

Spray Saving Addicts

By Rita Savard, The Sun, Lowell, Mass.

May 30--LOWELL -- Slumped over the library steps, the girl was dying. Heroin slowed her pulse. She could barely breathe.

"She was balancing on that thin line between life and death, and she was falling," said Robin Brown, a substance-abuse case manager at Lowell House, Inc.

Emergency medical workers surrounded the girl. They gave her an injection of a drug called naloxone. Her eyes opened and she felt "sober, like everything was fine again," Brown said.

For years, victims of opiate-related overdoses have been given a drug called naloxone to bring them back from the edge. Now, public-health advocates say a new version of the drug administered outside of hospitals has the potential to save thousands of lives.

And the need is raging more than ever.

The number of opiate-related deaths nearly doubled in Massachusetts from 363 in 2000 to 637 in 2006, according to the state Department of Public Health. In the past decade, the number of non-fatal overdoses has soared from 8,000 in 1996 to more than 18,000 in 2005.

Behind the alarming numbers are parents and friends fighting -- and often losing -- the battle against a loved one's addiction, state Health Commissioner John Auerbach told health-care professionals at a forum at Lowell General Hospital on Wednesday.

So the state is taking steps to stem the surge.

Since January, a version of naloxone, marketed as Narcan, has been distributed through a state pilot program. The antidote to opiate overdose comes in the form of a nasal spray.

"It's impossible to administer Narcan in lethal doses," Auerbach said. "And it isn't addictive."

Think of it as a plunger. Two sprays through the nose can reverse an overdose. Narcan blocks the opiates from getting through to the brain.

More than 450 people have been trained and given Narcan kits, including two doses of the drug. The training teaches opiate drug users, their family, friends and treatment providers how to spot an overdose and spray a dose of Narcan into a victim's nose.

Health officials say the results have been encouraging.

"Fifty lives have been saved through the Narcan-distribution program," Auerbach said. "It's about keeping people alive so we can get them into treatment."

But there are concerns.

Brown wonders if Narcan will give opiate users a false sense of security.

"What if some addicts get the idea that they can do heroin until they overdose, because there's something in the medicine cabinet to help bring them back in case they do?" Brown asks. "Narcan is great for emergency situations. But what happens when there is no one else around to administer it?"

The girl on the library steps was revived thanks to emergency-medical workers and naloxone. But a few hours after, she was out searching for her next fix.

Dr. Wayne Pasanen, medical director of the Methadone program in Lowell, said Narcan is not going to solve the drug problem, and it was never intended to.

"It's a last resort, a life-saving device," Pasanen said. "Think of using CPR on a person experiencing cardiac arrest, or a defibrillator. Narcan is a tool to prevent people from dying."

The real problem is the thing driving the need for such a tool -- an alarming increase in the abuse of prescription drugs.

It's not only heroin, but the wrongful use of pain killers such as Percocet, Vicodin and Percadone that killed more people in Massachusetts in 2006 than car accidents, Pasanen said.

The victims that Pasanen sees filing into the Lowell Methadone clinic daily are young, white and primarily come from middle-class backgrounds.

"This is a killer disease," he said. "If we had a virus killing 600 people in a single year, there would be an uproar."

Outreach workers say a much stronger public effort, and more treatment programs are needed to address the state's drug problem. Therapy and support programs can go a long way, said Brown, adding that the girl who almost lost her life on the library steps eventually took many steps of her own to become clean and sober.

Ken Powers, director of Lowell House, which offers treatment programs for addicts, said in the eyes of a social worker the Narcan program can't hurt.

"It keeps people alive and that's a damn good thing," Powers said. "The question is, where do we go from here? I don't think anybody has an answer for that."

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