

# Characteristics of the Adolescent Abuser

James P. Zacny, Ph.D.

Department of Anesthesia & Critical Care

The University of Chicago

Tufts Health Care Institute

Understanding the Types of Opioid Abusers

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# Characteristics of the Adolescent Abuser

- Prevalence of Non-Medical Use
  - 2006 National Survey on Drug Use and Health
  - 2006 Monitoring the Future survey
  - 2005 Partnership Attitude Tracking Study
- Risk factors associated with non-medical use
- Given what we know, how do we structure interventions for this age group?

# National Survey on Drug Use and Health (NSDUH)

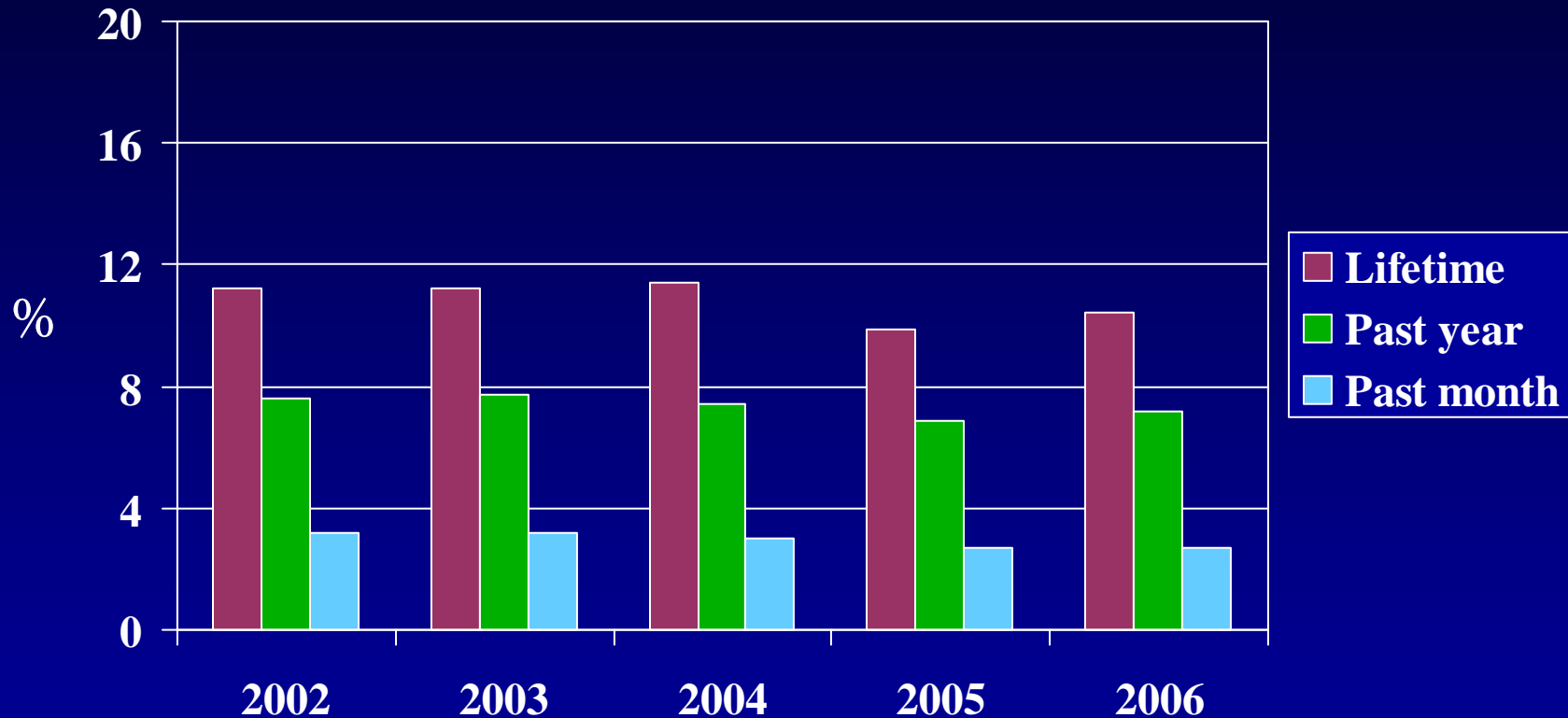
- A nationwide survey using a randomized sample carefully matched to represent population demographics (race, sex, age)
- 68,000 respondents aged 12 years and older asked questions about their use of *psychoactive* drugs (alcohol, illicit drugs, psychotherapeutic drugs)

