## MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY HOUSE OF DELEGATES

Resolution 01-23

INTRODUCED BY: **Medical Student Section** Karen Qi, Johns Hopkins School of Medicine Rose Pagano, University of Maryland School of Medicine SUBJECT: Mandatory Naloxone Training at Medical Schools in Maryland Whereas, Maryland is among the five states with the highest opioid overdose death rates<sup>9</sup>, with its rate being double the national average. Since 2020, there has been a sharp increase in overdose deaths in all age groups, men and women<sup>3</sup>; and Whereas, fentanyl, a stronger synthetic opioid found in some mixtures of heroin and other illicit substances, is causing an unprecedented number of opioid overdoses and deaths in Baltimore City<sup>11</sup>. Moreover, the University of Maryland and Johns Hopkins Schools of Medicine are located in Baltimore and therefore uniquely poised to address the urban opioid epidemic; and Whereas, adolescents<sup>7</sup> and individuals who were formerly incarcerated<sup>8</sup> are vulnerable populations who face distinct challenges that put them at increased risk of opioid overdose; and Whereas, rural counties of Maryland have a scarcity of resources available for opioid overdose education, prevention, and response<sup>10</sup>. And throughout the United States, opioid overdose death rates have been increasing more rapidly than in rural areas 10; and Whereas, Maryland's Inter-Agency Opioid Coordination Plan for 2022-2024 already includes goals about expanding emergency response services and physician involvement in prevention of and response to opioid overdose<sup>8</sup>; and Whereas, one of the major barriers that both physicians and medical students faced in administering naloxone rescue medications is the concern that they may not be adequately trained to do so<sup>4</sup>; and Whereas, opioid overdose prevention training<sup>6</sup>, especially when integrated into medical students' mandatory Basic Life Support training<sup>1,5</sup>, was shown to improve medical students' self-efficacy and effectiveness in administering naloxone rescue medications; therefore be it

31 32 33

34

curricula at institutions in Maryland.

1 2

3

4 5

6

7

8

9 10

11 12 13

14

15 16 17

18

19

20 21

22

23

24

25

2627

28 29

30

Resolved, that MedChi advocate for naloxone training to be publicly available similar to the availability of CPR training.

Resolved, that MedChi, The Maryland State Medical Society, advocate for the integration of

mandatory naloxone training for opioid overdoses into the undergraduate medical education

As amended and adopted by the House of Delegates on April 30, 2023.

## REFERENCES:

- Berland, N, Fox, A, Tofighi, B, & Hanley, K (2017). Opioid overdose prevention training with naloxone, an adjunct to basic life support training for first-year medical students. *Substance Abuse*, 38(2), 123–128. https://doi.org/10.1080/08897077.2016.1275925
- Dayton L, Gicquelais RE, Tobin K, Davey-Rothwell M, Falade-Nwulia O, et al. (2019) More than just availability: Who has access and who administers take-home naloxone in Baltimore, MD. PLOS ONE 14(11): e0224686. https://doi.org/10.1371/journal.pone.0224686
- Drug and Alcohol-Related Intoxication Deaths in Maryland (2020). Maryland Behavioral Health Administration, https://health.maryland.gov/vsa/Documents/Overdose/Annual 2020 Drug Intox Report.pdf
- Gatewood, AK, Van Wert, MJ, Andrada, AP, & Surkan, PJ (2016). Academic physicians' and medical students' perceived barriers toward bystander administered naloxone as an overdose prevention strategy. *Addictive Behaviors*, 61, 40–46. https://doi.org/10.1016/j.addbeh.2016.05.013
- Jack, HE, Warren, KE, Sundaram, S, Gheihman, G, Weems, J, Raja, AS, & Miller, ES (2018). Making Naloxone Rescue Part of Basic Life Support Training for Medical Students. AEM Education and Training, 2(2), 174–177. https://doi.org/10.1002/aet2.10095
- Lewis, DA, Park, JN, Vail, L, Sine, M, Welsh, C, & Sherman, SG (2016). Evaluation of the Overdose Education and Naloxone Distribution Program of the Baltimore Student Harm Reduction Coalition. *American Journal of Public Health*, 106(7), 1243–1246. <a href="https://doi.org/10.2105/AJPH.2016.303141">https://doi.org/10.2105/AJPH.2016.303141</a>
- Linton, SL, Winiker, A, Tormohlen, KN, Schneider, KE, McLain, G, Sherman, SG, & Johnson, RM (2021). "People Don't Just Start Shooting Heroin on Their 18th Birthday": A Qualitative Study of Community Stakeholders' Perspectives on Adolescent Opioid Use and Opportunities for Intervention in Baltimore, Maryland. *Prevention Science*, 22(5), 621–632. https://doi.org/10.1007/s11121-021-01226-7
- The Maryland Inter-Agency Opioid Coordination Plan: 2022-2024 (2022). Opioid Operational Command Center, <a href="https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2022/07/The-Maryland-Inter-Agency-Opioid-Coordination-Plan-2022-2024.pdf">https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2022/07/The-Maryland-Inter-Agency-Opioid-Coordination-Plan-2022-2024.pdf</a>
- 9. Maryland Opioid Summary (2019). National Institute on Drug Abuse, <a href="https://nida.nih.gov/sites/default/files/21965-maryland-opioid-summary\_0.pdf">https://nida.nih.gov/sites/default/files/21965-maryland-opioid-summary\_0.pdf</a>
- Opioid Crisis: Overview (2021). MarylandROPTA, <a href="https://marylandropta.org/opioid-information/opioid-crisis/overview/">https://marylandropta.org/opioid-information/opioid-crisis/overview/</a>
- 11. Recommendations to the Mayor: City-Wide Fentanyl and Overdose Response Plan (2016). Baltimore City Health Department,
  - $\frac{https://health.baltimorecity.gov/sites/default/files/Baltimore%20City%20Health%20Department%20Fentanyl%20Task%20Force%20Action%20Plan.pdf}{}$