

20 YEARS OF NALOXONE IN THE STREETS

SINCE AUGUST 1976, WHEN WE STARTED IN ROME VILLA MARAINI'S THERAPEUTIC ACTIVITIES, MY TEAM HAS CONSIDERED THE SAFEGUARD OF DRUG USERS' LIVES AS TOP PRIORITY AIM OF ANY ANTIDRUG INTERVENTION.

ROMANS USED TO SAY: "*PRIMUM VIVERE, DEINDE PHILOSOPHARI*", WHICH MEANS "FIRST SURVIVE, THEN THEORIZE". SO, IF YOU WANT TO TREAT A DRUG USER, HE HAS TO BE ALIVE !

AT THAT TIME, NALOXONE WAS NOT AVAILABLE IN ITALY WHILE NALORPHINE WAS; THIS SUBSTANCE, WHICH IS AN OPIOD ANTAGONIST, HAS TO BE TAKEN ONLY UNDER MEDICAL SUPERVISION, BECAUSE OF POSSIBLE BREATHING DEPRESSION WHICH CAN ARISE IF THE OVERDOSE WAS CAUSED BY THE USE OF A MIX OF OPIOIDS AND OTHER CENTRAL NERVOUS SYSTEM DEPRESSING SUBSTANCES.

THE ARRIVAL OF NALOXONE, WHICH DOES NOT PRESENT SUCH A NEGATIVE EFFECT, MADE US THINKING ABOUT ITS POSSIBLE USE BY SPECIFICALLY TRAINED NON MEDICAL STAFF.

WE LEARNT THAT NALOXONE IS PROBABLY THE ONLY MOLECULE IN PHARMACOPOEIA WHICH IS FREE FROM CONTRAINDICATIONS. BEING PURE ANTAGONIST OF OPIUM DERIVATES, IT SAVES LIFE IN CASE OF HEROIN OVERDOSE WHILE HAS NO NEGATIVE CONSEQUENCES IN ANY OTHER CASE: AT THE MOST, IT CAN PROVOKE A TEMPORARY WITHDRAWAL SYNDROME, IF THE PERSON HAS A PHYSICAL DEPENDENCE FROM HEROIN.

ALREADY IN 1980, DURING THE FIRST MEETING TAKING PLACE IN STRASBOURG FROM 19TH TILL 21ST MAY, THE RED CROSS INTERNATIONAL GROUP OF DRUG EXPERTS WHICH I CHAIRED, CONSIDERED "... THE POSSIBILITY TO INCLUDE THE SPECIFIC OPIOID ANTAGONIST IN THE RED CROSS FIRST AID KIT, TRAINING FIRST AIDERS, INCLUDING VOLUNTEERS, TO THE USE OF SUCH SUBSTANCE. THIS IS POSSIBLE BECAUSE THIS LIFE SAVING MEDICINE FOR DRUG USERS IS FREE FROM CONTRAINDICATIONS..."

SINCE THEN, THANKS TO INTENSE AND EVIDENCE BASED ADVOCACY ACTION, WE HAVE SUCCEEDED IN MAKING NALOXONE TO BE CONSIDERED AS A LIFE SAVING MEDICINE, WHICH HAS TO BE AVAILABLE IN ANY PHARMACY WITHOUT PRESCRIPTION. AT THE BEGINNING, THIS REPRESENTED A UNIQUE CASE - TOGETHER WITH SALINE LIQUID, DISTILLED WATER AND IMMUNIZING SERUM FOR VIPER POISON - OF INJECTABLE SUBSTANCE IN PHIAL SOLD OVER-THE-COUNTER. LATELY, THE LATTER WAS SUBMITTED TO MEDICAL PRESCRIPTION REGIME BECAUSE OF CONTRAINDICATIONS NOTED IN THE MEANTIME.

WE ASSUME THAT A CREDIBLE ANTIDRUG STRATEGY SHOULD BE ABLE TO REACH AS MANY DRUG USERS AS POSSIBLE.

ANTIDRUG CENTERS SHOULD ADOPT ANY POSSIBLE INITIATIVE IN ORDER TO GUARANTEE FULL ACCESS TO PATIENTS, WHICH, CURRENTLY, IS NOT THE CASE IN EVERY CORNER OF THE WORLD.

WHO GOES IN AN ANTIDRUG CENTER IS MORE MOTIVATED THAN THE ONE WHO DOES NOT.

ANTIDRUG CENTERS' SERVICES SHOULD REACH OUT DRUG USERS IN THE STREETS, WHERE THEY LIVE THEIR DAILY TRAGEDY.

THAT IS WHY, SINCE 25TH MARCH 1992 WE HAVE SET UP AN EMERGENCY SERVICE, OPERATIONAL TWENTY-FOUR HOURS EVERY DAY, AND TWO MOBILE UNITS DISPATCHED IN AREAS HIGHLY EXPOSED TO DRUG TRAFFICKING AND DRUG USE.

IN CASE OF OVERDOSE, THE HOSPITAL FIRST AID INTERVENTION COULD NOT BE ENOUGH BECAUSE THE PATIENT COULD ARRIVE DEAD AT THE HOSPITAL. THIS IS THE REASON WHY WE NEED TO USE NALOXONE TIMELY, IN THE STREET, AT HOME AND WHEREVER AN OVERDOSE OCCURS.

