

## **Prescription Drug Abuse Among Youth: The Problem**

Law enforcement, school administrators, prevention experts and treatment providers report a significant rise in youth prescription drug abuse rates in Connecticut. We know anecdotally that Connecticut treatment centers report a large increase in the number of youth admitted with opiate addictions that often began with prescription painkiller misuse. In addition, 20% of 12- to 17-year-olds nationally reported some abuse of prescription drugs in their lifetime<sup>1</sup>. While there is no way to know just from “use” statistics how much of the substance youth are taking, or whether they are (or will become) addicted, nationally, 15% of 12<sup>th</sup> graders reported using prescription drugs in 2007<sup>2</sup>. In Connecticut, we believe that the number of youth illegally using prescription drugs is greater than the percentage of those using cocaine and heroin combined, based on statistics culled from national averages and a 2007 Connecticut School Health Survey.

Both national surveys and the Connecticut Drug Enforcement Agency (DEA) support the concept of prescription painkillers as a “gateway” to illicit drug use – most often heroin. According to the 2006 National Survey of Drug Use and Health, in terms of individuals’ first entry point into “illicit” drugs, the number of people trying pain medications (opioids) is greater than the number trying marijuana. Once the supply of prescription opioids is cut off, abusers often move on to heroin, since it is much cheaper (\$20 for one day’s worth of hits vs. up to \$80 per prescription pills). Heroin is also readily available in the suburbs and has become the Connecticut DEA’s top concern.

Between 1995 and 2002, ER mentions of prescription narcotics increased 300%, and treatment admissions for “opiates other than heroin” increased more than 200%. ER mentions of anxiety medications (benzodiazepenes) increased 38% during the same time period<sup>3</sup>. In Arizona, twice as many teens died from prescription-drug overdoses in 2006 than from methamphetamines, heroin and cocaine combined, according to the state health department. Drug-related deaths among children jumped 41 percent from 2006 to 2007. Here in Connecticut, treatment admissions due to opioid painkiller addiction have increased more than admissions for any other substance over the past several years. From 2003-2006, treatment of admissions of 18- to 24-year-olds increased by 18%, with heroin and other opioid painkillers largely responsible (admissions for younger youth are less common, but increasing)<sup>4</sup>.

While opioid painkillers are the biggest problem, youth also abuse depressants to ease anxiety or aid sleep, and stimulants (most commonly prescribed for ADHD), as well. The Centers for Disease Control estimated in 2003 that 4.4 million children (ages 4 to 17) were diagnosed with ADHD, and of those, 2.5 million reported taking medication. Stimulants can produce euphoric effects when taken in high doses, and individuals who do not have ADHD often believe these drugs serve as “performance enhancers.” As many as one in three 11- to 18-year-olds on ADHD medication report being

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<sup>1</sup> Partnership Attitude Tracking Study, 2008

<sup>2</sup> Monitoring the Future, 2008

<sup>3</sup> [www.streetdrugs.org](http://www.streetdrugs.org)

<sup>4</sup> Connecticut Department of Mental Health & Addiction Services

approached to sell or trade their medication. While not the most common substance of abuse among college students, the abuse of prescription stimulants may be as prevalent as 15 to 20 percent of students, according to Amelia Arria, Ph.D., Senior Scientist at the Treatment Research Institute. Arria says that for some students, stimulant use is “sporadic,” but a 2005 study in the *American Journal of College Health* found that even relatively infrequent illicit use of prescription stimulants is associated with increased likelihood of other substance abuse. Notably, the study showed that teens who reported illicit prescription stimulant use had significantly higher rates of alcohol and other drug use, including cocaine. A 2007 study of undergraduate students published in the journal *Pharmacotherapy* found that those students who began illicit prescription stimulant use in college were four times more likely to report three or more positive indicators on a standard drug abuse screening test than their peers who did not use stimulants<sup>5</sup>.

When used to treat ADHD, “the benefits of medications like Ritalin or Adderall outweigh the risks, and can help bring someone who is completely unfocused and disorganized to a place where they’re level with those who don’t have this condition,” explains Dr. Sam Glazer, an addiction psychiatrist in New York City and associate clinical professor at New York University. “But if they are used for performance enhancement...no one has asked about your family history, examined your health, and you could be prone to a heart arrhythmia or other serious conditions,” he adds<sup>6</sup>.

### **Why Prescription Drugs?**

Youth have turned to prescription drugs for a variety of cultural reasons. First, there is a perception that drugs that may be prescribed under legal circumstances are “safer” than illicit substances; meanwhile, the use of other illicit drugs has decreased in recent years.

