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Protecting young athletes from opioids

Listen up, high school athletes and parents, coaches and administrators. As another sports year launches, take 17 minutes to watch “Athletes, Opioids & Addiction,” a video produced by a Bernardston company and being shown at regionwide presentations this month and next by the Northwestern district attorney’s office, in consultation with the Massachusetts Interscholastic Athletic Association.

As its name implies, the video tackles a potential dark side of playing youth sports — injuries and the way their associated pain is treated.

Powerful pain medication can sometimes be an important part of recovery for athletes, from the bulky football lineman with a shoulder injury to the soccer player with a torn ACL.

But some of the strongest prescription medications — opioids like OxyContin, Vicodin and Percocet — carry a risk of addiction, especially for teens whose brains are undergoing significant development between the ages of 14 and 24.

That’s why this topic, like concussions, is hugely important for student-athletes and for those whose job it is to keep them safe. The work of the DA’s office in presenting this timely topic is to be commended. So too is federal legislation recently approved by the House of Representatives following a number of national news stories highlighting athletes who became hooked on prescription opioids after taking these drugs for a sports injury.

One such story involved John Decker, a former college lacrosse star from Gladwyne, Pennsylvania, who was found dead by his parents inside the family home in January.

The 30-year-old became addicted to prescription painkillers after undergoing surgeries for a knee injury suffered while playing basketball as a teen, his father, a prominent Philadelphia lawyer, told The Philadelphia Inquirer. His son later turned to heroin, the father said.

In May, the House passed the John Thomas Decker Act 421-0. The act would require the Department of Health and Human Services to report on information regarding prescription of opioids after youth sports injuries, including opioid use and misuse, injury treatments that do not involve opioids, and treatment for opioid addiction.

The report must determine the extent to which this information is available to teenagers and adolescents who play youth sports, their families, youth sports groups and health care providers.

The bill is under consideration in the Senate. But supplying this information doesn’t have to wait for congressional action, as is evidenced by the DA’s presentations to young athletes at venues across Hampshire and Franklin counties.

Dr. Ruth Potee, a Greenfield addiction specialist who is leading the presentations and who narrates the video, cautions that opioids can do more to hurt than help student athletes with developing brains.

“Very critical things happen in brain development between the ages of 12 and 24,” Potee said in the video.

She advised athletes and their parents to look to other options before using prescription pills.

Football and wrestling carry the highest risk for opioid exposure and subsequent addiction, Potee said.

Additionally, a 2014 study in the Journal of Adolescent Health found that male teens who played sports were more likely to abuse opioid medication, compared to their peers who didn’t participate in sports.

While not every teen who is prescribed an opioid will become addicted, having the information about the dangers of these drugs is an important piece of a complicated puzzle.

There are alternatives to prescription drugs, such as over-the-counter remedies like ibuprofen and acetaminophen, rest, elevation, compression, stretching, yoga and meditation.

For a complete schedule of presentations and to watch the video, visit the Northwestern district attorney’s office page on Vimeo at vimeo.com/