

## **Necessity of a world federation of health organizations providing opiate agonist therapy for heroin addicts**

**Mark Parrino**

I am grateful to have been invited to be with you this evening and throughout your conference. It is also a great happiness for me to be back in Pietrasanta, where my mother was born some 85 years ago. As some of you know, my grandfather owned a marble studio in Pietrasanta.

I am also grateful for the continued collaboration between our two associations and for the ongoing work with Icro Maremmani, Roberto Nardini and Alessandro Tagliamonte.

Many of you recall that our Association honoured these three extraordinary gentlemen at our national meeting in 1994 in Washington, DC. It represented one of our own proud moments as we were able to acknowledge the great work of all three of these leaders had accomplished. It is remarkable to me that that occurred 12 years ago.

I am also grateful to the Scientific Committee Coordinators and the Scientific Committee Members for creating such an excellent program and to Marilena Guareschi for all of her support and work.

### **General Remarks**

The primary purpose for my presentation this evening is to focus on the necessity and value of a world federation of healthcare professionals, who can actively promote and support the use of medications, such as methadone and buprenorphine to treat opiate addiction for people who need such care.

Methadone treatment has faced many challenges in the United States since its inception, when Drs. Dole and Nyswander formulated their theories about narcotic addiction

and treatment in the mid-1960s. enormous progress has been made in expanding access to treatment, but many hurdles remain as younger people are admitted to our treatment programs and as opioid abuse patterns continue to change.

At present, there are 241,000 patients being treated in 1,100 methadone treatment programs throughout the United States.

### **Clinical Practices and Research**

Dr. Maremmani and I convened a meeting during October, 2004 as part of the AATOD conference in Orlando, Florida. A number of international associates from seven countries were present at that meeting, including Dr. Pier Paolo Pani, and Dr. Alexander Kantchelov of Bulgaria, who are both present this evening.

Dr. Maremmani provided the key foundations for the concept of a worldwide federation during these early discussions. It was determined that the world federation would include major regional multi-national associations throughout the world.

One federation would include EUROPAD and the organizing countries within its domain, which are listed on the EUROPAD letterhead.

It was also agreed that AATOD would work with its associates in Mexico and Canada to form another federation, which would include the current AATOD membership of 850 treatment programs throughout the United States and representation within Mexico and Canada. These plans will be further discussed during the approaching AATOD National Conference in Atlanta, Georgia during April, 2006.

It was also agreed that EUROPAD and AATOD would encourage our associates within Asia to form a third regional federation as they increase their experience with methadone maintenance treatment. It is important to point out that methadone treatment programs are rapidly expanding in China and we believe that this represents major progress in responding to the needs of Chinese heroin-addicted individuals. As you know, methadone treatment has been available in Hong Kong and Thailand for many years.

We also agreed to encourage our associates within Australia and New Zealand to form a fourth regional federation, as their organizing activities take shape.

We recognize that few Latin American countries currently provide access to methadone treatment, since the greater problem within the South American nations involve stimulant abuse as opposed to heroin addiction.

It was also critical in our earliest discussions to recognize the need to have these regional federations throughout the world preserve their own independence, following their own policies, procedures and scientifically based medical practices.

It was also understood that these regional federations would continue to communicate with each other through designated representatives within each of the major world regions.

Obviously, Dr. Maremmani and I remain in frequent communication since EUROPAD

and AATOD are the only existing major provider based organizations in the world.

It was also agreed that each of these federations would agree to a set of principles of general governance.

The regional federations would agree to establish some basic best practice clinical standards to treat patients, who gain access to opioid replacement pharmacotherapies. It was also agreed that such regional federations would work to establish best training models so that clinicians, administrators, public health officials and other government representatives in each of the member nations would follow a series of best recommendations and how various individuals would be trained to treat this patients population.

It was recognized that these training vehicles would be culturally sensitive to the unique cultural characteristics of the countries involved.

Finally, the regional federations would be involved in promulgating best government and public policy around the use of medications such as methadone and buprenorphine to treat chronic opiate addiction in their respective countries.

It is with all of these principles in mind that Dr. Maremmani and I have been working with representatives in the Russian Federation to promote the use of such medications to treat hundreds of thousands of untreated intravenous heroin users throughout the Russian Federation.

Dr. Maremmani and I will travel to Moscow following the conclusion of this Conference on Sunday, January 29, 2006 to assist Russian officials in making the final preparations for the first major conference in Moscow involving a number of senior Russian Federation officials with regards to the use of these medications to respond to the needs of their population.

