

# The CBHSQ Report

Short Report

January 12, 2017

## HOW PEOPLE OBTAIN THE PRESCRIPTION PAIN RELIEVERS THEY MISUSE

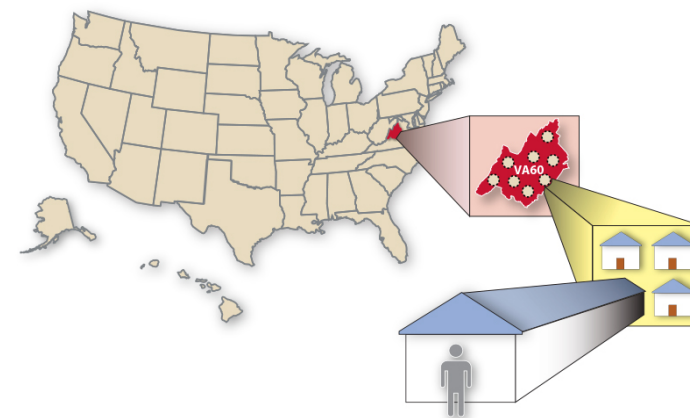
### AUTHORS

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### INTRODUCTION

Misuse of prescription pain relievers is, after marijuana use, the second most common form of illicit drug use in the United States.<sup>1</sup> When used appropriately under medical supervision, pain relievers such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), and methadone can be medically beneficial by reducing pain and suffering. Most of the 97.5 million people aged 12 or older in the United States who used pain relievers in the past year did not misuse the pain relievers they took; 12.5 million people reported that they misused pain relievers in the past year.<sup>2</sup> Combined 2013 and 2014 National Survey on Drug Use and Health (NSDUH) data are used in this analysis because the questions needed to categorize prescription pain reliever misusers by their frequency of use were removed in the 2015 NSDUH questionnaire redesign. When taken without a physician's direction and oversight, these medications can cause serious adverse consequences and can lead to a substance use disorder, overdose, or death.<sup>3,4</sup> Given the prevalence of prescription drug misuse, it can be useful for prevention specialists, policymakers, and health care providers to understand the sources of the prescription drugs that are misused and whether these sources differ based on the type of user misusing the substance.

NSDUH is a nationally representative annual survey of approximately 67,500 people aged 12 or older throughout the United States. NSDUH is a primary source of information on the scope and nature of many substance use and mental health issues affecting the nation. NSDUH asks respondents questions related to their nonmedical use of prescription-type pain relievers during the past year. Nonmedical use (hereafter referred to as misuse) is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused.<sup>5</sup> NSDUH also asks people who misused prescription pain relievers in the past year how they obtained prescription pain relievers the last time they used them<sup>6</sup> and how many days in the past year they used prescription pain relievers for nonmedical purposes. In this issue of *The CBHSQ Report*, past year misusers are categorized into three mutually exclusive groups: (1) recent initiates, (2) frequent users, and (3) occasional users. Recent initiates are defined as those who initiated misuse of prescription pain relievers in the past year. Occasional users are defined as those who were



### In Brief

- According to combined 2013 and 2014 data from the National Survey on Drug Use and Health, an annual average of 10.7 million people aged 12 or older misused prescription pain relievers in the past year.
- About one-half of those who misused prescription pain relievers in the past year said that they obtained the prescription pain relievers they had most recently misused from a friend or relative for free (50.5 percent), and 22.1 percent said they obtained the drugs from one doctor.
- Recent initiates, occasional users, and frequent users, when combined, equal 10.7 million people who misused prescription pain relievers in the past year. An annual average of 1.5 million people were recent initiates, 6.0 million were occasional prescription pain reliever misusers, and 3.2 million were frequent prescription pain reliever misusers in the past year.
- Recent initiates, occasional users, and frequent users were all most likely to get the drugs they misused from a friend or relative for free and from one doctor; however, frequent users were more likely than recent initiates and occasional users to obtain their most recently misused pain relievers by buying them from a friend or relative, by buying them from a drug dealer or other stranger, or by obtaining them from more than one doctor.

not recent initiates and misused prescription pain relievers fewer than 52 days in the past year. Frequent users are defined as those who were not recent initiates and misused prescription pain relievers on 52 days or more in the past year.

