Prescription for Danger

A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

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TEENS, PRESCRIPTION AND OVER-THE-COUNTER DRUGS

National studies and published reports indicate that the abuse1 of prescription and over-the-counter (OTC) drugs to get high is a growing concern—particularly among teens—in the United States. In fact, more young people ages 12-17 abuse prescription drugs than any illicit drug except marijuana—more than cocaine, heroin, and methamphetamine combined. Prescription drugs provide benefits when used as directed under the care of a health provider. But when abused, they can be just as dangerous as illicit drugs.

Though overall teen drug use is down significantly nationwide in recent years, there are troubling signs that teens view abusing prescription and OTC drugs as safer than using street drugs. Of even more concern is that many parents may not be addressing the dangers with their teens, though they can have an immediate impact on curbing the supply by cutting off the access to prescription drugs in their own home and by talking to their teen about the risks of drug use.

EXECUTIVE SUMMARY

More teens abuse prescription drugs than any illicit drug except marijuana.

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The majority of teens who abuse prescription drugs get them easily and for free, primarily from friends and relatives.

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Teens are also abusing some over-the-counter (OTC) cough and cold remedies to get high, which is especially troubling given teens’ easy access to these products.

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Many parents are not aware of teen prescription drug abuse. Teens say their parents are not discussing these dangers with them, even though research shows that parental disapproval is a powerful way to keep teens from using drugs.

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Parents are in a unique position to immediately reduce teen access to prescription drugs because they are found in the home.

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Teens are abusing prescription drugs because many believe the myth that these drugs provide a “safe” high and they are easily available.

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There has been a dramatic increase in the number of poisonings and even deaths associated with the abuse of prescription and OTC drugs.

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The prescription drugs most commonly abused by teens are painkillers, prescribed to treat pain; depressants, such as sleeping pills or anti-anxiety drugs; and stimulants, mainly prescribed to treat attention-deficit hyperactivity disorder (ADHD).

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Some teens use prescription and OTC drugs with alcohol or other drugs, which could lead to dangerous drug interactions and other serious medical consequences.

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1 The term “abuse” of prescription drugs is defined in this report as use without medical supervision for the intentional purpose of getting high, or for some reason other than for which the drug was intended, regardless of prescription status. It also includes the use of a drug without a prescription, such as using someone else’s painkiller. It does NOT include unintentional misuse, such as missing doses or not taking with food as recommended on the actual prescription.
In 2006, more than 2.1 million teens abused prescription drugs. (NSDUH, 2007)

- Every day, 2,500 youth (12-17) abuse a prescription pain reliever for the very first time. (SAMHSA, 2007a)
- One-third of all new abusers of prescription drugs in 2006 were 12- to 17-year-olds. (NSDUH, 2007)
- Three percent of teens (12-17) reported current abuse of prescription drugs in 2006, following only marijuana (7%) and well ahead of cocaine (0.4%), ecstasy (0.3%), meth (0.2%), and heroin (0.1%). (NSDUH, 2007)
- Prescription drugs are the drug of choice among 12- to 13-year-olds. (NSDUH, 2007)

Among teens, 13 is the mean age of first non-prescribed use of sedatives and stimulants. Sixty percent of teens (12-17) who have abused prescription painkillers first tried them before age 15. (Wu, Pilowsky & Patkar, 2007)

Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year. (Wu, Pilowsky & Patkar, 2007)
The prescription drugs most commonly abused by teens are painkillers, powerful narcotics prescribed to treat pain; depressants, such as sleeping pills or anti-anxiety drugs; and stimulants, mainly prescribed to treat attention-deficit hyperactivity disorder (ADHD).

