



Risk factors for high levels of prescription drug misuse and illicit drug use among substance-using young men who have sex with men (YMSM)



Aleksandar Kecojevic^{a,*}, Carolyn F. Wong^{b,c}, Heather L. Corliss^a, Stephen E. Lankenau^d

^a San Diego State University, Graduate School of Public Health, Division of Health Promotion and Behavioral Science, 9245 Sky Park Court, Suite 100, San Diego, CA 92123, United States

^b Children's Hospital Los Angeles, The Saban Research Institute, Community, Health Outcomes and Intervention Research Program, 4650 Sunset Boulevard, Mailstop #30, Los Angeles, CA 90027, United States

^c University of Southern California, Keck School of Medicine, Department of Pediatrics, United States

^d Drexel University School of Public Health, Department of Community Health and Prevention, 3215 Market Street, Nesbitt Hall, Philadelphia, PA 19104, United States

ARTICLE INFO

Article history:

Received 9 September 2014

Received in revised form 24 February 2015

Accepted 25 February 2015

Available online 6 March 2015

Keywords:

Prescription drug misuse

Illicit drug use

YMSM

Childhood abuse

Minority stress

Mental health distress

ABSTRACT

Background: Limited research has focused on prescription drug misuse among young men who have sex with men (YMSM), or investigated risk factors contributing to misuse. This study aims to investigate the relationship between multiple psychosocial risk factors (i.e., childhood abuse, discrimination, mental health distress) and prescription drug misuse among YMSM who are current substance users.

Methods: YMSM ($N = 191$) who reported prescription drug misuse in the past 6 months were recruited in Philadelphia between 2012 and 2013 to complete an anonymous survey assessing demographic information, substance use, and psychosocial factors.

Results: High levels of childhood physical abuse and perceived stress were associated with higher opioid misuse, while high levels of depression were associated with lower misuse of opioids. Those with higher levels of perceived stress were more likely to report higher tranquilizer misuse, while those with more experiences of social homophobia/racism and higher levels of depression and somatization reported higher stimulant misuse. Regarding demographic correlates, older participants were more likely than younger participants to report higher opioid misuse, while racial minorities were less likely than White participants to report higher misuse of tranquilizers, stimulants, and illicit drug use. Bisexual/heterosexual/other identified participants were more likely than gay identified participants to report higher misuse of all three classes of prescription drugs.

Conclusions: Associations of risk factors with substance use among YMSM are complex and offer opportunities for additional research. Our findings show that prevention efforts must address substance use among YMSM in sync with psychosocial stressors.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Prescription drug misuse (i.e., opioids, tranquilizers, stimulants), defined as use of prescription drugs when not prescribed by a health care provider or taken only for the feeling or effect caused, is a serious public health problem among young adults in the US, with 31.4% of individuals between ages 18 and 29 years reporting misuse at some point in their lifetime (Substance Abuse and Mental Health Services Administration (SAMHSA), 2010). Most

of the research on prescription drug misuse among young adults has focused on students, or general populations of adolescents and young adults (Arria et al., 2008; Corliss et al., 2010; Teter et al., 2010). Recently, researchers have made attempts to understand patterns of prescription drug misuse among high-risk young adults such as homeless, injection drug users, club youth, or poly-drug users (Daniulaityte et al., 2009; Kelly et al., 2013; Lankenau et al., 2012). While some of these studies included high-risk lesbian, gay, bisexual, and transgender (LGBT) individuals, and while there is emerging literature on prescription drug misuse among men who have sex with men (MSM; Kelly and Parsons, 2011), limited data exist on prescription drug misuse among high-risk (i.e., drug-using) young MSM (YMSM). This represents a significant gap in the

* Corresponding author. Tel.: +1 619 594 0477.

E-mail address: akecojevic@mail.sdsu.edu (A. Kecojevic).

public health literature because YMSM who use drugs are at increased risk for negative health outcomes, including substance dependence (Russell et al., 2002), violence and victimization (Wong et al., 2010), and HIV exposure (Centers for Disease Control and Prevention (CDC), 2010). Identifying factors contributing to prescription drug misuse among high-risk YMSM can shed light on complex relationship between substance use and negative health outcomes, making substance-using YMSM a focal point of public health research.

Although little is known about usage patterns, risk factors, or concomitant health concerns of YMSM who misuse prescription drugs, a substantial body of research on substance use among YMSM informs the current study. Past research has shown that exposure to childhood abuse (i.e., sexual, physical, emotional), discrimination, and stress increases risk of drug use and/or developing substance use disorders (Afifi et al., 2012; Dube et al., 2003; Marshal et al., 2008; Rosario et al., 2014). While YMSM likely misuse prescription drugs for many of the same reasons as other people do, these factors may be particularly relevant for prescription drug misuse in this population because of their increased likelihood of being exposed to these situations.

