

SWISS-CHEESE LETTER 1

Dear Editor:

As a _____ (medical specialty), I talk with dozens of teens and middle school-aged children every year. These young people see me for their sports physicals, annual check-ups, and illness or an allergy, or for other health issues. While these youth are accompanied by an adult family member, I treat these youth as I do all patients, privately or with my nurse present, in order to establish a confidential, safe environment.

By providing safety and building a patient-doctor relationship, I've come to learn the health care issues and temptations our youth face—tobacco, alcohol, and drugs. The privileged access I have to their personal behavior and the influence of their peers offers great potential for me to help prevent or curtail any substance abuse.

At the recent _____ (PTA, county council, chamber of commerce) meeting, _____ (community leader, elected official, faith leader) expressed her/his concern on the escalating number of teens who are smoking marijuana, misusing prescription drugs like _____, and taking highly addictive drugs such as opioids, methamphetamine, and cocaine. Parents, school officials, law enforcement professionals, and others are desperate for effective strategies for preventing and reducing the substance abuse epidemic.

Good news! There is a tried-and-tested tool for engaging young people in an honest discussion about their drug, alcohol and tobacco use. This tool—Screening, Brief Intervention, and Referral to Treatment (SBIRT)—is used by pediatricians, family medicine doctors, clinicians, youth workers, and other trusted, trained service providers.

SBIRT consists of a few questions for the young people: for example, "In the past year, how many times have you used/misused tobacco, alcohol, cannabis, prescription drugs and other illegal drugs?" or "Do your friends smoke tobacco or marijuana, or do other drugs?"

The next steps in the SBIRT process are based on the answers to these and other questions. Doctors who use SBIRT will tell their young patients that their parents only will be informed if the young patient reveals high-risk, severe substance use disorder (i.e., addiction).

In _____ (next month), our area doctors will hold a _____ (training session, community meeting, youth/doctor roundtable) on SBIRT and on other drug prevention and treatment. _____ (our hospital docs, local/state medical association, county health department) invites doctors, nurses, psychologists, therapists, youth development professionals to participate in this training on _____ (date) at _____ (location). For more information, go to _____ (website).

First Name, Last Name, MD
Town, State

Doctor XXXXX is a pediatrician and is a member of Doctors for America

Contact information: address, phone number

SWISS-CHEESE LETTER 2

TO THE EDITOR:

In addition to my regular practice as a _____ (specialty doctor), I volunteer two Saturdays each month at the _____ (name of clinic, health care setting).

I usually see 25-30 patients per day. These patients and their families often have multiple and immediate health care needs.

Few have had regular health appointments. Many are struggling with difficult-to-treat health problems such as obesity, substance use disorder, PTSD, smoking, and mental health issues. Many patients have depression, which often arises as a result of acute poverty, inadequate nutrition, family trauma, and few job skills.

My three years of volunteering at _____ has shown me the importance of Medicaid and the federal Child Health Insurance Program (CHIP) to the survival of my patients and their children. Medicaid provides a vital safety net for people who could not otherwise afford care; CHIP helps children in near-poor families. Without the services provided through these two federal programs, the emergency departments at _____ (hospitals x, y, and z) would be overflowing with patients, many with non-life-threatening conditions.

I am writing, therefore, to express my strongest opposition to the Medicaid changes and funding cuts proposed by the Trump Administration and Congress. Specifically, the proposed policy that Medicaid recipients have mandatory work requirements would, in fact, worsen the health of the most vulnerable recipients and require significant administrative and enforcement costs.

Yes, making people work for and earn their benefits may seem to make sense and be a reasonable expectation. A closer analysis reveals, however, that many of these adult Medicaid recipients are not workplace ready. A 24-year-old woman in the early stages of recovery from heroin addiction needs Medicaid to obtain medication and treatment services. The 50-year-old male who became addicted to prescription opioids after a work-related injury needs to detox, get treatment and commit to his recovery before he is ready to find and keep a job.

An especially unrealistic proposed change would be that if a Medicaid recipient missed an appointment or program requirement, that person would be denied Medicaid for three or more months. For our 24-year-old woman who needs Medicaid to cover the medications that block her heroin cravings, the loss of her Medicaid is equivalent to a death sentence.

One thing I've learned about my Medicaid patients is that most have jobs. Their jobs generally are part-time or pay minimum wage with no benefits. Many of those who are not working need health care in order to become job ready.

