

Joint Senate Task Force on Opioids Testimony

Thank you to the administration, assembled guests, and Senators for this opportunity to speak. My name is Howard Greller, and I am an Emergency Physician and Medical Toxicologist here at St Barnabas.

In December 2017, I was involved with the case of a 12-month-old girl who came to the ER in cardiac arrest. On arrival, she wasn't breathing and had no pulse. The team quickly supported her breathing, and her pulse rapidly returned. They noted pinpoint pupils, and I recommended that they give naloxone. She began to breathe on her own, and soon began to move, and then cry. Over a few hours, her breathing again slowed, requiring additional doses. After the third time, the team decided to put in a breathing tube, and she was transferred to the Children's Hospital. Ultimately, and thankfully, she made a full recovery. Later, we learned that she was in bed with a family member who was using opioids.

Less than 24 hours later, an 18-month-old girl presented. Reportedly, she was walking with her parents outside (after midnight, in December . . .) and found a bag with a "white pill", which she put in her mouth. Her father grabbed the pill, but she became sleepy, and then unresponsive. In the ER, she had slow breathing, a low oxygen level, and small pupils. The team gave the appropriate dose of naloxone, but she had no response. As they prepared to put in a breathing tube, I suggested giving 10x the dose of naloxone, to which she had a dramatic response. She too was transferred to the Children's Hospital, and also made a full recovery.

Interestingly, in both cases, the drug screens were negative for common opioids and methadone. This, along with their response to naloxone, implied the drug involved was likely fentanyl, something not readily detected, and as we've seen, far too common.

These two cases, out of hundreds like them, illustrate that this crisis impacts everyone, regardless of age, sex or background. At SBH, we are addressing this with multiple interventions. In addition to the 24/7/365 availability of the toxicology service, I'd like to briefly describe two."

"Our ER was one of the five original pilot sites for Project Relay, a program for survivors of a non-fatal opioid overdose. It provides 24/7 access to a "wellness advocate", who has firsthand experience with substance use. They see the patient within an hour, provide them with risk-reduction counseling, overdose response training, naloxone teaching, and kits. They offer referrals that include treatment options such as methadone or buprenorphine, harm reduction, medical and navigation services with linkage to care. Since launching Jan 2018, Relay has engaged 319 patients, and distributed 551 naloxone kits.

As a compliment to Relay, in January 2019, we became an Opioid Overdose Prevention Program or OOPP. While Relay targets individuals at greatest risk in the moments after a non-fatal overdose, OOPP provides training and naloxone kits to anyone who may encounter an opioid overdose. Which is all of us. To date, we have trained over 80 staff, and have distributed almost 40 kits. Our goal is 100% of staff trained, and distribution to anyone, patients, friends or family, who want it.

On July 17th, the Times reported the first decline in overdose deaths in twenty years, mostly from fewer prescription opioid deaths. However, fatal overdose from fentanyl continues to rise, as do others, like methamphetamine, with a 21% increase. We don't just have an opioid problem; we have a crisis of addiction. And while we are fortunate to have effective therapies for opioids, like naloxone and buprenorphine, they don't exist for drugs like methamphetamine or cocaine.

As doctors, our goal is for people to lead their happiest, healthiest lives. While naloxone, buprenorphine, and other interventions are one part of the solution, we have to do better. One approach is to eliminate stigmatizing language, such as addict, which only places barriers to thoughtful care between providers and patients. We should use words that identify the problem, but also treat people with compassion and dignity. I am hopeful that we can work together to achieve these goals."

Thank you for your attention.

