

# Study suggests mid-adolescence is peak risk for extramedical use of pain relievers by young people

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Surveys of U.S. adolescents suggest that the estimated peak risk of using prescription pain relievers for extramedical use, such as to get high or for other unapproved indications, occurs in mid-adolescence, according to a report published Online First by *Archives of Pediatrics & Adolescent Medicine*, a JAMA Network publication.

Physicians, other prescribing clinicians such as dentists, and public health professionals are aware of recent increasing trends of prescribing [pain relievers](#). Previous research suggests an increased use of these drugs for extramedical use and increased rates of overdose deaths, the authors write in their study background.

Elizabeth A. Meier, Ph.D., and colleagues at Michigan State University used data from the 2004 through 2008 National Survey on Drug Use and Health to identify when [young people](#) are most likely to start using prescription pain relievers to get high or for other unapproved uses not intended by a physician. Estimates in the study are based on 119,877 participants, ages 12 to 21 years, whose self-report indicated that they had never engaged in extramedical use of prescription pain relievers before the year they were assessed for the survey.

"We suspect that many physicians, other prescribing clinicians, and public health professionals will share our surprise that for youth in the United States, the peak risk of starting extramedical use of prescription

pain relievers generally occurs before the final year of high school, not during the post-secondary school years," the authors comment.

Based on the study's estimates for each year between 2004 and 2008, roughly 1 in 60 young people from the ages of 12 to 21 years starts extramedical use of prescription pain relievers. Peak risk is concentrated at about 16 years, when roughly 1 in 30 to 40 youth starts extramedical use, the authors note.

"With the peak risk at age 16 years and a notable acceleration in risk between ages 13 and 14 years, any strict focus on college students or 12th graders might be an example of too little too late in the clinical practice sector and in public health work," the authors conclude. "There is reason to strengthen earlier school-based prevention programs and early outreach along the lines of effective school-based alcohol and tobacco [public health](#) initiatives."

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