Medicaid needs to be protected and strengthened, not weakened by punitive policies that undermine the health services my patients need to survive.

First Name, Last Name, MD

Town, State

Doctor XXX works at _____ (hospital, private practice Y) and is a member of _____ (state chapter) Doctors for America

Your Contact Information: address, phone

SWISS-CHEESE LETTER 3:

Dear Editor:

In my _____ X# _____ of years as a _____ (OB/GYN, Family Med, PCP), I've had _____ X's _____ of mothers, newborns, and infants as my patients. The majority had successful pregnancies, delivered healthy babies, and continue to lead healthy lives.

Regrettably and frighteningly, I'm seeing a rapid increase in the number of newborns who are exposed to heroin, prescription opioids, and other drugs. Their mothers are experiencing “opioid use disorder”—addiction to heroin and misused prescription opioids.

A recent report from the Centers for Disease Control and Prevention shows that the number of women with an opioid use disorder who gave birth quadrupled between 1999 and 2014. Here in _____ (city, town, county, state), _____ X# _____ of every 1,000 newborns are addicted to heroin, other opioids, or other illicit drugs.

These statistics require that all of us in _____ (geographic area), especially doctors; teachers, coaches, and school personnel; faith-based leaders; youth workers at Boys & Girls Clubs, Scouts, and YMCAs; law enforcement; elected officials; business and community leaders; and others need to re-double our efforts in drug prevention programs and treatment services.

An important role for doctors like me is to help the public understand that opioid and substance use disorder are diseases of the body that are not under conscious control. These drugs basically hijack the user's brain, resulting in physical and emotional cravings for the drug. As noted in the 2016 U.S. Surgeon General's report, "Facing Addiction in America," addiction is a clinically-recognized disease in that the drug(s) change the user's brain's cellular and molecular structure. These neurological changes affect the brain’s functions and subsequent behavior.

If we are truly serious about reducing the _____ X# _____ of overdoses in _____ (city, county, state numbers; OR refer to the 175 daily fatal overdoses"), we must come together as a community and work to implement tried-and-tested solutions such as those described in the Surgeon General's report.

First name Last Name, MD

Town, State

Dr. XXX is a _____ (physician specialty) and a member of Doctors for America

Contact information

SWISS-CHEESE LETTER 4:

“He was just a junkie.” She kept using heroin because she was too lazy to quit.” “After she got pain pills for her lacrosse injury, she stopped hanging out with her teammates and only hung out with druggies and losers.”

These are just a few of the whispered comments I heard in my community after the overdose death of an eighteen-year-old female student. These ill-informed remarks reveal one of the most immediate challenges that doctors, health care providers, and drug treatment professionals face—the stigma around substance use disorder (addiction).

Before I suggest some alternatives to the prevalence of stigma, I want to give a fuller description about this beautiful, highly-intelligent young woman who overdosed. She was an honor student in high school and had started her freshman year in college. She came from two loving parents and a younger sister who looked up to her. It was a family of church-goers; upper middle class, white-Anglo-Saxon-Protestant.

However, following her varsity high school athletic injury, her use of prescribed pain pills quickly segued to unprescribed pills and eventually heroin. Despite completing two inpatient treatment stays and strong family support, she overdosed and died on school break.

As a doctor, my training has taught me that such opioid addiction is a physical disease that greatly influences a person’s brain and behavior. Even people who are legally prescribed opioids can become addicted. Addiction is not a moral weakness or character deficiency.

Through the exceptional work at the National Institute on Drug Abuse, doctors and other clinicians have learned—via brain imaging and other research—that addiction is not voluntary. Substance use disorder is a chronic, relapsing brain disease characterized by compulsive drug-seeking and use, despite harmful consequences.

These medical findings show us the necessity of removing the negative and hurtful stigmas around substance use disorder. There’s been a tradition of blaming, debasing, dehumanizing the person in addiction, with the common theme that the person “chose” to become or stay addicted. Our new knowledge of the insidious nature of the drugs’ effects on the brain show that addiction is not under conscious control. Stigmatizing a person in addiction only pushes her away from treatment and a healthy life in long-term recovery.

First name Last name, MD

Town, State

Dr. XXXX is a _____ doctor and member of Doctors for America

Contact information