A Worthy Cause But Perhaps Flawed Laws and Lack of Applause:

Community Responses to Epidemic Opioid Crises

C. Crawford Mechem, MD (Philadelphia)
Robert B. Dunne, MD (Detroit)

Philadelphia's Heroin Problem

- 700 OD deaths in 2015, most from heroin
- ~ 840 deaths for 2016
- December 2016, 12 deaths in one day
- Heroin purest and cheapest on East Coast
- Fentanyl, carfentanil
- Rx narcotics, gateway to heroin

The State Response

- Added nasal naloxone to EMT scope
- Authorized police, FFs to give naloxone
  - PPD carries naloxone
- Increased funds for treatment centers, naloxone for first responders
- People can buy naloxone without R_x
- PA **P**rescription **D**rug **M**onitoring **P**rogram

The Next Steps?

- Many current measures are *naloxone-centric*
  - Is this the best approach?
  - Cost-effective?
- Last month Mayor convened Task Force to Combat Opioid Epidemic
  - Brings together key stakeholders
  - Develop coordinated plan to reduce opioid abuse, dependence, overdoses

Organizations Involved

- Health Department
- Dept. of Behavioral Health
- PFD, PFD, DEA
- Prevention agencies
- Homeless services
- Universities/medical schools/law schools
- Private foundations
- Churches
- Pharmacies
- Maternity care services
- County Medical Society
- Bar Association
- District Attorney's Office
- Courts
- Prisons
- Independence Blue Cross
- Poison Control Center

What More Can EMS Do?

- Redeploy ambulances if ODs spike?
- Move more supervisors to affected areas?
- Involve community paramedicine staff?
- Give out naloxone to revived patients?
- Explore ways to refer patients directly to treatment centers?
  - "Warm hand-off"

Questions to Ponder

- If EMS did "warm hand-offs," how?
  - Drive pt to treatment center?
  - Wait for resources to come to pt?
  - Leave pt at scene?
  - Impact on system response times?
- Will PDMPs lead to people switching from pills to purer, cheaper heroin?
  - Leading to more ODs, more EMS runs

Michigan Law

- PA 312, passed 10/2014. required all medical control authorities to have in place protocols for naloxone treatment starting October 14, 2015, for BLS and MFR
- Mandatory statewide
- Pharmacy law requires exchange at hospitals
- Separate Law allowed law enforcement to carry but did not require
- Sunset 3 years post

Michigan Law

- Medical Control Authority 101
- No linkage to treatment
- Law Enforcement
  - Training, supply
- Opposition:
  - Unfunded mandate rears its head
  - "We don't need it"
  - "We are all ALS"
  - "We looked at state EMSIS data"
  - "Why should we help these people" - Seriously

Intranasal Naloxone Exchange

Life support agencies with MFR and/or BLS units will acquire and replace Intranasal Naloxone as follows:

1. Each life support agency will be responsible for obtaining Intranasal Naloxone from an assigned hospital in the Detroit East Medical Control Authority.

2. Each participating hospital of the DEMCA will acquire Intranasal Naloxone for life support agencies at the institution's cost.

3. The Intranasal Naloxone kit is to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. It is recommended that this inspection be included in a standard documented vehicle checklist.
4. When Naloxone is used it will be replaced at the hospital receiving the patient.

