

Drug overdoses in young people on the rise

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In American adolescents and young adults, death rates from drug poisoning, particularly from opioids, have sharply increased over the last 10 years, according to new research in the *Journal of Studies on Alcohol and Drugs*.

In 2006, the death rate from [drug poisoning](#) from any type of legal or [illicit drug](#) was 8.1 deaths for every 100,000 people in the population ages 15 to 24. This rose to 9.7 per 100,000 by 2015, mainly fueled by deaths from [opioid](#) use. In this age group, death rates from opioids—both prescription opioids and illicit opioids such as heroin—rose 4.8% on average annually from 2006 to 2015, with an even steeper incline of 15.4% a year between 2013 and 2015.

"The surge in drug poisoning deaths . . . among adolescents and young adults reflects the ease of access to [pharmaceutical drugs](#), especially prescription opioids . . . and later transition to more potent opioids," the authors write. Many [young people](#) are introduced to opioids through [prescription drugs](#), such as Vicodin or OxyContin. They often misuse these drugs with motivations to relieve pain, relax, feel good, or get high.

"[W]hen people addicted to [prescription opioids](#) face difficulty accessing these drugs because of tighter controls, they often turn to increasingly available and cheaper heroin," the authors continue. Those who switch from prescription drugs to heroin are at high risk for drug overdose because these individuals are "accustomed to titrated prescription drugs and do not realize that heroin varies in potency and can be cut or mixed with dangerous and potentially deadly substances," such as fentanyl.

To conduct their study, researchers led by Bina Ali, Ph.D., of the Pacific Institute for Research and Evaluation in Maryland, analyzed mortality data from the National Center for Health Statistics from 2006 through 2015. In addition to examining average annual rate changes in drug poisoning death rates for adolescents (ages 15-19) and young adults (ages 20-24), Ali and her colleagues estimated the costs to society associated with these deaths. This included the costs of medical interventions (emergency transport; treatment in hospitals, nursing homes, and hospices; and autopsies), work loss (loss of earnings and household work

that young people would have made over the remainder of an average life), and quality-of-life loss (the monetary value of intangible losses such as pain and suffering).

The investigators found that drug poisoning death rates in adolescents and young adults were higher for Whites (11.9 for every 100,000 people) and American Indian/Alaskan Natives (10.0) compared with Blacks (2.6), Asian/Pacific Islanders (2.3), and Hispanics (4.0). Over time, the rates significantly increased for Whites (1.7% per year from 2006 to 2015), Asian/Pacific Islanders (4.3% per year from 2006 to 2015), and Blacks (11.8% per year from 2009 to 2015).

Drug poisoning [death rates](#) in adolescents and young adults vary by state. For example, the rate in West Virginia was approximately 5 times higher than the rate in Nebraska (15.1 vs. 3.1 per 100,000). When looking at changes between 2006 and 2015, New York had the highest increase in drug poisoning [death](#) rate, with a 9.4% increase each year. This was followed by Ohio, Massachusetts, and New Jersey (with 9.1%, 9.0% and 8.7% increases annually, respectively).

The estimated costs of drug poisoning deaths among young people in the United States were \$27.1 million in medical costs, \$8.5 billion in work loss costs, and \$26.5 billion for quality-of-life loss in 2015.

"The burden of drug poisoning deaths among adolescents and young adults is substantial," Ali and her colleagues conclude. "With the burden of drug poisoning deaths among adolescents and [young adults](#) estimated at \$35.1 billion nationally, targeted state-specific efforts are warranted."

Evidence-based and promising strategies exist, such as knowledge and skills development for physicians, young people, and their parents; expansion of prescription drug monitoring programs, prescription drug disposal methods, and naloxone distribution programs; and medication-

assisted treatment that combines medications with counseling and behavioral therapies. Interventions that are tailored for high-risk populations and directed at multiple levels (individuals, communities, and public health systems) are needed to reduce premature deaths from drug overdoses, according to Ali.

More information: Bina Ali et al, Trends in Drug Poisoning Deaths Among Adolescents and Young Adults in the United States, 2006–2015, *Journal of Studies on Alcohol and Drugs* (2019). [DOI: 10.15288/jsad.2019.80.201](https://doi.org/10.15288/jsad.2019.80.201)

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