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