

The NSDUH Report

February 5, 2009

Trends in Nonmedical Use of Prescription Pain Relievers: 2002 to 2007

In Brief

- In 2007, 2.1 percent of persons aged 12 or older (an estimated 5.2 million persons) reported using prescription pain relievers nonmedically in the past month; this rate does not differ significantly from that in 2002
- Trends in past month nonmedical use of pain relievers varied by age with declines among youths aged 12 to 17 (from 3.2 percent in 2002 to 2.7 percent in 2007), but increases among young adults aged 18 to 25 (from 4.1 to 4.6 percent) and adults aged 26 or older (from 1.3 to 1.6 percent)
- Though the rate of use was fairly stable for females between 2002 and 2007, it increased for males

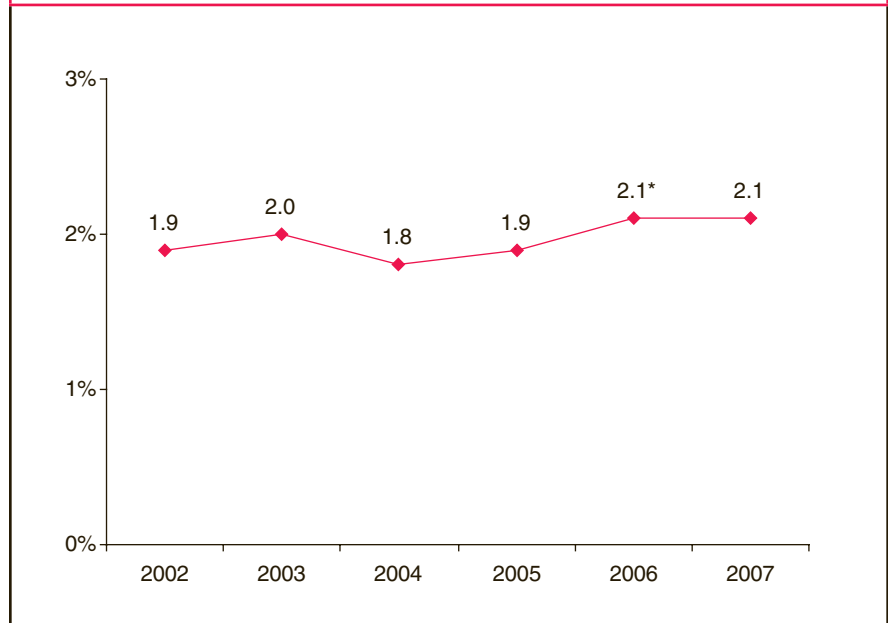
Use of prescription pain relievers without a doctor's prescription or only for the experience or feeling they caused ("nonmedical" use) is, after marijuana use, the second most common form of illicit drug use in the United States.¹ When used appropriately under medical supervision, hydrocodone (e.g., Vicodin[®]), oxycodone (e.g., OxyContin[®]), morphine, and similar prescription pain relievers provide indispensable medical benefit by reducing pain and suffering, but when taken without a physician's direction and oversight, these medications can cause serious adverse consequences and produce dependence and abuse.² According to the Drug Abuse Warning Network (DAWN), approximately 324,000 emergency department visits in 2006 involved the nonmedical use of pain relievers (including both prescription and over-the-counter pain medications).³ This issue of *The NSDUH Report* examines trends in the nonmedical use of prescription pain relievers in the past month among persons aged 12 or older.

Trends in Nonmedical Use of Prescription Pain Relievers

In 2007, 2.1 percent of persons aged 12 or older (an estimated 5.2 million persons) reported using prescription pain relievers nonmedically in the past month; this rate does not differ significantly from that in 2002 (Figure 1). Among youths aged 12 to 17, nonmedical use of pain relievers in the past month declined from 3.2 percent in 2002 to 2.7 percent in 2007 (Figure 2). In contrast, use increased among young adults aged 18 to 25 and among adults aged 26 or older. Among young adults, the rate of nonmedical use of pain relievers in the past month increased from 4.1 percent in 2002 to 4.6 percent in 2007. Among adults aged 26 or older, use increased from 1.3 percent in 2002 to 1.6 percent in 2007. In 2007, 2.7 percent of youths, 4.6 percent of young adults, and 1.6 percent of adults aged 26 or older used prescription pain relievers nonmedically in the past month. These percentages represent an estimated 670,000 youths, 1.5 million young adults, and 3.0 million adults aged 26 or older.

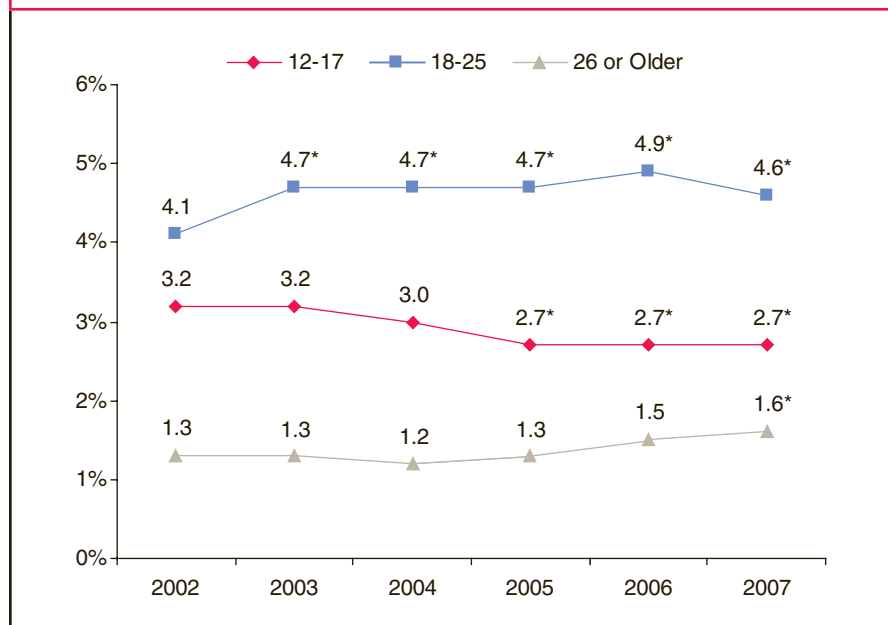
Among males aged 12 or older, the rates of nonmedical use of prescription pain relievers increased between 2002 (2.0 percent) and 2007 (2.6 percent) (Figure 3).

