Study Shows More Instruction, Smaller Kits Could Increase Naloxone Use

Morrisville, NC (May 18, 2018) – A survey of treatment seekers at four different methadone clinics in North Carolina showed that while this community is well-informed about the opioid overdose reversal drug naloxone, many still don’t know how to use the kits or find them too cumbersome to carry. These results are reported in a new article published in the current issue of the *North Carolina Medical Journal*.

By reversing respiratory arrest and restoring breathing, naloxone saves lives. Between 2013 and 2016, naloxone was used in more than 3,400 overdose reversals in North Carolina. In 2015, Rae Jean Proeschold-Bell and co-authors administered a 15-question survey to 100 people seeking medication-assisted treatment for opioid use disorder. Seventy-four percent of those surveyed said they had gotten a naloxone kit, and among those who did not have one, the primary reason was not knowing where to get one. Among those who had received kits, 56 percent reported carrying it most of the time or sometimes; only 19 percent reported always carrying it. The top reasons for not carrying it included no longer being around drugs, forgetting it, and it being too large.

“This was an exciting study because the implications of it are so practical,” said Proeschold-Bell, associate research professor at the Duke Global Health Institute. “Of all the findings that stood out to me, the one that stood out the most was that the naloxone kit was too large to fit in men’s pockets.”
This is significant because while more women reported ever having received a naloxone kit, more men reported witnessing an overdose. When the survey was conducted, the kits included two single-doses of naloxone, two syringes, a brochure about overdose, instructions for administering naloxone, contact information for the North Carolina Harm Reduction Coalition (NCHRC) and information about the 911 Good Samaritan and Naloxone Access Laws. Proeschold-Bell said she would like to see an engineering school team up with the NCHRC to work on a more pocket-friendly version.

The survey also found that women were more likely than men to report having received naloxone training, and both women and men had similar confidence in using the kit. But of those who did not administer naloxone after witnessing an overdose, one of the main reasons was not knowing how to use it.

“These findings suggest that to increase bystander response to overdose, one should focus on informing people who spend time with opioid users about the existence of naloxone kits and the importance of carrying kits with them at all times,” the authors write.

To read the full article, “Facilitators and Barriers to Naloxone Kit Use Among Opioid-Dependent Patients Enrolled in Medication Assisted Therapy Clinics in North Carolina by Prasna Khatiwoda, Rae Jean Proeschold-Bell, Christina S. Meade, Lawrence P. Park, and Scott Proescholdbell,” as well as other NCMJ articles, visit ncmedicaljournal.com.