

# Dependency

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Despite treating opioid addiction in the midst of an epidemic, I did not fully appreciate the powerful grip of dependency, until it took hold of me. My daughter, born growth restricted and feisty, demanded my milk and attention in a way that was simultaneously exhilarating and exhausting. I stumbled out of bed every 3 hours to feed my child, and wondered what it would be like to respond to a more sinister cry.

Having had the great fortune of never being dependent upon substances, I had treated patients for opioid dependency because my training required it, because my patients needed it and because it seemed like the right thing to do. Their stories were compelling, their appreciation gratifying. Then I embraced the role of motherhood and got a taste of true dependency. My experienced cousin took me on an outing in anticipation of going back to work and warned me, “Don’t stay away too long, you need the baby, as much as the baby needs you.” Her words rang true in the following months as I organized my personal and professional life around my baby and my pump.

I was attending a medical refresher and had long since stopped paying attention to the speaker, or his endless deck of powerpoint slides. I again reviewed the agenda. The scheduled break I had been counting on was supposed to have taken place an hour ago. I was getting desperate. The twinges in my breasts that reminded me I was off schedule coalesced into a painful feeling that if I didn’t act soon, I might explode. A surprised glower overtook the speaker’s face as half of the providers around the table adjusted their seats to allow me to escape. Sweet release! The rhythmic whirl of my pump had never sounded so musical.

I was proud of Alicia. She was doing so well, not only with her Suboxone\*, but with her life. Her father died of an overdose when she was a child, her mother uses and she developed her own opioid dependency at an early age. Alicia lost her housing when a psychiatrically unstable family member attacked her and she had to abruptly flee. Yet despite the chaos in her family life, she was 1 semester away from earning her degree, was a wonderful mother and had no aberrancies in her opioid care.

At her visit on Friday afternoon, the pregnancy test was positive. She was excited, nervous, surprised it had happened so soon. Alicia knew from her last pregnancy that she was supposed to transition to Subutex\*\*. As I wrote the prescription, we discussed making her partner change the litter box, when her first ultrasound would be, hydration. I gave her a final congratulation as we both checked the prescription and she walked out the door.

Sunday night I logged in to the EMR to check on my Monday schedule and saw Alicia's name at the top of my inbox. The Subutex had needed prior authorization. The task had been posted at 4:45 on Friday afternoon. There were no further tasks in her chart. What was Alicia doing? Had she squirreled away some extra pills, like we told her not to? Was she on the street, buying Suboxone, or heroin? How does withdrawal affect a first trimester fetus? I remembered feeling like self-explosion was imminent and tried not to imagine how Alicia must be feeling, or how much she had to lose as a result of my oversight.

Then I became angry, at myself for my carelessness, at the receptionist for not alerting anyone to the message, at the pharmacy who turned her away without calling, at the pharmaceutical industry that pushed the opioids, at the medical system that embraced them, and at the society that had not responded adequately. This was an emergency. In the same way that a 60 year old smoker with angina whips our medical system into a frenzy, a mother with years of sobriety and stability on the line should incite urgency. Long past my bedtime and without immediate recourse, I packed my pumping supplies to take to work. Right on schedule, my daughter woke me up at 3 a.m. to feed, I found it difficult to go back to sleep.

Alicia was fine. An expedited prior authorization had gone through without me being alerted; she and her fetus got the medication they needed. We are not fine. There are not enough rehabilitation facilities, therapists, prescribers. There are too many jail cells and not enough treatment beds. As our lawmakers draft healthcare legislation that would take coverage away from millions of Americans and allow insurers to discriminate based upon pre-existing conditions, the opioid epidemic continues to ravage. As anyone who has been dependent knows, lapses in care are not an inconvenience, but a crisis. As Alicia's due date nears, we discuss her opioid care going forward, and how her baby will be treated. This is care that I know that they, and millions of others, depend upon.

\*Suboxone: Medication used to treat opioid use disorder that contains long acting opioid and opioid blocker.

\*\* Subutex: Medication used to treat opioid use disorder that contains only a long acting opioid and thought to be safer in pregnancy than Suboxone.