

What Parents Should Know When Pain Relievers Are Prescribed for Their Children

Used appropriately, medicines can improve our lives. When misused, however, the consequences can be devastating. The overprescribing and misuse of prescription pain relievers has been a major contributor to today's epidemic of opioid addiction and overdose deaths, with four out of five heroin users reporting that they misused prescription opioids before using heroin.

This fact sheet is intended to help parents know what questions to ask when a healthcare provider recommends or prescribes a pain reliever for their child, and how to be sure that their child takes the medication as prescribed without misusing the medication or sharing it with others.

What are some common opioid pain relievers?

Hydrocodone (Zohydro)

Hydrocodone + Acetaminophen (Vicodin)

Oxycodone (Oxycontin, Roxicodone)

Oxycodone + Acetaminophen (Percocet)

Codeine, Morphine, Fentanyl, hydromorphone, meperidine

There are also *non*-opioid pain relievers (gabapentin, for example) that also have a certain potential for misuse, but much lower than that of opioids.

Why the misuse of prescription pain relievers is dangerous

Opioid pain relievers are powerful drugs -- very similar to heroin in their chemical makeup, and habit forming by their very nature. This is why the U.S. Centers for Disease Control (CDC) strongly recommends against the prescribing of opioids for long-term treatment of chronic pain. Even for treatment of acute (short term) pain, opioid pain relievers should only be prescribed and taken sparingly. The risk of addiction is particularly concerning when the patient is a child or adolescent because their brains are still developing and therefore biologically predisposed to experimentation. So when children and teens are prescribed opioid

pain relievers, parents or caregivers should control the medication, dispense it only as prescribed and monitor their children closely for signs of misuse or growing dependence.

In addition to the danger of dependence, misuse of opioids can cause dramatic changes in blood pressure and heart rate, organ damage, difficulty breathing, seizures and even death.

Why would a young person be prescribed an opioid pain reliever?

Opioid pain relievers are most often prescribed following surgery or to treat cancer pain – so many young people will not be in a position to be prescribed opioids. Other situations where opioids may be prescribed for children or teens include: accidental injuries – a sports-related injury, for example, or a biking accident in which a fracture or even a severe sprain occurs. Another reason for which opioids are often prescribed to young people is oral surgery to remove wisdom teeth. Additionally, there are other ailments – sickle cell disease or other pediatric chronic pain conditions – for which opioids may be recommended. It is important to know that over the counter (OTC) pain medications such as acetaminophen (Tylenol) and anti-inflammatory drugs (NSAID) work just as well as opioids for many minor surgeries, accidental injuries and other causes of pain.

What questions should parents ask their healthcare provider when an opioid pain reliever is recommended or prescribed?

1. Is a prescription opioid necessary to treat my child's pain? Might an over the counter (OTC) pain reliever such as acetaminophen (e.g., Tylenol), in combination with a non-steroidal anti-inflammatory drug (NSAID) be just as effective? For chronic pain, can we explore alternative treatments such as physical therapy, acupuncture, biofeedback or massage?
2. How many pills are being prescribed, and over how long a period? Is it necessary to prescribe this quantity of pills?
3. What are the risks of misuse? (The prescriber should be able to answer this question for the specific drug being prescribed.)
4. Should my child be screened to determine his/her risk of substance use disorder (SUD) before this medication is prescribed? If not, why not? (Common risk factors include co-occurring mental health disorders such as depression or ADHD, as well as a family history of substance abuse or a recent trauma such as a death in the family or a divorce.)

What should parents do once an opioid pain reliever has been prescribed for their child?

1. Safeguard medication at home – i.e., keep the medication in a locked cabinet. Dispose of unused medication at a local “takeback” event or – as an alternative where no takeback opportunities exist -- by mixing the medication with coffee grounds or other unpleasant garbage and throwing it out. Do not hold on to old prescriptions until their expiry date or “in case” they could be needed in the future.
2. As mentioned above, supervise the dispensing of the medication, counting the pills in the bottle to be sure they are being taken as prescribed. Clearly document when the prescription was filled and when a refill will be needed – and be highly suspicious of any missing medication.
3. Communicate with your child about the risks of misuse, and be very clear that the medication is *not* to be shared with others.
4. Communicate regularly with your child about the level of pain he/she is feeling, making sure the pain is diminishing with time and staying alert for any signs that your child is growing dependent on the medication. Make sure that your child understands that he/she might not need to take the full course of the medication if the pain has diminished or gone.

What signs of misuse or dependence should a parent be alert for?

1. Signs of misuse can include drowsiness, dizziness, confusion, nausea, constipation, slowed breathing and slurred speech.
2. Parents should be concerned if their child is asking for pain medication more frequently than prescribed, or if he/she is insistent on refilling the prescription. If necessary, the prescriber should be consulted to determine if pain is persisting beyond its expected term.
3. Signs of withdrawal – which would occur if a child has become dependent on an opioid and then stops taking it – include anxiety, irritability, loss of appetite, craving for the drug, runny nose, sweating, vomiting and diarrhea.

If parents are concerned that their child may be dependent on pain medication they should consult the prescriber as soon as possible (who may in turn consult with a pain specialist). If

there is any concern for misuse, parents should consider having a substance use counselor, nurse practitioner or medical doctor take an assessment. An assessment should include a thorough look at the extent of the child's opioid pain reliever, drug and alcohol use, his/her mental and physical health as well as personal, medical and family history.

To learn more about the risks of prescription opioid misuse, and about what parents can do to prevent or get help for a child's substance misuse or abuse, visit the Partnership's Medicine Abuse Project at www.drugfree.org/medicine-abuse-project.org.

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