This issue of *The CBHSQ Report* examines sources of misused prescription pain relievers in the United States overall, by demographic subgroups, and by type of user. When comparing across subgroups of three or more levels, log-linear chi-square tests of independence of the subgroups and the outcome of interest were conducted in order to control the error level for multiple comparisons. When Shah's Wald F test indicates overall significant differences, individual pairwise comparisons between subgroup levels (e.g., one subgroup level vs. another subgroup level) were conducted within SUDAAN to properly account for the complex sample design. Only those pairwise comparisons found to be significant at the .05 level are discussed in this report. All findings presented in this report are annual averages based on combined 2013 and 2014 NSDUH data.

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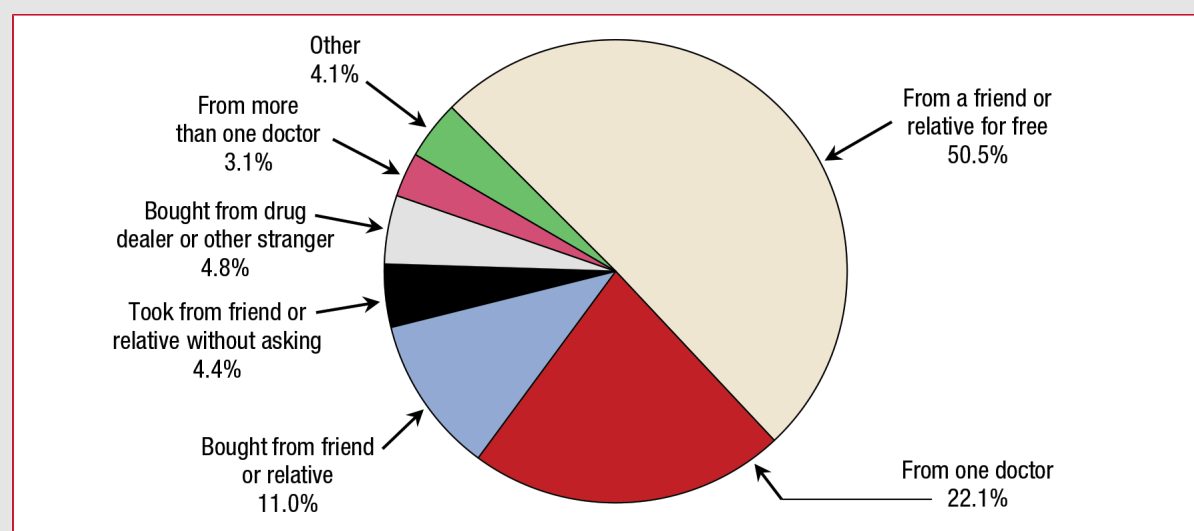
## MISUSE OF PRESCRIPTION PAIN RELIEVERS

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According to combined 2013 and 2014 NSDUH data, an annual average of 10.7 million people aged 12 or older misused prescription pain relievers in the past year. This represents 4.1 percent of the population.

NSDUH respondents who misused prescription pain relievers were asked to identify where they obtained the prescription pain relievers that they had most recently misused.<sup>7</sup> The most common source was "from a friend or relative for free" (50.5 percent; Figure 1). About 1 in 5 people said that they obtained the prescription pain relievers they had most recently misused from one doctor (22.1 percent), and an additional 3.1 percent said they obtained them from more than one doctor. Only 4.8 percent of people who misused prescription pain relievers in the past year indicated that they had bought the prescription pain relievers they had most recently misused from a drug dealer or other stranger. About 4.4 percent of people who misused prescription pain relievers in the past year said they took the pain relievers from a friend or relative without asking. About 4.1 percent of people who misused prescription pain relievers indicated that they obtained their most recently misused pain relievers from other sources.<sup>7</sup> For example, one other source was the Internet. Only 0.1 percent of people aged 12 or older used the Internet to obtain prescription pain relievers (data not shown).

