Preventing Prescription Opioid Misuse Among Student Athletes

Massachusetts is in the midst of an opioid crisis. Athletes in particular, due to their risk of injury and the resulting pain, may be at risk of misusing prescription opioids.

Playing a sport and being on a team benefits middle and high school athletes in many ways—including through social connections, structured afterschool time, and physical fitness—however, it can also lead to injury. In rare cases, sports injuries may result in pain that is severe or long-lasting enough to involve a prescription painkiller.

If a student athlete is injured, whenever possible, treat the injury first with rest, ice, compression, and elevation—but do seek medical care if it’s necessary. Opioids for pain should be considered only by a physician and only when other treatment methods have not provided relief.

Parents, coaches, athletic directors, athletic trainers, and school nurses involved in 6th–12th grade extracurricular sports have been required to complete an annual training on the risks of concussion and head injury.

Opioid-related legislation (an act related to substance use, treatment, education and prevention) has added a requirement that the Bureau of Substance Addiction Services (BSAS) provide educational materials on the dangers of opioid use and misuse to those persons participating in the annual head injury safety program. The educational materials must also be distributed in written form to all students participating in an extracurricular athletic activity prior to the commencement of their athletic seasons.

MOST IMPORTANT:
An injured athlete needs time to heal.
Missing a game or two is better than missing an entire season—or more.

(See also mass.gov/dph/resourcesforyouthopioidmisuse.)

After an injury, it is important to have a communication and a return-to-play plan in place. (Look at the format and wording of your school’s concussion protocols for guidance.) Too often, athletes do not allow sufficient time to recover from their injuries and turn to pain medication to enable their continued participation in their sport. Care must be taken to avoid the common cycle of injury, pain, and re-injury.

In addition, keep in mind the mental and social components of being on a school team and how this may impact the athlete’s recovery and behavior. Losing the social connection to the team can be as damaging in some ways as the physical injury. As appropriate, continue to include the student in team practices, games, and social events.
The Massachusetts Interscholastic Athletic Association (MIAA) provides workshops and training programs for school administrators, educators, teacher-coaches, and student athletes. The MIAA Partners in Prevention is a consortium of more than 60 health, wellness, and safety organizations working together to provide resources and programming to schools and communities. The MIAA Sports Medicine Committee, which includes athletic directors, physicians, school nurses, administrators, and coaches, strives to ensure the safety of our students. The MIAA Youth Substance Misuse Prevention Collaborative is a committee of key Commonwealth stakeholders who provide prevention programming and resources. For information about MIAA initiatives and programming, call 1-508-541-7997 or visit www.miaa.net.

The MIAA is the Massachusetts Alliance Partner for the Partnership for Drug Free Kids. Learn more about the Partnership at www.drug-free.org/.

For more information and resources on preventing substance misuse:

Massachusetts Health Promotion Clearinghouse offers free health education resources from the Massachusetts Department of Public Health. mass.gov/MAclearinghouse

Massachusetts Substance Use Helpline provides free and anonymous information and referrals for alcohol and other substance use problems. HelplineMA.org | Toll-free: 1-800-327-5050 | TTY: Use MassRelay at 711 or 1-800-720-3480

Massachusetts Department of Public Health Bureau of Substance Addiction Services oversees treatment for substance use disorders in the Commonwealth. mass.gov/dph/bsas

National Institute for Drug Abuse (part of the National Institutes of Health) is charged with advancing the science of addiction, and provides the latest research and resources. www.drugabuse.gov
If a student athlete is injured:

✔ Use ice to reduce soreness and inflammation. If symptoms persist, contact a physician, especially if there is a lack of full-joint motion.

✔ Check with a health care provider to see if over-the-counter nonsteroidal anti-inflammatory medications are needed. As with all medications, always follow the directions on the label and any instructions from a health care provider.

✔ Opioids for pain should be considered only by a physician and only when other approaches have not provided relief.

✔ Fractures, sprains, and broken bones need plenty of rest to heal properly. The athlete should see an orthopedic specialist, who can evaluate and manage the healing process.