- Pain relievers like Vicodin and OxyContin are the prescription drugs most commonly abused by teens. (NSDUH, 2007)
- Among 12th graders, past-year abuse of OxyContin increased 30 percent between 2002 through 2007. (MTF, 2007)
- Past year abuse of Vicodin is particularly high among 8th, 10th, and 12th graders, with nearly one in 10 high school seniors reporting taking it in the past year without a doctor’s approval. (MTF, 2007)

OVER-THE-COUNTER DRUGS

Teens are also abusing some over-the-counter (OTC) drugs, primarily cough and cold remedies that contain dextromethorphan (DXM), a cough suppressant, to get high. Products with DXM include NyQuil®, Coricidin®, and Robitussin®, among others. This type of drug abuse is a particular concern, given the easy access teens have to these products.

- In 2006, about 3.1 million people aged 12 to 25 had ever used an OTC cough and cold medication to get high, and nearly one million had done so in the past year. (SAMHSA, 2008)
- Four percent of 8th graders, five percent of 10th graders, and six percent of 12th graders abused OTC cough and cold remedies in the past year. (MTF, 2007)
- From 1999 to 2004, there was a seven-fold increase in cases related to the abuse of DXM reported to poison control centers nationwide. Most of these cases were among 15- and 16-year-olds. (Bryner, 2006)
- Fewer than half of teens believe abusing cough medicine to get high is risky. (PATS, 2006)

A RISKY COMBINATION

Teens who abuse prescription or OTC drugs may be abusing other substances as well. Sometimes they abuse prescription and OTC drugs together with alcohol or other drugs, which can lead to dangerous consequences, including death.

- Nearly one-half (49%) of teens who have abused prescription painkillers also report use of two or more other drugs, most commonly alcohol (81%) and marijuana (58%). (Wu, Pilowsky & Patkar, 2007)
- Most people aged 12 to 25 who used OTC cold and cough remedies to get high in the past year also used alcohol and illicit drugs.
  - Around 60 percent engaged in binge drinking in the past month. In the past year, 84 percent used illicit drugs, two-thirds used marijuana, and two-thirds abused prescription drugs. (SAMHSA, 2007b)
A DANGEROUS HIGH

There has been a dramatic increase in the number of poisonings and even deaths associated with the abuse of prescription drugs. Many teens believe the myth that these drugs are a safe way to get high. However when they are abused, prescription drugs can be just as dangerous as street drugs.

• Unintentional poisoning deaths involving narcotics and hallucinogens grew 55 percent from 1999 to 2004. Research suggests this is an increase attributed primarily to prescription painkillers. (CDC, 2007)

• Unintentional poisoning deaths involving psychotherapeutic drugs, such as sedative-hypnotics and antidepressants, grew 84 percent from 1999 to 2004. (CDC, 2007)

• Between 1995 and 2005, treatment admissions for abuse of prescription pain relievers grew more than 300 percent. (TEDS, 2007)

• Four out of 10 teens think that prescription medicines are much safer to abuse than illicit drugs, even if they are not prescribed by a doctor. (PATS, 2006)

• Nearly one-third of teens (31%) believe there’s “nothing wrong” with using prescription medicines without a prescription once in a while. (PATS, 2006)

• Almost a third (32%) of teens say they abuse prescription painkillers because they believe there are fewer side effects than street drugs. (PATS, 2006)

• Nearly three out of 10 teens believe prescription painkillers—even if not prescribed by a doctor—are not addictive. (PATS, 2006)

FREE AND EASY TO FIND

Teens are abusing prescription drugs because they are widely available, free or inexpensive, and they believe they are not as risky as street drugs. The majority of teens who abuse these products say they get them for free, usually from friends and relatives, and often without their knowledge. Because these drugs are so readily available, teens who otherwise wouldn’t touch street drugs might abuse prescription drugs.

