COMMENTARY

Drug Use in Parents: Why We're Gonna Need a Bigger Boat

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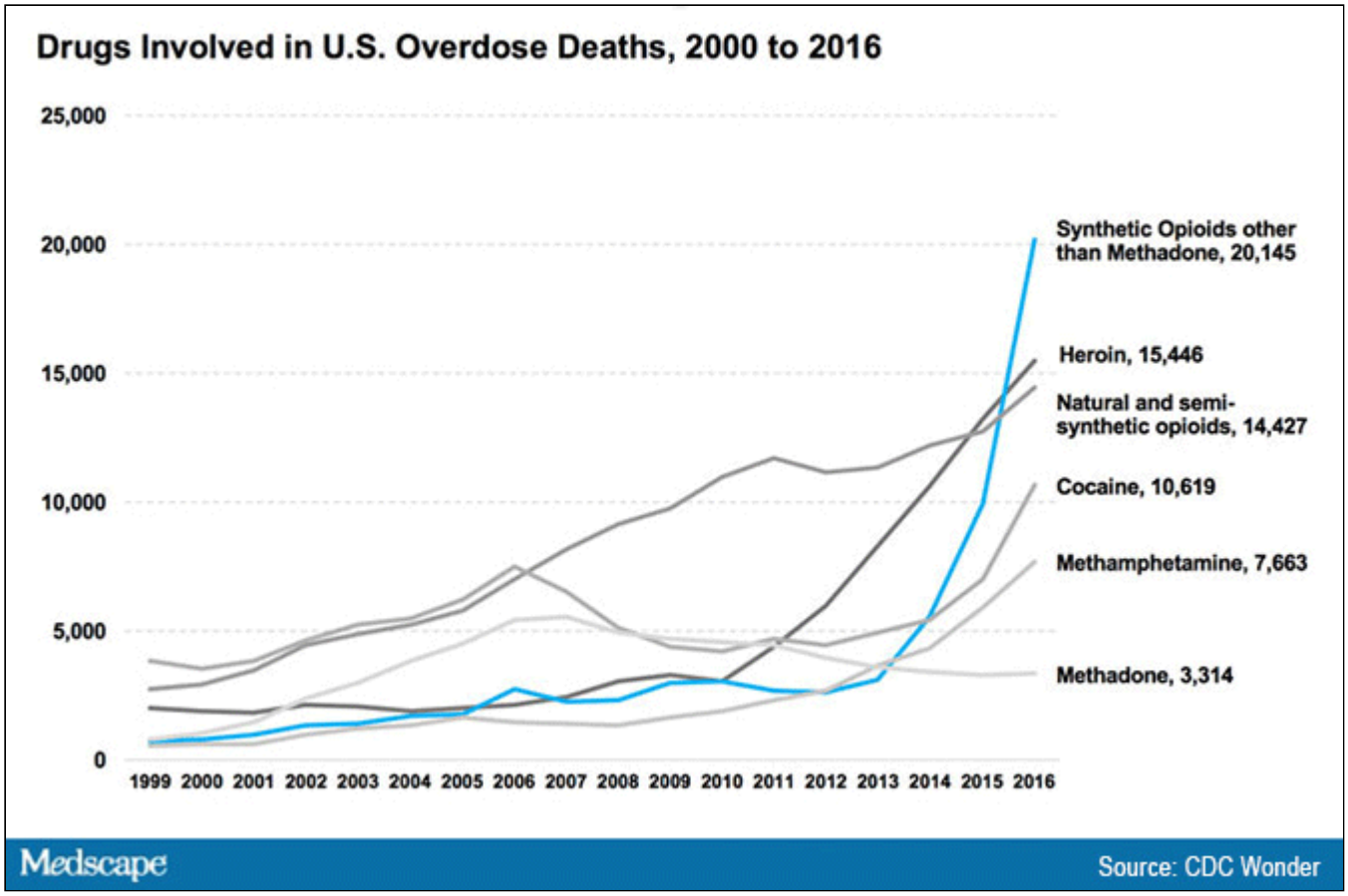
It's a brutal interview to listen to.[1] Two students at South Webster High School in Ohio talk to NPR's Scott Simon about their parents and some of the consequences of the opioid epidemic in that community. During the course of the interview, there are sentences that stop you cold in your own thoughts:

> "I don't really know where my dad is. I think he's, like, somewhere around here. But I don't talk to him."
>
> "My [9-year old] sister found my mom on the bathroom floor."
>
> "We actually didn't know that she left rehab until December. And we ran into her at a gas station."

The interview, about a program designed by teachers at the high school to help students understand the drug problem that envelops their community, is ultimately poignantly positive. But it tugs at your heartstrings and leaves parents, teachers, pediatricians—or anyone who has ears—practically numb.

