Preventing Prescription Opioid Misuse Among Student Athletes

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

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

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

For the last four years, 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 risks of concussion and head injury. New opioid legislation (An act relative to substance use, treatment, education and prevention) has added a requirement that 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 shall also be distributed in written form to all students participating in an extracurricular athletic activity prior to the commencement of their athletic seasons (see also www.mass.gov/dph/resourcesforyouthopioidmisuse)

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

After an injury, it is important to have a communications and a return-to-play plan put 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, comprising 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, please call 508/541-7997 or visit our website (www.miaa.net).

The MIAA is the Massachusetts Alliance Partner for the Partnership for Drug Free Kids. Learn more about the Partnership on its website: http://www.drugfree.org/

For more information and resources on preventing substance misuse:

Massachusetts Health Promotion Clearinghouse offers a number of free health education resources from the Massachusetts Department of Public Health. https://massclearinghouse.ehs.state.ma.us/

Massachusetts Substance Abuse Information and Education Helpline provides free and anonymous information and referrals for alcohol and other substance use problems. http://helpline-online.com/ 1-800-327-5050 TTY: Use MassRelay at 711 or 1-800-439-2370


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. https://www.drugabuse.gov/
Injury Management: A Key Component of Prescription Opioid Misuse Prevention

NOTE: Painkillers are generally not prescribed for injuries that involve concussion, 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: www.mass.gov/sportsconcussion

If a student athlete is injured:

- Ice can be used 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.
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](http://www.miaa.net)


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. [www.mass.gov/dph/injury](http://www.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. [www.mass.gov/sportsconcussion](http://www.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. [http://www.childrenshospital.org/centers-and-services/division-of-sports-medicine/overview](http://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/](http://www.massgeneral.org/ortho-sports-medicine/)
What to Know About Prescription Opioids

**Which medications are prescription opioids?**

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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?**

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- Talk openly with the health care provider about the need for prescription pain medicine. Make sure to ask about possible risks and side effects, alternatives 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, share this information with the doctor.
- 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 level of medicine in the bottle on a regular basis.

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**How should prescription medications be stored?**

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- Don’t keep prescription medicine in the medicine cabinet. Secure it in a place that only the parents know about. Ideally, keep all medicines, both prescription and over-the-counter, in a locked cabinet or other secure place that children and teens cannot access.
- Tell relatives, especially in homes that children and teens may visit, to lock up their medicines or keep them in a safe place.
- Talk to the parents of your teenager’s friends, and encourage them to secure their prescriptions as well.
How should unused opioid medication be disposed of?

- 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.

- If a medication Drop Box program does not exist in your community, the Food and Drug Administration recommends that opioids be flushed down the toilet, due to the high risk of accidental overdose for people and pets. Medications recommended for flushing include the following:*  
  - Actiq (fentanyl citrate)
  - Daytrana Transdermal Patch (methylphenidate)
  - Duragesic Transdermal System (fentanyl)
  - OxyContin Tablets (oxycodone)
  - Avinza Capsules (morphine sulfate)
  - Baraclude Tablets (entecavir)
  - Reyataz Capsules (atazanavir sulfate)
  - Tequin Tablets (gatifloxacin)
  - Zerit for Oral Solution (stavudine)
  - Meperidine HCl Tablets
  - Percocet (Oxycodone and Acetaminophen)
  - Xyrem (Sodium Oxybate)
  - Fentora (fentanyl buccal tablet)

*Check the paperwork that came with the medicine to learn what other drugs can be flushed.
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 become involved.**

- **Information-sharing** should be coordinated among all those who may be appropriate 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.