

A CASE FOR OPIOID EDUCATION AND TRAINING FOR MEDICAL STUDENTS, RESIDENTS, AND ALLIED HEALTH STAFF: RESPONSE TO “EDUCATIONAL INTERVENTION FOR PHYSICIANS TO ADDRESS THE RISK OF OPIOID ABUSE”

To the Editor:

Canada and the United States are in the midst of a well-documented opioid epidemic.¹ In 2012, roughly 200,000 Canadians were found to be dependent on prescription opioids.² In 2016, there were more than 2,800 opioid-related fatalities.³ In 2017, 602 apparent opioid-related deaths occurred in the first three months of the year, representing a 90 percent increase from 2016.⁴ However, despite coordinated efforts to halt the opioid crisis through increasing access to pharmacotherapy and harm reduction services, the opioid epidemic shows no signs of slowing down.⁵

Recently, there has been a paradigm shift in the management of chronic non-cancer pain with non-opioid strategies.⁶ Educational interventions targeting physician prescribers are helping to improve the capacity of physicians to support their treatment of patients who are at risk or opioid overdose.⁷

While the education of physicians plays a critical role in addressing this important aspect of the opioid epidemic, the education and training of other groups—such as medical students, resident physicians, pharmacists, and nurse practitioners—may also be of significance.⁸ Medical students and residents may be a group of particular importance to address as they represent the prescribers of the future, and targeted educational interventions for these groups may play an important role in the prevention of inappropriate opioid prescribing. Medical trainees, especially medical students and residents, would benefit from more education surrounding accidental overdose, safe storage of narcotics, and proper opioid disposal strategies via pharmacies, as opioids can be diverted or accidentally ingested (which are at baseline more potent than previous prescribing patterns). Awareness of the advantages and risks of opioid agonist therapies, especially methadone which has been frequently quoted in the literature as a highly prevalent agent in opioid overdose,^{9–12} may be of additional benefit.

Although non-physicians have historically been excluded from these types of educational interventions, it may be worthwhile to change this practice

in the future with targeted training and education for medical students, residents, nurse practitioners, and pharmacists in order to prevent the recurrence of this deadly epidemic.

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