Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

Nonmedical Use of Prescription Pain Relievers

NSDUH data indicated that nonmedical use of prescription drugs among youths aged 12 to 17 and young adults aged 18 to 25 in 2011 was the second most prevalent illicit drug use category, with marijuana being first. NSDUH data showed a decline in past month nonmedical prescription drug use among youths between 2002 (4.0 percent) and 2008 (2.9 percent), with no significant change between 2008 and 2011 (2.8 percent). Among young adults aged 18 to 25, past month prevalence of nonmedical prescription drug use was 5.0 percent in 2011. This prevalence in 2011 was lower than the rates in other years since 2003, which varied between 5.9 and 6.5 percent. The most prevalent category of misused prescription drugs is pain relievers. Nonmedical pain reliever use in the past month among youths declined from 3.2 percent in 2002 to 2.3 percent in 2011, while the rate among young adults was lower in 2011 (3.6 percent) than in 2010 (4.4 percent) as well as in years from 2002 to 2009 (between 4.1 and 5.0 percent).

NSDUH and MTF use different definitions and questioning strategies to track misuse of prescription drugs. For example, NSDUH defines misuse as use of prescription drugs that were not prescribed for the respondent or use of these drugs only for the experience or feeling they caused; MTF defines misuse as use not under a doctor's orders. MTF also does not estimate overall prescription drug misuse. However, MTF asks questions about "narcotics other than heroin," a category similar in coverage to the pain reliever category in NSDUH. These data are reported for 12th graders and for young adults. In addition, as is the case with NSDUH trends, methodological changes in MTF have sometimes resulted in discontinuities. For the data on use of narcotics other than heroin, there was a questionnaire change in the 2002 MTF that resulted in increased reporting of opiates, such that estimates prior to 2002 are not strictly comparable with estimates for 2002 and beyond.

Figure 8.5 shows NSDUH data for past year misuse of pain relievers from 2002 to 2011 for youths aged 12 to 17 and young adults aged 18 to 25 (comparable estimates for prior years are not available). MTF data for 12th graders and young adults (aged 19 to 24) are shown for past year misuse of narcotics other than heroin since 2002. Except for 12th graders in MTF, both surveys showed declines from 2006 to 2011 in the prevalence of past year misuse of pain relievers/narcotics other than heroin. Among youths (NSDUH only), the rate of past year use declined from 7.2 to 5.9 percent. Among young adults, NSDUH showed a decline from 12.5 to 9.8 percent, while MTF showed a decline from 9.9 to 7.7 percent (**Table 8.5**). MTF estimates for 12th graders were similar between 2006 and 2011 (9.0 and 8.7 percent). However, the pattern of

estimates for 12th graders in MTF between 2006 and 2011 was in the same direction as those for youths in NSDUH and young adults in both surveys.

Figure 8.5 is titled "Past Year Nonmedical Pain Reliever Use among Youths and Young Adults in NSDUH and MTF: 2002 through 2011." It is a line graph, where the survey years for 2002 through 2011 are shown on the horizontal axis and the percentage using pain relievers nonmedically in the past year is shown on the vertical axis. There is a note under the figure that says, "MTF = Monitoring the Future; NSDUH = National Survey on Drug Use and Health." Another note says, "Data for MTF are for 'narcotics other than heroin.'" For each data source, there is a line representing the percentage using pain relievers nonmedically during the past year for the years shown. Tests of statistical significance at the .05 level were performed between 2011 and each of the previous years listed; significant results are indicated where appropriate.

According to NSDUH data for youths aged 12 to 17, the percentage reporting past year nonmedical pain reliever use was 7.6 percent in 2002, 7.7 percent in 2003, 7.4 percent in 2004, 6.9 percent in 2005, 7.2 percent in 2006, 6.7 percent in 2007, 6.5 percent in 2008, 6.6 percent in 2009, 6.3 percent in 2010, and 5.9 percent in 2011. The differences between the 2011 estimate and the 2002 through 2007 and the 2009 estimates were statistically significant.

According to NSDUH data for young adults aged 18 to 25, the percentage of young adults reporting past year nonmedical pain reliever use was 11.4 percent in 2002, 12.0 percent in 2003, 11.9 percent in 2004, 12.4 percent in 2005, 12.5 percent in 2006, 12.2 percent in 2007, 12.0 percent in both 2008 and 2009, 11.1 percent in 2010, and 9.8 percent in 2011. The differences between the 2011 estimate and the 2002 through 2010 estimates were statistically significant.

According to MTF data for 12th graders, the percentage reporting past year nonmedical pain reliever use was 9.4 percent in 2002, 9.3 percent in 2003, 9.5 percent in 2004, 9.0 percent in both 2005 and 2006, 9.2 percent in 2007, 9.1 percent in 2008, 9.2 percent in 2009, and 8.7 percent in both 2010 and 2011.

