

Oct. 26, 2015

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Doctor-prescribed pain relievers can place adolescents at increased risk for future drug misuse

ANN ARBOR -- High school students who legitimately use an opioid prescription are one-third more likely to misuse the drug by age 23 than those with no history of the prescription.

These teens abuse the drug to get high, relax or feel good after leaving high school despite their strong disapproval of marijuana use, according to a new University of Michigan study.

The study's results are timely in light of the recent U.S. Food and Drug Administration's decision to approve use of OxyContin for children ages 11 to 16.

Somewhat counter-intuitively, this risk is concentrated among adolescents who had little to no history of illegal drug use, and strongly disapproved of illegal drug use.

This finding may be explained in part by novelty of drug use effects. For adolescents with little to no drug history, a prescription pain reliever is likely to be their initial experience with an addictive substance.

"Most likely the initial experience of pain relief is pleasurable, and this safe experience may reduce perceived danger," said the study's lead author Richard Miech. "A pleasurable and safe initial experience with a drug is a central factor in theories of who goes on to misuse drugs."

In contrast, among adolescents with more extensive drug experience, the legitimate use of a prescription pain reliever may be expected to make relatively less of an impression in comparison to the other controlled substances they have used.

"Although these experienced individuals may go on to misuse prescription pain relievers, such misuse does not appear to result from an introduction to pain relievers through a legitimate prescription," said Miech, a research professor at the Institute for Social Research.

Data comes from the Monitoring the Future study, a nationally-representative sample of 6,220 individuals surveyed in school in 12th grade and then followed up through ages 19-23. Participants indicated if they misused opioids in the last 12 months.

Parents may opt for non-opioid options as the initial treatment for minor painful conditions to lower their children's risk for drug dependency, Miech added. Pain relievers could be prescribed if non-opioid treatments are insufficient, he said.

Researchers noted the data does not have information on the dose, length or effectiveness for opioid prescriptions. In addition, teens who dropped out of high school by 12th grade -- a segment previous research indicates has higher drug use levels -- are not factored.

The study's other authors were Lloyd Johnston, Patrick O'Malley, Katherine Keyes and Kennon Heard.

The findings appear in the current issue of Pediatrics.

Link:

Pediatrics: <http://pediatrics.aappublications.org/content/early/recent>