THE SO-CALLED "SHOOTING ROOMS" ARE NOT LEGAL IN ITALY.

MANY DRUG USERS, EVEN THOSE NOT MOTIVATED FOR TREATMENT AND REHABILITATION, ASK THESE MOBILE UNITS' STAFF FOR STERILIZED INJECTION KITS, OFTEN INFORMING THEM ABOUT WHERE THEY WILL TAKE DRUGS. IN THIS WAY OUR STAFF CAN INTERVENE IN CASE OF OVERDOSE. MANY OF THEM ARE TRAINED TO USE NALOXONE, RECEIVING ELEMENTS OF OVERDOSE PREVENTION; BESIDES, THOSE CONSIDERED MORE EXPOSED TO OVERDOSE ARE PERIODICALLY PROVIDED WITH TWO NALOXONE PHIALS.

THIS CRUCIAL TRAINING, TOGETHER WITH NALOXONE PHIALS DISTRIBUTION, IS ALSO ADDRESSED TO DRUG USERS' PARENTS, RELATIVES, FRIENDS AND ANYBODY ELSE INTERESTED.

DURING SUCH TRAININGS, WE POINT OUT THAT OVERDOSE RISK NORMALLY INCREASES AFTER PROLONGED ABSTINENCE PERIODS

RELATED TO DETENTION OR DETOXICATION. IN FACT, WE EXPLAIN THAT, IN SUCH CASES, DOSES HAVE TO BE ADAPTED CONSIDERING REDUCTION IN TOLERATION LEVELS. THE OVERDOSE RISK ALSO INCREASES IN CONNECTION WITH:

1. COMBINED INTAKE OF HEROIN AND OTHER DEPRESSANTS SUCH AS ALCOHOL,
2. USE OF DRUG ALONE, AT HOME OR IN HARD-TO-REACH PLACES,
3. NEW DEALERS,
4. TOO PURE OR BAD QUALITY HEROIN,

OUR EXPERIENCE ON THE FIELD SHOWS US THAT, CONTRARY TO COMMON BELIEFS, LONG LASTING DRUG USERS ARE MORE EXPOSED TO OVERDOSE THAN THE YOUNGER ONES; FURTHERMORE, WE HAVE NOTED THAT, IN CERTAIN AREAS, OVERDOSE CASES NORMALLY OCCUR THREE OR FOUR TIMES IN SHORT TIME-LAPSES, FOLLOWED BY SOME OTHER DAYS IN WHICH WE DO NOT REGISTER ANY OTHER CASE.

YOU JUST NEED FEW GRAMS OF HEROIN IN ORDER TO PROVIDE MANY PEOPLE WITH THEIR OWN DOSE AND, IF IT IS BADLY PREPARED OR TOO PURE, IT WILL EASILY RESULT IN OVERDOSE SITUATIONS.

IN SEPTEMBER 1991, THE DEATH OF 6 PEOPLE IN PALERMO, WITHIN FEW HOURS, DUE TO TOO PURE HEROIN ARRIVED IN THAT CITY, REPRESENTS A STRIKING CASE IN THAT SENSE. THE LOCAL GOVERNMENT REPRESENTATIVE AS WELL AS THE MAYOR ASKED US FOR IMMEDIATE INTERVENTION AND, ALREADY ON THE FIRST

DAY, WE SAVED 6 DRUG USERS IN OVERDOSE AND MORE THAN ONE HUNDRED IN THE FOLLOWING 3 MONTHS.

IN CASE OF OVERDOSE, OUR PROTOCOL PRESCRIBES AN IMMEDIATE INTRAMUSCULAR INJECTION OF TWO NALOXONE PHIALS; IF THE SKIN IS HARD TO REACH, THE INJECTION HAS TO BE PERFORMED EVEN THROUGH THE CLOTHES.

AFTER THIS FIRST INTERVENTION THE NEXT STEP IS DIVERSIFIED ACCORDING TO THE AGE AND MEDICAL CONDITIONS OF THE PATIENT.

FOR YOUNG DRUG USERS, FOR WHOM IS NORMALLY EASY TO FIND AN ACCESSIBLE VEIN, WE PERFORM AN INTRAVENOUS INJECTION OF NALOXONE, REITERABLE MORE THAN ONCE.

FOR LONG-LASTING DRUG USERS, INSTEAD, WE INJECT A FURTHER PHIAL OF NALOXONE UNDER THE TONGUE, BECAUSE THEIR VEINS ARE NORMALLY HARD TO PICK AND OFTEN PROVOKE OCCLUSIONS IN NEEDLES.

FROM THE BEGINNING OF OUR OUTREACH WORK UNTIL 31ST DECEMBER 2013, WE OPERATED 2139 OVERDOSE INTERVENTIONS, SAVING AS MANY DRUG USERS' LIVES.

AS POINTED OUT ABOVE, WE HAVE NEVER NOTED CONTRAINDICATIONS IN THE USE OF NALOXONE, SO FAR.

THEREFORE WE SEE IT AS THE MOST EFFECTIVE MEASURE FOR PREVENTING THE LETHAL CONSEQUENCES FROM OPIATES OVERDOSE.

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