# National Survey on Drug Use and Health (NSDUH)

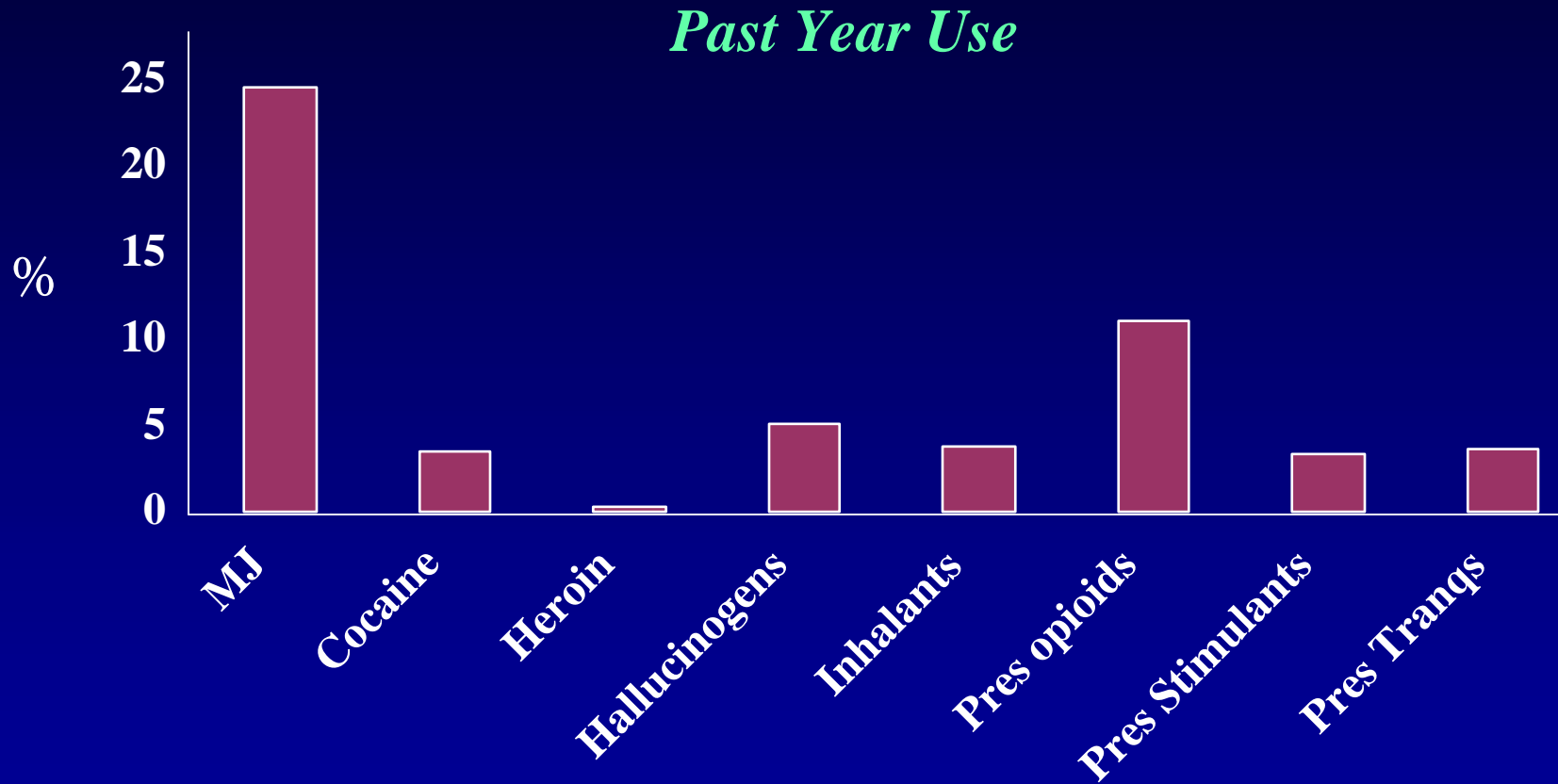
- Estimates from this sample are extrapolated to some 240 million people in the U.S. concerning incidence and prevalence of:
  - Use of licit psychoactive drugs (alcohol, tobacco)
  - Use of illicit drugs
  - Non-medical use of psychotherapeutic drugs

# National Survey on Drug Use and Health

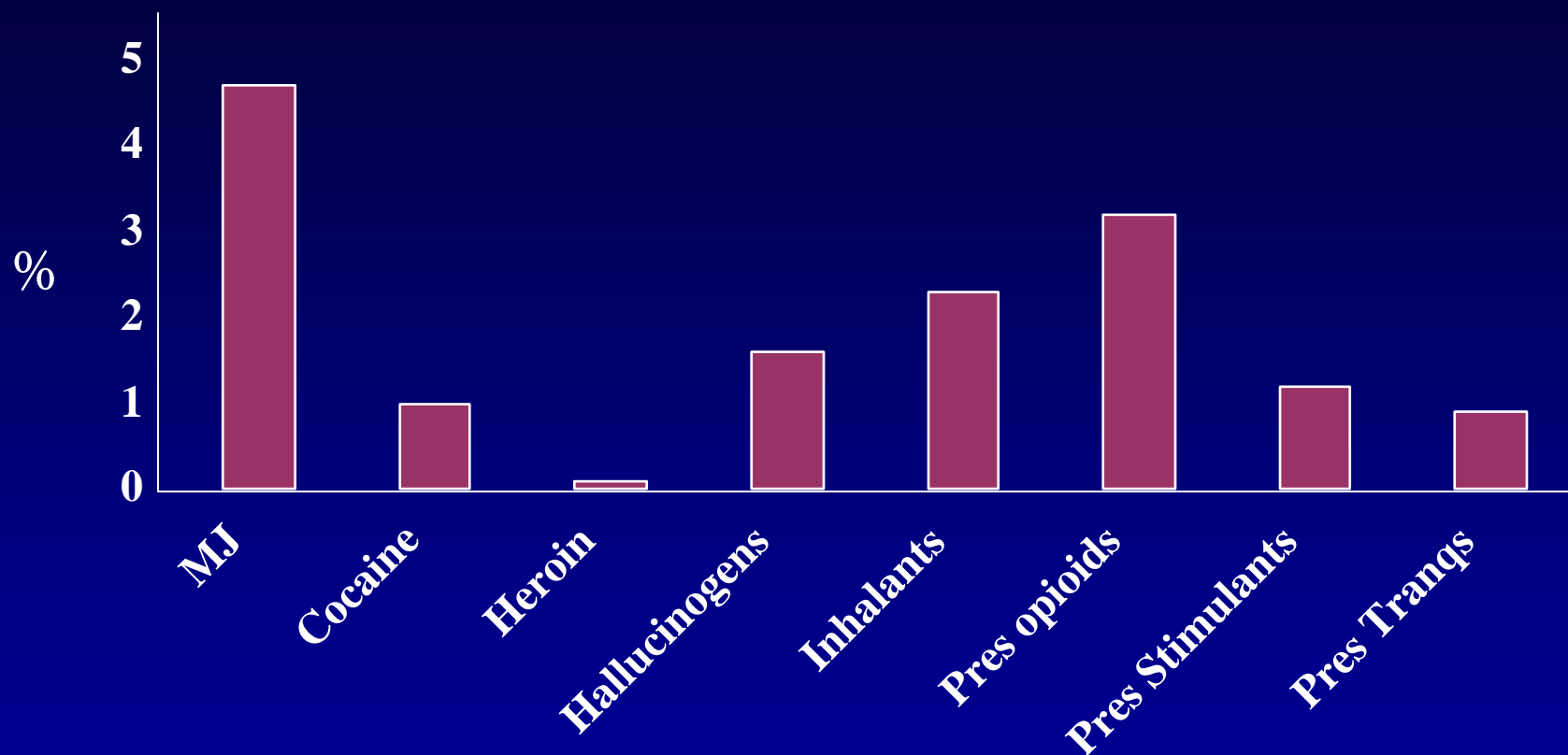
## *Prevalence of Non-Medical Use of Prescription Opioids, 12-17 yrs: 2002-2006*