✔ The athlete’s parents or guardians and coach should discuss together how the injury will impact the student’s ability to play. If an injury will sideline the athlete, the parents or guardians and coach should consider creating a return-to-play plan together.

NOTE: Painkillers are generally not prescribed for injuries that involve concussions, so those injuries are not addressed here. For more information on preventing and treating concussions, please see the Massachusetts Executive Office of Health and Human Services website: mass.gov/sportsconcussion
For more information on preventing sports injuries in youth:

The Massachusetts Interscholastic Athletic Association provides safety, wellness, and prevention resources and information for student athletes, teacher-coaches, athletic directors, and school personnel. www.miaa.net


The Bureau of Injury Prevention, Massachusetts Department of Public Health (MDPH) offers resources on reducing injuries among youth at school, at home, and in the community. mass.gov/dph/injury

MDPH Sports Concussion Prevention and Management Program provides information on a number of important topics, including regulations, training, required forms for schools and clinicians, and model policies for schools. mass.gov/sportsconcussion


Boston Children’s Hospital, Sports Medicine Division provides comprehensive multidisciplinary care to athletes of all ages and abilities, from professional athletes to eager novices. www.childrenshospital.org/centers-and-services/division-of-sports-medicine/overview

Sports Medicine Center, Mass General Hospital provides interdisciplinary care for athletes. www.massgeneral.org/ortho-sports-medicine
What to Know About Prescription Opioids

Which medications are prescription opioids?
✔ Prescription opioids are narcotic pain medications that are prescribed for people with moderate to severe pain. They include Vicodin, OxyContin, Oxycodone, Percocet, Fentanyl, Opana, and codeine.

What should parents or guardians do if prescription pain medication is recommended for the injured athlete?
✔ Talk openly with the health care provider about the need for prescription pain medicine. Make sure to ask about possible risks and side effects, alternative options that may exist, precautions, and proper use of the medication.
✔ If anyone in the family has had problems with prescription drugs, alcohol, or any other drugs, let the doctor know.
✔ Be sure that the athlete takes the medication only as prescribed and uses only the minimal amount for the shortest period needed for effective relief.
✔ Keep control of the medication bottle, and supervise the athlete when he or she is taking the medication. Do not allow the athlete to self-administer. Count the pills or keep track of the amount of medicine in the bottle on a regular basis.
✔ Keep the medication at home, if possible. If the athlete needs to take medication during the school day, the school (by law) must approve its use. Talk with school staff about proper supervision, and follow the necessary protocols.
✔ Remind the athlete that prescription medication is only good for the person it is prescribed for and that it could seriously hurt others.
✔ Be sure that the athlete takes the medication no longer than necessary.

How should prescription medications be stored?
✔ Don’t keep prescription medicine in the medicine cabinet. It is best to keep all medicine in a locked cabinet or box that youth cannot access.
✔ Ask anyone that children and teens may visit to lock up their medicine or keep them in a safe place.
✔ Talk to the parents of your teenager’s friends, and encourage them to secure their prescriptions.

TO DISPOSE OF UNUSED PRESCRIPTION DRUGS:
The best way to dispose of unneeded medication is to bring them to a temporary or permanent DEA-registered disposal site right away. Check www.mass.gov/DrugDropbox to see if there is a permanent waste medication collection site near your town or city. The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where temporary collection sites are set up in commu-
nities nationwide for safe disposal of prescriptions. It should be noted, however, that a small number of medicines have specific directions to immediately flush them down the toilet when they are no longer needed and a take-back option is not readily available.

List of medicines recommended for disposal by flushing when take-back options are not readily available

This list from the FDA tells you which medicines you should flush when they are no longer needed and take-back options are not readily available.

There are some medicines that, when not disposed of properly, can pose significant risks. For example, patients using fentanyl patches should immediately flush their used or unneeded patches down the toilet. When powerful medicines such as these patches are disposed down the toilet, you help to keep others safe by ensuring these medicines are not misused or accidentally ingested or touched. Blue links in the Brand Name list below direct you to medicine information for consumers that includes specific disposal instructions.