1.1. Childhood abuse

Several notable studies have documented higher rates of childhood abuse among lesbian, gay, bisexual and transgender (LGBT) individuals relative to heterosexuals (Austin et al., 2008; Corliss et al., 2002; Friedman et al., 2011; Kecojec et al., 2012; Schneeberger et al., 2014). Childhood abuse has potentially serious negative effects on psychosocial and behavioral functioning in adulthood. For example, the YMSM literature documents the association of childhood abuse with adverse adult mental health outcomes including depression, anxiety, and increased stress (Balsam et al., 2010; Huebner et al., 2004; McLaughlin et al., 2012). Moreover, in previous studies of general young adult populations, experiences of sexual victimization (Young et al., 2011) and witnessing violence (McCauley et al., 2013) have been identified as important risk factors for subsequent prescription drug misuse. The results of multiple studies present an emerging picture in which YMSM who report childhood maltreatment are more likely to report high risk behaviors, including substance use and disorders (Brennan et al., 2007; Kalichman et al., 2001). Based on these findings, it is reasonable to suggest that greater childhood abuse experiences would be linked to higher mental health distress, which together would be associated with greater misuse of prescription drugs in a sample of high-risk YMSM.

1.2. Minority status

Minority Stress Theory (Meyer, 2003) posits that mental health disparities among members of stigmatized minority groups such as YMSM may be explained by the chronic stress produced by living in social environments characterized by discrimination directed toward sexual minorities. Indeed, many YMSM report discrimination experiences such as homophobia and racism, social disapproval, and rejection (Bontempo and D'Augelli, 2002; Friedman et al., 2011; Wong et al., 2010). However, YMSM are a very diverse group and some are at even greater risk for victimization and social marginalization. For example, YMSM who are racial/ethnic minorities are subjected to additional stressors, including prejudice and discrimination directed at their race/ethnicity within gay community (Cochran and Mays, 1994; Diaz et al., 2001). Additionally, many YMSM may internalize society's negative attitudes toward gay people; this phenomenon referred to as internalized homophobia (IH), represents an internal form of stress (Meyer and Dean, 1998). Experiences of

discrimination and victimization have been found to be significantly associated with poor mental health (Meyer, 2003; Ross et al., 2008). In addition, past experiences of prejudice, stigma or rejection have been linked with mental health distress (Courtenay-Quirk et al., 2006; Preston et al., 2007). Even though the Minority Stress Theory does not directly stipulate how experiences of adverse childhood experiences, minority stress, mental health distress, and general stress appraisals directly impact substance use, it is reasonable to expect that greater experiences of different types of stressors and higher mental distress would also lead to increases in prescription drug misuse and illicit drug use. Multiple experiences of discrimination and IH are of particular concern among substance-using YMSM, who may be exposed to more difficult life circumstances than the general YMSM population. Researchers have found that multiple minority status contributes to substance use, with higher rates of substance use reported among YMSM experiencing minority-related discrimination (Goldbach et al., 2015; Marshal et al., 2008; McCabe et al., 2010; Ross et al., 2001; Wong et al., 2010). However, less is understood as to how these minority stressors are associated with prescription drug misuse among YMSM.

1.3. Mental health distress and perceived stress

In addition to childhood abuse and minority stress experiences, poorer mental health is closely related to, and is an additional risk factor for substance use among YMSM (Rosario et al., 1996, 2006a). Ample research has documented that sexual minority youth are at elevated risk for depression (Cochran, 2001; Fergusson et al., 2005), anxiety (Fergusson et al., 1999; Lock and Steiner, 1999) and suicidality (Cochran and Mays, 2000) compared to their heterosexual peers. YMSM suffering from mental health distress have been found to self-medicate with alcohol or drugs (Ford and Schroeder, 2009; Sullivan et al., 2006). Furthermore, mental health distress can impact self-esteem, and self-protective behaviors contributing to elevated substance use among YMSM (Salomon et al., 2009; Perdue et al., 2003). YMSM are also likely to face other interrelated life challenges (i.e., housing, work, family) which further can contribute to increased levels of stress and subsequent substance use. Prescription drugs, in particular, may have appeal among YMSM as a means of self-medication or self-treatment in stressful situation, due to their perceived safety and psychopharmacological specificity (Cicero and Inciardi, 2005; McCabe et al., 2009; Quintero, 2009).

1.4. Current study

Our cross-sectional study was conducted with a higher-risk population of YMSM. While prior research suggests a relationship between experiences of childhood abuse, social discrimination, mental health distress and substance use among sexual minority males, studies examining how these factors contribute to different levels of prescription drug misuse among substance-using YMSM are lacking. The current investigation had two primary aims. First, we sought to determine the associations between childhood abuse, experiences of minority stress (e.g., racism, homophobia, social discrimination, internalized homophobia), and current mental distress. We also examined how general stress appraisals are associated with these psychosocial stressors and mental health factors. We hypothesized that YMSM who report high levels of childhood abuse and minority stress would report increased levels of mental health distress and higher appraisal of general stress in their lives. Second, building on previous conceptualizations of multiple stressors influencing behaviors of YMSM (Meyer, 2003; Rosario et al., 2002; Wong et al., 2010) our study examines the

Download English Version:

<https://daneshyari.com/en/article/1069821>

Download Persian Version:

<https://daneshyari.com/article/1069821>

[Daneshyari.com](https://daneshyari.com)