# Non-Medical Use of Prescription Opioids Relative to Other Drugs, 16-17 yrs old

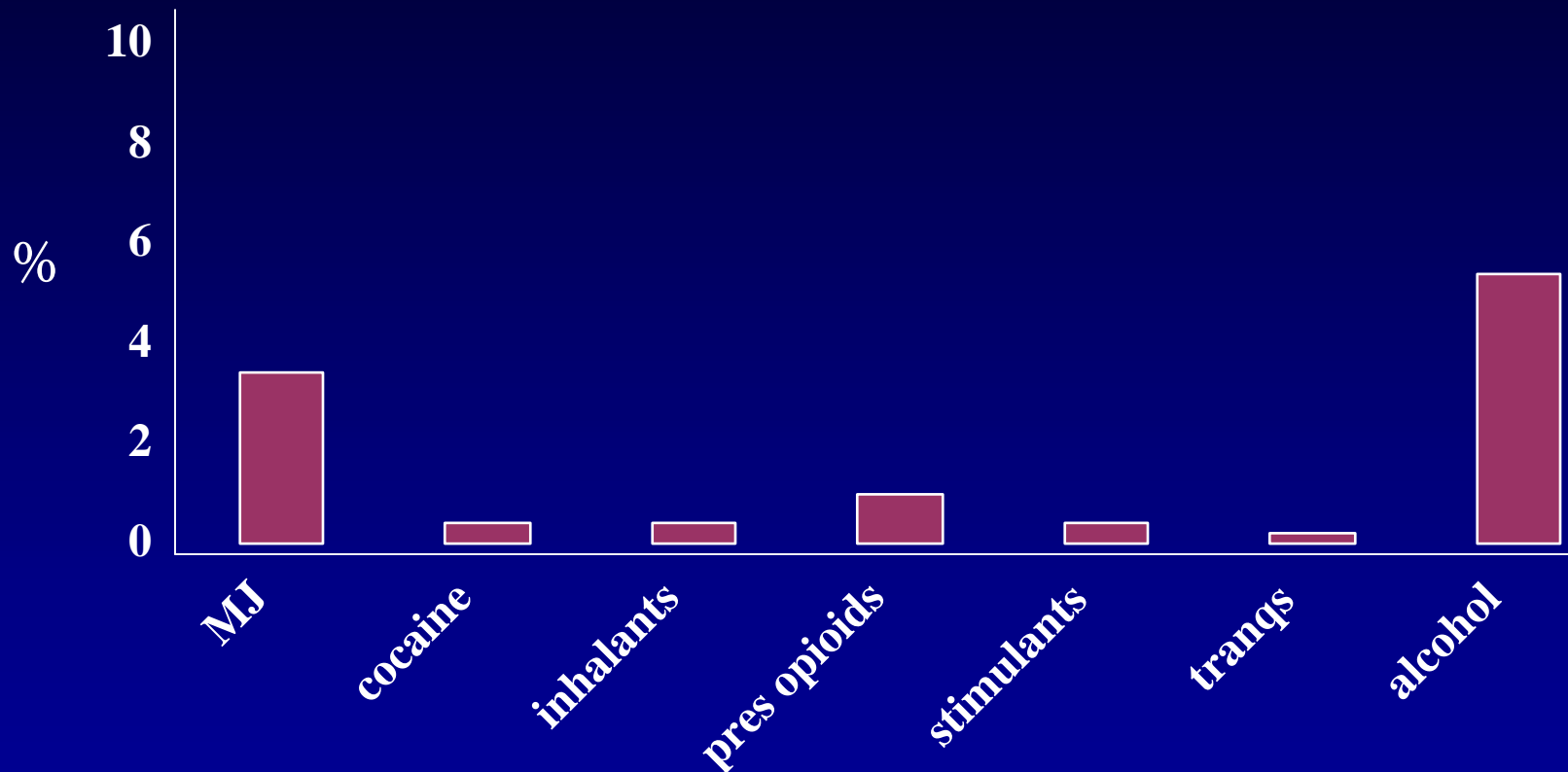


# Past Year Initiates of Drug Use 12-17 yr olds



P-Y Initiates: People who used for first time in last 12 months prior to interview

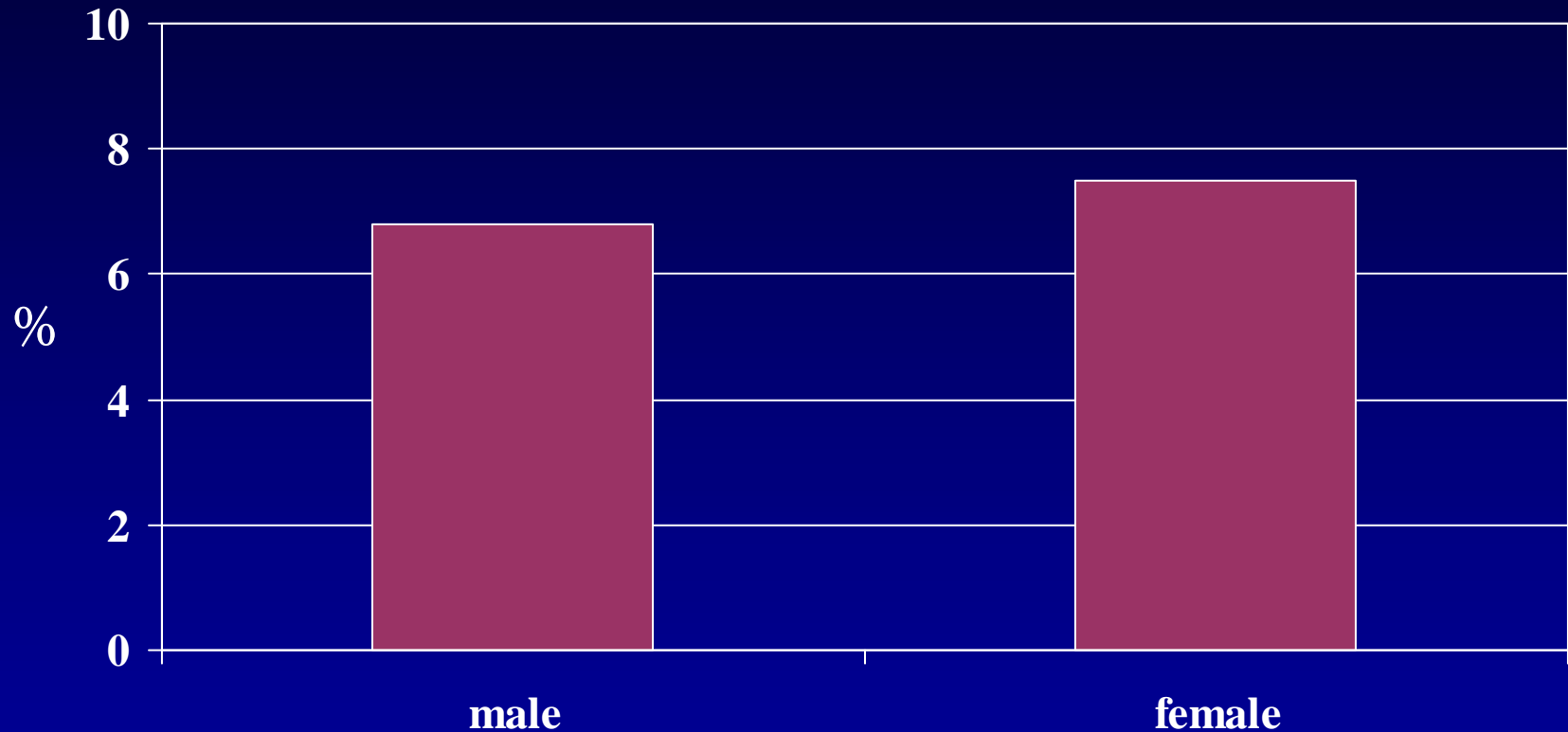
# Substance Abuse or Dependence on Prescription Opioids Relative to Other Drugs, 12-17 yrs old



