



Research paper

“I love having benzos after my coke shot”: The use of psychotropic medication among cocaine users in downtown Montreal



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ABSTRACT

Background: Cocaine abuse is a major public health issue due to its role in the HIV and hepatitis C virus (HCV) epidemics in North America. A significant area of concern among people who use cocaine (PWUC), injected or smoked, is their frequent misuse of prescription drugs, particularly psychotropic medication (PM), such as tranquilizers, sedatives, stimulants, and antipsychotics. This paper aims to describe and understand practices of PM use among PWUC in downtown Montreal.

Method: Ethnographic methods including participant observation and semi-structured interviews were used in an iterative manner.

Results: Two thirds of the 50 participants were male. They ranged in age from 20 to 60 and most were homeless. A significant proportion of them reported polydrug use patterns that included frequent concomitant opioid use (heroin and/or prescription opioids (PO)). Benzodiazepine-based tranquilizers and the atypical antipsychotic quetiapine were the most frequently used PM. Routes of PM administration were oral, nasal and, to a lesser degree, intravenous. Five main PM use practices were identified: 1) “downers” from cocaine high (benzodiazepines and quetiapine); 2) enhancers of heroin/PO effects (benzodiazepines); 3) reducers or suppressors of heroin/PO withdrawal symptoms (benzodiazepines); 4) enablers of a different type of “trip” (benzodiazepines); and 5) treatment for mental and physical problems (benzodiazepines and quetiapine).

Conclusion: PM use practices showed several complementary functions that PM fulfill in a context of polydrug use. The soothing and stimulating effects of PM reinforce the patterns of drug use among participants, posing various risks including overdose, HIV/HCV transmission, PM dependence and accidents. The results highlight the need for clinicians to assess clients' substance use patterns when prescribing PM and to question PWUC about PM use. The findings also underline certain unmet service needs in relation to overdose, HIV/HCV and mental health prevention/treatment among cocaine users.

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Introduction

Over the last two decades, misuse of prescription drugs (e.g. opioids, tranquilizers, stimulants, antipsychotics, etc.) has become a major public health concern in various parts of the world due to the increasing number of people who abuse them (SAMHSA,

2010a) and the associated harmful health and social consequences (Huang, Dawson, Stinson, Hansin, & Ruan, 2006; SAMHSA, 2004). Prescription drug misuse, particularly that of opioids and tranquilizers, has been associated with numerous risk behaviours and harms such as dependence, mental health problems, fatal and non-fatal overdose, initiation into injection drug use, syringe sharing and unsafe sex (Hayashi et al., 2012; Keckojevic, Silva, Sell, & Lankenau, 2014; Lake & Kennedy, 2016; Lankenau et al., 2007, 2012a; SAMHSA, 2004, 2010b; Tucker et al., 2016). Public health programs have been particularly challenged by people who use cocaine (PWUC) whose complex drug use patterns often involve polydrug consumption that includes non-medical use of

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prescription drugs (Fischer et al., 2010; Guindalini, Vallada, Breen, & Laranjeira, 2006; Latkin, Knowlton, & Sherman, 2001; Prinzleve et al., 2004; Roy, Arruda, Vaillancourt et al., 2012; Shaw, Shah, Jolly, & Wylie, 2008). A significant area of concern is the frequent misuse by this population of psychotropic medications¹ (PM) such as tranquilizers, sedatives, stimulants and antipsychotics; a problem compounded by high rates of mental health problems among these individuals (Conway, Compton, Stinson, & Grant, 2006; Roy et al., 2015). In the North American context where cocaine misuse plays a major role in the HIV and hepatitis C virus (HCV) epidemics (Bruneau, Roy, Arruda, Zang, & Jutras-Aswad, 2012; Edlin et al., 1994; Nelson et al., 2002; Patrick et al., 2001; Roy, Arruda, Vaillancourt et al., 2012; Tyndall et al., 2003), and where PM misuse is ubiquitous, there is a need to better understand the interplay among these substances.

Little is known about patterns of prescription drug misuse among PWUC, particularly PM misuse. Earlier studies have examined the use of prescription tranquilizers (benzodiazepines) among people using drugs, but have mostly focused on opiate users (heroin users and methadone maintenance clients) in different parts of the world (Forsyth, Farquhar, Gemmell, Shewan, & Davies, 1993; Fountain, Griffiths, Farrell, Gossop, & Strang, 1999; Gelkopf, Bleich, Hayward, Bodner, & Adelson, 1999; Iguchi, Handelsman, Bickel, & Griffith, 1993). More recent studies have explored complex patterns of prescription and street drug co-use that include prescription opioids (PO) and a variety of PM in adolescent populations (Boyd, McCabe, Cranford, & Young, 2006; McCabe & Cranford, 2012; McCabe, West, & Boyd, 2013), persons who inject drugs (Courtney, Degenhardt, Bruno, Roxburgh, & Jenkinson, 2004; Johnson, Fibbi, Langer, Silva, & Lankenau, 2013; Lankenau et al., 2007, 2012b, 2012; Ojha, Sigdel, Meyer-Thompson, Oechsler, & Verthein, 2014), college students (McCabe, Teter, & Boyd, 2006; Quintero, Peterson, & Young, 2006; Quintero, 2009; Rabiner et al., 2009; White, Becker-Blease, & Grace-Bishop, 2006), nightclub goers (Kelly, Welles, Pawson, LeClair, & Parsons, 2014; Kurtz, Surratt, Levi-Minzi, & Mooss, 2011) and men who have sex with men (Benotsch, Martin, Koester, Cejka, & Luckman, 2011; Kecojevic et al., 2014; Kecojevic, Corliss, & Lankenau, 2015; Kelly & Parsons, 2013). Only a few studies have focused on PWUC, and those almost exclusively examined PO misuse (Bruneau et al., 2012; Roy, Arruda, & Bourgois, 2011; Roy, Arruda, Vaillancourt et al., 2012; Roy, Richer, Arruda, Vandermeerschen, & Bruneau, 2013).