• Seventy percent of people who abuse prescription pain relievers say they got them from friends or relatives. (NSDUH, 2007)
  • Sixty-four percent of teens (12-17) who have abused pain relievers say they got them from friends or relatives, often without their knowledge. (NSDUH, 2007)
  • Nearly half (46%) of teens say they got prescription pain relievers for free from a relative or friend. Eight percent say they bought pain relievers from a friend or relative, and another 10 percent say they took the drugs without asking. (NSDUH, 2007)
  • About two-thirds (64%) of teenagers who have abused prescription stimulants report getting, buying, or stealing them from friends or relatives. (NSDUH, 2007)
• The majority of teens say they abuse prescription painkillers because they are not illegal (51%). They also believe there is less shame attached to using them (33%), and parents “don’t care as much if you get caught” (21%). (PATS, 2006)

• More than three in five teens say prescription pain relievers are easy to get from parents’ medicine cabinets; half of teens say they are easy to get through other people’s prescriptions; and more than half (52%) say prescription pain relievers are “available everywhere.” The majority of teens (56%) agree that prescription drugs are easier to get than illicit drugs. (PATS, 2006)

**Source of Pain Relievers for Most Recent Nonmedical Use Among Past Year Users 12 and Older**

- 70% Obtained from friend or relative*
- 56% Free from friend or relative
- 19% From one doctor
- 9% Bought from friend or relative
- 5% Took from friend or relative without asking
- 4% Bought from drug dealer
- 7% Other source

**Past Year Nonmedical Users of Pain Relievers: 12.6 million**

*Percentage from friend or relative is derived before rounding of individual sources. Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).
Many parents are not aware of the dangers of teen prescription drug abuse. Teens say their parents are not discussing these dangers with them, even though research shows that parental disapproval is a powerful way to keep teens from using drugs. And parents are in a unique position to dramatically reduce teen access to prescription drugs because they are found in the home.

- More than one in four (27%) parents feels that prescription and OTC drugs are much safer to abuse than street drugs. (PATS, 2007)

- Parents are not having frequent and detailed discussions with their kids about the risks of prescription or OTC drug abuse:
  - About 70 percent of parents report discussing the risks of marijuana “a lot” with their youth, but only 36 percent say they have done the same with prescription drugs, and only 33 percent with OTC cough or cold medications. (PATS, 2007)
  - Parents are a third less likely to discuss the risks of prescription and OTC drug abuse than they are to discuss the risks of street drugs like heroin or cocaine, even though teens are far less likely to use these substances. (PATS, 2007)

- Youth (12-17) whose parents express strong disapproval of drug use are far less likely to engage in substance use. (NSDUH, 2007)
Prescription drugs that are most commonly abused include three classes: painkillers (opioids), depressants, and stimulants.

- **Painkillers** (opioids) are prescribed to alleviate pain, such as those drugs prescribed after surgery. These drugs are also referred to as narcotics, or prescription pain relievers. Examples include oxycodone (OxyContin), propoxyphene (Darvon), hydrocodone (Vicodin), hydromorphone (Dilaudid), and meperidine (Demerol).

- **Depressants** slow normal brain function and are used to treat anxiety and sleep disorders. In higher doses, some depressants can become general anesthetics. Tranquilizers (benzodiazepines such as Valium and Xanax) and sedatives are examples of depressants, as are barbiturates (Amytal, Nembutal, Seconal, Phenobarbital).

- **Stimulants** increase alertness, attention, and energy, which are accompanied by increases in blood pressure, heart rate, and respiration. Stimulants are prescribed to treat narcolepsy (a rare form of sleep disorder), attention-deficit hyperactivity disorder (ADHD), and depression that has not responded to other treatments. Examples of prescription stimulants include amphetamines (Biphetamine, Dexedrine), and methylphenidate (Ritalin, Adderall).

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**APPENDIX: DEFINITIONS**

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**Barbiturates** are a type of depressant sometimes prescribed to promote sleep.

**Benzodiazepines** (tranquilizers) are a type of depressant often prescribed for short-term relief of anxiety. Xanax is among the most widely prescribed medication of this type.

**Current use** (also referred to as “past-month” use) refers to use of drugs during the month prior to the survey interview.

