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Prescription Drug Problems in Teenagers

Abuse and unauthorized use of prescription drugs is a growing problem among U.S. adolescents. In addition, very little research has been available to shed light on this vexing clinical problem. In the latest issue of ASAM's "Journal of Addiction Medicine," some of the key patterns of use and demographic correlates help to untangle those elements that will lead to better prevention strategies and treatment planning.

The database was taken from the latest survey results of the National Survey on Drug Use and Health (NSDUH). The NSDUH is a highly respected, in depth source of data, which utilizes a representative sampling of the U.S. population, 12 years old and up. It looks at lifetime, past year and current use of drugs, alcohol and tobacco. It also contains demographics and socioeconomic information.

In terms of numbers, 2.3 million adolescents reported unauthorized use/abuse of prescription medication. This number represents approximately 10% of the entire sample; of this group, 357,000 or 15.3% of these users met benchmarks for DSM-IV criteria for abuse. In addition, two thirds of the abuser and user groups reported additional use of illicit drugs, especially marijuana, hallucinogens, inhalants and cocaine.¹

Current research points to an overall decline in adolescent use of illicit substances and alcohol. However, the abuse of prescription medication has risen in the past few years to equal the use of cocaine (including crack), heroin, inhalants and hallucinogens combined. The major groupings are: opioid analgesics, stimulants, benzodiazepines and other sedative-hypnotics. Although there is still insufficient research and knowledge about the how and why, we have learned that teen motivations for abuse of prescription drugs range from help with sleep, decrease in anxiety, relief of pain, improvement in alertness, to getting high. More than three quarters of the prescription drug-using sample was urban, with 12.2 millions females and 12.7 million males. 8.4 Million were 12-13 years old. 8.3 Million were 14-15, and 8.1 million were 16-17 years old.

Almost 60% of these teens were poly-drug users: marijuana (52%); inhalants (19%); hallucinogens (18%); cocaine/crack (12%); heroin (1%). Over 53% reported cigarette use, and 35% used alcohol weekly or more often. 9% of this sample reported three or more different classes of prescription drug use; almost 40% reported prescription use one or more times per week.

¹ McCabe S, et al. Medical and nonmedical use of prescription drugs among secondary school students. "J Adolesc Health." 2007; 40:76-83.

Some of the statistical correlations: Girls were more likely than boys to report problems with opioids, but not stimulants or minor tranquilizers. Moving in the past year was positively associated with opioids and minor tranquilizers. Also, use of alcohol at least twice per week was positively associated with abuse of prescription drugs.²

The NASDUH study reported that 10% of all adolescents had at least one unauthorized use of a prescription drug in the previous year; however more than one third of the casual users and more than half of those who met the DSM-IV definition for dependence used prescription drugs on a weekly or greater basis. Although opioids were in the major drugs abused, other drug classes including minor tranquilizers and stimulants were high on the list. Most of the teens that met criteria for dependence were poly-drug users, with marijuana, inhalants and hallucinogens high on that list.³

The good news is that teenage drug use is declining; the bad news is that many of this population have turned to unauthorized prescription drug use and abuse. This throws a greater challenge at the feet of treatment and prevention personnel in terms of the complexities and the fact that over 15% of teens who begin to “dabble” in unauthorized prescription drugs are currently in need of treatment.

Despite the weaknesses of this research of which there are many, this study does give us some useful concrete information:

1. Use and abuse of only one prescription drug appears to be primarily a female pattern.
2. Poly-drug abuse loses the feature of sex differentiation, as males and females appear statistically similar.
3. Among poly-drug users, white teenagers predominate.
4. Two parent families appear to diminish the likelihood of poly-drug abuse, all other factors being equal.
5. Cigarette use and increasing alcohol use were strongly correlated with the likelihood of unauthorized use of prescription drugs.
6. Hispanic ethnicity was correlated with a high vulnerability to progression from casual prescription drug use to abuse and dependence.
7. Girls are more likely to use prescription opiates to modify real or perceived pain, while boys tend to take these drugs to get high.
8. Poor physical health was correlated with a paradoxically lowered incidence of unauthorized prescription drug use.

Conclusion:

Treatment planning by providers and prevention strategies by public health officials can begin to focus their programs more specifically by virtue of insights into the various patterns of prescription drug abuse and the addictive problems that result. Key patterns, such as one prescription drug only among girls and the high vulnerability of Hispanics to rapidly move from casual use to addiction, are some examples.

² Boyd C. et al. Prescription drug abuse and diversion among adolescents. “Arch Pediatr Adolesc Med.” 2007; 161:276-281.

³ Poulin C. Medical stimulant use to non-medical stimulant use (diversion): connecting the dots. “Addiction”. 2007; 102:740-751.

Directory of Massachusetts Treatment Centers:

More than 600 treatment and prevention services throughout Massachusetts can be accessed on the Web at www.helpline-online.com or by phone at (800) 327-5050, TTY: (617) 536-5872. This is a free and anonymous service of information and referral for all substance abuse problems, including alcohol. There are online self-assessment tools plus useful information for health care professionals.

References:

1. McCabe S, et al. Medical and nonmedical use of prescription drugs among secondary school students. "J Adolesc Health." 2007; 40:76-83.
2. Boyd C. et al. Prescription drug abuse and diversion among adolescents. "Arch Pediatr Adolesc Med." 2007; 161:276-281.
3. Poulin C. Medical stimulant use to non-medical stimulant use (diversion): connecting the dots. "Addiction." 2007; 102:740-751.