



Short Communication

Combinations of prescription drug misuse and illicit drugs among young adults



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HIGHLIGHTS

- Young adults in nightlife scenes combine prescription drugs with illicit drugs.
- Sexual minorities have higher odds of combining prescription drugs with other drugs.
- Males have higher odds of combining prescription drugs with illicit drugs.

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ABSTRACT

Background: Prescription drug misuse remains a critical drug trend. Data indicate that young adults in nightlife scenes misuse prescription drugs at high rates. As such, continued surveillance of the patterns of prescription drug misuse among young adults is necessary, particularly assessments that spotlight specific areas of risk, such as polydrug use.

Methods: Prevalence and correlates of recent combinations of prescription drugs and other substances among urban young adults recruited at nightlife venues using time–space sampling are assessed via prevalence estimates and logistic regression analyses.

Results: Overall, 16.4% of the sample reported combining illicit drug use with prescription drug misuse. Of those who reported any prescription drug misuse, 65.9% used prescription drugs in combination with at least one of the illicit drugs assessed. The most common combination was marijuana, followed by alcohol, cocaine, ecstasy, and psychedelics. Being male and identifying as gay, lesbian, or bisexual predicted the combination of prescription drugs with ecstasy, cocaine, and psychedelics.

Conclusions: Rates of combining alcohol and illicit drug use with prescription drug misuse were high, especially among men and those identified as a sexual minority. These rates are alarming in light of the host of negative health outcomes associated with combining prescription and illicit drugs.

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1. Introduction

The misuse of prescription drugs has emerged as a major trend over the past decade. Rates of prescription drug misuse have been reported as the highest among 18–25 year olds (SAMHSA, 2010). Young adults involved in nightlife scenes exhibit especially high rates of prescription drug misuse (Kelly et al., 2013). They have also been found to have high rates of alcohol and illicit drug use (Parsons et al., 2006; Wells et al., 2010). In this regard, the combination of prescription drugs with other substances, i.e. polydrug use, may be a particular issue in this population, which is of considerable concern given its health implications.

1.1. Polydrug use and its consequences

The combination of psychoactive drugs has numerous health implications. Polydrug use has been linked to increased levels of intoxication and a greater likelihood of overdose (Collins et al., 1998; Midanik et al., 2007). Additionally, studies have identified negative physical and psychological effects from polydrug use including drug dependence (Leri et al., 2003), decreased cognitive functioning (Dillon et al., 2003), and psychiatric comorbidity (Lynskey et al., 2006). Moreover, research has shown that polydrug use exacerbates problems associated with impaired driving (Thombs et al., 2009). Polydrug use with prescription drugs is of particular concern in light of a majority of prescription drug related emergency room visits and prescription drug overdoses that involve another substance (Cone et al., 2004; SAMHSA, 2011). The literature on polydrug use with prescription drugs among young

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people is currently underdeveloped relative to the recent growth of this drug trend. While studies indicate combination prescription drug misuse among high risk youth populations (Lankenau et al., 2012), research on more general youth populations as well as of specific illicit drugs remain understudied.

1.2. Current study

Studies indicate that young adults in urban nightlife may be at increased risk for prescription drug misuse (Kelly et al., 2013). Yet, it remains unclear how combinations of prescription drugs with other substances are occurring within this population. This paper describes patterns of polydrug use with prescription drugs among young adults in nightlife scenes in New York. Specifically, we examine the prevalence of combinations of prescription drug misuse with alcohol and illicit substances during the previous six months. Additionally, we assess the influence of demographic factors on patterns of polydrug use. We assess these patterns among both the general sample and those specifically reporting prescription drug misuse. In sum, this short communication provides an overview of the patterns of polydrug use with prescription drugs among young adults in nightlife scenes.

2. Methods

The field survey was intended to assess the patterns and prevalence of prescription drug misuse in combination with other substances among young adults in nightlife scenes. The inclusion criteria for this study were young adults (18–29) found in nightlife venues in New York. The examination of young adults in nightlife scenes permits us to focus our sampling methods on nightlife social venues.