We also understand that there is a very high incidence of HIV infection and Hepatitis-C infection in this untreated patient population.

Dr. Maremmani and Ira Marion, one of my closest associates in the United States and who is with us tonight, already travelled to Moscow during June, 2005 for the first major methadone presentation during a Russian event, which was sponsored by the League of Health of the Nation. This league was established by presidential decree by President Putin and has been chaired by Dr. Leo Bockeria, a leading Russian scientist and physician. While the general mission of the League is to improve the general health of the Russian people, it will also work to provide needed care to heroin addicted people as part of the general mission.

The conference of March 29 – April 1, 2006 in Moscow represents a major initiative, which will lay the foundation for introducing the use of methadone and buprenorphine in the Russian Federation.

### **Other International Experiences**

The value of our international collaboration between EUROPAD and AATOD will lead to the treatment of thousands of individuals in need of care. It will improve the general health of the Russian public and will also decrease the flow of illicit opiates

through the permeable Russian border between Afghanistan and other areas.

It will also have a major impact on decreasing narco-terrorism, which is part of the title of the Russian Conference. This goal certainly attracts the attention of other countries as well since we are affected by such realities.

There have also been favourable reports from the government of Bulgaria extending access to methadone treatment. I also want to take the opportunity to congratulate Dr. Alexander Kantchelov. His own leadership and groundbreaking initiatives have helped to establish methadone treatment in Bulgaria. We are fortunate to have a man of such vision among us.

We also have reports that the government of Croatia is interested in expanding its use of methadone in a formalized clinic-oriented environment. Once again, I will remain in contact with Dr. Maremmani as we provide education to their government leadership and treatment providers.

We have also been informed that the government of Vietnam is interested in providing access to methadone treatment to respond to the needs of its untreated intravenous drug using population.

The Iranian government has also estimated that there are at least two million people using drugs in a nation of 78 million. Their government estimates that 200,000 of these people are intravenous drug-users and 25% of this group are HIV infected.

The point in providing such illustrations is to emphasize the importance of our continued international collaboration.

It is understood that no single nation can truly influence worldwide use of effective treatment techniques. It does require an active collaboration among our various treatment associations, drawing upon proven treatment practices and the best research that is available.

## **Conclusion**

Thank you for being so attentive this evening to my remarks I am very grateful to be involved in this enormous undertaking, which combines the best efforts of EUROPAD Italia within the structure of EUROPAD and AATOD.

Dr. Maremmani has been an incredible partner in this entire process and I am personally grateful for his leadership and his political wisdom.

We are engaged in a major, strategic and long-term effort to combine our knowledge and our energy to create access to methadone and buprenorphine treatment in other nations and to learn what they need as we form this worldwide federation.

This will allow our various associations to influence the United States and the World Health Organization in ensuring that people gain access to comprehensive and effective treatment to that we can relieve suffering and desperation among so many untreated individuals in so many countries throughout the world. This will affect the lives of the patients, their families, their communities, their cities and nations.

*M. Parrino: Necessity of a world federation of health organizations providing opiate agonist therapy for heroin addicts*

---

It is an extraordinary and noble undertaking, which will benefit people throughout the world. I am very proud to be associated with this effort, and especially proud to be associated with Italian EUROPAD and our European associates.

*Introductory lecture at EUROPAD-Italia 2  
January 26, 2006  
Pietrasanta (Lucca), Italy, EU*

# **O R D E R F O R M**

## **Heroin Addiction and Related Clinical Problems**

### **Please enter my subscription:**

- Δ Heroin Add & Rel Clin Probl = € 70,00  
( € 30,00 for East European Citizens)
- Δ Europad annual registration included  
( Check if )

### **Available from:**



**AU-CNS**

*Not for profit Agency  
Pietrasanta -LUCCA  
ITALY*

*"Helping people to understand  
neuroscientific updata"*

Association for the application of neuroscientific  
knowledge to social aims

**AU-CNS**

Via XX Settembre, 83 - 55045 Pietrasanta (Lucca) - Italy

Phone: int 39 0584-790073

Fax: int 39 0584-72081

E-mail: aucns@libero.it

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Agency \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/Road \_\_\_\_\_

Postcode \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Δ Payment Enclosed.** Check must be payable on an Italian bank

**Δ Charge my Credit Card**

Δ Master Card Δ Eurocard Δ VISA Δ CartaSì (Italy only)

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Also by Fax**

### *Privacy Policy*

*AU-CNS respects your right to privacy. Any information you provide is strictly confidential and will not be sold, rented, or abused in any way.*