



## Narcotics in the Medicine Cabinet: Provider Talk Is Key to Lower Risk

### Report Highlights

**One half of parents reported their child had leftover pills from a pain medication prescription.**

**Only one third of parents said that the prescribing provider discussed what to do with the child's leftover pain medication.**

**Twice as many parents with no provider discussion kept leftover pain pills at home compared to parents whose provider discussed what to do with leftover medication.**

### Contact us

*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.*

Rates of prescription pain medication addiction and death have increased in the United States, leading to major policy initiatives to limit access to narcotic pain medications. For adolescents, a known point of access to narcotic pain medication is pills in the home, left over from a prior prescription.

In January 2016, 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 experiences with pain medication prescriptions for their children.

### Experiences with Prescription Pain Medication for Children

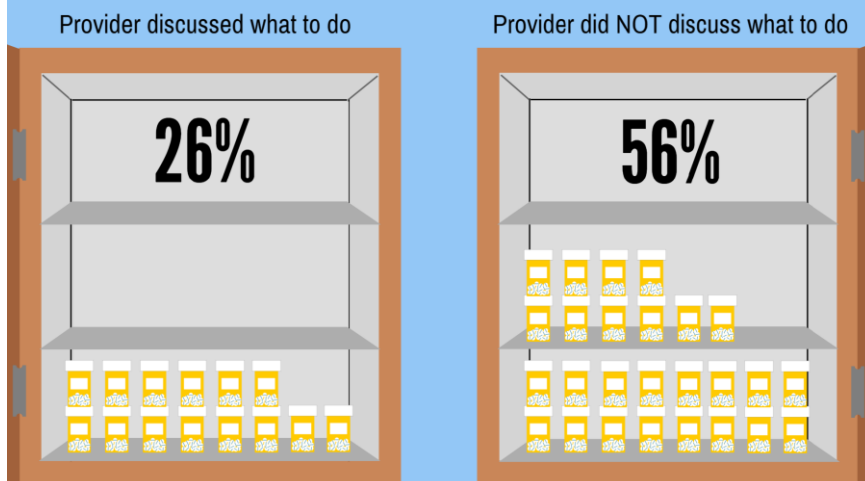
Overall, 29% of parents reported at least one pain medication prescription for their child, most often related to surgery (39%), illness (33%) and injury (22%).

Most prescriptions (60%) were for narcotics like oxycodone or hydrocodone, while 8% were for non-narcotic pain relievers; 32% of parents could not recall the type of medication. Most parents reported that the child's health care provider discussed how often to take the medication (84%), when to cut down on pain medication (64%), and side effects (61%). Only 33% reported that the provider discussed what to do with leftover pain medication.

One half of parents reported their child had leftover medication. When asked what they did with the leftover medication, 47% said they kept it at home, while 30% disposed of it in the trash or toilet, and 6% used it for other family members. Only 8% returned leftover medication to the doctor or pharmacy, and 9% did not remember what they did.

Parents whose child's provider discussed what to do with leftover pain medication were significantly less likely to keep the leftover medication at home, compared to parents who did not discuss this topic with the provider.

**Figure 1. Proportion of parents who kept child's leftover pain medication at home**



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2016

*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 January 2016 to a randomly selected, stratified group of parents age 18 and older with at least one child age 5-17 (n=1,176). Parents were selected 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 54% among panel members contacted to participate. The margin of error is ± 3 to 8 percentage points.*

## Implications

The epidemic of prescription drug abuse affects all sectors of the US population, including children and adolescents. The steep increase in prescriptions for narcotic pain medications over the past two decades has greatly expanded the availability of narcotics.

This national poll highlights an issue of critical importance to the health of children: the ready availability of narcotic pain medication in the home. The majority of parents did not recall getting direction from their child's provider on what to do with leftover pain medication; without guidance, many parents simply kept the extra pain pills in the home. In families with teens, those leftover pills in the home represent easy access to narcotics for teens and their friends.

Poll results demonstrate that when providers do offer direction to parents, they make better decisions with leftover medication – choosing to dispose of or return the leftover pills. However, too few parents recall receiving clear direction from their child's provider about what to do with leftover pain medication. This is a missed opportunity to prevent prescription drug misuse among children. Providers cannot assume that parents understand the risks of easily accessible pain medication in the home. Rather, providers need to explain this risk to parents, and offer guidance to parents on appropriate options (e.g., return to provider office or pharmacy; safe disposal in trash, not flushing down the toilet).

Another key finding from this poll is that the amount of pain medication being prescribed for children frequently is greater than the amount used. In this poll, half of parents whose children had received a prescription for pain medication had pills left over. This raises a fundamental question about how providers approach the task of prescribing pain medication to children: are they prescribing "just enough" medication for a standard recovery, or additional doses "just in case" there is prolonged pain? Providers should make careful decisions regarding the amount of narcotic pain medication prescribed to children, and parents should feel comfortable asking questions about the amount of medication prescribed.

Beyond the specific issue of leftover medication, this poll suggests that parents need clearer guidance on all aspects of administering prescription medications for their children. This is particularly true for pain medication, which differs from the very specific manner in which other medications are handled: rather, the administration of pain medication is linked to the child's symptoms, without a strict schedule or endpoint. In this poll, only two-thirds of parents reported talking with the provider about when to cut down on pain medication as the child's condition improves. Ideally, all parents should have guidance in this area.

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