

Opioid Prescribing to Teens and Young Adults in Emergency Departments and Outpatient Clinics: A Decade's Worth of Troubling Data

May 30, 2019

The opioid crisis in this country does not seem to be getting any better, and when one begins to reflect on how we got here, we have to think of the role an “innocent” prescription of an opioid for pain relief might play in contributing to this epidemic of non-prescription opioid use.

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The opioid crisis in this country does not seem to be getting any better, and when one begins to reflect on how we got here, we have to think of the role an “innocent” prescription of an opioid for pain relief might play in contributing to this epidemic of non-prescription opioid use. To better understand just how prevalent opioid prescribing is and for what reasons they are being used in ambulatory settings, Hudgins et al. ([10.1542/peds.2018-1578](#)) evaluated trends in opioid prescribing from 2005 to 2015 using

data obtained in two national surveys, one of hospitals (to capture emergency department (ED) usage) and one of ambulatory offices and clinics. Teens (13-17 years) and young adults (18-22 years) were studied.

Sadly, the stats are concerning in that over the ten years studied, the overall prevalence of visits associated with prescribing opioids was steady at about 5.7% (equivalent to 57 million visits). More specifically, opioids were prescribed in 10% and 18% of ED visits for teens and young adults respectively, and similarly for 1.6% and 4.2% of outpatient visits for these two age groups. While the rate of prescribing dropped slightly over the period studied in EDs, it did not change significantly in ambulatory visits to clinics or offices. As to what were leading contributors to receiving a prescription for an opioid, the authors highlight dental disorders, orthopedic injuries (especially clavicle and ankle fractures along with low back pain), abdominal pain, and acute pharyngitis. Reading this study will give you even more insight into what types of health care professionals are prescribing opioids more than others as well as geographic variation on prescribing rates.

So what can we do about these fairly high and relatively unchanged rates of prescription opioid use by teens and young adults over the decade? We asked adolescent medicine specialist Dr. S. Todd Callahan ([10.1542/peds.2019-0835](#)) from Vanderbilt to share his thoughts in an accompanying commentary. He points out how many of our young adults as well as older teens don't have medical homes and when an acute problem arises, they head to the ED more so than older adults or younger children—and the acute nature of their needing to be treated rather than be followed longitudinally in a medical home may be a key reason

why so many more in these age groups are getting opioids for pain relief before other non-addictive or non-pharmacologic strategies are considered. Although the appropriateness of use of prescription opioids for the children in this study could not be ascertained through the surveys, the fact that so many opioid prescriptions are being administered will hopefully raise awareness of this issue with the hope that these drugs are being used appropriately for appropriate indications, and not just a first line attempt at pain relief. There is not a lot of information about opioid prescription use in these age groups, so having a study and commentary like this that focuses on these youth and young adults is an important contribution to the prescription opioid literature. Check out both articles—since doing so will not hurt a bit—and may prevent a teen or young adult from having an increased risk of misusing a prescribed opioid or not even needing a prescribed opioid to treat their pain when other modalities may be just as effective.

- [Effect of FDA Investigation on Opioid Prescribing to Children After Tonsillectomy/Adenoidectomy](#)
- [Outpatient Opioid Prescriptions for Children and Opioid-Related Adverse Events](#)
- [Prescription Opioid Exposures Among Children and Adolescents in the United States: 2000–2015](#)
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