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#### **Short Communication**

# What's the harm? Alcohol and marijuana use and perceived risks of unprotected sex among adolescents and young adults



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#### HIGHLIGHTS

- Significant association between dual alcohol/marijuana use and sexual risk perceptions.
- Alcohol use only was related to higher likelihood of unprotected sex.
- Unique relations between substance use pattern and perceived risk of vs. actual unprotected sex.

#### ARTICLE INFO

#### Keywords: Substance use Unprotected sex Risk perceptions Adolescents Sexual risk

#### ABSTRACT

The link between substance use and risky sexual behavior, particularly unprotected sex, among adolescents and young adults has been well established in the literature; however, less is known regarding how different patterns and types of substance use differentially relate to unprotected sex and perceived risks of unprotected sex. The current study examined perceived risks and unprotected sex among adolescents and young adults, and examined whether marijuana use, alcohol use, and dual marijuana and alcohol use were differentially linked to unprotected sex and perceived risks of unprotected sex.

*Method:* A sample of N = 144 adolescents and young adults (Mage = 18.77, SDage = 3.4, range: 12–25) completed self-report questionnaires regarding past month substance use, unprotected sex, and perceived risks of having unprotected sex.

*Results:* In a hierarchical logistic regression, only alcohol use was related to having unprotected sex at last intercourse (b = 0.25, p < 0.001). The second multinomial logistic regression showed that the interaction of alcohol and marijuana use was significantly related to lower levels of perceived risk of unprotected sex (moderate risk: b = 0.06, p = 0.04, OR = 1.07; no/slight risk: b = 0.07, p = 0.03).

Conclusion: While dual marijuana and alcohol use was related to lower perceived risk of unprotected sex, only alcohol use only was associated with a higher likelihood of unprotected sex.

#### 1. Introduction

Adolescence and emerging adulthood is a period when individuals typically begin engaging in substance use and risky sexual behavior (e.g., unprotected sex, sex with multiple partners). Almost 50% of adolescents/emerging adults report any lifetime substance use, with alcohol and marijuana the most commonly reported substances (SAMHSA, 2013, 2014); up to 32% of youth (aged 13–25) report lifetime marijuana use and 63% report ever drinking alcohol (Kann, McManus, Harris, et al., 2016). With respect to risky sexual behaviors (RSB), 43% of high school students reported not using a condom at last

intercourse and only 26% of college students reported consistently using a condom (CDC, 2015). Unprotected sex increases risk for sexually transmitted infections (STIs) and unplanned pregnancy, and youth ages 12–25 account for half of new HIV and STI diagnoses every year (CDC, 2015b, c). Further, individuals who engage in alcohol and marijuana use are more likely to engage in unprotected sex (Bryan, Schmiege, & Magnan, 2012; Scott-Sheldon et al., 2016), potentially due to unique social norms – including perceived risks – associated with substance-using groups (Sussman, Pokhrel, Ashmore, & Brown, 2007). The current study examined the link between substance use patterns (marijuana vs. alcohol vs. alcohol and marijuana use), unprotected sex,

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and perceived risks of unprotected sex among adolescents and young adults, to fill gaps in literature regarding which substance use patterns confer higher risk for RSB. For the current study, unprotected sex refers specifically to having sex without a *condom*.

#### 1.1. Substance use and risky sexual behavior

The link between RSB and both alcohol (Cooper, 2002; Scott-Sheldon et al., 2016) and marijuana (Bryan et al., 2012) is well-documented. However, in examining whether substance type (marijuana vs. alcohol) or substance use patterns (marijuana and alcohol vs. marijuana or alcohol) differentially relate to RSB, results are conflicting as to whether alcohol (Kerr, Washburn, Morris, Lewis, & Tiberio, 2015) or marijuana (Ritchwood, DeCoster, Metzger, Bolland, & Danielson, 2016) use is more closely related to RSB, or whether dual use further increases risk for RSB (Green et al., 2017; Metrik, Caswell, Magill, Monti, & Kahler, 2016). One explanation for unique associations across substance use patterns may be related to peer affiliation, as there are different peer groups across substance type (e.g., alcohol vs. marijuana users). Thus, substance-using peer networks/connections may influence opportunities for RSB or adaptation of unique social norms (Sussman et al., 2007). Of relevance to the current study, individuals' affiliation with substance-using peers may influence both opportunities for unprotected sex and perceived risks regarding unprotected sex.

#### 1.2. Risk perceptions of unprotected sex

Literature examining associations between substance use and sexual risk perceptions is sparse and outdated (Hingson, Strunin, Berlin, & Heeren, 1990; Lawrence & Crosby, 2000). Further, no research has examined whether risk perceptions regarding unprotected sex, specifically sex without a condom, vary across substance use *patterns*. This is important because risk perceptions are linked to actual behavior, including unprotected sex (Albarracín, Johnson, Fishbein, & Muellerleile, 2001; Janz & Becker, 1984). Those who perceive more risk of having unprotected sex, as well as higher risk of STIs and HIV, report less unprotected sex (Gurvey, Adler, & Ellen, 2005; Matson, Chung, Huettner, & Ellen, 2014). The current study broadly focuses on perceived risk of unprotected sex, encompassing perceived risk of HIV, STIs, or pregnancy. Considering that many sexual health and HIV interventions focus on changing individuals' beliefs about unprotected sex (Albarracín et al., 2005), understanding risk perceptions across substance use patterns could help to better tailor HIV/STI prevention.

