



Characteristics and correlates of men and women with prescription opioid dependence

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ABSTRACT

Despite the fact that important gender differences in drug and alcohol use have been previously reported, little research to date has focused on gender differences with regard to nonmedical prescription opioid use. This study preliminarily examined the presenting characteristics and correlates (e.g., age of onset, route of administration, motives for using, and method of introduction) of men and women with prescription opioid dependence. Participants were 24 (12 men and 12 women) non-treatment seeking individuals at least 18 years of age with current (i.e., past 12 months) prescription opioid dependence who participated in an in-depth interview. The average age of onset of prescription opioid use was 22.2 years ($SD = 8.5$). In comparison to men, women were approximately six years older when they initiated prescription opioid use, but were only three years older when they began to use prescription opioids regularly (i.e., weekly), suggesting an accelerated course of disease progression among women. Over half of the sample (61.5%) endorsed chewing and almost half (45.8%) endorsed crushing and snorting prescription opioids. Men were significantly more likely than women to crush and snort prescription opioids (75.0% vs. 16.7%; $p = 0.01$). Women were significantly more likely than men to be motivated to use prescription opioids in order to cope with interpersonal stress, and to use them first thing in the morning ($ps = 0.04$). Concomitant alcohol and other drug use were common among both men and women. The findings highlight clinically relevant gender differences and may help enhance the design of gender-sensitive screening and treatment interventions for prescription opioids.

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1. Introduction

The nonmedical use of prescription opioids is increasing at an alarming rate. The National Survey on Drug Use and Health (NSDUH; $N = 68,736$) estimates that approximately 4.7 million individuals 12 years of age and older used prescription opioids nonmedically in the previous month, and approximately 1.7 million individuals meet criteria for dependence or abuse (SAMHSA, 2009). Recent data show that, among all illicit substances, pain relievers are the second most commonly initiated substance, following closely behind marijuana. Similarly, the number of people admitted for treatment of nonmedical use of prescription opioids increased by 400% between 1999 and 2008 (SAMHSA, 2010).

Due to the alarming increase in nonmedical prescription opioid use, some researchers have focused on smaller samples (rather than

large-scale national surveys) in order to obtain more in-depth information on nonmedical use, examining factors such as the history of use, route of administration, most commonly used opioids, and motives for using. For example, Passik, Hays, Eisner, and Kirsh (2006) obtained detailed information from approximately 100 individuals seeking treatment for prescription drug abuse. The results indicated that a majority of the sample reportedly obtained a legitimate prescription for pain from a primary care physician. Hydrocodone and oxycodone products were the most commonly abused prescription opioids, and 80% of the sample reportedly altered the delivery of the drug by, for example, chewing, snorting, or injecting the medication. While this investigation provides rich details about factors involved in the nonmedical use of prescription opioids, it fails to consider gender differences that may be informative for prevention and clinical care.

1.1. Gender differences in the nonmedical use of prescription opioids

Research demonstrates important gender differences with regard to alcohol and drug use. Men and women have been found to differ in motives for using substances (e.g., men use substances more often for pleasurable aspects, whereas women use substances more often to

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deal with negative emotions) and consequences associated with use of substances (e.g., female smokers often experience more severe lung damage than male smokers) (Brady, Back, & Greenfield, 2009). Physiological gender differences (e.g., body fat percentages, metabolic rate, concentration of gastric dehydrogenase, and hormonal fluctuations) also put women at increased risk for medical problems associated with substance use. These physiological differences likely contribute to the “telescoping” phenomenon, a term used to describe the fact that women have been shown to progress faster than men from onset of regular use of a substance to the time in which problems develop from use (Hernandez-Avila, Rounsaville, & Kranzler, 2004).

Despite these important gender differences in substance use parameters, little research to date has investigated gender differences regarding prescription opioids. Using data from national surveys, Colliver, Kroutil, Dai, and Gfroerer (2006) found a gender by age interaction in prevalence rates of abuse/dependence. Compared to males, females aged 12–17 were more likely to meet criteria for prescription opioid abuse or dependence (1.4% vs. 0.8%), whereas females aged 18–25 were less likely to meet criteria for prescription opioid abuse or dependence (1.1% vs. 1.4%). In contrast, men and women aged 26 or older evidenced similar rates of abuse or dependence (0.4% for women vs. 0.5% for men). Studies investigating gender differences in risk factors for prescription opioid nonmedical use in the general population also reveal important differences among men and women. Although men and women share a number of risk factors (e.g., younger age and use of other substances), men and women also demonstrate sexually dimorphic risk factors. For example, psychological distress and cigarette smoking are risk factors for prescription opioid nonmedical use among women, but not men (Back, Payne, Simpson, & Brady, 2010; Tetrault, Desai, Becker, Feillin, Concato & Sullivan, 2008).

