

Providers Clinical Support System <https://pcssnow.org/resource/opioid-abuse-adolescents-young-adults/>

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A 2007 survey of American adolescents showed that about 10% of U.S. adolescents between the ages of 12 and 17 years old have used opioids for a nonmedical reason in their lifetime. Nonmedical reasons include using opioid medications for feelings they cause, or to get “high.”[1] Teens may also choose to use opioids that are not prescribed to them by a doctor to find pain relief, to help with relaxing, or to help sleeping. Peer pressure to use opioid drugs is another common reason for nonmedical use. Many adolescents consider prescription opioids (painkillers) to be “safer” than illicit drugs, [2] as well as easier to get from parents’ medicine cabinets, family members, or friends.[3] However, nonmedical use of opioids can be very dangerous, and can lead to life-threatening overdose or serious addiction if not addressed.

BENEFITS OF EARLY TREATMENT

Adolescence is a critical time for intervention in opioid abuse problems to prevent serious addiction and its consequences.[4] Many teens can be “subthreshold” substance users, meaning that they meet only a few of the criteria for full-fledged dependence on opioids. However, studies of teens have shown that these relatively minor problems early in life often worsen into more severe substance use problems in adulthood. Early identification and early treatment of opioid abuse problems could be very helpful for these teens.[5] However, most teens with opioid abuse do not come to the attention of adults until severe legal or physical problems develop. Many adolescents with opioid abuse problems only receive addiction treatment when they experience an addiction to an additional drug or alcohol, or become involved in the criminal justice system.[6] Substance abuse is especially serious in teens because their brains are still in the process of developing. Opioids act by changing neurotransmission in the brain. Drug abuse in the teenage years may cause long-lasting effects on the developing brain.[7]

BARRIERS TO TREATMENT: ADOLESCENTS AND YOUNG ADULTS

Adolescents with opioid use disorder (dependence or abuse) are unlikely to seek or use treatments, even when these are available. In a 2011 survey, only 13% of opioid-abusing teens that felt the need for substance abuse treatment had actually received treatment services in that year. This survey found that reasons for not seeking needed treatments included:[8] **“I don’t want help, yet.”** In 2011, about a third of opioid-abusing teens aware of their need for treatment hadn’t yet sought help because they weren’t ready to stop using. **“I don’t need help.”** In 2011, only about 5% of adolescents with symptoms of opioid use disorder or abuse reported that they felt the need for any kind of substance abuse treatment. Less than 2% reported that they felt the need *specifically* for treatment of opioid use disorder or abuse. In the same 2011 survey, a significant percentage of opioid-abusing teens thought that they could handle the problem without treatment (21%).[9] Teens may also not be aware of the dangers of opioid abuse, and often feel that using prescription opioids is “safer” than using other illicit drugs.[10] **“Treatment won’t help.”** About 10% of surveyed teens thought that treatment wouldn’t help. **“I don’t want**

anyone to find out.”In the same 2011 survey, one of the most common reasons why opioid-abusing teens didn’t seek treatment were that they didn’t want others to find out (22%). Teens may be afraid or embarrassed to tell their doctors about opioid abuse.[11] **“People will think less of me for using substance abuse treatment.”**Another of the most common reasons why opioid-abusing teens did not seek treatment was because they thought that seeking treatment might cause neighbors to have negative opinions of them (22%). Fear of the negative stigma (disgrace, or bad reputation) that many teens and their friends and family associate with treatment for substance abuse problems may prevent teens from seeking needed treatment. **“I can’t get help.”** In a 2011 survey, about 10% of opioid-abusing teens who were aware of their need for treatment were prevented by its cost and/or lack of insurance coverage for treatment. A similar percentage of teens didn’t know where to get treatment (8%). Though less common, reasons such as not being able to find a treatment program with openings, a lack of transportation to treatment, and worries about treatment’s effects on a job also may stop opioid-abusing teens from receiving treatment.[12]

OPIOID ABUSE IN ADOLESCENTS AND YOUNG ADULTS: HOW FAMILIES AND FRIENDS CAN HELP

Talk about it.A teen’s reluctance or fear to talk about opioid abuse with his or her parents or doctors can be a serious barrier to needed treatment. Providing a supportive environment and decreasing fear of rejection can help make teens more likely to tell an adult if they are having problems with opioid abuse. Talking with a parent, guardian, or doctor can help increase a teen’s awareness of the dangers of opioid abuse and the serious mental and physical consequences of opioid addiction. **Be informed.** Teens who abuse opioids may not seek help because they aren’t aware of the dangers of opioid abuse. Studies have shown that adolescents who talk to their parents or guardians about the dangers of substance use were more likely to seek needed treatment.[13] **Be aware.** Many adolescents often find that prescription opioids are easier to find and use than illicit drugs.[14] Parents’ medicine cabinets, family members, or friends are often reported as primary sources of opioids.[15] Parents and families of a teen having problems with opioid abuse can be more aware of these common sources. — [1]Wu, L.T., Ringwalt, C.L., Mannelli, P., & Patkar, A.A. (2008). Prescription pain reliever abuse and dependence among adolescents: a nationally representative study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 47, 1020–1029. [2]Office of National Drug Control Policy. (2007). Teens and prescription drugs: an analysis of recent trends on the emerging drug threat. Washington, DC: Office of National Drug Control Policy, Executive Office of the President. [3]Schepis, T.S., Krishnan-Sarin, S. (2009). Sources of prescriptions for misuse by adolescents: differences in sex, ethnicity, and severity of misuse in a population-based study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 48, 828–836. [4]Wu, L.T., Blazer, D.G., Li, T. K., & Woody, G.E. (2011). Treatment use and barriers among adolescents with prescription opioid use disorders. *Addictive Behaviors*. 36, 1233–1239. [5]Shankman, S.A., Lewinsohn, P.M., Klein, D.N., Small, J.W., Seeley, J.R., & Altman, S.E. (2009). Subthreshold conditions as precursors for full syndrome disorders: a 15-year longitudinal study of multiple diagnostic classes. *Journal of Child Psychology and Psychiatry*. 50, 1485–1494. [6]Wu, L.T. , Blazer, D. G., Li, T-K., & Woody, G. E. (2011.) Treatment use and barriers among adolescents with prescription opioid use disorders. *Addictive Behaviors*. 36, 1233–1239. [7]National Institute on Drug Abuse. Drugs, brains, and behavior: the science of addiction. Bethesda, MD: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services; 2007. NIH PubNo. 07-5605. [8]Wu, L. T. et. al. (2011). [9]Wu, L. T. et. al. (2011). [10]Office of National

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