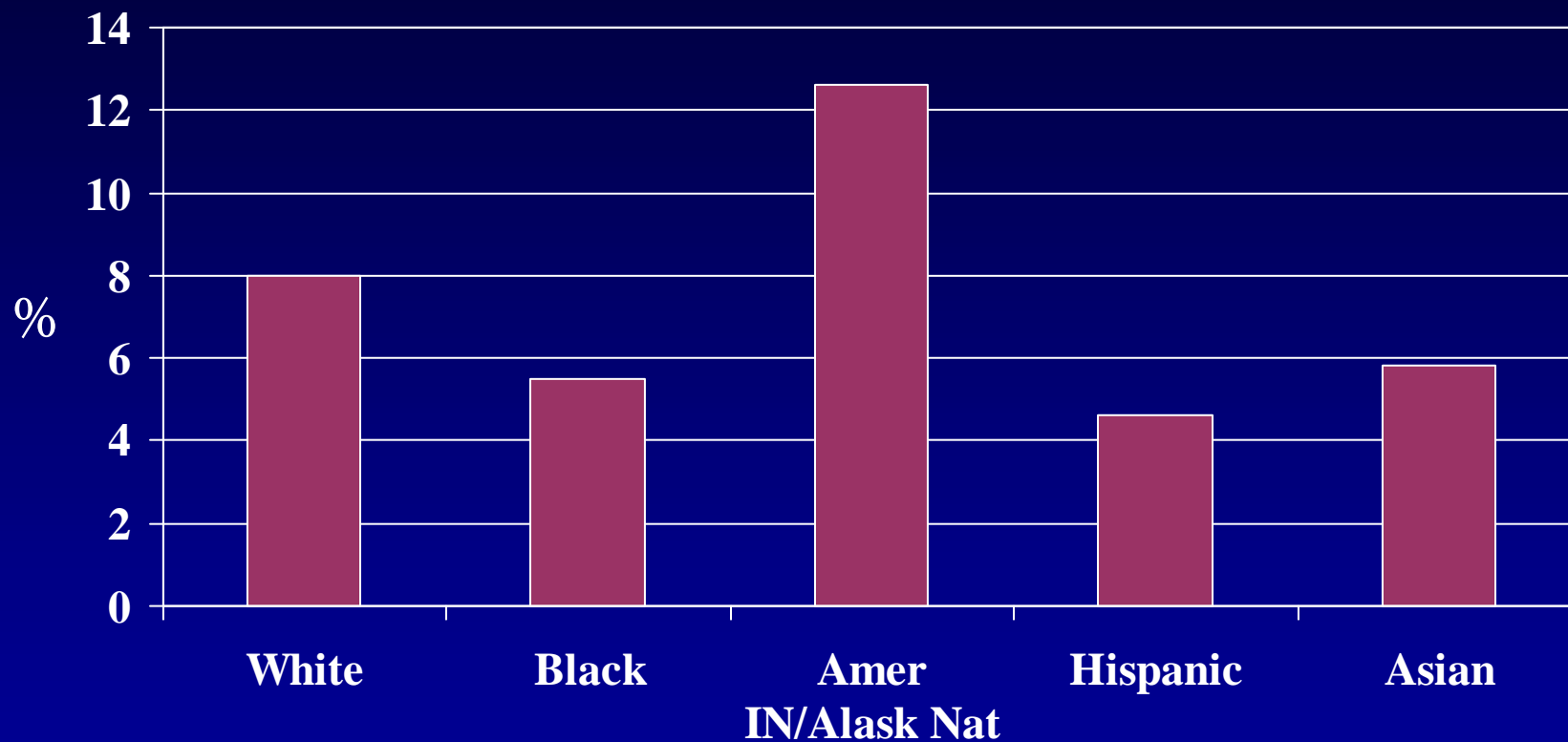
**MJ: 0.8 million, Opioids: 0.3 million**