Only recently have researchers started examining factors and processes underlying patterns of prescription drug misuse among people who use drugs (Ali, Dowd, Classen, Mutter, & Novak, 2017; Fatséas, Lavie, Denis, & Auriacombe, 2009; Firestone & Fischer, 2008; Inciardi, Surratt, Kurtz, & Cicero, 2007; Kecojevic et al., 2015; Lankenau et al., 2007, 2012b; McCabe, Cranford, Boyd, & Teter, 2007; McCabe et al., 2012, 2013; Novak, Peiper, & Zarkin, 2016; Ojha et al., 2014; Rigg & Ibanez, 2010; Roy et al., 2011; Silva, Kecojevic, & Lankenau, 2013). Qualitative methods are particularly powerful to document emerging issues (Miles, Huberman, & Saldana, 2014; Nichter, Quintero, Nichter, Mock, & Shakib, 2004), and have effectively described motivations for using prescription drugs (Kecojevic et al., 2015; Lankenau, et al., 2007; Rigg et al., 2010; Silva et al., 2013); contexts of use (Firestone & Fischer, 2008; Lankenau, et al., 2007, 2012b; Roy et al., 2011; Silva et al., 2013); how changes in the drug market and availability of prescription drugs influence polysubstance use patterns (Firestone & Fischer, 2008; Inciardi et al., 2007; Lankenau, et al., 2007, 2012b; Roy et al.,

2011); and risks posed by prescription and illicit drug co-use (Firestone & Fischer, 2008; Inciardi et al., 2007; Kecojevic et al., 2015; Lankenau et al., 2007, 2012b; Roy et al., 2011; Silva et al., 2013). Although complex patterns of prescription drug misuse are described, most of these studies focused on PO and tranquilizers. A gap still remains in the literature about why and how PWUC co-use PM with other drugs. In an attempt to develop a better understanding of current PM use practices among PWUC, we have conducted a study that addresses these questions: what are the strategies PWUC deploy to obtain PM and how do these strategies relate to users' mental health problems? What are the motives for using certain PM? What drugs (prescription and street drugs) and routes of administration are employed? What are the risks posed by PM during polydrug use?

Approach and methods

This study is part of the COSMO project, an ongoing multi-methods research program being conducted in Montreal, Canada to assess the relationship between mental health disorders and HIV and HCV risk behaviors among PWUC (Roy et al., 2014). The present study was conducted by an interdisciplinary team composed of two anthropologists, a public health physician, a psychologist and a psychiatrist.

The research team applied ethnographic methods such as participant observation and semi-structured interviews in an iterative manner. To thoroughly explore PWUC's perspectives about PM use, the anthropologists conducted 10 months of ethnographic fieldwork (March–December 2015) in street-based settings (injection and crack-smoking sites, locations where drugs and PM were sold, pharmacies, etc.), outreach community organizations, and other institutional and social surroundings (hospitals and health centers, supervised apartments, retail stores and chain restaurants, etc.) in downtown Montreal frequented by drug users. For the participant observation component, participants were recruited, using the snowball technique (Biernacki & Waldorf, 1981). The anthropologists recruited them through participants from previous studies conducted by members of the research team (Roy et al., 2011; Roy, Arruda, Vaillancourt et al., 2012) and at the street level. Data was collected by means of direct observations of the practices and interactions of PWUC in participants' regular environments at various times of the day and night, and by conversational interviews steered toward the subject of PM use. Moreover, the anthropologists followed more intensively core participants (n=10) through their everyday routines to further understand the role of PM within their drug use practices. Visits to the field were from 3 to 5 times per week and lasted between 2 and 6 h. In total, more than 500 h were spent on participant observation and information was collected from a wide number of participants (n=50). Field notes of observations and conversations were taken and digitally transcribed. Participation in observations and informal conversations was based on voluntary relationships of trust and friendship, without financial compensation.

During the last months of fieldwork, the anthropologists conducted semi-structured interviews with a sub-group of participants (n=25) to complement and triangulate previously collected data about PM use practices. Semi-structured interviews allowed the research team to thoroughly explore the participants' points of view about relevant themes identified through participant observation. These included specific practices of PM and street drugs co-use, as well as associated risk behaviours. Moreover, participants felt more comfortable discussing their PM use within the context of semi-structured interviews (one-on-one private conversations) than in front of other people (see Results section). To sample this sub-group, COSMO eligibility

¹ A psychotropic medication or drug is any chemical agent that primarily or significantly affects the central nervous system. Some authors apply the term to drugs used primarily to treat mental disorders (World Health Organization, 2016).

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