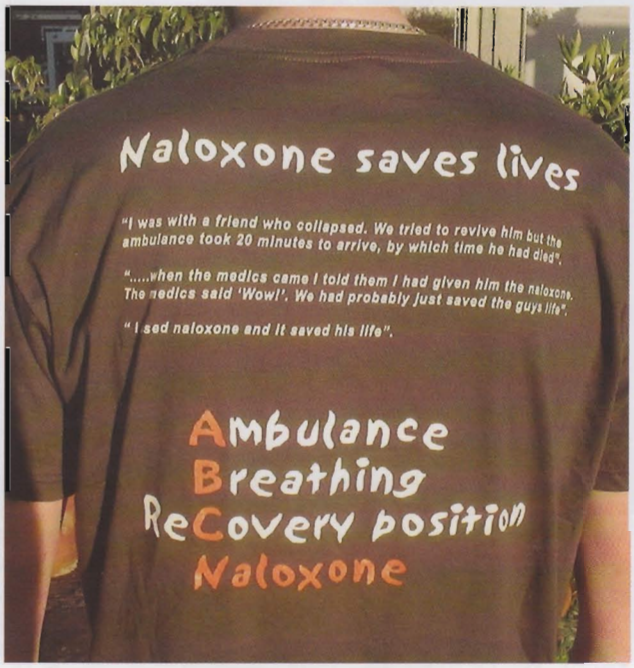
news focus

A change in medical law in June which allowed anybody to administer injectable naloxone will help save many lives. But why has it taken so long? **Harry Shapiro** reports

Wake up to take-home naloxone



Life saver: the public can now administer naloxone

IT was back in 1996, when Professor John Strang of the Maudsley Hospital in London published an editorial in the *British Medical Journal* outlining a strong case for the use of naloxone as a publicly-available emergency treatment for opiate overdose. Since then, opiates have been implicated in over 5000 deaths across the UK, some of which might have been saved had naloxone been generally available to family and friends. Now because of a change in the law, a real breakthrough in harm reduction may be at hand.

Naloxone is an opioid antagonist which blocks the effects of heroin. If it is administered to somebody who has overdosed on heroin or methadone, the overdose is immediately reversed, bringing the person round and almost certainly saving their life. Yet since 1996, the story has been one long round of obstacles.

Before the law change in June, naloxone was not on the list of drugs that the public can legally administer intravenously. But the Ambulance Service in particular lobbied hard for a change in the law to put naloxone in the same category as other emergency medicines like anti-snake venom and adrenalin. This became law on 30th June and means that any member of the general public is legally protected if they administer naloxone for the purpose of saving life.

"That BMJ editorial was written deliberately to start the debate," says Professor Strang. "There were responses like, 'you can't expect drug users to be trained and be competent in something like this'. There were those I regard as the lunatic fringe who said 'this is sinful, you are just making drug use safer' – which of course is true, you are'."

There were a number of objections to Professor Strang's proposal which needed to be overcome to convince the medical authorities that take-home naloxone was a safe and life-saving proposition.

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The first was a perception that overdoses mainly happen in public places and so it was most unlikely that a user would be carrying naloxone. Professor Strang and his team conducted some research and found that nearly 90 per cent of opiate overdoses were in company and 90 per cent in a home situation – not necessarily the home of the user. If naloxone was available, it was likely to be in the cupboard of a house where opiates were regularly injected.

Then they had to tackle the objection that it would encourage users to inject each other intravenously. The team came across a paper from the Vancouver Ambulance Services which found injecting naloxone intramuscularly was no less effective than IV. It was in fact better because IM creates less of a body shock and is easier for another user or a family member to administer.

There were also some quasi-legal issues that needed to be addressed: the main one being a concern that somebody prescribed naloxone might give it to somebody else. "We gave somebody their own emergency supply of naloxone", recalls Professor Strang. "He was down in south London and saw somebody had overdosed. They called the ambulance and when the ambulance turned up, the person said 'are you going to give him naloxone?' and the crew said, 'we're only technicians and we're not allowed to give it'. And the guy said, 'I've got some of my own' – and they said, 'oh, why don't you give it to him?' Technically I haven't given that guy permission to do it, but if anybody challenged it, I would happily go to court and say the guy was hugely public spirited to do this."

Professor Strang stresses that naloxone is not a substitute for calling the ambulance. "It is a strategy for keeping somebody alive while the ambulance is on its way." He says that the use of naloxone should be embedded in a wider programme of overdose training for users. "Everybody should have some basic instruction on managing overdose and a discussion about their suitability for take-home naloxone."

■ To find out more about the Maudsley's ongoing naloxone study email naloxoneproject@iop.kcl.ac.uk