NSDUH 2006 Report

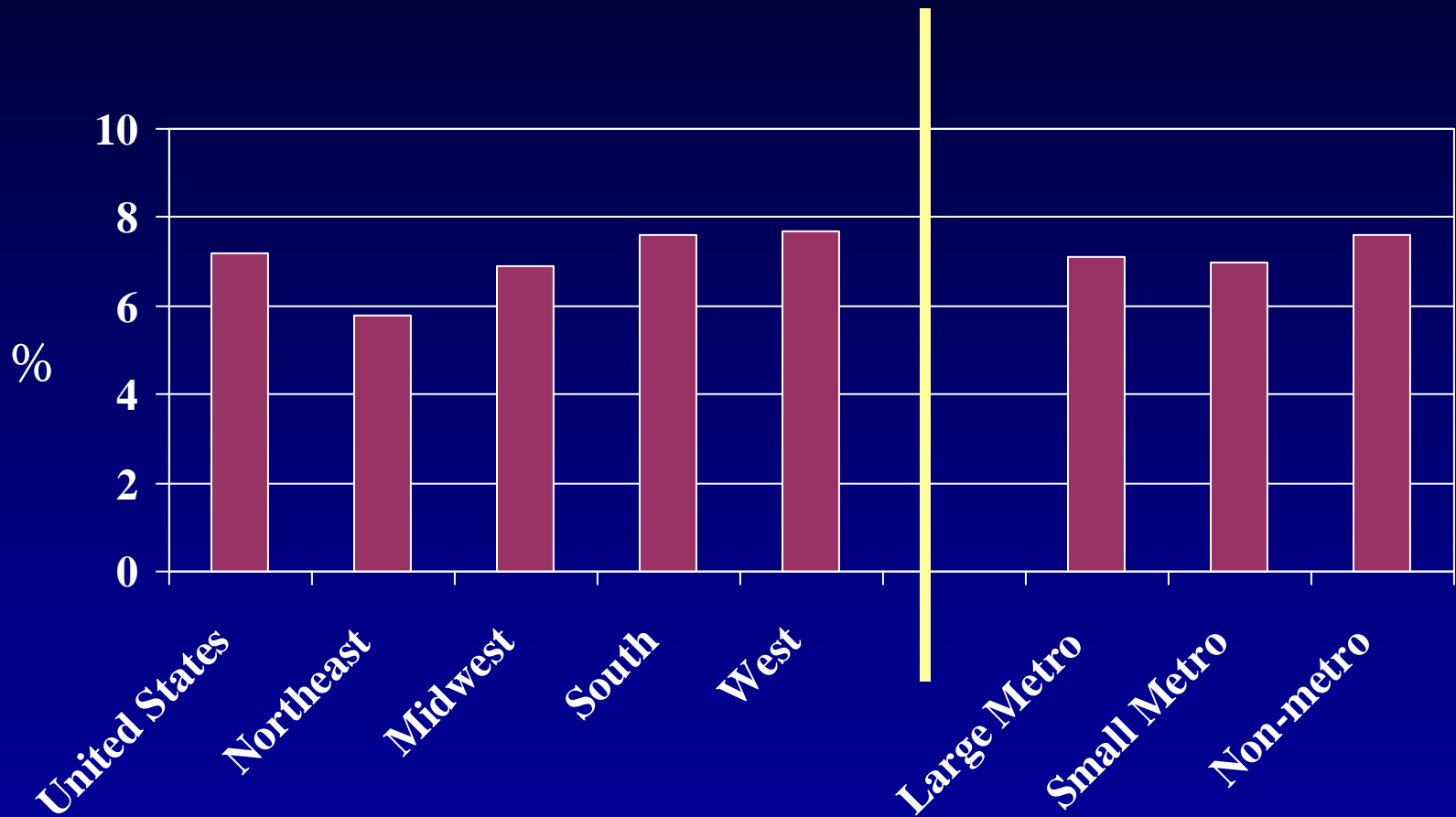
# Past-Year Prevalence of Non-Medical Use in 12-17 yr olds: Sex



# Past-Year Prevalence of Non-Medical Use in 12-17 yr olds: Race/Ethnicity



# Past Year Prevalence in 12-17 yr olds: Geographic Locale

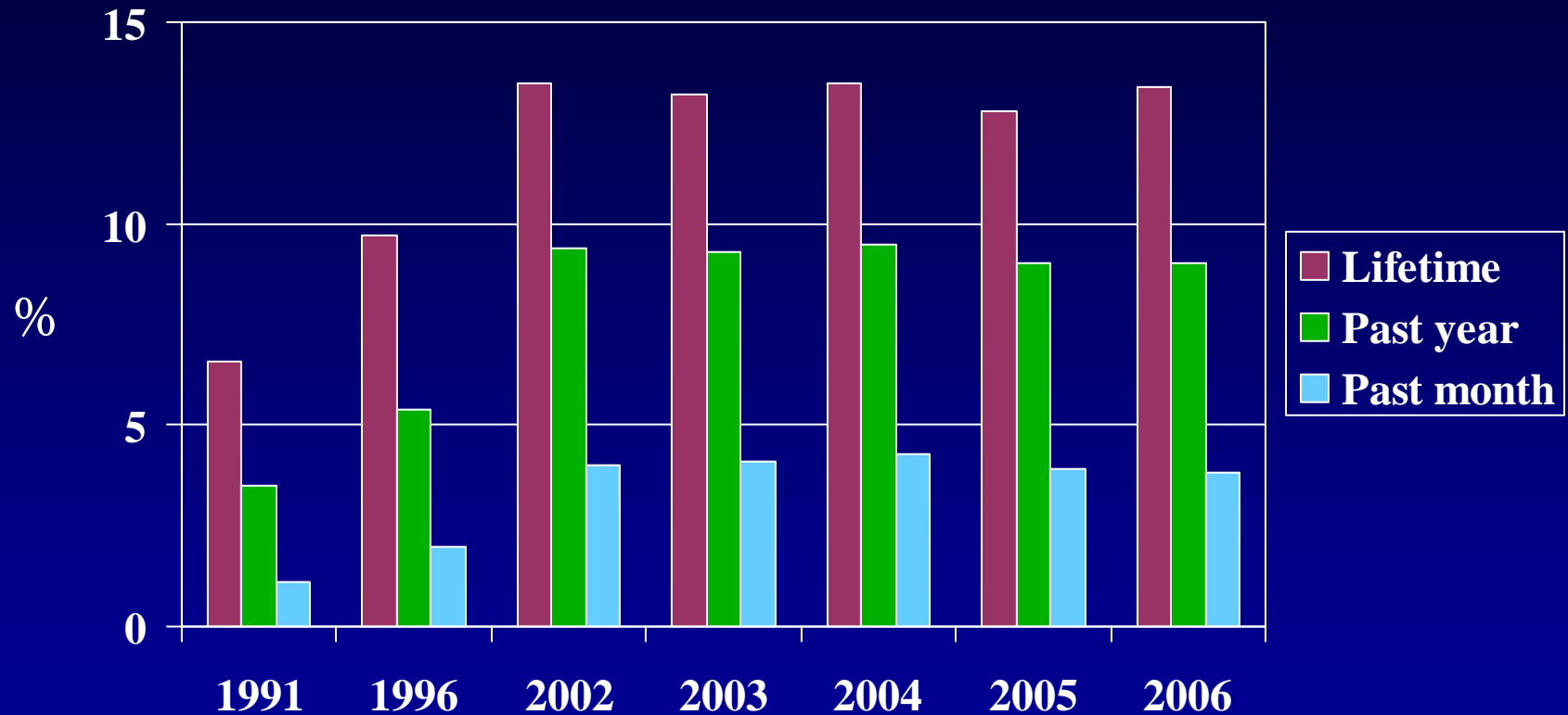


# Monitoring the Future survey

- Survey of nationally representative samples of public and private secondary school students (8th, 10th, and 12th graders)
- 12th graders queried on non-medical use of “narcotics other than heroin” (lifetime, past year, past month)
- Definition of non-medical use: “...on your own—that is, without a doctor telling you to take them”
- Examples given: Vicodin, OxyContin, codeine, methadone, opium
- 8th and 10th graders asked only about past-year use of Vicodin and OxyContin

