A novel response to the opioid crisis

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Disclosure
Acknowledgement
Objectives
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• Is public access naloxone feasible?
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• Is public access naloxone feasible?
• Our experience
Objectives

• Is public access naloxone feasible?
• Our experience
• Controversy
Objectives

• Is public access naloxone feasible?
• Our experience
• Controversy
• What’s next?
Rate per 100,000 People

N/A  0  >0-2.1  >2.1-6.1  >6.1-17.1  >17.1

2011 to 2015

http://www.mass.gov/chapter55/
Boston

• 1978: Paramedic naloxone
Boston

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• 2006: BEMS SPW for BLS naloxone
Boston

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• 2006: BEMS SPW for BLS naloxone
• 2012: STP allows BLS naloxone
Boston

- 1978: Paramedic naloxone
- 2006: BEMS SPW for BLS naloxone
- 2012: STP allows BLS naloxone
- 2013: First responder naloxone program
Opioid Reversal

The next logical step?
Opioid Reversal

FDA approval 1971
Opioid Reversal

ED

EMS
Opioid Reversal

ED
EMS
First Responders
Opioid Reversal

The next logical step?

ED
EMS
First Responders
Opioid Reversal

Yes
OUTCOMES OF RAPID DEFIBRILLATION BY SECURITY OFFICERS AFTER CARDIAC ARREST IN CASINOS

TERENCE D. VALENZUELA, M.D., M.P.H., DENISE J. ROE, DR.P.H., GRAHAM NICHOL, M.D., M.P.H., LANI L. CLARK, B.S., DANIEL W. SPAITE, M.D., AND RICHARD G. HARDMAN, B.S.
Emergency tourniquets for civilians: Can military lessons in extremity hemorrhage be translated?

Gabriella Ode, MD, Jonathan Studnek, PhD, Rachel Seymour, PhD, Michael J. Bosse, MD, and Joseph R. Hsu, MD, Charlotte, North Carolina

Tourniquet use in the civilian prehospital setting

C Lee, K M Porter, T J Hodgetts

TOURNIQUET USE IN A CIVILIAN EMERGENCY MEDICAL SERVICES SETTING: A DESCRIPTIVE ANALYSIS OF THE BOSTON EMS EXPERIENCE


Tourniquet use for civilian extremity trauma

Kenji Inaba, MD, Stefano Siboni, MD, Shelby Resnick, MD, Jay Zhu, MD, Monica Darlene Wong, MS, Tobias Haltmeier, MD, Elizabeth Benjamin, MD, PhD, and Demetrios Demetriades, MD, PhD, Los Angeles, California

SAFETY AND APPROPRIATENESS OF TOURNIQUETS IN 105 CIVILIANS

Michelle H. Scerbo, MD, Jacob P. Mumm, MD, Keith Gates, MD, Joseph D. Love, DO, Charles E. Wade, PhD, John B. Holcomb, MD, Bryan A. Cotton, MD, MPH
STOP
THE BLEED
STOP THE BLEED

BRIGHAM AND WOMEN'S HOSPITAL
FIELD OPERATIONS
PUBLIC HEALTH

What’s Next For ‘Safe Injection’ Sites In Philadelphia?

January 29, 2019 - 3:43 PM ET

ELANA GORDON

Philadelphia officials showed the way for a safe-injection site for drug users. Now there are many details to work out before the site can become reality.

more coverage
Public Access Naloxone
Our concept…

1. Easy to implement & use
Our concept…

1. Easy to implement & use

2. Target high-risk population
Our concept…

1. Easy to implement & use
2. Target high-risk population
3. Integrate existing resources
Public Access Reversal Kit
K R A D

Secure
Secure
Secure EMS Integration
How it works
How it works

Bystander calls 911
How it works

Bystander calls 911

911 dispatches ambulance
How it works

Bystander calls 911

911 dispatches ambulance

Guides bystander to nearest box & provides code
How it works

Bystander calls 911

911 dispatches ambulance

Guides bystander to nearest box & provides code

Dispatcher guides bystander through
Dworkis, 2017, unpublished data
Dispatch Successfully unlocked naloxone box
Arrival at pt side
Naloxone administered

Average municipal EMS response time

0 100 200 300 400

320

189
This can be done.
Next Steps
Challenges
Challenges

Regulatory
Challenges

Regulatory Dispatch
Challenges

Regulatory

Dispatch

Cost
Challenges

Regulatory
Dispatch
Cost
The public
The New York Times
Cathie Zasy, President of the Cambridgeport Neighborhood Association, who said she was speaking only for herself

“I wonder if these boxes are necessary,” she said, noting that the police respond quickly and that Central Square has a needle exchange equipped with Narcan. “I would want more info about whether we’re losing people right here. If so, why not install a trial box? But I also wonder whether passers-by would feel comfortable putting a nasal spray in a passed-out person’s nose. I think they’re more likely to call 911. I have. With concerns about H.I.V. and hepatitis C, people may be freaked out about the transfer of fluids or liability issues. Training people to administer Narcan would require tremendous public education.”
Cathie Zusi | President of the Cambridge Coalition for Syringe Access, who said she was speaking only as a citizen.

“I wonder if these boxes are necessary and if the police could respond quickly and that Central Intelligence Service (CIS) could be on stand-by with Narcan. “I would want more Narcan to be available right here. If so, why not install a more permanent stand, or have passers-by feel comfortable coming up to this person’s nose. I think they’re more likely to call 911. I have. With concerns about H.I.V. and hepatitis C, people may be freaked out about the transfer of fluids or liability issues. Training people to administer Narcan would require tremendous public education.”
“I wonder if these boxes are necessary. I think they should respond quickly and that Central should work with Narcan. I would want more Narcan boxes right here. If so, why not install a box where passers-by would feel comfortable giving it to a person’s nose. I think they’re more likely to call 911. I have. With concerns about H.I.V. and hepatitis C, people may be freaked out about the transfer of fluids or liability issues. Training people to administer Narcan would require tremendous public education.”

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‘It only encourages the users’

Gary Mello | Former candidate for Cambridge City Council

“I would be wholly opposed to such an idea. We have an outstanding 911 response, so it’s just not necessary. And I don’t like the idea of handing it to untrained civilians. Beyond that, it only encourages the users. If they feel they’ll be saved by Narcan, they’ll just keep doing it. If you’re going to solve this problem, you make the drugs harder to get and you hassle them when you know they’re using. You can’t fix them. It’s just a problem that doesn’t stop.”
Unanswered Questions
Unanswered Questions

Target
Unanswered Questions

Target
Unanswered Questions

Target
Unanswered Questions

Target

Outcomes
Unanswered Questions

Target

Outcomes
Unanswered Questions

Target

Outcomes

#StateWithoutStigMA
Unanswered Questions

Target

Outcomes

Opioid landscape
Unanswered Questions

Target

Outcomes

Opioid landscape

http://www.mass.gov/chapter55/
In summary
In summary

• We need to think outside the box
In summary

• We need to think outside the box

• Public access naloxone may be helpful
In summary

• We need to think outside the box

• Public access naloxone may be helpful

• There are still many questions left unanswered
Thank you.