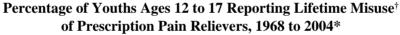
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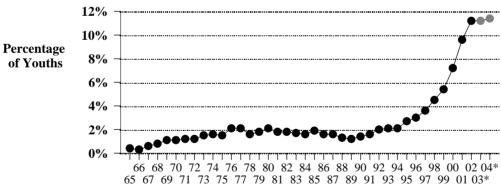
## A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## Use of Other Illicit Substances and Low Family Income Best Predictors of Prescription Pain Reliever Misuse Among U.S. Youths

The misuse† of prescription pain relievers by U.S. youths has increased dramatically during the last decade, according to a recent analysis of data from the National Survey on Drug Use and Health (NSDUH). In 2004, 11.4% of youths ages 12 to 17 reported ever misusing prescription pain relievers such as oxycodone and codeine, compared to 1.2% in 1989 (see figure below). While the magnitude of the current epidemic is unprecedented, the types of youths misusing these drugs are not. According to the authors, the prescription pain reliever misuse "is essentially a problem for traditional high-risk groups of youth" which "strongly contradicts the widely held image of a white-collar, middle-class addict often projected by the media" (p. 50). The best predictor of prescription pain reliever misuse was the use of other illicit substances. In addition, the only statistically significant demographic factor related to a higher risk of such misuse was being a member of a lower-income family. The authors conclude that "current substance abuse prevention strategies that are broadened in their focus to include prescription drugs may be as effective as the more costly creation of new strategies focused specifically on the misuse of prescription drugs" (p. 50).





<sup>†</sup>Prescription pain reliever misuse is defined as the use of a prescription pain reliever that was not prescribed for the respondent or that the respondent took only for the experience or feeling it caused.

Year

SOURCES: Adapted by CESAR from Sung H.-E., Richter L., Vaughan R., Johnson P.B., Thom B. "Nonmedical Use of Prescription Opioids Among Teenagers in the United States: Trends and Correlates," *Journal of Adolescent Health* 37(1):44-51, 2005; and Substance Abuse and Mental Health Services Administration, *Overview of Findings from the 2004 National Household Survey on Drug Use and Health*, 2005. For more information, contact Dr. Hung-En Sung at hsung@casacolumbia.org.

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<sup>\*</sup>Data from 1965 to 2002 are based on self-reported data from the 2002 NSDUH, as presented by the authors. Data for 2003 and 2004 are based on self-reported data from the 2003 and 2004 NSDUH, respectively, as adapted by CESAR.

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