5. Hospital pharmacy should be notified 30 days prior to expiration date of medication.

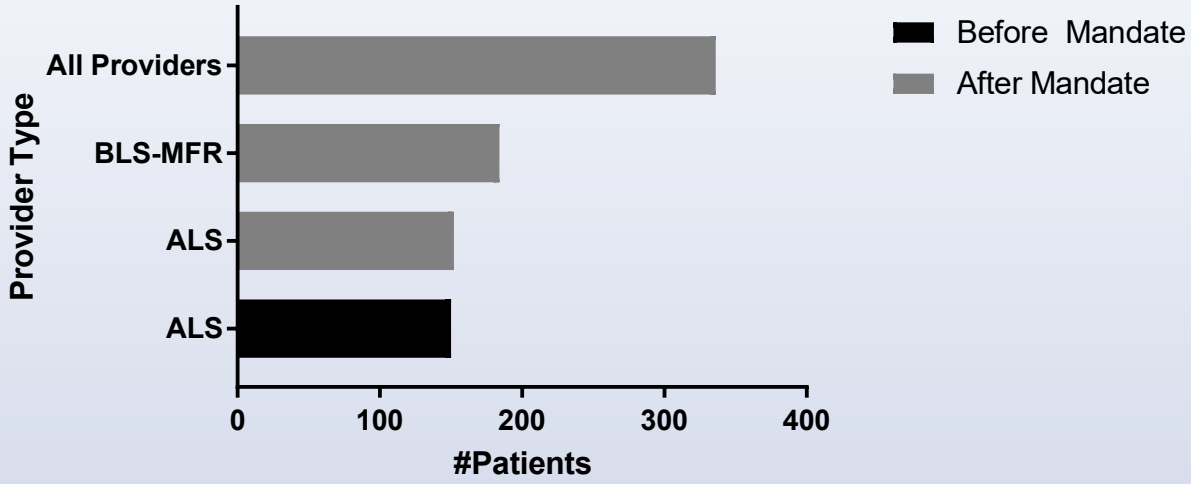
Scope of Problem

- Much of state has near or immediate ALS
- Detroit limited ALS and limited ability to preferentially dispatch
- 1000's of OD's
- Moderate transport times
- ALS only naloxone use 2014 544
- Detroit 2016: use 2384 total. MFR/EMR 232, ALS 906, BLS 1242

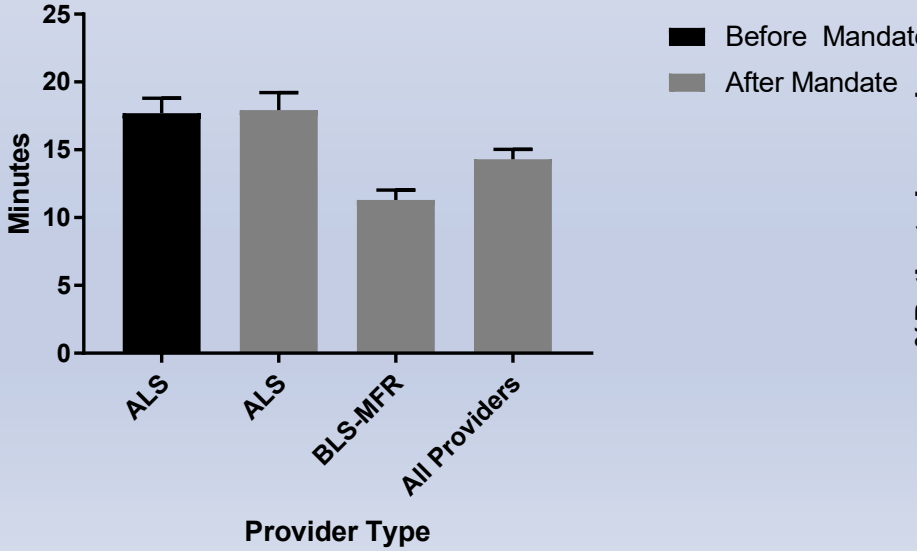
Actual Response ?

- Eagles sharing best practices and training
- Actual reversal immediate 6 mo pre/post 10/15/15
- Positive response increase in GCS => 6 or RR increase =>6 from a baseline < 8
- Pre 150 (ALS only), Post 336 (MFR 25, BLS 159, rest ALS)
- Times were shorter (many more BLS units)
- More IN use by ALS

