

The NSDUH Report

May 21, 2004

Nonmedical Use of Prescription Pain Relievers

In Brief

- In 2002, almost 30 million persons aged 12 or older (13 percent) had used prescription pain relievers nonmedically in their lifetime
- The numbers of persons using prescription pain relievers nonmedically for the first time increased from 600,000 in 1990 to more than 2 million in 2001
- About 1.5 million persons aged 12 or older were dependent on or abused prescription pain relievers in 2002

The 2002 National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), asks respondents aged 12 or older to report their most recent nonmedical use of prescription-type drugs, as well as their age at first use. Nonmedical use is defined as use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use does not include over-the-counter drugs. Prescription-type drugs are classified into four categories in the NSDUH: pain relievers, tranquilizers, stimulants, and sedatives. This report focuses on respondents' nonmedical use of prescription pain relievers.¹

Respondents who reported nonmedical use of prescription pain relievers were also asked to report symptoms of dependence on or abuse of these pain relievers. Dependence or abuse is defined using *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* criteria,² and includes symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school or home during the past year. Responses were analyzed by age, gender, race/ethnicity,³ and county type.⁴

Trends in Numbers of New Users

Based on the respondents' reports of age at first use, estimates of the numbers of persons using pain relievers for the first time each year are developed. These data show that the number of new nonmedical users of prescription pain relievers increased from 600,000 in 1990 to more than 2 million in 2001 (Figure 1).

Lifetime Prevalence of Non-medical Pain Reliever Use

In 2002, almost 30 million persons aged 12 or older (13 percent) had used prescription pain relievers non-medically at least once in their lifetime (Table 1). Young adults aged 18 to 25 were twice as likely to have used prescription pain relievers non-medically in their lifetime as youths aged 12 to 17 and adults aged 26 or older. Males were more likely than females to have used prescription pain relievers non-medically in their lifetime. Whites were more likely to have used prescription pain relievers non-medically in their lifetime than blacks, Asians, or Hispanics. Asians were least likely to report non-medical prescription pain reliever use.

Persons living in small metropolitan areas (14 percent) were more likely than persons living in large metropolitan areas (12 percent) or non-metropolitan areas (11 percent) to have used prescription pain relievers non-medically at least once in their lifetime⁴ (Table 1). Persons living in large metropolitan areas were more likely than persons living in non-metropolitan areas to have used prescription pain relievers non-medically in their lifetime.

In 2002, almost 19 million persons aged 12 or older had used Darvocet[®], Darvon[®], or Tylenol with Codeine[®] non-medically at least once in their lifetime (Figure 2). The second most frequent lifetime nonmedical use of pain relievers included Vicodin[®], Lortab[®], or Lorcet[®] (13 million); fol-

Figure 1. Annual Numbers (in Millions) of New Nonmedical Users of Pain Relievers Aged 12 or Older: 1970-2001

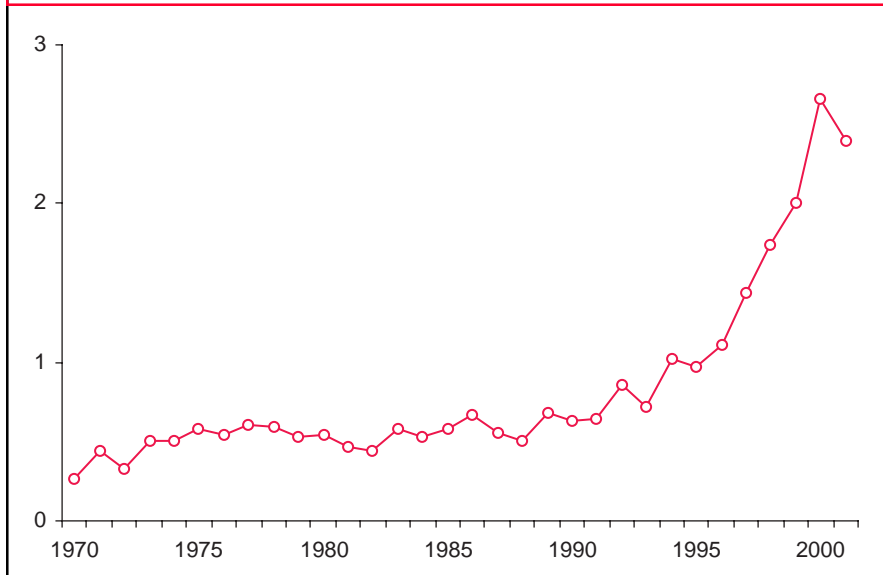


Table 1. Percentages and Standard Errors of Persons Aged 12 or Older Reporting Lifetime Nonmedical Pain Reliever Use and Past Year

Characteristics	Lifetime Nonmedical Pain Reliever Use		Past Year Dependence or Abuse	
	%	Standard Error	%	Standard Error
Total	12.6	0.24	0.6	0.05
Age				
12-17	11.2	0.28	1.0	0.09
18-25	22.1	0.39	1.4	0.10
26 or older	11.1	0.30	0.5	0.07
Gender				
Male	14.3	0.35	0.7	0.09
Female	11.0	0.30	0.6	0.06
Race/Ethnicity				
White	13.6	0.29	0.7	0.07
Black	9.7	0.55	0.4	0.11
Asian	7.0	0.96	0.1	0.09
Hispanic	11.0	0.56	0.9	0.20
County Type				
Large Metropolitan	12.4	0.36	0.5	0.08
Small Metropolitan	13.7	0.43	0.9	0.12
Non-metropolitan	11.2	0.48	0.5	0.08

lowed by Percocet[®], Percodan[®], or Tylox[®] (nearly 10 million). Nearly 2 million persons had used OxyContin[®] non-medically at least once in their lifetime.