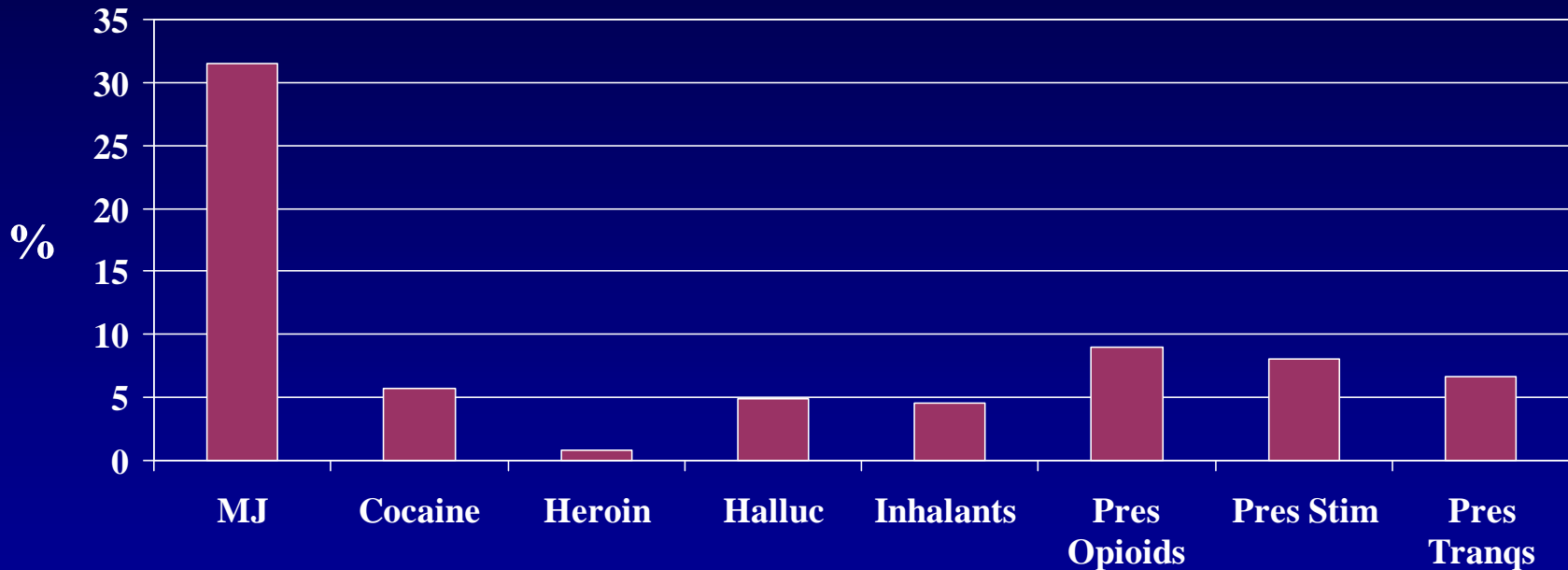
# Non-Medical Use of Prescription Opioids

12th graders (17-18 yrs old)



# Non-Medical Use of Prescription Opioids in 12th graders

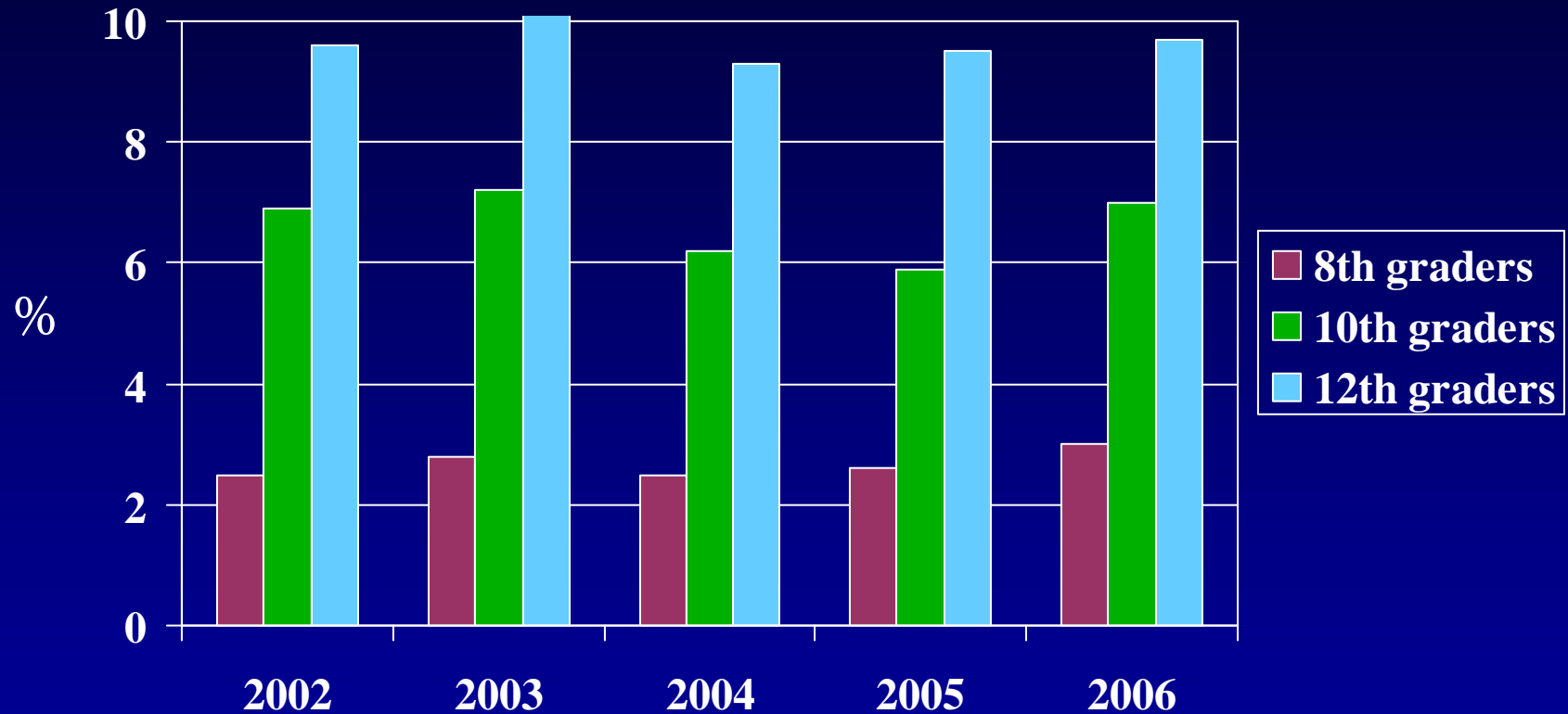
*Relative to Use of Other Drugs: Past Year Prevalence*