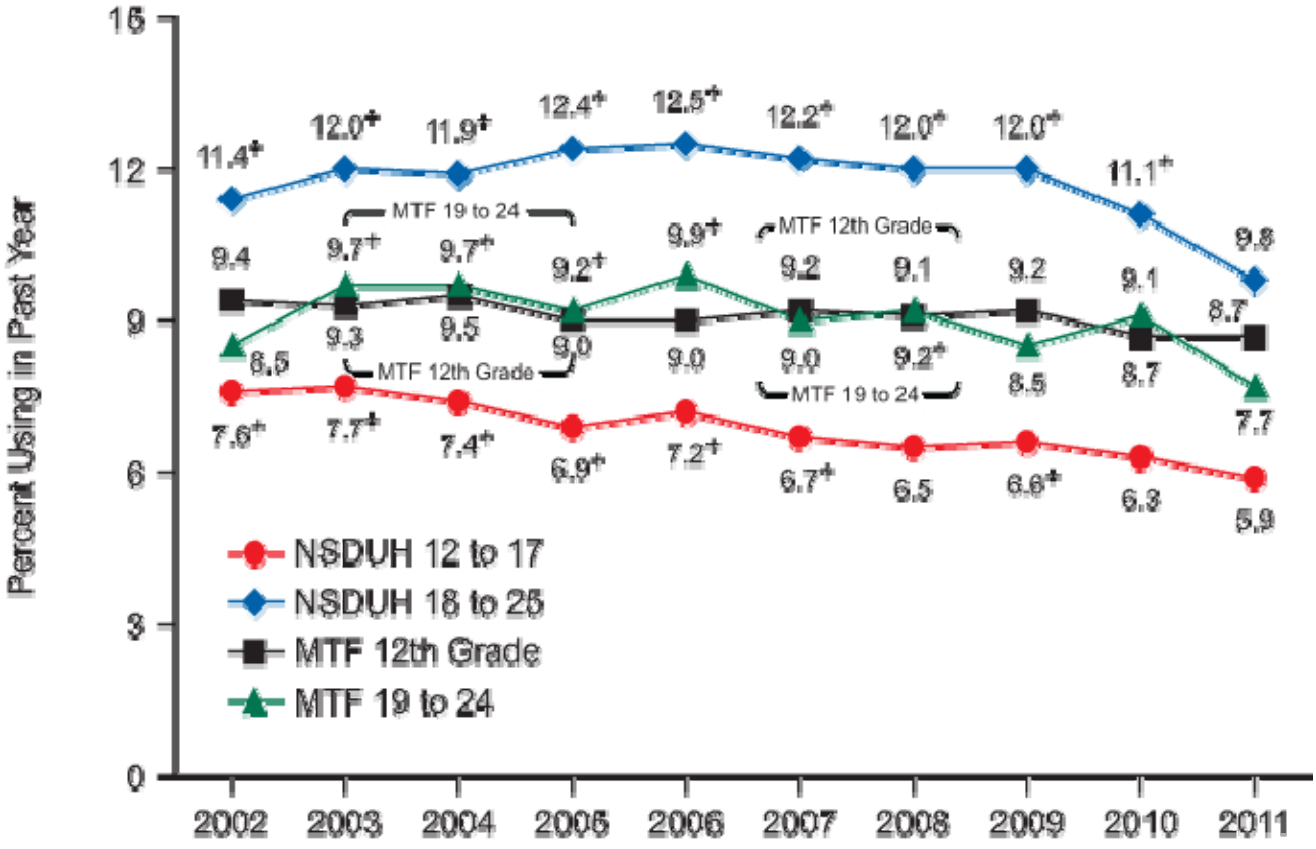
According to MTF data for young adults aged 19 to 24, the percentage reporting past year nonmedical pain reliever use was 8.5 percent in 2002, 9.7 percent in both 2003 and 2004, 9.2 percent in 2005, 9.9 percent in 2006, 9.0 percent in 2007, 9.2 percent in 2008, 8.5 percent in 2009, 9.1 percent in 2010, and 7.7 percent in 2011. The differences between the 2011 estimate and the 2003 through 2006 and the 2008 estimates were statistically significant.

Although the focus of attention is primarily on drug use among young people, NSDUH data demonstrate that the majority (57 percent) of past year nonmedical pain reliever users were aged 26 or older in 2011. Among this age group, the percentage that had used pain relievers nonmedically in the past 12 months rose from 3.1 percent in 2002 to 3.6 percent in 2006 and 2007, then declined to 3.2 percent in 2011.

These data generally indicate a decline in nonmedical pain reliever use from 2002 to 2011. However, other trends indicate a growing problem. According to NSDUH, initiation rates for nonmedical pain reliever use, although declining, were second to initiation rates for marijuana in 2010 and 2011 and were similar to or greater than marijuana initiation rates in 2002 to 2009.

There have been 1.9 million or more new nonmedical pain reliever users each year since 2002. The sustained numbers of new and continuing users have contributed to increases in indicators of problems associated with use, especially among adults. The number of persons with nonmedical pain reliever dependence increased from 936,000 in 2002 to 1.4 million in 2011. An estimated 56.1 percent of these pain reliever-dependent persons in 2011 were aged 26 or older, but about one third (472,000) were aged 18 to 25. The number of persons receiving specialty substance abuse treatment within the past year for misuse of pain relievers increased during this period, from 199,000 to 438,000. In 2011, 63.7 percent of those receiving specialty substance abuse treatment for pain relievers were aged 26 or older, and 29.6 percent were aged 18 to 25. TEDS and DAWN data confirm these trends. Special analyses of TEDS admissions data indicate that admissions to publicly funded substance abuse treatment programs for a nonheroin opiate problem increased from 91,000 in 2002 to 259,000 in 2010; in 2010, 69 percent of such admissions were aged 25 or older, and 28 percent were aged 18 to 24. According to DAWN data, the number of emergency department visits involving nonmedical use of narcotic pain relievers increased from 145,000 in 2004 to 360,000 in 2010 (Center for Behavioral Health Statistics and Quality, 2012).

Figure 8.5 Past Year Nonmedical Pain Reliever Use among Youths and Young Adults in NSDUH and MTF: 2002-2011



MTF = Monitoring the Future; NSDUH = National Survey on Drug Use and Health.
Note: Data for MTF are for "narcotics other than heroin."
+ Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.