

PERSPECTIVE/BREADTH

NALOXONE: A LIFESAVING PLACE TO START

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I saw Mr. N, one of my preceptor's patients, in my primary care resident clinic. His PCP had seen him recently and come up with a plan for his uncontrolled diabetes and worsening dyspnea in the setting of extensive cardiac disease. This visit was to follow up on his progress. Unfortunately, he had missed appointments with cardiology and endocrinology. Both his A1c and shortness of breath had worsened. I asked Mr. N how he was doing and his answer surprised me. His daughter, a teacher and a mother, had started using heroin; he and his wife were taking care of their grandchildren. There was lying and stealing, and life was thrown into chaos. He was hurt and angry. More than anything, he was terrified of the possibility of a heroin overdose.

"I can't do anything. This is all I think about, and there's nothing I can do for her," he looked up at the ceiling as he told me this.

Addiction is described by Al-Anon and Nar-Anon as a *family illness*. This nods at its hereditary nature, but it really points at how addiction corrodes the relationships that hold families together and nourish the people in them. Mr. N was not the first patient I had seen in my clinic who did not want to talk about his own health, but about how addiction was wreaking havoc in his life by threatening to take a loved one from them.

"I've tried forcing her to get treated, I even called the cops. They said they couldn't do that- why not? I keep hearing about kids dying of overdoses, what if she's next?" Mr. N, terrified, asked me impossible questions.

Mr. N told me how powerless he felt to help his daughter. I also felt helpless often when facing patients with substance use disorder. In primary care and on the floors, substance use disorder can be challenging to treat. I saw with opioid use disorder that treatment with buprenorphine and methadone has stabilized many patients, moving them into a functional life of recovery. But for those who chose not to go that route, it was hard for me to know where to start. I listened to them. I gave them the option to go to treatment, I talked about mutual support groups. I reassured them that I would be there

with them through anything. Still, substance use disorder can fray the relationship between patients and their care team in the same way it disrupts family bonds. I remain hopeful that gradually, over time, I can make inroads.

Fixing the social disaffection, community breakdown, and lack of economic opportunity that this disease feeds on and then propagates is beyond the scope of an office visit or inpatient encounter. Starting someone on medications for opioid use disorder in the primary care or inpatient setting is still not possible in many places. This is something we as internists, allied with other specialties, are working to change. More and more providers are getting their waivers to prescribe buprenorphine for opioid use disorder, which is crucial to treating this disease. No waiver is needed to give naloxone to everyone at risk of being around an opioid overdose. It is an incredibly easy, no risk measure we can all do right now. It tells patients and their families that we can meet them where they are. This is the cornerstone of harm reduction, and effective medicine.

After discussing the importance of taking care of himself and his health first, Mr. N left our clinic with naloxone kit in hand, the phone numbers for opioid recovery clinics, and a plan to see a cardiologist and our pharmacist for diabetes management. Over the next few weeks, I checked his chart: Mr. N had not responded to numerous calls and letters to schedule his follow-up appointments. He had missed his echo appointment. A month later he did call into clinic though. I read the message in the chart:

Veteran reported that his daughter's friend overdosed and they used Naloxone to successfully revive her. Please mail him another script.

I've tried calling Mr. N multiple times. He hasn't answered or returned my calls. I suspect his daughter's disease is still all he can think about it. I wish I could get her into treatment. I know Mr. N wishes he could get her

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into treatment. Until then, we can start where she is and make sure the people who love her are equipped with naloxone.

The prevalence of opioid use disorder has risen dramatically,

and we see these patients and this disease's sequela frequently in our practice. As internists, the more equipped and proactive we are at treating this disease, the better our patients will do. As the epidemic

persists, more advocacy at the state and national level is necessary to secure the resources we will need to treat our patients.

As internists, we can rise to this challenge.

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