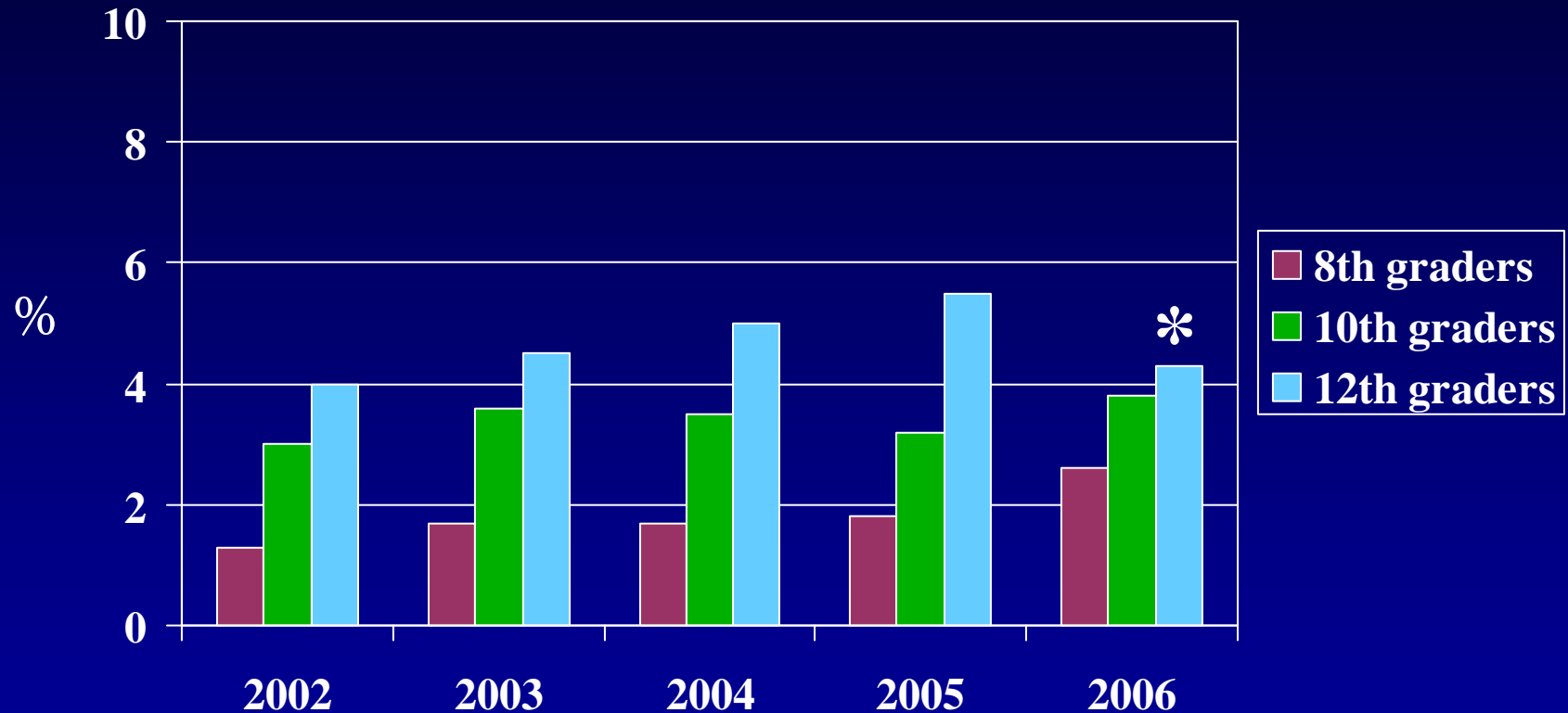
**Alcohol: 67%**

2006 Monitoring the Future

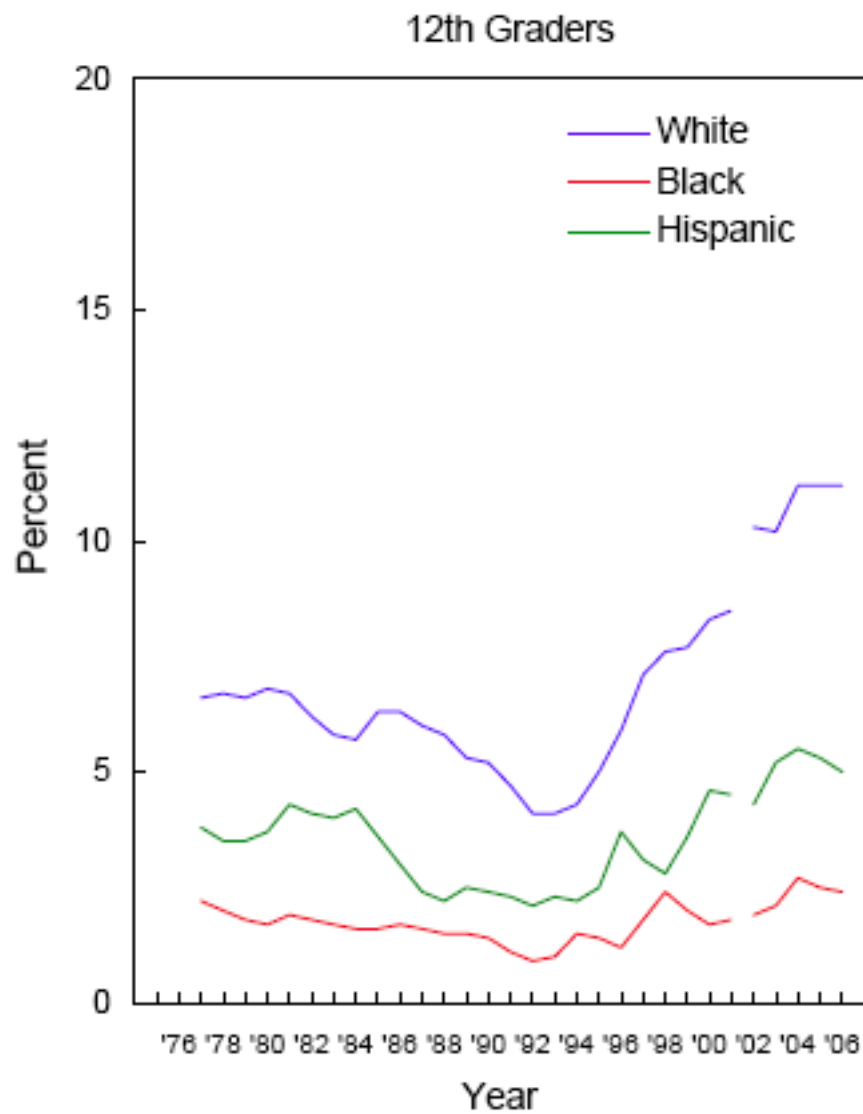
# Non-Medical Use of Vicodin



# Non-Medical Use of OxyContin



## Other Narcotics:\* Trends in Annual Prevalence by Race/Ethnicity\*\*



## Perceived Availability

- Percent of 12th graders who said prescription opioids were “fairly easy” or “easy to get”: 40%
- That figure has remained constant since 1994

