



Research paper

High risk and little knowledge: Overdose experiences and knowledge among young adult nonmedical prescription opioid users



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ABSTRACT

Background: Opioid-involved overdoses in the United States have dramatically increased in the last 15 years, largely due to a rise in prescription opioid (PO) use. Yet few studies have examined the overdose knowledge and experience of nonmedical PO users.

Methods: In depth, semi-structured, audio-recorded interviews were conducted with 46 New York City young adults (ages 18–32) who reported using POs nonmedically within the past 30 days. Verbatim interview transcripts were coded for key themes in an analytic process informed by grounded theory.

Results: Despite significant experience with overdose (including overdose deaths), either personally or within opioid-using networks, participants were relatively uninformed about overdose awareness, avoidance and response strategies, in particular the use of naloxone. Overdose experiences typically occurred when multiple pharmaceuticals were used (often in combination with alcohol) or after participants had transitioned to heroin injection. Participants tended to see themselves as distinct from traditional heroin users, and were often outside of the networks reached by traditional opioid safety/overdose prevention services. Consequently, they were unlikely to utilize harm reduction services, such as syringe exchange programs (SEPs), that address drug users' health and safety.

Conclusions: These findings suggest that many young adult nonmedical PO users are at high risk of both fatal and non-fatal overdose. There is a pressing need to develop innovative outreach strategies and overdose prevention programs to better reach and serve young PO users and their network contacts. Prevention efforts addressing risk for accidental overdose, including opioid safety/overdose reversal education and naloxone distribution, should be tailored for and targeted to this vulnerable group.

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Introduction

Opioid-involved overdoses have become an increasing concern as their incidence has risen markedly in the past 20 years (Calcaterra, Glanz, & Binswanger, 2013; Jones, Roux, Stancliff, Matthews, & Comer, 2014; Paulozzi, 2012). During the most recent decade, drug overdose deaths in the United States increased from approximately 4000 in 1999 to 14,800 in 2008 (Warner et al., 2011). Overdose rates have especially increased among young adults (ages 18–24) who experienced a greater increase in rates of death from

opioid analgesics than any other age group from 1999 to 2006 (Blending Initiative, 2009). In New York City, the location of this study, unintentional opioid-involved overdose deaths increased by 267% between 2000 and 2011 (59 deaths vs. 220 deaths) (New York City Department of Health and Mental Hygiene, 2013). Much of the rise has been attributed to a dramatic increase in overdose among nonmedical prescription opioid (PO) users (Green, Black, Serrano, Budman, & Butler, 2011; Katz, El-Gabalawy, Keyes, Martins, & Sareen, 2013; Silva, Schragger, Kecojevic, & Lankenau, 2013) or recently initiated heroin users who transitioned to heroin from POs (Lankenau et al., 2012a, 2012b; Nielsen et al., 2011). Non-medical prescription opioid use is particularly high among students and young adults in the United States as well as internationally (Brands, Paglia-Boak, Sproule, Leslie, & Adlaf, 2010; Ghandour, El Sayed, & Martins, 2012; National Institute on Drug Abuse, 2013).

Previous research has found that many nonmedical PO users are unaware of potential overdose risks, particularly in regard to

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polysubstance use (Lankenau et al., 2012a), and that while PO users are concerned about overdose, most believe the risk only applies to others who “use too much” or are “not careful ‘enough’” (Daniulaityte, Falck, & Carlson, 2012). Yet overdose was not the focus of these studies, and, to our knowledge, there are no studies examining nonmedical PO users’ overdose knowledge and experience (apart from studies evaluating the effectiveness of naloxone distribution programs; see, for example, Strang et al., 2008; Williams, Strang, & Marsden, 2013).

Organized responses to the rising rate of overdose in the U.S. began to form in the mid 1990s with community-based programs that provided opioid overdose prevention services to persons who use drugs, as well as their family members and friends (CDC, 2012). Since 1996, increasing numbers of programs have offered naloxone, a specific opioid receptor antagonist used to reverse an opioid overdose or the effects of opioid analgesia (CDC, 2012; Galea et al., 2006). However, the United States Food and Drug Administration (FDA) regulations that designate naloxone as a prescription medication have made access difficult, and until recently, Syringe Exchange Programs (SEPs) and harm reduction organizations were among the few places where drug users and their families and friends were able to acquire naloxone and training in its proper use (NASADAD, 2013). The rise in opioid-involved overdoses has led to increased efforts by government and community organizations to make overdose prevention and response education (including naloxone) available outside of the SEP/harm reduction model (Albert et al., 2011; Doe-Simkins, Walley, Epstein, & Moyer, 2009; NASADAD, 2013). Over the last decade, 17 U.S. States have passed laws intended to expand the availability of naloxone (NASADAD, 2013) to community organizations and family or friends of opioid users.

