

Addressing Opioid Use Among Adolescents

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"HE WAS BLUE AND NAKED on the floor when I got there," the paramedic said. "It was a code for unconsciousness. I gave him Narcan [naloxone] as initial treatment. He woke up but was angry, even though he was blue and seconds away from cardiac arrest and death. He was mad we killed his high; he couldn't control it. We had to sedate and intubate him to help with his breathing because he had aspirated his vomit."



The patient he was describing could have been one of the 47,600 Americans who died as a result of an opioid overdose in 2017.¹ On average, that is more than 130 people overdosing every day.¹ Opioid overdose is a killer pervading our society; in fact, it has reduced overall life expectancy in the United States.² What is true nationally is an even worse problem on Long Island, where I grew up. Described as a "ground zero for the heroin and opiate epidemic," drug overdoses account for 32% of all deaths recorded in Nassau County in the 15–44 age group.³ Furthermore, overdoses and poisonings are the leading causes of death for those between 18 and 35, according to the Nassau County Health and Assessment Report.⁴

This is one of the reasons that, as soon as I graduated from high school, I enrolled in an Emergency Medical Technician (EMT) class. Upon freshly turning 18 (the age required by regulation to be an EMT), I was the only person of my age in the class. I wanted to have the tools necessary to respond to

an emergency and a drug overdose. I was driven by the fact that these were my peers that not only needed immediate help, but someone who could advocate for them. I now know how to recognize the signs of opioid usage and an opioid overdose and what to do to save a life. I have been trained to administer Narcan, insert an airway adjunct,

use a Bag Valve Mask (BMV), and perform CPR. But I also know that none of these things are nearly enough to solve the problem. Now, attending Brown University, joining Brown EMS, and looking at ambulance crews in New York during the summer, the question for me is not whether I will have to respond to an opioid overdose, but how many times a week will I spray Narcan into someone's nose.

Opioids are not a new problem, but there may be a glimmer of hope. After three decades of escalating deaths, total drug overdose mortality dropped 4.6% in 2018 according to the Centers for Disease Control (CDC).⁵ Some credit the drop to a combination of changes in prescribing that have tightened the supply of opioids and wider access to naloxone. Although this is very positive news, it is not yet a trend. This small drop should give us hope that we can break the downward spiral but not lull us into a false sense of security. A lot still needs to be done. New approaches need to be put into action.

According to a 2018 national study by the Department of Pediatrics at the Yale School of Medicine, nearly 9,000 children and adolescents died between 1999 and 2016 from opioid poisonings.⁶ Over that time frame, there has been an increase in the mortality rate of 268.2%, a staggering amount.⁶ The researchers concluded that "the opioid epidemic is likely to remain a growing public health problem in the young unless legislators, public health officials, clinicians, and parents take a wider view of the opioid crisis

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and implement protective measures that are pediatric specific and family centered."⁶

In Rhode Island, from 2006 to 2018, adolescent opioid overdoses increased 70%.⁷

"I have shown up to a call for an adolescent and the kid had altered mental status. The parent had no clue what was going on and couldn't believe he had a drug problem. We gave him some Narcan and he comes around but the parent is still in denial, refusing to acknowledge there is a problem that needs to be addressed," said the paramedic who works in Long Island and New York City.

Over 90% of those with dependence on opioids and other substances start using before the age of 18 and half

started before the age of 15.⁸ We know from research that the rates of opioid misuse and attitudes towards drugs of abuse are highly malleable and subject to change during adolescence.

Programs to address adolescent usage

The Strengthening Families Program has been associated with decreased prescription opioid misuse up to age 25, 13 years after the intervention.⁹ The Strengthening Families Program is an evidence-based family skills training program that aims to improve parenting skills and family relationships and improve social competencies and school performance. You can read more about it at strengtheningfamiliesprogram.org.

Life Skills Training (which teaches drug awareness and social, self-management, and resistance skills) has significantly reduced prescription opioid misuse among middle and high school students when they received classroom intervention in seventh grade;¹⁰ learn more at lifeskillstraining.com. Likewise, the Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER) has

been associated with reductions in nonmedical use of prescription drugs in sixth- and seventh-graders;¹¹ read more on helpingkidsprosper.org.

The direct impact of adolescent opioid use is largely understudied. We need government funding and driven researchers for studies to replicate and verify the results we have. Rhode Island Governor Gina Raimondo has made fighting the opioid addiction a strong priority.¹¹ Part of the Governor's Action Plan is "Prevention," which, as of the 2019 updates, includes creating "community-driven prevention resources" and creating a "Family-Focused Recovery Specialist Model."¹² With dedication to fighting addiction so strong in Rhode Island already, now is the time to implement already verified evidence-based prevention models in The Action Plan. These practices can serve as a blueprint for the rest of the nation on both a local and federal level.

I think of the young man we started with who ended up spending a week in the hospital for aspiration pneumonia. I think that his story could have been different; that if he had received

targeted, evidence-based prevention as a kid, he could have been rescued from that path a long time ago. What is clear to me at my age is how much a culture of use and complete disregard of caution is present in schools and young communities surrounding substance use. Adolescents either think it will never affect them or it gets to a point much like the young man, where the high is more important than life.

The United States has been going at its "War on Drugs" since 1971 with little avail. Having been accepted into Brown's Alpert Medical School as an aspiring physician, I hope to do more to combat this problem in the future, but I know we can do more now. As an 18-year-old EMT, who grew up in an epicenter of the opioid crisis, we need fresh strategies to address the problem and curb addiction at its roots before the next generation gets trapped in its cycle. ❖

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