In addition, prescription drugs tend to be easily available in most homes. The Connecticut Department of Consumer Protection reports that when communities hold “take-back” programs for unused prescription medications, the majority of those turned in are prescription opioids. When not used as prescribed or turned back in, these drugs can frequently end up in the wrong hands. According to the Tennessee Medical Foundation, an estimated one quarter of all prescription opioids are diverted – either stolen, traded or improperly prescribed. When asked where they obtained misused prescription drugs, 56% of respondents reported that they obtained the medications free from someone they knew, and 15% reported buying or stealing them from someone they know<sup>6</sup>. One-third of 12- to 17-year-olds report obtaining prescription drugs in their own home<sup>7</sup>.

Some trends that are specifically associated with prescription drug abuse among youth include college students taking stimulants as “performance enhancing” study drugs and “pharm” parties, which involve the mixing of medications and substances and/or taking unidentified medications, which could lead to dangerous synergistic effects.

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<sup>5</sup> Drugfree.org

<sup>6</sup> 2006 National Survey of Drug Use and Health

<sup>7</sup> National Center on Addiction & Substance Abuse, 2008

## **Addiction**

We should note that while not all youth who misuse prescription drugs are experiencing an immediate crisis, misuse can quickly lead to abuse, and, later, to dependence. In human development, behaviors that helped survival (eating and bonding with others) needed to be linked to feelings of pleasure so that humans would remember and repeat these behaviors. For this reason, the human brain has a “pleasure pathway,” which is a reward center in the middle of the brain. A chemical called dopamine is released inside this reward center to make us feel happy, motivated and free of pain. Many prescription drugs block receptors that are meant to receive dopamine, which causes the dopamine to spill over, causing an intense, pleasurable sensation that can’t be experienced naturally. The more receptors are blocked, the less dopamine the brain naturally produces. The brain thinks it doesn’t need dopamine because the receptors are already “satisfied.” Thus, the brain tells the body to keep taking the drug, but the more of the drug one takes, the less good it feels. This is called tolerance. Pretty soon, the brain stops producing dopamine altogether, but taking the drug has become a matter of survival to the brain, even though it no longer produces pleasure.

In terms of addiction, it is important to note that it could happen to anyone. Half of addicted people have no family history of addiction, and many people begin prescription drug addictions by “partying” or using the drug for a legitimate medical purpose (following surgery, etc.). As the human brain does not finish developing until about the age of 25, youth are even more susceptible to addiction than adults.

## **What Can We Do?**

The Governor’s Prevention Partnership, in partnership with the Connecticut Departments of Mental Health and Addiction Services and Consumer Protection and the Regional Action Councils, has taken the lead in developing an action plan to prevent youth prescription drug abuse in our communities. In 2008, this group launched the Connecticut Prescription Drug Abuse Task Force, comprised of over 15 major organizations and state agencies, and one major finding was the overwhelming need to raise awareness and educate the public and parents about the extent of the problem. The group developed and disseminated thousands of flyers, conducted speaking engagements and worked to increase media coverage. In 2009, through funding received from Purdue Pharma, The Partnership awarded 5 grants to Regional Action Councils for the purpose of increasing awareness and educating the public. Several of the RACs are including dissemination of public service announcements through the media as part of their plan. In early 2010, The Partnership and Regional Action Councils agreed to participate in a pilot program with the National Council on Patient Information and Education to field test and evaluate their Teen Influencer materials, which will be widely distributed through community meetings.

Since youth are influenced by many environmental factors, effective prevention must involve coordinated efforts. For maximum effectiveness, prevention resources should be allocated to educating/outreach to adults and to disposing of medication and restricting access. Fewer prevention resources should be allocated to “danger” messages aimed at youth.

Effective strategies for preventing youth prescription drug abuse are as follows:

- Parents and other adults who influence teen behavior (coaches, etc.)—talk to children/teens about misuse of prescription drugs in an open and honest way; lock up, monitor and dispose of medications in their own homes; get involved in community prevention efforts.

- Schools—include information on prescription drugs and comprehensive prevention in their health curriculum; ensure that each student is able to connect with a caring adult and that staff are properly trained to intervene early; encourage student leadership on the issue; reach out and engage parents; conduct surveys to track student trends; enforce clear rules and policies.
- Communities—form coalitions to address the problem; provide trainings; conduct focus groups and needs assessments to measure the extent of the problem; advocate for law/policy change; conduct outreach programs.
- Statewide—pass and enforce appropriate laws and policies; implement prescription drug monitoring programs; devote adequate resources to prevention diversion; disseminate prevention messages in collaboration with the media, pharmaceutical companies, medical professionals and universities.

For more information on prevention of youth prescription drug abuse, visit The Governor's Prevention Partnership website at [www.preventionworksct.org/rxinfo](http://www.preventionworksct.org/rxinfo).