Capsule Commentary on Binswanger et al., Overdose Education and Naloxone for Patients Prescribed Opioids in Primary Care: A Qualitative Study of Primary Care Staff

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More people in the US die from overdose due to prescription opioids than from street drugs.¹ The rise in mortality rates has paralleled increased opiate use over the last decade.² There have been a number of responses, locally and nationally. “Safe” opiate prescribing includes screening patients for opiate risk, keeping opiate doses as low as possible, not combining them with benzodiazepines, requiring patients to sign opiate consent agreements, and performing regular urine monitoring. Most states have prescription drug monitoring programs. Several opiates have been reformulated to make them harder to misuse, and some formularies have dropped higher-risk opiates.

Emergency responders have long used naloxone in patients at risk for overdose. Naloxone distribution programs exist in several countries; the US has 52 such programs in 17 states.³ These largely target users of illicit drugs, and hence would not help the majority of overdose victims. The VA has begun to issue naloxone kits to veterans felt to be at risk for opiate overdose. To date, there have been eight reports of patient overdose successfully reversed by family members using these kits.⁴

In their qualitative study of focus groups involving 56 providers discussing naloxone rescue kits, Binswanger found several important themes.⁵ First, providers are not prepared or trained to help their patients understand how and when to use naloxone, or even to identify patients at risk. Second, there are

logistical barriers such as how and whom to train in naloxone rescue use, since the patient is likely to be incapacitated. Finally, there are concerns about cost, particularly if identifying a subgroup at high risk is not possible. With over 200 million opiate prescriptions in the US in 2013, this is a potentially enormous target group to receive naloxone kits.

While the ethics of rigorously studying interventions such as “safe” prescriber practice or issuing naloxone rescue kits may be difficult, it is important to note that there is no clear evidence of effectiveness for any of these interventions. In the absence of hard evidence, I personally catch my breath every time I write a prescription for chronic opiates.

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