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## Parents Numb to Misuse of Narcotic Pain Medicines by Youth?

### Report Highlights

About one-third of parents report they had received at least one pain medicine prescription for their children in the last five years.

35% of parents are *very concerned* about misuse of narcotic pain medicines by children and teens in their communities; only 19% are concerned about misuse in their families.

Nearly one-half of parents do not favor a requirement that they return unused pain medicine to the doctor or pharmacy.

Over the last 20 years, sales of narcotic pain medicines in the U.S. have tripled. With increased sales have come higher rates of abuse and overdoses of narcotic pain medicines across all age groups, including children and teens.

Misuse of narcotic pain medicines by children and teens may be related to easy access to such medicines prescribed to individuals, friends or family members. The C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children 5-17 years old about their views on misuse of narcotic pain medicine among children and teens.

### Prescription Pain Medicine in the Household

One-third of parents (35%) report that, in the last five years, they had received at least one pain medicine prescription for their children. Two-thirds (66%) had received at least one pain medicine prescription for themselves or another adult in the household.

### Concern about Misuse of Narcotic Pain Medicines

Overall, 35% of parents say they are *very concerned* about misuse of narcotic pain medicines by children and teens in their communities; only 1 in 5 parents (19%) are *very concerned* about misuse of pain medicines in their own families. Black parents (38%) and Hispanic parents (26%) are more likely than white parents (13%) to be *very concerned* about misuse of narcotic pain medicines in their own families.

### Policies to Discourage Misuse of Narcotic Pain Medicines

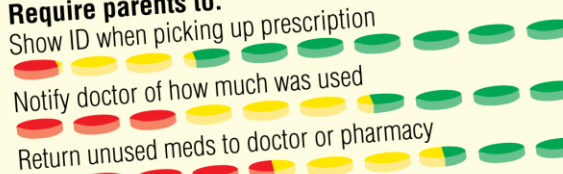
Among a list of potential policies to discourage children and teens' misuse of narcotic pain medicine, only two policies are rated as *strongly support* by the majority of parents (Figure 1).

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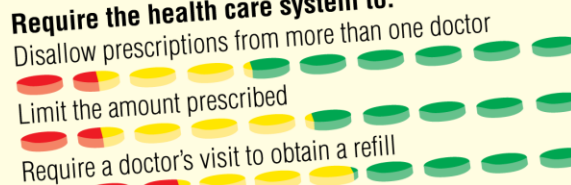
A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit.

Figure 1. Parent Support for Policies to Discourage Children and Teens' Misuse of Narcotic Pain Medicine

#### Require parents to:



#### Require the health care system to:



Legend: Red = do not support, Yellow = somewhat support, Green = strongly support



*This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children's Hospital via a method used in many published studies. The survey was administered in September 2012 to a randomly selected, stratified group of parents with a child age 5-17 (n=1,304) from GfK's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 57% among panel members contacted to participate. The margin of error is ± 2 to 4 percentage points and higher among subgroups.*

For policies aimed at parents, there is broad consensus (66% *strongly support*) and little opposition (8% *do not support*) to require parents to show identification when picking up narcotic pain medicine for their children. In contrast, few parents favor (24% *strongly support*) and nearly one-half oppose (47% *do not support*) a requirement that they return unused pain medicine to the doctor or pharmacy. Black and Hispanic parents are more likely to *strongly support*, and white parents more likely to *not support*, a requirement to return unused narcotic pain medicine.

There is generally greater support for policies aimed at the health care system, particularly for a policy to disallow narcotic pain medicine prescriptions from more than one doctor (57% *strongly support*; 15% *do not support*). In contrast, fewer parents (41% *strongly support*; 26% *do not support*) favor a policy to require a doctor's visit to obtain a refill on narcotic pain medicines. White parents are more likely than black or Hispanic parents to *not support* requiring an office visit to obtain a pain medicine refill.

### Implications

In the U.S. today, the number of drug overdose deaths attributed to narcotic pain medicines such as hydrocodone (e.g., Vicodin) and oxycodone (e.g., Oxycontin) is more than overdose deaths from heroin and cocaine combined. This is not just an issue for adults: a recent study found that 1 in 4 high school seniors had ever used a narcotic pain medicine.

Findings from this National Poll on Children's Health indicate that only one-third of parents said they were *very concerned* about narcotic pain medicine use among children and teens. Although rates of narcotic pain medicine use have been shown to be three times higher among white teens than their black or Hispanic peers, white parents are less likely than black or Hispanic parents to be very concerned about narcotic pain medicine use, and are less likely to support policies to limit children's access to them.

Parents may feel that narcotic pain medicines are safe – after all, they are prescribed by doctors. Therein lies the problem: 3 of 4 people who misuse narcotic pain medicine are using drugs prescribed to themselves, a friend or a relative. That “safe” prescription may serve as a readily accessible supply of potentially lethal drugs for children or teens.

Potential strategies to combat misuse of narcotic pain medicines are often designed to reduce the ease of access. As measured in this Poll, parents' lack of support of several potential strategies are another signal that they may underappreciate the growing risk of narcotic pain medicine abuse. For example, parents are more likely to say that they *do not support*, rather than *strongly support*, a policy requiring them to return unused pain medication to the doctor or pharmacy—a way to limit the amount of easy-access pills that could be misused.

Parents' limited concern about the misuse of narcotic pain medicines, and their limited support for new strategies to disrupt children and teens' access to narcotic pain medicines, highlight the tremendous challenge of addressing this national problem.

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*Findings from the C.S. Mott Children's Hospital National Poll on Children's Health do not represent the opinions of the investigators or the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.*