

PRESCRIPTION DRUG MISUSE AMONG ADOLESCENTS COURT-REFERRED TO RESIDENTIAL TREATMENT

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ABSTRACT:

Purpose: Prescription drug misuse (PDM) has markedly increased among young adults over the last two decades. One out of ten young adults report prescription opioid misuse, a rate that more than doubles among those with alcohol and other drug (AOD) use disorders. There is little data on PDM among high risk juveniles court-referred to residential AOD treatment. The purpose of this study was to explore the prevalence and correlates of PDM in a large sample of adolescent girls (N=102) versus boys (N=93) court-referred to residential treatment.

Method: Ninety-minute semi-structured interviews assessing substance use, psychiatric symptoms, antisocial traits/behavior, and traumatic life experiences were conducted at intake among participants. Approximately half of participants were female (52%) living with a single parent (50%) in an urban/suburban setting (48%). Participants were 16 years of age on average (SD=1.2), and representative of the treatment population sampled.

Results: Approximately half of participants (52%) entered residential treatment with no PDM history and 48% reported more than 10 lifetime occasions of PDM; 14%, 9%, and 23% of youth with PDM had misused prescription opioids, benzodiazepines, and stimulants in the prior month, respectively. In comparison to youth with no PDM history, larger proportions of prescription drug misusers were from small towns (52% vs. 26%, $p<.0001$), white (84% vs. 45%, $p<.0001$), and female (61% vs. 45%, $p<.05$). The proportion of PDM declined with age for boys ($p<.01$) but not girls. In a multiple logistic regression model, other characteristics associated with PDM included lower prosocial behaviors, higher exploitative behaviors, violent crimes, traumatic life experiences, suicide attempt history, and 10+ lifetime occasions of binge drinking, inhalant, ecstasy, methamphetamine, and heroin use.

Conclusion: Adolescents entering residential treatment have more than four times the rates of PDM than the general population. Residential setting PDM may signal a tendency to self-medicate as a balm for traumatic experiences or settling agent for aggressive behaviors. Youths served in institutional settings should be routinely screened and treated for PDM and co-occurring trauma and behavioral problems.