

Plenary speaker: Don't write off families affected by drugs

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The next time you encounter a child endangered by drugs, don't get mad at the parents. Instead, get support for the family, Karen Farst, M.D., M.P.H., FAAP, told attendees at Monday's plenary.

The problem is not new, she said. The current opioid crisis is the methamphetamine crisis of the 2000s or the cocaine crisis of the 1980s.

All pediatricians have patients who are affected, said Dr. Farst, medical director and section chief for children at risk at Arkansas Children's Hospital and University of Arkansas for Medical Sciences.

As a child abuse pediatrician, she has helped patients whose parents were affected by methamphetamine. Arkansas now faces another crisis. Her state has one of the highest rates of painkiller prescriptions per 100 people.



The opioid crisis is a trifecta of trouble that involves misuse of opioid prescriptions, the emergence of inexpensive and accessible heroin, and the availability of synthetic opioids.

We should not just write off affected children and families, she said.

She encouraged pediatricians to focus on solutions and work with those in the community, including social workers and Drug Enforcement Agency officers. She cautions medical and child welfare experts around her not to jump to conclusions or assume that substance use has physically harmed a child.

Children endangered by drugs face risks that vary with age. Babies whose mothers used opioids while pregnant also can be affected by their mothers' alcohol and nicotine use, poor overall health and lack of

prenatal care.

Young children are “the perfect storm,” she said. They are home more often, making them more likely to ingest substances. When parents making drugs in their homes are incapable of caring for the children, they face burns and explosion hazards.

“Substance abuse obviously doesn’t occur in a vacuum,” said Dr. Farst. “Oftentimes, the substance abuse disorder is just one of many co-occurring risk factors with that parent or caregiver as well.”

But studies show outcomes can be positive for children whose parents were supported instead of criminalized.

She encouraged pediatricians to:

- Be aware of neonatal abstinence syndrome and testing in the nursery; make sure testing protocols are based on objective findings; and communicate risk with child welfare.
- Advocate for services instead of criminalization, preserving the child-mother dyad during treatment when possible.
- Focus on adverse childhood experiences with the highest risk and be aware of resources to help with those risks before screening.

Pediatricians should not look down on these families, she repeated. They should help them get support.

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