The numbers are staggering. More Americans died in 2016 from all forms of drug overdose (71,614)[2] than there were US combat deaths during the 19 years of the Vietnam War (58,220).[3]



Synthetic opioids, primarily fentanyl and its analogues, along with heroin, accounted for more than 35,000 deaths in 2016.[2]

Even more shocking than the raw numbers is the trend for the fentanyl line. The graph is practically exponential.

Numbers are numbing and hard to grasp. The voice of a teenage girl telling Scott Simon on NPR about meeting her mother at a gas station stops you cold. The sound of a professional interviewer struggling (and ultimately failing) to maintain his composure

produces a visceral reaction in the listener. These are not numbers. They are individuals. They are children. If you are a pediatrician in Ohio, they might be your patients. They represent every child with a similar story in every state.

"Hospitalizations of children due to drug overdose have nearly doubled since 2000. Many of these overdoses involve teens. Even more involve toddlers."

We are pediatricians—professionals in the art and science of working to ensure that the children (and parents) entrusted to our care grow up to be as happy, healthy, safe, and successful as possible. We do this by giving parenting advice, promoting safe habits, and advocating for vaccines, to tick off a few of our favorites. Do these questions sound familiar?

- "Mom, are your prescription medications locked away, and have the painkillers from all previous surgeries been disposed of?
- "Brian, on your history form, you reported occasionally smoking pot. Can we talk about this?"

These are important preventive questions and, sadly, quite timely. Hospitalizations of children due to drug overdose have nearly doubled since 2000.[4] Many of these overdoses involve teens. Even more involve toddlers.

Within the confines of a 15-minute patient encounter, we can only affect one patient or one family at a time; perhaps 25 in a day, and 100 in a week. However, within the context of those staggering drug death numbers, that's a drop in the ocean. To quote the famous line from the 1975 movie *Jaws*, "We're gonna need a bigger boat."

Grandparents in the pediatric office come in three varieties. "Granny Daycare" is the most common explanation. A runner-up is the sort who are "watching the grandkids while the parents are off on a little vacation."

And then there is the third variety: those who provide care because one or both parents is in drug rehab or deceased, or whose whereabouts are unknown. They carry their worry in their shoulders, their concern in their eyes. You've seen them in your office. You know their stories. No anticipatory guidance can change the situation for this family or this child.

Building a Bigger Boat

So what does a bigger boat look like? How can a single pediatrician change the status quo beyond the one-patient-at-a-time anticipatory guidance questions?

First, we need to recognize that drug addiction has a biological basis. It is a medical condition. The September issue of *National Geographic* features a fascinating, amazing article titled "How Science is Unlocking the Secrets of Addiction."[5] A growing body of research should slay the myth that drug addiction is merely the result of a moral failure.

To be sure, there is no paucity of poor choices when it comes to addiction, but why is it that, as a society, we apply a stigma to drug addiction (consider the term "druggies") but are less judgmental of lung cancer victims (who may have smoked), those with diabetes (whose obesity contributed to the condition), or motorcyclists involved in accidents (and chose, as is their right in a number of states, to ride without a helmet)?

"A growing body of research should slay the myth that drug addiction is merely the result of a moral failure."

Second, in acknowledging that addiction is a medical condition, it is important to recognize that drug rehabilitation, not incarceration, is a more appropriate means to address the underlying issue. I have outlined the rationale for this in a previous blog post, titled, "Rehab, Not Jail, for Drug Offenses." Jail is expensive and no more therapeutic for the treatment of drug addiction than it is as a therapeutic modality for epilepsy.

Third, we need our policymakers to understand this scientific reality. Politicians need to be willing to fund programs that make naltrexone more readily available in schools, libraries, and other public places, in much the same way automated external defibrillators are now practically ubiquitous. They need to support law enforcement and judicial policies that are based on the scientific reality of addiction and mindful of the financial cost (to taxpayers) and social cost (to children) of mass incarceration.

In an earlier blog post, I wrote about the fact that the United States is a world leader in a shameful way: We incarcerate more individuals, as a proportion of our population, than any other country on earth. Many are for minor drug offenses. And yet, the number of users and deaths continues to skyrocket.

What we're doing ain't working. And if politicians won't listen to our science or our logic, there's the power of the ballot.

Finally, we need to speak out in our communities. At the dinner party, the soccer field, church, coffee shop, when we hear a misstatement about drug addiction, we need to switch into "pediatrician-persuasion" mode and make the case for science. A good place to start would be to work to retire the term "druggie." Someone who is addicted to drugs is someone who is addicted to drugs, and there is a neurophysiologic basis for this.

Let's work to reduce the social stigma of drug addiction. We are experts in area of health and science therefore, we should not shy away from the opportunity to explain and educate. Publish editorials in local papers. Give talks to parents groups and at community events. Expand the reach of your expertise beyond the exam room.

It's a brutal interview to listen to. In the past week, I've listened to it five times, and it doesn't get easier. Unless we get that bigger boat, we're gonna see a lot of grandparents in our offices. And by then, it will be too late for the children.

References

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