

March 2009

Prescription Pain-Reliever Abuse Among Teens

Many teenagers are mis-using prescription pain relievers. This is partly because the use of these medications has grown dramatically.

In Washington, the number of prescriptions for pain relievers (opiates) almost tripled between 1997 and 2006.¹ While crucial to the appropriate treatment of pain, prescription pain relievers can be misused and abused, and that can cause harm.

The number of teens abusing pain relievers is high.

- According to the *2008 Healthy Youth Survey (HYS)*, over 4 percent of Washington 8th graders, almost 10 percent of 10th graders, and 12 percent of 12th graders used prescription pain medications “to get high” in the past 30 days.
- In 2005-2006, Washington ranked sixth in the nation for the percentage of people 12 and older who mis-used prescription pain relievers (6 percent).²
- Among 12th graders who abused pain relievers, over half used them three or more times in the past month.

Prescription pain relievers (opiates) can cause addiction and death.

- Youth admissions to DASA-funded treatment for prescription opiates are now 16 times higher than in 2000. There were 22 admissions in 2000, 101 in 2004, and 360 in 2008.³
- In 2008, the Washington State Poison Center received 89 reports of intentional exposure to prescription pain relievers (opiates) by teens. Abuse was the most common motivation, followed by attempted suicide.
- In 2007, 454 people died of prescription opiate-related overdoses, including three youth. There were only 24 such deaths in 1995.⁴
- In 2006, there were nine recorded deaths among youth ages 12-17. Prior to 2004, there were never more than two per year.

**Signs of potential
prescription pain reliever
overdose:**

Call 9-1-1

- Person won't wake up
- No response to yelling
- Clammy, cool skin
- Blue lips or fingernails
- Shallow, slow breathing
- Pinpoint pupils
- Slow heart rate or pulse

To access this fact sheet online, go to <http://www.dshs.wa.gov/dasa/services/research/reports.shtml> and select *Prevention*.

¹ Drug Enforcement Administration, 2007.

² Office of Applied Studies, *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2008.

³ Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse.

⁴ Center for Health Statistics, Washington State Department of Health, January 8, 2009.

Preventing Pain-Reliever Abuse Among Teens

How do teens get prescription pain relievers (opiates)?

Most 10th graders who abused prescription pain relievers usually got them from friends or from their own prescriptions. The most common sources are:

- 36% from a friend or acquaintance
- 21% from their own prescriptions
- 15% taken from their own or someone else's home without permission
- 11% from a family member
- 6% from a drug dealer⁵

What can parents, other relatives, and caregivers do?

- Talk with children about using medications properly.
- Keep track of the number of pills in all family members' prescriptions and monitor refills.
- Friends and relatives need to be aware of the potential risks of their medications to others. Everyone should monitor their medications more closely.
- Keep all medicines, both prescription and over-the-counter, in a locked cabinet or box.
- Discard expired or unused prescription drugs.
 - Find a local "Take Back" program.
 - Only discard drugs in the trash if they are mixed with a wet undesirable substance, such as used coffee grounds or kitty litter.
 - Do not flush medications down the drain or toilet.
- Supervise children when they take their prescribed medication, then immediately lock up the medication.
- To help prevent unauthorized refills, remove any personal information from prescription bottles or pill packages before you throw them away.

What policies and practices may reduce prescription medication abuse?

- Many states have an electronic prescription monitoring program for controlled substances, including opiates, that keeps track of prescriptions. These systems could be used to identify those who abuse controlled substances and refer them to treatment, as well as to improve coordination between prescribing doctors.
- Pharmacies may offer a take-back program that disposes of unused medications.
- Doctors have new guidelines for treating chronic, non-cancer pain with opiates.⁶ Education programs can teach healthcare providers how to use these guidelines and how to respond to potential unintended consequences of pain management.
- Emergency department policies could limit prescription refills for people who frequently visit emergency rooms.

For more prevention tips visit www.theantidrug.com and www.drugfree.org.

⁵ Healthy Youth Survey – 2008.

⁶ <http://www.ini.wa.gov/news/files/AMDGOpoidGuidelinesDraft.pdf>