**Dextromethorphan** (DXM) is a cough suppressant found in many over-the-counter cough and cold remedies.

**Lifetime use** refers to the use of drugs at least once in a person’s lifetime.

**Nonmedical use** and abuse of prescription drugs are all defined here as use of prescription medications without medical supervision for the intentional purpose of getting high, or for a reason other than what the medication was intended, regardless of prescription status.

**Misuse** of prescription drugs is defined as unintentional, incorrect use of medications, such as missing dosages, or not taking medication with food as recommended on the actual prescription.
Boyd, McCabe, Cranford, and Young. 2006. “Adolescents’ Motivations to Abuse Prescription Medication,” Pediatrics. * A study conducted through the Institute for Research on Women and Gender, Substance Abuse Research Center, University of Michigan, Ann Arbor, MI. The 2005 sample was derived from one ethnically diverse school district in southeastern Michigan and included 7th through 12th grade students. The focus of the study was to determine adolescents’ reasons for engaging in the nonmedical (illicit) use of four classes of prescription medications and to examine whether motivations were associated with a higher risk for substance abuse problems.
http://pediatrics.aappublications.org/cgi/content/abstract/118/6/2472

Bryner, Wang, Hui, Bedodo, MacDougall & Anderson. 2006. “Dextromethorphan Abuse in Adolescence, An Increasing Trend: 1999-2004,” Archives of Pediatric and Adolescent Medicine. This study examined the trend of dextromethorphan (DXM) abuse in California and compared these findings with national trends. The data were derived from DXM abuse cases reported to the California Poison Control System, the American Association of Poison Control Centers, and Drug Abuse Warning Network (DAWN). Findings include the annual proportion of all DXM-related cases, frequency of cases among youth aged 9 to 17, and the most commonly reported products.
http://archpedi.ama-assn.org/cgi/reprint/160/12/1217

Centers for Disease Control (CDC). 2007. Unintentional Poisoning Deaths, United States, 1999-2004. February 9, 2007. This report examined unintentional poisoning deaths in the United States, nearly all of which are attributed to drugs. The analysis, based on data from the National Vital Statistics System, highlights substantial increases in these deaths each year from 1999 to 2004. Findings also include deaths by age, gender, region, and other selected characteristics, as well as unintentional poisonings by type of substance.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5605a1.htm

Johnston, O’Malley, Bachman & Schulenberg. 2007. Monitoring the Future National Survey Results on Drug Use, 1975-2006. National Institute on Drug Abuse (NIDA). This volume presents the comprehensive findings from the 2006 Monitoring the Future survey of 8th, 10th, and 12th graders nationwide. The report includes detailed findings on prevalence and trends, initiation of use, attitudes and beliefs, as well as subgroup differences.

McCabe, Boyd & Teter. 2005. “Illicit Use of Opioid Analgesics by High School Seniors,” Journal of Substance Abuse Treatment. This study examined a national representative sample of 4,522 high school seniors from the 2002 Monitoring the Future Survey database to assess the correlates of illicit use of opioid analgesics, as well as the relationship between illicit use of opioid analgesics and other substance abuse and risky behavior.
http://www.journals.elsevierhealth.com/periodicals/sat/article/PiIS0740547204001631/abstract

Monitoring the Future (MTF). 2007. National Institute on Drug Abuse (NIDA). Monitoring the Future is an annual survey begun in 1976 that collects information about behaviors, attitudes, and values of American middle school, secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th, and 12th grade students are surveyed.
http://www.monitoringthefuture.org/data/07data.html#2007data-drugs
NSDUH, formerly the National Household Survey on Drug Abuse, is an annual survey that provides information about alcohol, tobacco, illicit drug, and nonmedical prescription drug use among youth and adults aged 12 and over. NSDUH is supported by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.
http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm (2004)
http://www.oas.samhsa.gov/2k5state/pdf/2k5state.pdf (State data 2004-2005)