# 2005 Partnership Attitude Tracking Study

## *Grades 7-12 Survey*

- Students asked about “why abuse” prescription pain relievers
  - Easy to get from parents’ medicine cabinets (62%)
  - Are available everywhere (52%)
  - They are not illegal drugs (51%)
  - Safer to use than illegal drugs (35%)

# Risk Factors for Misuse in Adolescents and College Students

- Much of what we know primarily comes from Sean McCabe and Carol Boyd (Univ of Mich)
- One study: data mining of Monitoring the Future
- They've conducted web-based surveys:
  - Detroit metro schools (7th-12 grade)
    - 2 surveys, 2003 and 2005
  - University of Michigan undergrads
    - 2 surveys, 2003 and 2005
  - Response rates were over 50%

# Non-Medical Use of Vicodin by 12th Graders: Correlates

*OR analysis using 2002 Monitoring the Future database*

- Of those who used non-medically in past 12 months:
  - Male (vs. female)      -White (vs. black)
- Of those who used non-medically vs. those who did not in past year, non-medical users more likely
  - Current cigarette use
  - Current alcohol use (including binge drinking)
  - Illicit drug use in the last year (over 10X more likely to use MJ, cocaine, heroin, LSD, etc.)
  - Other risky behaviors (e.g., buying illegal drugs at school)

## Conclusions by McCabe et al. 2005

- ...”These associations provide compelling support that the illicit use of opioid analgesics represents a pattern of **polydrug use** and a larger cluster of problem behaviors.”

# McCabe and Boyd Web-based surveys

- Generally supportive of previous conclusion
- But there may need to be some caveats or “some exceptions to the rule” of what a typical non-medical adolescent user of prescription opioids looks like

# Risk Factors for Misuse in Adolescents and College Students

## *One Common Theme From Some of Their Studies*

- Depending on WHY one uses, and WHO one gets prescription opioids from, is associated with differential risk of other illicit drug use and drug abuse-related problems

# Motives for Non-Medical Use

## *College Student Study*

- N=4580 students
- Non-medical use: on how many occasions in your lifetime/past 12 months have you used Vicodin (and seven other opioids as examples), not prescribed for you?
- For those who said they used non-medically, they were asked to describe their motives

# Motives

**Of those who admitted to lifetime non-medical use:**

- it relieves pain: 63%
- it gives me a high 32%
- to experiment 27%
- helps me sleep 14%
- helps decreased anxiety 10%
- safer than street drugs 4%
- counteracts other drugs' effects 2%
- because I'm addicted 1%

# Different Probability of Problematic Drug Use Tied to Pain Motives and “Other Motives”

- Compared:
  - those who reported use ONLY to relieve pain (40%) to
  - those with other motives (60%) to
  - those who did not report non-medical use
- Measures
  - Binge drinking in past 2 weeks
  - Alcohol related problems (CAGE)
  - Marijuana and other illicit use in past month
  - Drug-related problems (DAST)

## Different Probability of Problematic Drug Use Tied to Pain Motives and “Other Motives”

- Those who used for “other motives” were more likely to binge drink, use more illicit drugs, and have higher CAGE and DAST scores than those who did not use non-medically
- Those who used for pain relief only were no more to likely to exhibit above problems than those who did not use non-medically

# Different Probability of Problematic Drug Use Tied to Pain Motives and “Other Motives”

- These results replicated in the 7th-12th grade Detroit metro school area sample
- Suggests that motives matter
- Self-treatment for pain is not a good idea, but adolescents and young adults who use for other reasons (e.g., to get high) should perhaps receive more/differential attention
  - Because they are the ones who are at risk for alcohol and drug-related problems

# Sources of Prescription Opioids for Non-Medical Use

## *College Student Study*

- In the McCabe et al. (2007) study, respondents queried about where they got the drugs...
- Friend not from same college: 34%
- Parent: 28%
- Friend from same college: 27%
- Other family member: 4%
- Dealer: 4%

# Different Probability of Problematic Drug Use Tied to Sources

- Compared:
  - those who reported obtaining opioids from *only* parents (20%) to
  - those who obtained from *only* peers (41%) to
  - those who obtained from a combination of sources to
  - those who did not report non-medical use
- Measures
  - Binge drinking in past 2 weeks
  - Alcohol related problems (CAGE)
  - Marijuana and other illicit use in past month
  - Drug-related problems (DAST)

# Different Probability of Problematic Drug Use Tied to Sources

- Those who obtained from **peers** only or a combination of sources were more likely to binge drink, use more illicit drugs, and have higher CAGE and DAST scores than those who did not use non-medically
- Those who obtained from **parents** only were no more to likely to exhibit above problems than those who did not use non-medically

# Wrapping Up...Understanding the Adolescent Abuser of Prescription Opioids

- To throw out for discussion:
- There may be different types of non-medical users
  - Self-medicators (for pain relief)
  - Adolescents who already smoke, drink, and use other drugs
    - And this probably varies on a continuum, and is affected by age
  - Perhaps there are adolescents out there who only abuse prescription opioids (but no data I know of to substantiate this)

# Given what we know, how do we structure interventions for this age group?

- Perhaps not so much interventions as prevention efforts?
  - For self-medicators, information dissemination that taking opioids can be potentially dangerous without supervision by a doctor
    - Dosing issues
    - Potential interaction with other drugs or with other medical conditions
  - Also some information dissemination to parents regarding the same message

# Given what we know, how do we structure interventions for this age group?

- For polydrug abusers.... would this require differential prevention strategies that are already out there to deal with adolescent drug abuse?
  - That is, they are smoking, drinking and using other drugs. Would this call for a tailor-made prevention program targeted at prescription opioids?
  - ??????

# Acknowledgments

- NIDA grant DA08573
- Sean McCabe, Carol Boyd and their associates for their pioneering work in this population