

Youth's risks from first-time opioid prescriptions may not be as high as once thought

11 August 2020



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Young adults and adolescents who are prescribed opioids for the first time may be at a slightly greater risk of developing a substance-related problem later in life, according to a new study co-authored by Indiana University researchers. However, the risk may not be as high as previously thought.

The study was published today in *JAMA Pediatrics* and co-authored by Patrick Quinn, an assistant professor at the IU School of Public Health-Bloomington.

The researchers looked at the health and other national records of Swedish individuals age 13 to 29, from 2007 to 2013, who were prescribed an [opioid](#) for the first time. Their goal was to further investigate whether prescribing opioids, such as codeine or oxycodone, during adolescence and young adulthood leads to a greater risk of substance-related problems.

They found that, compared with people who were not prescribed an opioid, 1 to 2 percent more of those prescribed an opioid for the first time

developed a substance use disorder or other substance-related issue such as an overdose or [criminal conviction](#) within five years of being prescribed.

"By using several rigorous research designs, we found that there was not a huge difference—in fact, the difference was smaller than some previous research has found. But the study still shows that even a first opioid prescription may lead to some risk," Quinn said. "Our findings highlight the importance of screening for [substance use disorders](#) and other mental health conditions among patients with [pain](#), including those receiving opioid therapy."

Quinn and his team used health data from Sweden because the country has nationwide records, which makes it easier to document people's prescriptions. They conducted a number of tests, including comparing youth and adolescents who were prescribed opioids with those whose pain was treated with a non-opioid pain medication. They also compared twins and other siblings of multiple births, one who was prescribed opioids and others who were not.

Across the board, the opioid recipients' risk was 1 to 2 percent greater than other people's risk. Quinn cautioned that further research is needed to determine how much of that risk is truly caused by opioid prescription and how much is caused by other factors, such as whether opioid recipients experienced more impairing pain.

The opioid epidemic in the U.S. has brought about welcome prescription policy changes, Quinn said, but it is important to have solid data that can help guide these decisions.

"Our goal is help patients and doctors understand

the risks of opioid treatment for pain," he said. "We need to have a good understanding of what those risks might be in order for patients and doctors to make informed decisions."

More information: Patrick D. Quinn et al, Association of Opioid Prescription Initiation During Adolescence and Young Adulthood With Subsequent Substance-Related Morbidity, *JAMA Pediatrics* (2020). [DOI: 10.1001/jamapediatrics.2020.2539](https://doi.org/10.1001/jamapediatrics.2020.2539)

Provided by Indiana University

APA citation: Youth's risks from first-time opioid prescriptions may not be as high as once thought (2020, August 11) retrieved 22 October 2020 from <https://medicalxpress.com/news/2020-08-youth-first-time-opioid-prescriptions-high.html>

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