

Technical report to the National Drug Agency (AIFA) to address and prevent Overdose Death in Italy

Background

Founded in 1976 by Dr. Massimo Barra, the Villa Maraini Foundation (VM) is the National Agency for pathological addictions of the Italian Red Cross (CRI) and the International Federation of Red Cross/Red Crescent Societies' (IFRC) Training Center. The Foundation consists of a set of services divided into different access threshold levels: very low, low, medium and high, to differentiate therapies depending on a therapeutic approach based on the user and the level of help they need.

The VM Foundation is open 24 hours a day, with a medical facility, and offers care and rehabilitation keeping in mind the 7 Fundamental Principles of the Red Cross, first and foremost Humanity.

The goal

The Italian National Drug Agency (AIFA), involved VM to validate a protocol to be used by non-medical staff (such as law enforcement) on the Italian territory to address overdose cases. The University "La Sapienza" of Rome, is analysing data and best practice of Villa Maraini Foundation who gained more than 30 years of experience in harm reduction activities and in emergency programmes to address overdose cases with Naloxone.

Compared to other European countries, in Italy, since 1996, Naloxone has been available without the obligation of medical prescription in the 0.4 mg formulation, making it mandatory in all pharmacies. However, many pharmacies still do not stock naloxone nasal spray.

The research aims to create protocols and good practices that can provide all the tools and knowledge to first responders to deal with a possible opioid crisis (as is happening in the USA) or in any case an ever-increasing contamination of all the substances on the market with synthetic opioids, also in accordance with the International Coalition on New Psychoactive Drugs.

The experience of the Villa Maraini Foundation in the intervention and prevention of overdoses

In the early '90, at the height of the wave of heroin deaths that hit Europe and Italy, the Street Unit (UdS) was created in order to reach the most vulnerable people, also bringing help to those users who do not yet have contact with the local health services. In Italy the first level services are low thresholds that include, for example, street units, emergency reception services, drop-in centers etc. And they are part of comprehensive interventions aimed at Harm Reduction (RdD), guided by humanitarian principles. This type of services is aimed at people with addiction problems who are difficult to reach-

The VM Street Unit plays a crucial role by operating in the places at high risk of drug consumption and in drug dealing neighbours in Rome. This Unit offers a wide range of harm reduction services, including prevention of communicable diseases such as HIV, hepatitis and other infections. One of the most distinctive and vital interventions of the UdS is the immediate response to overdoses and other medical emergencies directly on site. From 1992 ad today, the Street Unit has carried out over 3000 interventions in cases of overdose cases, demonstrating a constant and significant commitment to safeguarding human lives.

Already in 1980, during the first international meeting of the Group of Experts on drug addiction from the Red Cross, Dr. Barra proposed to introduce naloxone into emergency services managed by the Red Cross, involving both healthcare personnel and non-medical volunteers. This initiative aimed to increase the chances of saving lives in case of OD. Such initiatives were pioneering, anticipating the naloxone distribution programs adopted by approximately ten years subsequently from the United States and other European countries .

For more than thirty years, Villa Maraini - Italian Red Cross has been carrying out prevention and intervention activities in the field of opioid overdoses, working with users at risk, family members and also collaborating with the Law Enforcement in the territory of Rome.

This long experience has consolidated VM-CRI as a fundamental point of reference in the fight against OD and in raising awareness on the prevention of opioid deaths in Italy and internationally.

Expected outcomes

The current investigation is analyzing the data and showing the best practices in order to raise awareness and provide training to the so called *First Responders* in the country, who could be involved in the early prevention of OD in the streets and not only. For example people who inject drugs have often witnessed or experienced firsthand episodes of OD.

Consequently, both substance users and their friends and family are likely to be the first witnesses of potential first responders in emergency situations. With proper training, these human networks can become a valuable strategic resource to prevent deaths from OD. Take Home Naloxone (THN) programs – are based precisely on these principles.

The lack of response or inadequate first aid interventions on the part of those who witness an OD, both due to poor knowledge, lack of access to life-saving medications, or fear of legal consequences, increase the risk that an OD episode will have a fatal outcome.

There is also a misconception that drug users do not help each other in OD situations. In a survey of the feasibility of naloxone among opioid users, 89% of those who had witnessed a death by OD stated that he would have administered naloxone to the victim if she had access to the antidote.

Drug users, as well as their friends and family, are often willing to help in cases of OD, but in many cases they don't know what actions to take. It has been observed that most witnesses try to assist victims, but often it is the most crucial actions (such as calling an ambulance) that come committed .

In other cases it is the lack of knowledge about the typical signs of OD that do not allow timely intervention emergency services, who are often contacted when it is too late to intervene.

It has also been observed that in many OD situations, witnesses are hesitant to contact medical services.

One of the main reasons for not calling an ambulance is fear of police intervention (or experiences negative history with healthcare personnel). The ambulance is coming contacted more frequently in fatal cases, probably following failed resuscitation attempts. Studies have estimated that one in four deaths could have been prevented if the first witness had acted differently.