Teen Opioid ODs Tied to Mental Health, Substance Abuse Disorders

Taking opioids at the same time as benzodiazepines, such as Xanax and Ativan, is also associated with overdose.

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Teenagers and very young adults have a higher risk of overdosing on opioids if they have mental health or substance abuse disorders, according to a recent large analysis.

Publishing their findings in JAMA Pediatrics, a research team led by Kao-Ping Chua, MD, PhD, a pediatrician and researcher at Michigan Medicine's C.S. Mott Children's Hospital, conducted a retrospective cohort study of medical records data regarding 2.75 million privately insured young people 12 to 21 years old. The study covered July 2009 to October 2017.

The average age upon entering the cohort was 17 years old. Fifty-three percent of the cohort was female.

The cohort filed 4.7 million opioid prescription claims over a course of 21.6 million cumulative days of follow-up.

Two hundred forty-nine cohort members, or 0.01%, overdosed on 255 cumulative days.

Half of the overdoses were among people with a recent mental health diagnosis, while a quarter were among individuals with a diagnosed substance abuse disorder.

After adjusting the data to account for various differences between the cohort members, the study authors found that for each increase in the dose of a prescribed opioid—from the morphine equivalent of under 30 milligrams, 30 to 59 mg, 60 to 89 mg, 90 to 119 mg or 120 mg or greater—the cohort members had an 18% increased risk of overdose.

Compared with not using benzodiazepines, which are tranquilizers and include Xanax (alprazolam), Ativan (lorazepam) and Klonopin (clonazepam), using medication in this class along with opioids was associated with an 83% increased risk of overdose. (Both opioids and benzos, as they are known for short, depress breathing, so the combination can stop breathing entirely, especially if they are combined with alcohol, another depressant.) Compared with using standard opioids, using an extended-release or long-acting opioid was associated with a 2.01-fold increased

risk of overdose.

These findings were similar to what is seen in adult populations.

“Our findings suggest that clinicians can mitigate overdose risk in adolescents and young adults by using the lowest amount of opioid possible, relying on short-acting opioids and avoiding the concurrent use of opioids and benzodiazepines,” Chua said in a press release.

To read a press release about the study, click here.

To read the study abstract, click here.

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