Finally, preliminary research examining gender differences in the use of prescription opioids by individuals with chronic pain reveals important differences. Compared to men, women are significantly more likely to hoard unused medications (67.6% women vs. 47.7% men) and use additional medications (e.g., sedatives) to enhance the effectiveness of prescription opioids (38.8% women vs. 20.0% men) (Back, Payne, Waldrop, Smith, Reeves & Brady, 2009). A trend toward men being more likely than women to use an alternative route of administration (e.g., crushing and snorting) has also been shown (8.9% men vs. 1.5% women, $p = 0.08$; Back et al., 2009). Similar to research conducted in the general population, Jamison, Butler, Budman, Edwards, and Wasan (2010) found that risk factors for the misuse of prescription opioids differ for men and women with chronic pain. Risk factors for men included legal and behavioral problems, whereas risk factors for women included emotional issues.

The purpose of the current study was to add to the limited extant data on gender and prescription opioids. Specifically, this study preliminarily examined gender differences in the following among individuals with prescription opioid dependence: history of use, route of administration, most commonly used opioids and most common times when opioids are consumed, motives for using, method of introduction to prescription opioids, and concomitant substance use.

2. Material and methods

2.1. Participants

Participants were 24 non-treatment seeking individuals (12 men and 12 women) with current prescription opioid dependence. Participants were recruited via newspaper advertisements and flyers posted in local health clinics, and were invited to participate in a single in-depth interview. The main objective of the interview was to obtain information to help inform the design of a NIH-sponsored laboratory investigation to examine stress- and cue-induced craving among individuals with prescription opioid dependence. IRB-approved

informed consent was obtained before any study procedures occurred, and participants were fully informed about the purpose of the study.

2.2. Procedure and assessments

Individuals were screened over the telephone and if eligible, were invited to come into the office to participate in a group or individual interview. Inclusion criteria were broad and included being 18 years of age or older and meeting criteria for prescription opiate dependence in the past 12 months. Eighteen interview sessions lasting 60 to 90 min were conducted. The number of participants in each interview ranged from one to four (determined by participants' scheduling availability), with the large majority (77.8%) of the interviews consisting of one participant. Advantages of using small groups or individual interviews include the fact that each participant has more time to discuss his or her views and experiences, participants may be less hesitant to discuss stigmatized behaviors and issues such as drug abuse, and participants who are less confident or articulate may be more engaged during the interviews. Interviews were led by the first author and a research assistant, and participants were compensated \$20 for their time.

When participants arrived at the clinic, items from Substance Use Disorders module of the Structured Clinical Interview for DSM-IV (First, Spitzer, Gibbon, & Williams, 2002) were used to assess prescription opioid dependence. Then, participants responded to questions elicited using a 31-item, semi-structured interview that was created for the purposes of this study. The same questions were used in each interview. This allowed for a degree of standardization across groups and facilitated the analysis of the data by allowing for direct comparisons of discussions from interview to interview. The interview consisted of a set of open- and closed-ended questions concerning the following topics: demographic characteristics (i.e., age, gender, and race), prescription opioid use history (e.g., age of onset, age of regular use, and method of first introduction), route of administration (i.e., oral, crush and snort, chew, and inject), reasons for using, time of day that prescription opioids were typically consumed, paraphernalia associated with prescription opioid use that serve as triggers for craving or use (e.g., pill bottles, pill crushers, glass of water, and spoon), the most common prescription opioids used, other substances used, and common situations and settings under which prescription opioids were ingested. Interviews were audio recorded and transcribed by a research assistant. After reviewing in detail the interview transcripts, a coding frame was generated to help summarize themes and organize the findings. Transcripts were coded by the first author and a research assistant. Any areas of discrepancy were discussed until an agreement was reached.

2.3. Statistical analyses

Independent samples *t*-tests were used to examine gender differences in continuous variables. Categorical variables were assessed using the Pearson chi-square statistic. For these tests, Cramér's *V*, which ranges from 0 to 1, was reported as a measure of the strength of association between categorical variables (Cramér, 1999). Where cell sizes were ≤ 5 , Fisher's Exact Test was reported. Given the small sample size and preliminary nature of the study, alpha was set at .05 for all analyses.

3. Results

3.1. Demographic information

The average age was 41.6 ($SD = 9.8$) and the majority of participants (66.7%) were Caucasian. Approximately 29.2% were African American

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