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Abuse of prescription medications, narcotics in particular, is of growing concern in the adolescent population. The rate of opioid prescription for adolescents has increased significantly: the percentage of adolescents prescribed opiates, including Vicodin, OxyContin, and Percocet, increased from 3.5 to 6 percent between 1994 and 2007. According to a study by the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes have used prescription opioids in a 12 month period.

Studies show about a third of young people obtain pills from their own previous prescriptions and 83 percent of adolescents had unsupervised access to their prescription medications. Several studies have shown that adolescents who use medications to get high are most likely to get access to these drugs from family members or friends. According to the US Substance Abuse and Mental Health Services Administration, eighty percent of heroin users begin using heroin after abusing narcotic painkillers.

The NJSIAA Medical Advisory Committee is committed to the health and welfare of student athletes. In our efforts to support and protect our young people, we support all efforts to reduce the potential for misuse or abuse of prescription medications. The MAC therefore recommends that physicians exercise extreme caution when considering prescribing opioid medications in the treatment of student athletes. We encourage physicians to make every effort to utilize non-narcotic medications including acetaminophen, Non-Steroidal Anti-Inflammatory medications, salicylates, and non-medication alternatives such as cryotherapy and Trans Cutaneous Nerve Stimulation as an alternative to opioid medications. If the treating physician believes that opioid medications are absolutely necessary in order to obtain adequate pain control for ACUTE injuries resulting in SEVERE pain related to significant tissue damage or post-operative pain, every effort should be made to ensure safe use of these medications. Prescriptions should be for no more than one week at a time, with no refills. Prescriptions should be given to the parent/guardian along with instructions for the parent/guardian to administer the medications and monitor the need for and effectiveness of the medications on a daily basis. Educational materials regarding risks associated with opioid medications should be given to the parent/guardian and student athlete. Tolerance, physical and psychological dependence and addiction should be described and warning signs of these conditions should be shared. Opioid prescriptions should never be given directly to the student athlete and unsupervised self-medication should be prohibited. Treating physicians should notify the school nurse and/or athletic trainer if opioid medications have been prescribed, along with the expected duration of opioid use. Physicians are encouraged to utilize a patient opioid medication contract that details the risks of opioid use and the patient and parent/guardian responsibilities to ensure safe and effective use of these medications whenever opioid medications are prescribed. Instructions on how to dispose of unused medications can be found at www.njconsumeraffairs.gov/meddrop.

School districts are encouraged to develop policies to address this important health issue as well. Suggestions include requiring the parent/guardian or the student athlete to notify the school nurse if an opioid medication has been prescribed, and establishing a drug monitoring program if the student demonstrates any signs or symptoms that raise the possibility of opioid use during or beyond the duration of the prescription.

The New Jersey State Commission of Investigation has a published report regarding Opioids in the state. Please go to <http://www.state.nj.us/sci/pdf/PillsReport.pdf> for more information.