In 2006, New York State established the Opioid Overdose Prevention program which enables non-medical persons to administer naloxone in case of an opioid-involved overdose (New York City Department of Health and Mental Hygiene, 2014; New York Society of Addiction Medicine, 2011). Additionally, New York City recently began a pilot program supplying police officers in Staten Island (an area with particularly high rates of opioid-involved overdose) with naloxone and requisite training, leading to the first police officer-reversed overdose in January 2014 (New York City Department of Health and Mental Hygiene, 2014). Although such programs reflect increasing awareness of the role of POs in overdose and the importance of community-based responses, they are still relatively new and only available in select localities.

This exploratory study aims to elucidate the high overdose rates among young adults by providing a description of the overdose-related knowledge and experiences of young adult nonmedical PO users. Using a qualitative approach based on in-depth interviews with 46 young adults (ages 18–32) in New York City who reported nonmedical PO use within the past month, we sought to better understand how PO use relates to the likelihood and experience of overdose. Additionally, we aim to describe this group’s knowledge of and experience with existing opioid safety/overdose prevention services and practices and how this impacts their experience with overdose.

Methods

Participant recruitment

This qualitative study is based on interviews with 46 New York City young adults (ages 18–32) who had engaged in nonmedical PO use in the 30 days preceding the interview. Participants were recruited via a combination of purposive and chain-referral sampling. The goal of the sampling strategy was to include a broad

array of participants from a variety of racial, ethnic, gender, and socioeconomic status (SES) groups, and different geographic areas of New York City, as well as those with a range of service-related experience. Twenty-three participants were referred to the study from various sources, including service providers (i.e., outpatient drug treatment programs [$n=7$] and an outreach program for young injectors [$n=10$]), key informants ($n=4$) and other research projects ($n=2$). Potential participants at referring service organizations were approached directly by the Principal Investigator who provided a brief explanation of study goals and procedures, while those recruited via key informants and other research studies were advised to contact the investigator if interested in participating. Notably, at the time of recruitment, none of the organizations that served as referral sources provided overdose prevention and response training or naloxone. The remaining 23 participants were recruited through chain-referral from other participants. Interviews were conducted until theoretical saturation on the study’s key topics of interest was reached.

To be eligible, participants had to: (1) report using POs for non-medical reasons at least once in the past 30 days; (2) live in one of the 5 boroughs of New York City; (3) speak English or Spanish; (4) be able to comprehend study procedures; and (5) provide informed consent. Eligibility was established through self-report, using a brief verbal screening protocol.

All study activities were approved by the Institutional Review Board of the National Development and Research Institutes, Inc. Prior to interviews, all participants provided written informed consent. Participants were compensated \$40 at the conclusion of the interview.

Interview procedures

In-depth, semi-structured interviews (lasting approximately 90 min) included questions asking about key domains directly related to our research aims. The interview format was flexible; the exact sequence in which topical domains and open-ended questions were presented varied, to allow interviewees to introduce or elaborate on topics of particular relevance to their experience. Topical domains included: contexts of initial and later PO use; drug-use trajectories (including concurrent or intermittent use of other substances, patterns of escalation in opioid use, and transitions among different POs, from POs to heroin, and to new routes of administration); perceptions of POs vs. heroin; drug-use networks and practices, with a focus on behaviors that may present risk for overdose; overdose knowledge, experience, and perceptions of risk; and familiarity with and use of naloxone and other harm reduction services.

Data analysis

Interviews were digitally audio-recorded and transcribed verbatim. The resulting transcripts were entered into the software program *Atlas.ti* to facilitate coding and data analysis. The content-based data analysis was informed by the tenets and procedures of grounded theory (Charmaz, 2006; Glaser & Strauss, 1967), an approach for developing concepts and theory through coding and analysis of textual data. An initial code list, based on the research aims, was established and refined in an iterative process using a small subset of transcripts; the final code list was then used to code the remainder of the dataset. Theoretical interpretations resulted from a multi-faceted comparative analysis that included both the most frequently voiced themes and inconsistencies among interviewees’ accounts, explored emergent ideas, and aimed to describe connections between key themes and individuals’ lived experiences. Additionally, key variables (e.g. the mean age at which participants initiated nonmedical PO use and heroin use; the

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