

# Adolescents and young adults with mental health disorders at risk of long-term opioid use

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Long-term use and abuse of opioid painkillers, such as OxyContin and Vicodin, has markedly increased in the United States in the last two decades. Of note, prescription opioids constitute 86.9 percent of prescription drug misuse among high school students. And last week in a two-day U.S. Food and Drug Administration public meeting, officials questioned the use of long-term opioids for chronic pain due to a lack of evidence for the effectiveness and concerns about the potential risk for addiction.

While previous studies have shown that depression and substance abuse peaks during adolescence and [young adulthood](#), studies assessing the link between [mental health issues](#) and opioid use in this population were lacking.

Laura Richardson, MD, and a team at the Seattle Children's Research Institute and the University of Washington conducted a longitudinal study to examine the association between [mental health disorders](#) and subsequent risk for long-term opioid use among adolescents and young adults ages 13 to 24. They found that those with mental health disorders were not only more likely to be prescribed opioids for chronic pain but also 2.4 times more likely to become long-term [opioid users](#) than those who didn't have a mental health disorder. The study also found that long-term opioid use was more common among males, older youth and youth who lived in communities that were poorer, had more white residents,

and had fewer residents who had attended college.

"Mental Health Disorders and Long-term Opioid Use Among Adolescents and Young Adults With Chronic Pain," was published in the June 2012 [Journal of Adolescent Health](#). The study's data set contains information from January 2001 to June 2008, and tracked opioid usage patterns of 62,560 adolescent and young adults from the West, Midwest and Southwest regions of the United States. Long-term opioid use is defined as using opioids for more than 90 days within a six-month period with no gap of usage over 30 days. Chronic pain complaints included back pain, neck pain, headache and arthritis or joint pain.

"There are a number of reasons why adolescents and [young adults](#) with mental health issues are more likely to become long-term users of opioids," said Dr. Richardson, who is also an associate professor of pediatrics at the University of Washington. "Depression and anxiety might increase pain symptoms and lead to longer treatment, and physicians may see depressed patients as being more distressed and may be willing to treat pain symptoms over a longer period of time."

While there may be a role for opioids in treating some patients, Dr. Richardson offers the following tips aimed to help reduce risk of long-term opioid use for parents, patients and medical professionals:

- Providers should have frank conversations with families about the long-term use of opioids and the risks involved.
- Providers should screen for mental health disorders before starting medications, and should consider referring patients with depression or anxiety for counseling or other mental health treatment.
- Parents and patients should ask how long the provider anticipates that the patient will be treated with opioids. For most conditions, such as post-surgical pain or dental procedures, the treatment

should be no longer than two weeks.

- Parents who are concerned that adolescents might have depression or anxiety should advocate for them to make sure they get the help and treatment they need.
- Parents and patients should appropriately discard any unused opioid prescriptions, and take advantage of "take back your drugs" days and drop sites at local police stations and pharmacies.

Provided by Seattle Children's Research Institute

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