Figure 1. Nonmedical Use of Prescription Pain Relievers in the Past Month among Persons Aged 12 or Older: Percentages, 2002 to 2007



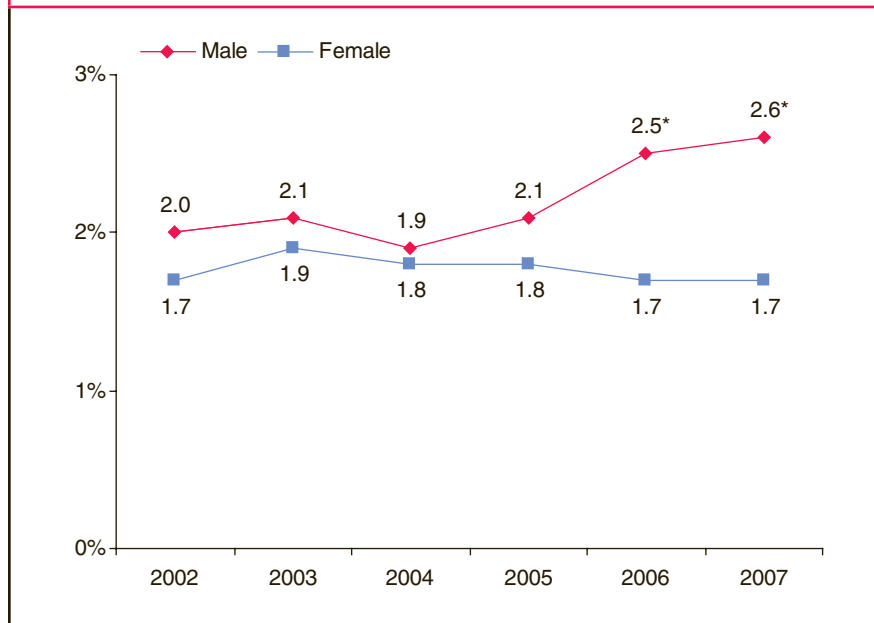
Source: SAMHSA, 2002 to 2007 NSDUHs.

Figure 2. Nonmedical Use of Prescription Pain Relievers in the Past Month, by Age Group: Percentages, 2002 to 2007



Source: SAMHSA, 2002 to 2007 NSDUHs.

Figure 3. Nonmedical Use of Prescription Pain Relievers in the Past Month, by Gender: Percentages, 2002 to 2007



Source: SAMHSA, 2002 to 2007 NSDUHs.

Among females, the rate of nonmedical use of pain relievers in the past month did not change significantly over the period from 2002 through 2007, remaining in the range of 1.7 to 1.9 percent. The 2.6 percent of males who used prescription pain relievers nonmedically in the past month in 2007 represent an estimated 3.1 million persons, and the 1.7 percent of females is equivalent to an estimated 2.1 million persons.

Discussion

Although nonmedical use of prescription pain relievers in the past month was lower in 2007 than in 2002 among youths aged 12 to 17, the rates

have been increasing over time for adults aged 18 or older. These increases for adults may place greater demands on the health care system due to adverse consequences such as overdoses, and additional resources may be needed to treat dependence and abuse involving these medications. To reduce rates of nonmedical use of pain relievers, physicians and other medical practitioners must not only continue to exercise care in prescribing and monitoring their patients or clients for signs of misuse, but also should counsel them about not sharing their prescription medications, preventing others from having access to their medications, and properly

disposing of remaining dosage units once the need for the medication has passed.^{4,5} Policymakers at the national and State levels need to consider measures to reduce diversion of prescription pain relievers from legitimate medical use to nonmedical use.

End Notes

- Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available at <http://oas.samhsa.gov/p0000016.htm>]
- National Institute on Drug Abuse. (2008, July). *NIDA InfoFacts: Prescription and over-the-counter medications*. Retrieved on October 22, 2008, from <http://www.drugabuse.gov/Infofacts/PainMed.html>
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008, August). *Drug Abuse Warning Network, 2006: National estimates of drug-related emergency department visits*. Retrieved December 19, 2008, from <http://dawninfo.samhsa.gov/files/ED2006/DAWN2K6ED.pdf>
- Hall, A. J., Logan, J. E., Toblin, R. L., Kaplan, J. A., Kraner, J. C., Bixler, D., Crosby, A. E., & Paulozzi, L. J. (2008). Patterns of abuse among unintentional pharmaceutical overdose fatalities. *Journal of the American Medical Association*, 300(22), 2613-2620.
- McLellan, A. T., & Turner, B. (2008). Prescription opioids, overdose deaths, and physician responsibility. *Journal of the American Medical Association*, 300(22), 2672-2673.

Figure Note

* Estimate significantly different from the 2002 estimate at $p < .05$.

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Research findings from the SAMHSA 2002 to 2007 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Data used in this report are based on information from the 2002 through 2007 NSDUHs. 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 Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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