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Found in Brand Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzhydrocodone / Acetaminophen</td>
<td>Apadaz</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Belbuca, Bunavail, Butrans, Suboxone, Subutex, Zubsolv</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Abstral, Actiq, Duragesic, Fentora, Onsolis</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Diastat/Diastat AcuDial rectal gel</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Anexasia, Hysingla ER, Lortab, Norco, Reprexain, Vicodin, Vicoprofen, Zohydro ER</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid, Exalgo</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Daytrana transdermal patch system</td>
</tr>
<tr>
<td>Morphine</td>
<td>Arymo ER, Embeda, Kadian, Morphabond ER, MS Contin, Avinza</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Combunox, Oxydo (formerly Oxecta), OxyContin, Percocet, Percodan, Roxicet, Roxicodone, Targiniq ER, Xartemis XR, Xtampza ER, Roxybond</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana, Opana ER</td>
</tr>
<tr>
<td>Tapentadol</td>
<td>Nucynta, Nucynta ER</td>
</tr>
<tr>
<td>Sodium Oxybate</td>
<td>Xyrem oral solution</td>
</tr>
</tbody>
</table>
The FDA believes that the known risk of harm, including death, to humans from accidental exposure to the medicines listed above, especially potent opioid medicines, far outweighs any potential risk to humans or the environment from flushing these medicines. The FDA will continue to conduct risk assessments as a part of larger activities related to the safe use of medicines.

For disposal information, specific to another medication you are taking please visit Drugs@FDA. Once there, type in the medication name and click on search. Then click on the label section for that specific medication. Select the most recent label and search for the term “disposal.”

**Disposal in the household trash**

If no take-back programs or DEA-registered collectors are available in your area, and there are no specific disposal instructions in the product package insert, such as flushing described above, you can also follow these simple steps to dispose of most medicines in the household trash:

✔ Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;

✔ Place the mixture in a container such as a sealed plastic bag;

✔ Throw the container in your household trash; and

✔ Delete all personal information on the prescription label of empty pill bottles or medicine packaging, then dispose of the container.

For additional information, see **Medication Disposal: Questions and Answers**.

**DISPOSE OF UNUSED MEDICATION SAFELY**

Check [www.mass.gov/DrugDropbox](http://www.mass.gov/DrugDropbox) to see if there is a permanent waste medication collection site in your town or city that you can go to right away.
Guidance on Communications After a Non-Concussion Sports Injury

 Teens who participate in extracurricular activities have a positive alternative to using drugs and alcohol. When student athletes are sidelined with an injury, their time may be less structured, they may be in need of pain management, and they may lose their connections to a supportive community. This may be a time of increased risk for substance misuse.

 Coaches and parents or guardians should remember that they each have the same goal: ensuring the best possible outcome for the child. When a student athlete is injured, coaches and parents or guardians should work together to share information about the diagnosis and treatment plan and to craft the plan for returning to play.

✔ Adolescence is a time when students are encouraged to advocate for themselves and become more independent. **However, when it comes to health and injury, it is essential that a parent or guardian becomes involved.**

✔ **Information-sharing** should be coordinated among all those who may be involved in the care and management of a sports injury. This may include the parent or guardian, physician, school nurse, athletic trainer, physical therapist, coach, and/or athletic director. These individuals, as appropriate, should all participate in return-to-play decisions.

✔ **Pay attention to the social and emotional impact** of a sports injury. Being sidelined may lead to general depression and a loss of structured activity, connection to friends, and identity as an athlete. Speak to the student athlete about his or her preferences, and find ways for the athlete to stay involved with the team.

✔ **Return-to-play decisions** should have the proper healing of the injured athlete as the primary objective. Some students may be eager to return to the game and will try to mask their discomfort. To avoid improper healing and premature participation, have a medical professional and/or the school’s athletic trainer make the final decision regarding the athlete’s return-to-play plan.

The Massachusetts Department of Public Health, The Massachusetts Technical Assistance Partnership for Prevention, and the Massachusetts Interscholastic Athletic Association support your efforts to keep youth healthy and strong.