**Figure 1. Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older: annual averages, 2013 and 2014**

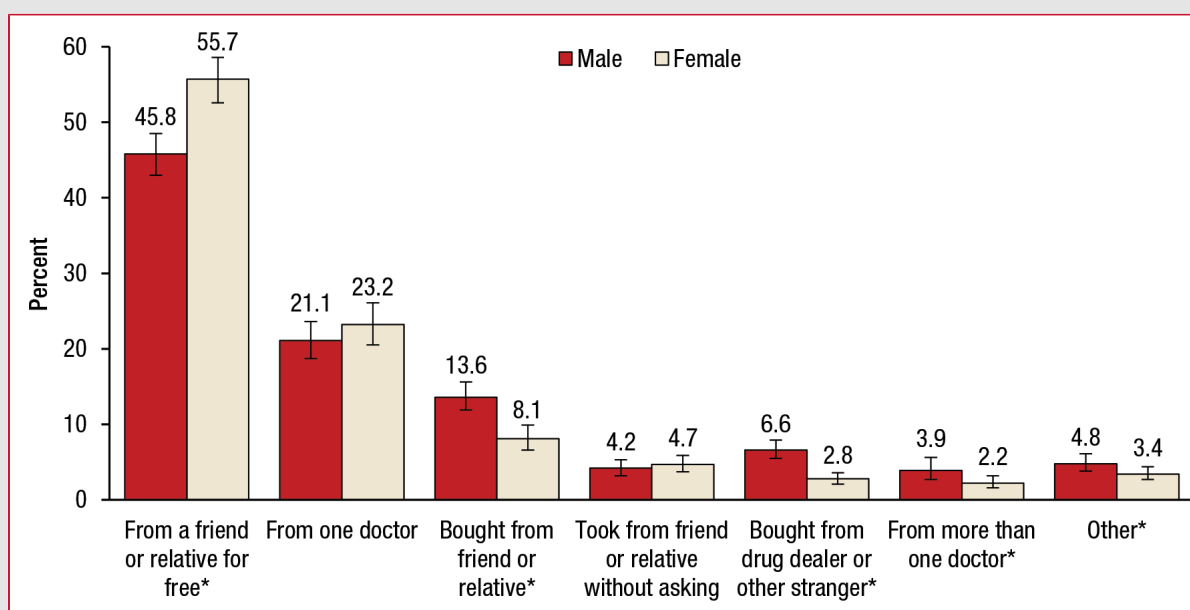


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

## MISUSE OF PRESCRIPTION PAIN RELIEVERS, BY GENDER

According to combined 2013 and 2014 NSDUH data, an annual average of 5.7 million men and 5.0 million women misused prescription pain relievers in the past year. For males and females, the most common source of the prescription pain relievers they had most recently misused was from a friend or relative for free (Figure 2). However, this was a more common source for females than for males (55.7 vs. 45.8 percent). In contrast, males were more likely than females to indicate that they bought their most recently misused prescription pain relievers from a friend or relative (13.6 vs. 8.1 percent). Although there was no difference in the percentage of males and females regarding obtaining misused prescription pain relievers from one doctor, males were more likely than females to obtain their misused prescription pain relievers from more than one doctor (3.9 vs. 2.2 percent). Males were also more likely than females to indicate that they bought the prescription pain relievers they had most recently misused from a drug dealer or other stranger (6.6 vs. 2.8 percent).