The current study examined whether perceived risk of unprotected sex is linked to substance use patterns among adolescents and young adults. We examined alcohol use, marijuana use, and dual alcohol and marijuana use, as these are the most commonly used substances among youth (SAMHSA, 2013). We hypothesized that dual alcohol and marijuana use would be linked to (1) higher likelihood of having sex without a condom compared to alcohol or marijuana use only and (2) lower perceived risks of having sex without a condom.

#### 2. Method

#### 2.1. Participants and procedure

Participants (n = 144; Mage = 18.77, SD = 3.4; 73.9% female; 63% Black/African American; 89.5% heterosexual; Table 1) were adolescents (age 12–17) and young adults (18–25) randomly sampled from local schools and community events to complete a community needs assessment regarding local HIV and substance abuse prevention services. All procedures were approved by the IRB. After obtaining informed consent and parental assent (under age 18), participants completed a 30-min self-administered survey and were compensated with \$25 gift cards.

Table 1
Sample demographics and study variables.

	Adolescents $(n = 65)$	Young adults (n = 79)	Total
Age	15.94 (1.99)	21.1 (2.41)	18.77 (3.4)
Gender			$\chi^2 = 6.24^*$
Males	36.9% (24)	18.5% (15)	26.7% (39)
Females	63.1% (41)	81.5% (66)	73.3% (107)
Race			$\chi^2 = 26.01^{**}$
Caucasian	12.3% (8)	49.4% (40)	32.9% (48)
Black/African American	83.1% (54)	46.9% (38)	63.0% (92)
Asian/Indian	-	1.2% (1)	0.7% (1)
Biracial	1.5% (1)	2.5% (2)	2.1% (3)
Hispanic	7.9% (5)	5.0% (4)	6.3% (9)
Alcohol use frequency (days used in	5.43 (10.86)	6.72 (6.35)	6.56 (6.96)
previous month) <sup>a</sup>			(t = 4.04**)
Marijuana use frequency (days used	7.23 (8.35)	11.75	9.71 (10.23)
in previous month) <sup>a</sup>		(11.41)	
Unprotected sex at last sexual intercourse (%, n) <sup>b</sup>	20% (6)	24.2% (16)	22.9% (22)
Perceived risk of unprotected sex	2.43 (0.79)	2.23 (0.86)	2.32 (0.83)

Note. Values are M (SD) or % (n). N = 144. \*p < 0.05. \*\*p < 0.01.

#### 2.2. Measures

#### 2.2.1. Unprotected sex

One item asked whether individuals used a condom at their last sexual intercourse (0 = condom used, 1 = no condom used). Individuals who had never engaged in sexual intercourse were excluded from analyses.

#### 2.2.2. Risk perceptions

One item asked "How much do people risk harming themselves when they have sex without a condom?"  $(1 = no/slight \ risk, 2 = moderate \ risk, 3 = great \ risk)$ .

#### 2.2.3. Substance use

Two items asked individuals the number of days in the past month they (1) used marijuana and (2) drank at least one alcoholic drink.

Separate continuous variables were created to measure *frequency* of alcohol and marijuana use, and a mean-centered marijuana x alcohol use interaction term represented dual use. Dual use refers to individuals who reported using both marijuana and alcohol in the past month, not simultaneous use specifically.

#### 2.3. Statistical analyses

We conducted logistic regressions using SPSS 24.0 to examine associations between substance use patterns and (1) unprotected sex and (2) perceived risk of unprotected sex. Adolescents and young adults were included together in analyses, but we included status (0 = adolescent, 1 = young adult) as a predictor to account for important developmental differences between groups. We used logistic regression with unprotected sex as the dependent variable and used multinominal logistic regression with perceived risks as the dependent variable and "great risk" as the reference category. Independent variables were entered as follows in both models: (1) status, (2) gender, (3) race, (4) marijuana use, (5) alcohol use, and (6) alcohol x marijuana.

 $<sup>^{\</sup>rm a}$  Sample range of minimum and maximum values for number of marijuana and alcohol use days in the past month was 0–30.

<sup>&</sup>lt;sup>b</sup> These percentages are based on the total number of individuals in the sample who reported ever having sex. N=96 participants total reported ever having sex (n=30 adolescents and n=66 young adults).

<sup>&</sup>lt;sup>1</sup> We assessed these models separately in young adults and adolescents, but due to low base rates of sexual behavior among adolescents, there was not enough power to examine these groups separately. Running analyses with young adults only showed similar results to those presented here.

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