



INTERNATIONAL ASSOCIATION OF FIRE CHIEFS

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June 2, 2015

Ms. Mary Gross
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

RE: Docket Number FDA-2011-N-0802

Dear Ms. Gross:

On behalf of the more than 11,000 chief fire and emergency medical services (EMS) officers of the International Association of Fire Chiefs (IAFC), thank you for the opportunity to provide comment on the proposal to expand the use of naloxone. The IAFC is troubled by the rise in opioid overdoses throughout the United States and recognizes the ability of naloxone administration to potentially save the lives of individuals experiencing an opioid overdose. However, the IAFC has several concerns regarding mass distribution of naloxone for administration by non-medically trained personnel.

Patients experiencing an opioid overdose need immediate medical attention. While a successful administration of naloxone can reverse an individual's opioid overdose, the individual is still at significant risk of respiratory arrest and other serious complications. Due to these risks, non-EMS providers administering naloxone must immediately activate the EMS system by calling 9-1-1 to ensure the patient receives emergency medical care as soon as possible. Ideally, anyone authorized to administer naloxone would also be fully trained and certified in providing cardiopulmonary resuscitation (CPR).

The IAFC also believes that a strong public education effort by HHS is needed to educate lay members in the public on the need to immediately activate the EMS system when administering naloxone. Without this knowledge, the IAFC is concerned that non-medically trained personnel could be unintentionally misled into believing that naloxone alone will manage and mitigate all symptoms experienced by a patient with an opioid overdose.

Lastly, the IAFC is concerned that state-level grant programs which provide funding to distribute naloxone to members of the public and law enforcement agencies exclude fire and EMS agencies. The IAFC believes fire and EMS agencies are the most likely to utilize naloxone and should be eligible to receive funding through these grants. Additionally, when naloxone is in shortage, distribution to fire and EMS agencies should be prioritized over law enforcement agencies and the general public.

Thank you for your attention to this important issue. The IAFC looks forward to working with your office to find a way to efficiently care for patients experiencing opioid overdoses without neglecting other important aspects of their care.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Keith Bryant".

Fire Chief G. Keith Bryant
President and Chairman of the Board