Past Year Pain Reliever Dependence or Abuse

In 2002, 7.1 million persons aged 12 or older were dependent on or

abused illicit drugs. The number of persons who were dependent on or abused prescription pain relievers (1.5 million) was second only to the number of persons who were dependent on or abused marijuana (4.3 million) (Figure 3).

Persons aged 12 to 25 were more likely to be dependent on or have abused prescription pain relievers in the past year than persons aged 26 or older. The rate of past year de-

pendence on or abuse of prescription pain relievers was similar for males and females (Table 1). Hispanics (0.9 percent) were more likely than blacks (0.4 percent), and whites (0.7 percent) and Hispanics were more likely than Asians (0.1 percent) to be dependent on or have abused prescription pain relievers in the past year. Persons living in small metropolitan areas (0.9 percent) were more likely than persons living in large metropolitan areas (0.5 percent) or non-metropolitan areas (0.5 percent) to be dependent on or have abused prescription pain relievers in the past year.

End Notes

1. Respondents were asked about their nonmedical use of the following prescription pain relievers: Darvocet-N®, Darvon®, Tylenol with Codeine®, Percocet®, Percodan®, Tylox®, Vicodin®, Lortab®, Lorcet/Lorcet Plus®, Codeine, Demerol®, Dilaudid®, Fioricet®, Fiorinal®, Hydrocodone, Methadone, Morphine, OxyContin®, Phenaphen with Codeine®, Proxoxyphe, SK-65®, Stadol®, Talacen®, Talwin®, Talwin®NX, Tramadol, and Ultram®. Respondents were also asked about their nonmedical use of prescription pain relievers not included in this list.
2. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
3. American Indian or Alaska Native and Native Hawaiian or other Pacific Islander respondents were excluded from the racial/ethnic comparisons due to small sample sizes.
4. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Non-metropolitan areas are outside the metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget.

Figure and Table Notes

Source (table and figures); SAMHSA 2002 NSDUH.

Figure 2. Estimated Numbers (in Millions) of Lifetime Nonmedical Use of Selected Pain Relievers among Persons Aged 12 or Older: 2002

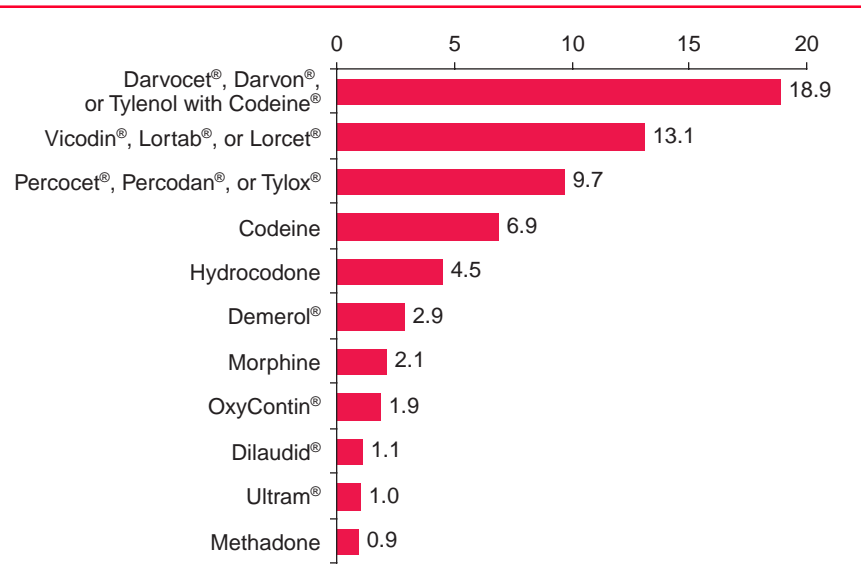
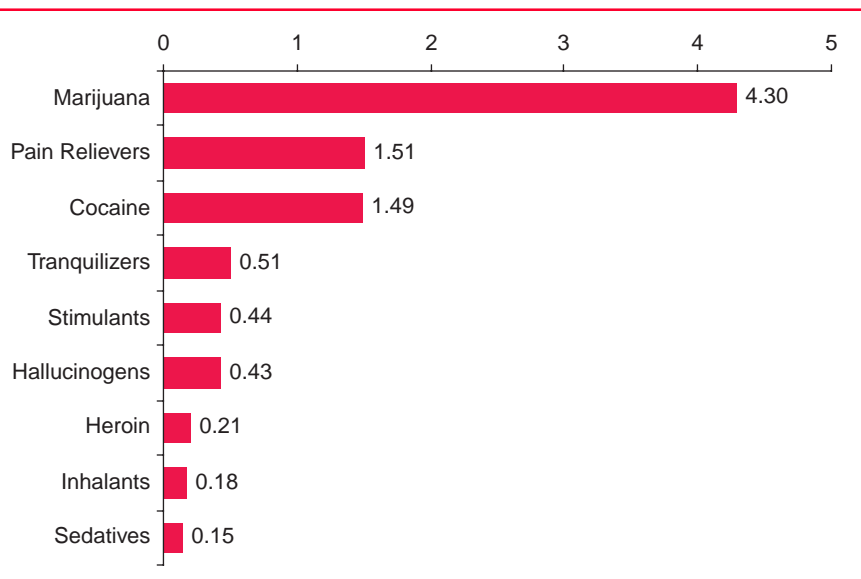


Figure 3. Estimated Numbers (in Millions) of Persons Aged 12 or Older with Past Year Illicit Drug Dependence or Abuse, by Drug: 2002



The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2002 data are based on information obtained from 68,126 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Statistics (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this report are based on the following publication and statistics:

Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NHSDA Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, 2002 estimates should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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 Substance Abuse & Mental Health Services Administration
 Office of Applied Studies
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