2.1. Sampling

Time–space sampling was originally developed to capture hard-to-reach populations (MacKellar et al., 1996; Muhib et al., 2001; Stueve et al., 2001), but is also useful for generating estimates of venue-based populations (Parsons et al., 2008). As a nightlife population, we can use nightlife venues as our basic unit of sampling to systematically generate our sample. We captured a range of variability through randomizing 1) the venues attended and 2) the days/times attending the venues.

We randomized “time” and “space” using an enumerated sampling frame of venues and times of operation. To construct the sampling frame, ethnographic fieldwork allowed us to identify “socially viable” venues for a range of nightlife scenes for each day of the week. A venue was deemed “socially viable” if regular young adult patron traffic existed on that given day of the week. Venues primarily included bars, clubs, lounges, and performance venues. For each day of the week, each socially viable venue was assigned a number. Using a random digit generator, a random number was drawn, corresponding to a particular venue on a particular day. This process ultimately yielded our schedule for each month.

At the venue, staff attempted to survey as many individuals as possible through the course of the survey shift. Each surveyor approached a potential subject, identified themselves, described the study, and requested verbal consent for participation in the anonymous survey. If the patron refused, the refusal was noted and the individual's age, gender, and ethnicity were estimated. For those consenting, the survey's introduction was administered by staff and subjects self-reported sensitive information directly onto survey software on an iPod Touch®. Field staff members were trained not to administer surveys to individuals visibly impaired by intoxication.

2.2. Measures

Respondents were asked to state their age, a continuous variable. They were asked whether they identified themselves as Latino, and

then self-reported the racial group they most identified with: White, Black, Asian, Native American, Multiracial, or Other. They self-reported gender as female, male, transgender, or other. Individuals who identified themselves as transgender or reported “other” gender were excluded from regression analyses due to low sample sizes, although we report their prevalence within the text below. Subjects also self-identified their sexual orientation – straight, gay/lesbian, bisexual, queer or other – which was then recoded as either heterosexual or gay/lesbian/bisexual/queer.

Participants self-reported the number of days of prescription drug misuse in the last six months, which was dichotomized: those who misused prescription drugs and those who did not. For those who reported any prescription drug misuse, they reported whether or not they had combined prescription drugs with certain illicit drug types (marijuana, cocaine, methamphetamine, ecstasy, psychedelics, ketamine, and heroin) or alcohol during the previous six months.

2.3. Sample

Using these measures, we surveyed 1653 young adults (77.6% response rate). Due to small cell sizes, we removed 48 participants who self-reported having ‘other’ sexual identity as they are difficult to group with either heterosexuals or those claiming a sexual minority identity, and removed 79 participants with missing data on the outcomes, for an analytic sample of 1526. Women were more likely than men to consent (82.2% vs. 74% consent rate, $\chi^2(1) = 28.54$, $p < .001$). There was no difference in response rate according to sexual identity. People of color were more likely than Whites to consent (84.3% vs. 73.5%, $\chi^2(1) = 46.53$, $p < .001$). Sample characteristics are in Table 1.

Table 1
Descriptive statistics of demographics.

	M	SD
Average age	24.29	2.67
	n	%
Gender		
Male	801	52.5
Female	700	45.9
Transgender	8	0.5
“Other gender”	22	1.4
Sexuality		
Gay/lesbian/bisexual/queer	535	35.8
Heterosexual	961	64.2
Race/ethnicity		
White	898	61.2
Black	104	7.1
Latino	212	14.4
Asian/Pacific Islander	91	6.2
Mixed/other	163	11.1
Misused prescription drugs in the last six months	378	24.8
	M	SD
Number of days of prescription drug misuse in the last six months (of 378 people reporting use)	16.19	32.15
Specific Rx combinations	Total sample n = 1503	Among Rx users n = 378
	%	%
Any illicit drug + Rx drugs	16.4	65.9
Alcohol + Rx drugs ^a	17.9	71.2
Marijuana + Rx drugs	14.8	59.2
Cocaine + Rx drugs	7.4	29.8
Methamphetamine + Rx drugs	0.3	1.3
Heroin + Rx drugs	0.7	2.7
Psychedelics + Rx drugs	3.5	14.4
Ketamine + Rx drugs	1.8	7.3
Ecstasy + Rx drugs	5.9	23.7

^a Alcohol and Rx drug combination only reported by those reporting the use of an illegal drug.

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