**Figure 2. Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older, by gender: annual averages, 2013 and 2014**



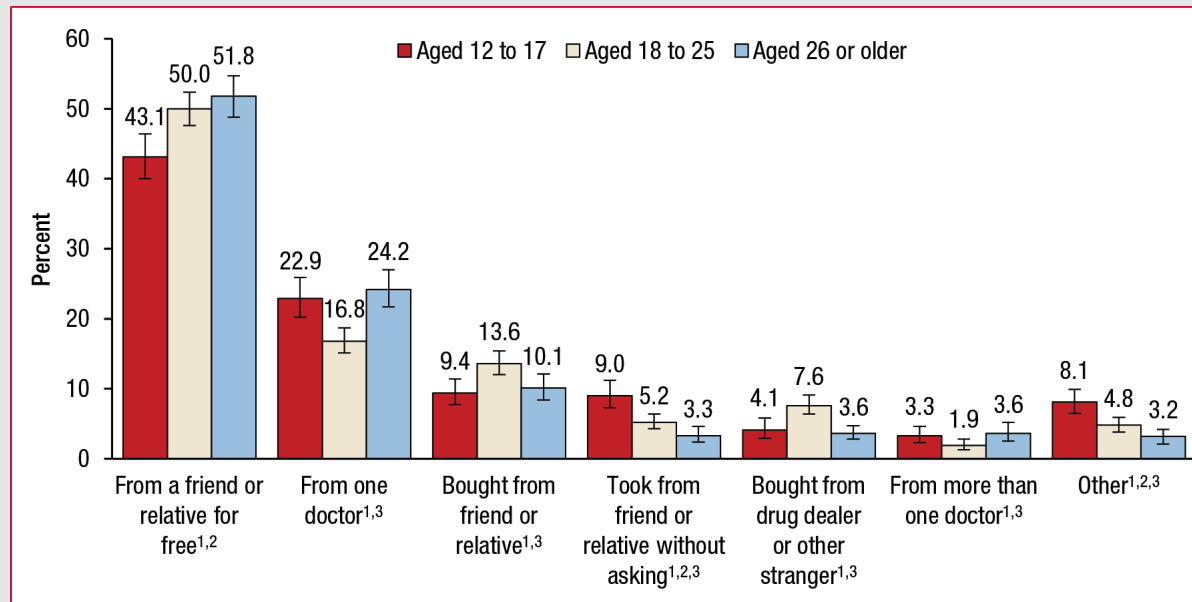
\* Difference between males and females is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

## MISUSE OF PRESCRIPTION PAIN RELIEVERS, BY AGE GROUP

According to combined 2013 and 2014 NSDUH data, an annual average of 1.2 million adolescents aged 12 to 17, 2.9 million young adults aged 18 to 25, and 6.6 million adults aged 26 or older misused prescription pain relievers in the past year. For all three age groups, the most common source of the prescription pain relievers they had most recently misused was from a friend or relative for free (Figure 3). However, this was a more common source for young adults aged 18 to 25 and adults aged 26 or older than for adolescents aged 12 to 17 (50.0 and 51.8 vs. 43.1 percent). Young adults aged 18 to 25 were less likely than adolescents aged 12 to 17 and adults aged 26 or older to indicate that they obtained the prescription pain relievers they had most recently misused from one doctor (16.8 vs. 22.9 and 24.2 percent) or from more than one doctor (1.9 vs. 3.3 and 3.6 percent). Conversely, young adults aged 18 to 25 were more likely than adolescents aged 12 to 17 and adults aged 26 or older to indicate that they bought the prescription pain relievers they had most recently misused from a friend or relative (13.6 vs. 9.4 and 10.1 percent). Young adults were also more likely than adolescents or adults aged 26 or older to indicate that they bought the prescription pain relievers they had most recently misused from a drug dealer or other stranger (7.6 vs. 4.1 and 3.6 percent).

**Figure 3. Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older, by age group: annual averages, 2013 and 2014**



<sup>1</sup> Difference between those aged 12 to 17 and those aged 18 to 25 is statistically significant at the .05 level.

<sup>2</sup> Difference between those aged 12 to 17 and those aged 26 or older is statistically significant at the .05 level.

<sup>3</sup> Difference between those aged 18 to 25 and those aged 26 or older is statistically significant at the .05 level.

