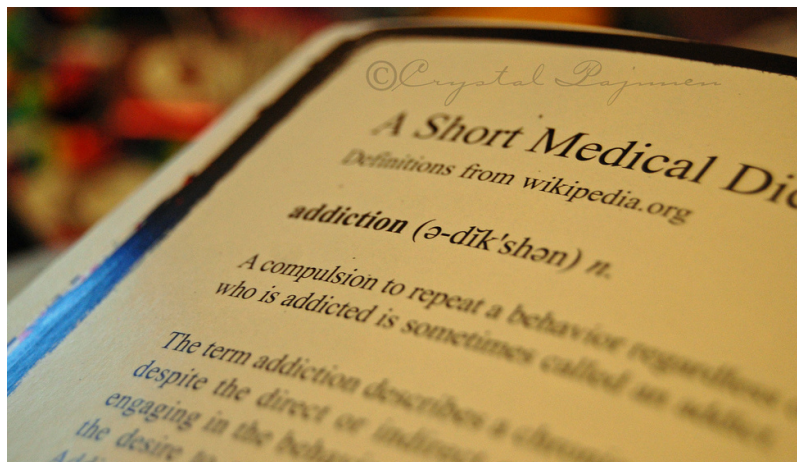




Breaking the Silence: Hearing and Changing the Story

Kaitlyn Dykes

Sidney Kimmel Medical College, Thomas Jefferson University



Medical school textbooks define the multifactorial disease of substance use disorder quickly and neatly,¹ covering the topic in a mere lecture or two focused predominantly on neuropathology. Often, it is only on the floors and in clinics that medical students begin to hear whispers of the far-reaching and long-lasting impact substance use disorder has on all of those touched by the disease.

Meanwhile, the heartbreaking story of substance use disorder is being shouted on a macro scale in the form of statistics that can no longer fall on deaf ears. With the advent of the opioid epidemic, drug overdose has become the number one leading cause of accidental death in the United States.^{2,3} Additionally, addiction is associated with increased suicide risk and increased incidence of comorbidities.^{4,5} Right now, approximately 23 million Americans aged 12 years and older suffer from this debilitating condition.⁴ Furthermore, one in every five American children lives in a home with a legally responsible adult who drinks heavily, putting these children in acute danger and at risk of long-term psychosocial problems.^{6,7} Sadly, children of alcoholics are four times more likely to develop problems with alcohol.⁴ Such statistics provide evidence that substance use disorder is a complex family disease in which the cycle of addiction and associated trauma affects entire families across generations. Historically, society has combated substance abuse and addiction through criminalization and institutional denial, but these strategies are

ineffective and even perpetuate this cycle of addiction.⁸ Substance use disorder is a chronic disease that must be treated as such.

Despite statistics that ensure that all physicians will routinely encounter substance abuse, addiction, and its impact, medical students receive limited training on how to properly screen for, counsel, and refer those who either suffer from substance use disorder themselves or through a loved one. Furthermore, strict time constraints in clinical practice encourage quickly asking checklist questions about substance use, almost as an afterthought at the conclusion of taking a patient's history. Although these questions are a start, studies have proven them to be insufficient at breaking the silence around substance use disorder.⁹ The haste and format in which they are generally asked encourages patients to give generic, checklist answers. When in-depth questions are not asked, stigma, shame, the nature of the disease, and lack of knowledge keep patients silent, preventing them from telling their story and receiving treatment.