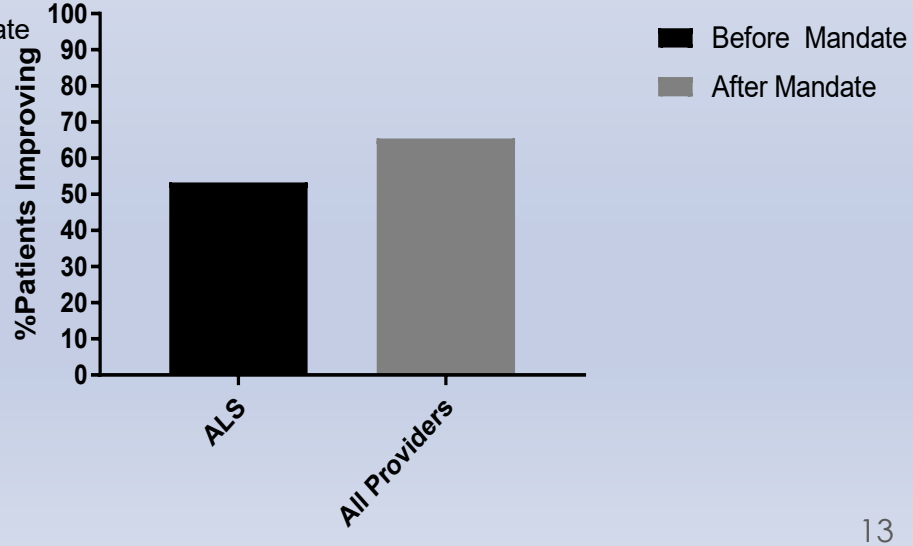
Naloxone Treated Patients



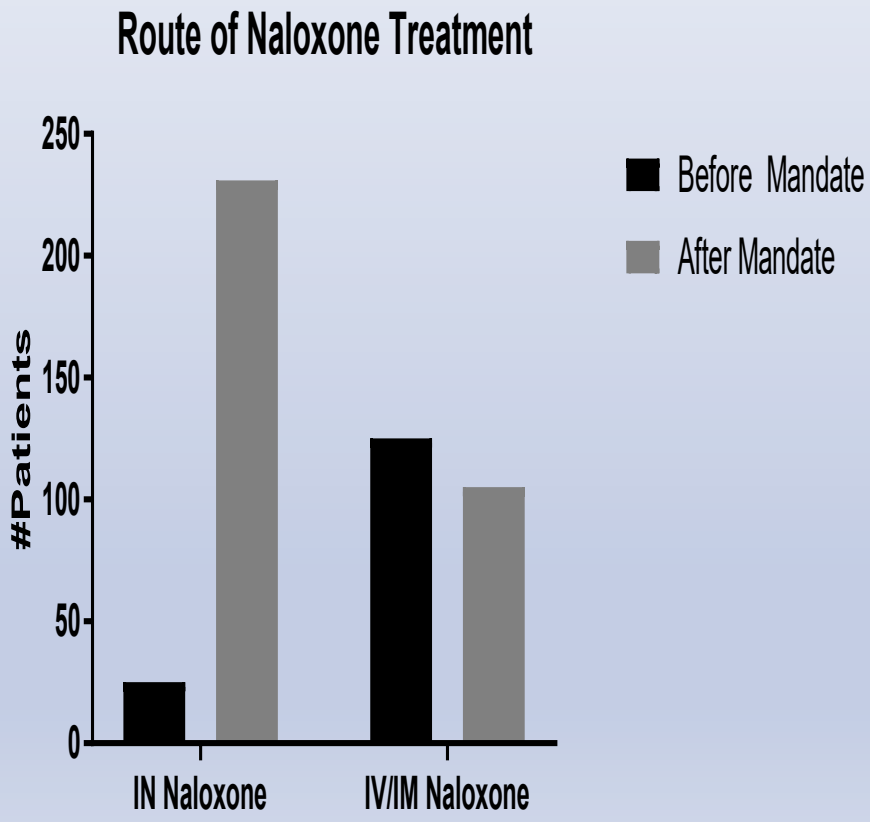
Dispatch to Naloxone Treatment



Patient Naloxone Response



Using the Data



- Training effect?
- Atomizer Recall
  - Use anyway
  - Other options
- Challenges
- Fentanyl derivatives
  - Summer/fall 2016
- Outreach to Eagles
- Health Department
- Mental Health Authority

Future

- "Sunset" October 14, 2018
- Many MCAs stated they will rescind
  - Simple Majority vote of the Hospitals in that MCA
  - No real data in most
- "Study" on drawing up narcan (rather than prefilled) on-going
- Rural/Urban parallels.
- Incomplete state data.
- Legislative view

Closing Thoughts

- Opioid addiction is a complex problem
- Finding solutions requires integrated approach
- EMS may be able to play larger role
  - Limited by available resources and funding
- Must be clear on what we aim to accomplish
  - What does success look like?