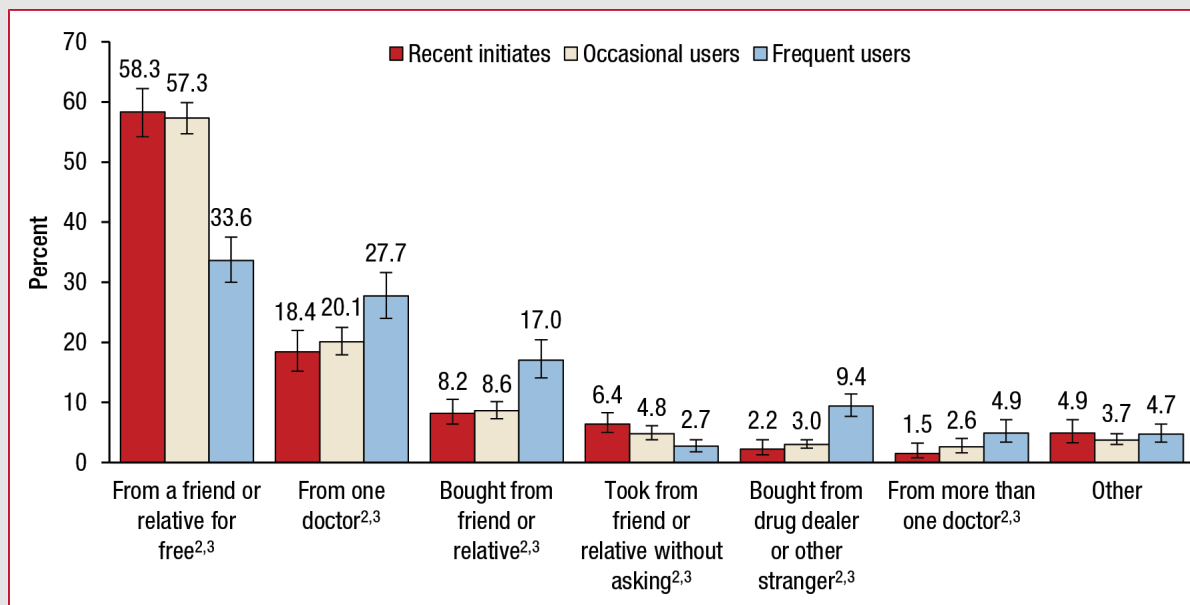
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

## MISUSE OF PRESCRIPTION PAIN RELIEVERS, BY TYPE OF USER

According to combined 2013 and 2014 NSDUH data, an annual average of 1.5 million people were recent initiates of misuse of prescription pain relievers, meaning that 1.5 million people started misusing prescription pain relievers in the past year. There were 6.0 million nonrecent initiate occasional prescription pain reliever misusers and 3.2 million nonrecent initiate frequent prescription pain reliever misusers in the past year.

For all three types of users (recent initiates, occasional users, and frequent users), the two most commonly cited sources of the prescription pain relievers they had most recently misused were (1) from a friend or relative for free and (2) from one doctor (Figure 4). However, recent initiates and occasional users were more likely than frequent users to report that they obtained the prescription pain relievers they had most recently misused from a friend or relative for free (58.3 and 57.3 vs. 33.6 percent) and less likely to report that they obtained them from one doctor (18.4 and 20.1 vs. 27.7 percent). Frequent users were more likely than other users to have bought their most recently misused pain relievers from a friend or relative, bought them from a drug dealer or other stranger, or obtained them from more than one doctor. For example, 9.4 percent of frequent users bought their most recently misused pain relievers from a drug dealer or other stranger, whereas only 2.2 percent of recent initiates and 3.0 percent of occasional users relied on this source. The percentage of those who obtained their most recently misused pain relievers by taking them from a friend or relative without asking was lower among frequent users than among recent initiates and occasional users.

**Figure 4. Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older, by type of user: annual averages, 2013 and 2014**



<sup>1</sup> Difference between recent initiates and occasional users is statistically significant at the .05 level.

<sup>2</sup> Difference between recent initiates and frequent users is statistically significant at the .05 level.

<sup>3</sup> Difference between occasional users and frequent users is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

## DISCUSSION

Nonmedical use of prescription pain relievers has been the second most common type of illicit drug use in the United States for more than a decade.<sup>1</sup> The percentage of people misusing pain relievers has declined<sup>1</sup>; however, pain reliever misuse remains a public health concern because even as use declines, the number of deaths from overdoses and the number of admissions to substance use treatment involving opioids have increased.<sup>8</sup> The prevalence estimates for opioid use disorders and high-frequency use have also increased. The mortality rates for adults aged 18 to 64 for opioid overdoses have increased from 4.5 deaths per 100,000 in 2003 to 7.8 per 100,000 in 2013.<sup>9</sup>

Americans may be able to limit access to prescription pain relievers by not sharing their prescription medications with others and disposing of unused pain relievers when the need for the medication has passed. Regardless of age, gender, or type of user, most people who misuse prescription pain relievers obtained the drugs from a friend or relative. However, the second most common source was from one doctor. Therefore, to reduce the availability of pain relievers for nonmedical use, physicians and other medical practitioners may need to exercise care in prescribing drugs and in monitoring their patients or clients for signs of misuse. Physicians and other medical practitioners may consider talking with their patients or clients about not sharing their prescription medications, preventing others from accessing their medications, and disposing of remaining dosage units.<sup>10,11</sup> Regardless of age, gender, or type of user, few people buy the pain relievers they misuse from a drug dealer or the Internet. Policymakers may want to consider measures to reduce diversion of prescription pain relievers from legitimate medical use.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides information on what communities can do to help prevent overdoses and deaths related to prescription drug misuse:

- <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>
- <http://www.samhsa.gov/atod/opioids>

SAMHSA provides information about where to find substance abuse treatment at <https://findtreatment.samhsa.gov>.