As a student in Center City, Philadelphia, serving a population with high rates of substance use disorder and amongst the hardest hit by the opioid epidemic, I commonly care for multiple patients at once who struggle with substance use and associated complications. I have seen patients leave against medical advice with serious life-threatening conditions despite providers' best efforts to support them in every way possible. Narcan use is a regular necessity. I have seen the horrifying sequelae of substance use, including necrotizing fasciitis from neck injecting, heart-valve-destroying endocarditis, HIV/AIDS, hepatitis, and a host of blood stream infections. On my OBGYN rotation, police brought in a female patient in the late stages of labor, emaciated, covered in dirt, and with track marks running up both arms. She was screaming and afraid to let anyone touch her. In less than 10 minutes, she prematurely delivered her 5th child, who immediately went to the neonatal intensive care unit for life support secondary to central nervous system depression from opioids. I have seen Boerhaave's syndrome from retching after binge drinking, and I have seen patients die waiting for a transplant from liver failure due to alcohol. In all of these cases, not only was the individual affected, but also families were torn apart from the stress and toxicity of substance use disorder. Mothers in for their own health problems spend the visit crying about or discussing their children's substance use. When walking to and from work, I find myself searching the faces of the countless homeless people on the streets of Philadelphia, some dressed in hospital gowns or carrying hospital equipment. I am afraid I will see my discharged patients still caught up in a spiral of substance use, socioeconomic struggles, and untreated psychological and organic health problems.

Throughout my training, I have learned from excellent, caring physicians who are leaders in the field of substance use disorder. My fellow students and I strive to take meticulous histories regarding substance use and exposure to substances in the home. We regularly calculate opioid and alcohol withdrawal scales and call treatment facilities to coordinate care. However, I still have an unsettling feeling that we are not doing enough and that we need more medical education about the disease. The void in education on substance use disorder echoes the resounding silence surrounding this disease in our society at large. Silence allows the disease to persist untreated and to worsen, affecting entire families transgenerationally.¹⁰ One study estimated that in a given year only 14.7 patients with substance use disorder received professional help.¹¹

In my own family, substance abuse paired with the psychological turmoil inherent in this disease became an omnipresent black cloud that no one had the knowledge to fully comprehend or the voice to properly identify. For years, confusion, stress, arguing, and misplaced blame centered around the unnamed elephant in the room: out of control binge drinking and untreated depression. This suffering could have been mitigated by earlier identification and proper treatment. Thankfully, my loved one received appropriate counseling, depression treatment, and eventually was able to abstain from drinking.



Streets of Philadelphia. Medium: Acrylic paint. Artist: Kaitlyn Dykes

Juxtaposition abounds in the city and in this painting. The painting is of a stock Philadelphia Street. While a wonderful city, Philadelphia has problems, including some of the starkest economic disparities by zip code in the country. The iconic coffee shop, representing big business, lines almost every street of the city, along with the homeless population. Disparity is further illustrated in this painting by the department store displaying apparel vastly different than pedestrian street clothing. Metal detectors guard the store to reinforce the economic disparity. The name of the store references the ease of obtaining drugs in the city, with areas nicknamed the "Walmart of Heroin." Just as in real life, the street is filled with healthcare providers and people who desperately need healthcare, but cannot afford it. These disparities echo issues not limited to Philadelphia, but pervasive across the United States. An important step in addressing these disparities and elevating disadvantaged populations is learning how to better treat substance use disorder and how to effectively help those who have been touched by it and its sequel. We can start by hearing the story.

As healthcare professionals, we have a responsibility to overcome this silence. We must learn to hear the story of substance use disorder, to guide others through the pain afflicted by this disease, and to better facilitate successful recovery of patients and their families. Studies support that we can begin changing the story of substance use disorder by breaking the silence.¹² As recommended by the DSM-5, ask questions that assess for impaired control, social impairment, risky use, and pharmacological indicators such as tolerance and withdrawal.¹³ Validated tools such as The Alcohol Use Disorders Identification Test (AUDIT) is one example of how to make the diagnosis of substance use disorder and facilitate a deeper conversation about substance use. AUDIT has been found to have 97% specificity and 44% sensitivity of detecting any alcohol use disorder or at risk drinking in U.S primary care patients.¹⁴

Start by asking your patients deeper questions in a non-judgmental way. Ask questions that may lead to uncovering a problem, such as “Why do you drink?,” “Are you concerned about your own or a loved one’s use of alcohol or drugs?,” and “What effect do substances have on your life?” Allow patients the opportunity to share their story, take the time to listen for subtly mentioned problems, and help create a new story of treatment, recovery, and hope.

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