The Partnership Attitude Tracking Study tracks the attitudes about illegal drugs, providing research about the thoughts and perceptions of the Partnerships’ target audiences. The survey consists of two nationally projectable samples: a teen sample for students in grades seven through 12, and a parent sample. The 2005 PATS teens’ study surveyed 7,216 adolescents from all over the U.S. Data were collected from March through June 2005.
http://www.drugfree.org/Files/Full_Teen_Report
http://www.drugfree.org/Parent/Resources/Key_Findings_of_PATS_Spanish

The Partnership Attitude Tracking Study tracks parents’ attitudes, knowledge, and prevention behaviors related to youth illicit drug use. The 2006 parent survey included a sample of 1,356 parents with children under the age of 19, with the majority with children in grades 7 through 12. Data were collected from February through April 2006.
http://www.drugfree.org/files/Parent_with_children
http://www.drugfree.org/Portal/DrugIssue/Research/parent_teen_discussions/Parent_Teen_Discussions_About_Drugs_and_Alcohol

This study measured the role of opioid analgesics in drug abuse-related deaths in 28 metropolitan areas from the Drug Abuse Warning Network (DAWN) from 1997-2002. Findings include trend data, comparisons of overdose deaths with drugs like cocaine and heroin, and the most common types of opioid analgesics involved.
http://www.ajph.org/cgi/content/abstract/96/10/1755

This report presents findings about Over-the-Counter (OTC) cough and cold medications derived from the 2006 National Survey on Drug Use and Health of a sample of 44,819 individuals in the U.S. aged 12 and older.
http://www.oas.samhsa.gov/2k8/cough/cough.cfm
This report presents findings from the 2002, 2003, and 2004 National Surveys on Drug Use and Health on the nonmedical use of prescription-type psychotherapeutic drugs. NSDUH, an annual survey of the civilian, noninstitutionalized population of the United States aged 12 or older, covers four broad classes of prescription psychotherapeutic drugs: pain relievers, tranquilizers, stimulants, and sedatives. Attention is also given to two specific drugs within these general classes: methamphetamine (a stimulant) and OxyContin (a pain reliever). NSDUH is supported by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.
http://www.oas.samhsa.gov/prescription/toc.htm

This report presents facts about adolescent substance use, including information on the initiation of substance use, past year substance use, and receipt of substance use treatment. Data in the report are from the NSDUH, Treatment Episode Data Set (TEDS), and the National Survey of Substance Abuse Treatment Services.
http://www.oas.samhsa.gov/2k7/youthFacts/youth.htm

This unpublished presentation presents data on the abuse of cough and cold medications among young people aged 12-25. The data were derived from the 2006 NSDUH (sample size of 44,819). The 2006 survey year was the first time questions on this topic were included in the study.

Treatment Episode Data Set (TEDS). 2006. Substance Abuse Treatment Admissions by Primary Substance of Abuse According to Sex, Age Group, Race, and Ethnicity, 2004. Substance Abuse and Mental Health Services Administration (SAMHSA).
This report presents results from the Treatment Episode Data Set (TEDS) for 2004 and trend data for 1994 to 2004. The report provides information on the demographic and substance abuse characteristics of the 1.9 million annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual State administrative data systems.

This report presents results from the 2005 Treatment Episode Data Set (TEDS) report, as well as trend data from 1995 to 2005. It provides information on the demographic and substance abuse characteristics of the 1.8 million annual admissions to treatment for the abuse of alcohol and drugs in facilities that are part of the State reporting networks.
http://wwwwdasis.samhsa.gov/teds05/tedsad2k5web.pdf

This study examined the gender-specific prevalences, patterns, and correlates of non-prescribed use of pain relievers – mainly opioids – in a representative sample of 18,678 adolescents. Data were drawn from the 2005 NSDUH. The study looked at frequency and onset of use, connection to risk factors, and the extent of other substance use.

http://www.lib.bioinfo.pl/pmid:18054444

*Some of the research included in this report includes surveys with smaller sample sizes. Therefore, those results cannot be generalized to the entire population.