For a comprehensive report on NSDUH prescription drug misuse data, see <http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm>

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## ENDNOTES

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3. Centers for Disease Control and Prevention. (2016, June). *Prescription opioid overdose data*. Retrieved from <http://www.cdc.gov/drugoverdose/data/overdose.html>
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5. Nonmedical use of any prescription-type pain relievers does not include use of over-the-counter drugs.
6. The estimates for the source of most recent nonmedical use include (a) past month users who reported a single source for this drug for their past month nonmedical use and (b) all other past month and past year users who reported their most recent source of obtainment of this drug for their most recent nonmedical use.
7. The "other" category includes wrote fake prescription; stole from doctor's office, clinic, hospital, or pharmacy; bought on the Internet; and some other way.
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## SUGGESTED CITATION

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Lipari, R.N. and Hughes, A. *How people obtain the prescription pain relievers they misuse*. The CBHSQ Report: January 12, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

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## SUMMARY

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**Background:** Prescription drug misuse is a public health concern. It can be useful to understand the sources of the prescription drugs that are misused and whether these sources differ based on the type of user misusing the substance. **Method:** This report uses combined 2013 and 2014 data from the National Survey on Drug Use and Health to estimate nonmedical use of prescription pain relievers and the source for the most recently misused pain reliever by past year misusers. Results are shown by three mutually exclusive groups: (1) recent initiates, (2) nonrecent initiate frequent users, and (3) nonrecent initiate occasional users. Recent initiates are defined as those who initiated misuse of prescription pain relievers in the past year. Occasional users are defined as those who were not recent initiates and misused prescription pain relievers fewer than 52 days in the past year. Frequent users are defined as those who were not recent initiates and misused prescription pain relievers on 52 days or more in the past year. **Results:** An annual average of 10.7 million people aged 12 or older misused prescription pain relievers in the past year. About one-half of those who misused prescription pain relievers in the past year said that they obtained the prescription pain relievers they had most recently misused from a friend or relative for free. For all three types of users, the two most commonly cited sources of obtaining the prescription pain relievers were obtaining the drugs from a friend or relative for free and obtaining the drugs from one doctor. Frequent users were more likely than recent initiates and occasional users to obtain their most recently misused pain relievers by buying them from a friend or relative, by buying them from a drug dealer or other stranger, or by obtaining them from more than one doctor. **Conclusion:** Results of this report suggest that Americans may be able to play a direct role in impacting access to these prescription pain relievers by not sharing their prescription medications and disposing of unused pain relievers once the need for the medication has passed. Regardless of age, gender, or type of user, most people who misuse prescription pain relievers obtained the drugs from a friend or relative. However, the second most common source was from one doctor. Therefore, to reduce the availability of pain relievers for nonmedical use, medical practitioners may need to not only continue to exercise care in prescribing and monitoring their patients for signs of misuse, but they may also consider whether to counsel their patients about disposing of remaining dosage units.

**Keywords:** NSDUH, pain reliever misuse, sources of prescription drugs

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## KEYWORDS

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Age Group, Short Report, Population Data, 2013, 2014, Prevention Professionals, Nonmedical Use, At-Risk, Families, Research and Methodology, Pain Relievers, All US States Only, Risk & Protective Factors

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by SAMHSA. The 2013 and 2014 data used in this report are based on information obtained from 135,700 people aged 12 or older, 7,100 of whom were past year nonmedical pain reliever users. NSDUH collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The CBHSQ Report* is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a registered trademark and a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://samhsa.gov/data/>

Also available online at <http://www.samhsa.gov/data/population-data-nsduh>.



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Substance Abuse & Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality  
[www.samhsa.gov/data](http://www.samhsa.gov/data)