



Research paper

Pharmaceutical opioid use among oral and intravenous users in Australia: A qualitative comparative study

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ABSTRACT

Background: Between 1992 and 2012 dispensing episodes for pharmaceutical opioids (PO) in Australia increased from 500 000 to 7 500 000. In the US, increases in the prescription of PO have been linked to increases in opioid-related morbidity and mortality and transitions to heroin injection. However, Australian data indicate that morbidity and mortality related to PO are relatively low, particularly when compared to heroin and other drugs. This paper explores the characteristics and patterns of non-medical pharmaceutical opioid (NMPO) use among a sample of young people in Sydney, Australia.

Methods: During 2015, we conducted in-depth qualitative interviews with 34 young people who use PO non-medically by oral (n = 22) and intravenous (n = 12) routes of administration.

Results: Oral NMPO users were a more affluent group who clustered around the Northern, Inner and Eastern suburbs of Sydney, while the intravenous users came from a range of locations including rural/regional areas of NSW and socioeconomically disadvantaged suburbs of South Western Sydney. Oral users were characterised by intermittent and largely self-limiting NMPO use and reported few health and social consequences. Intravenous users reported heavy and frequent drug, including NMPO, use and a range of adverse health and social consequences including overdose, injecting risk behaviour, hepatitis C virus (HCV) infection and residential instability.

Conclusion: Results highlight the significance of social and structural factors in trajectories of opioid use and related harms. Factors such as stable housing and family relationships, disposable income and close social networks observed in young oral NMPO users may help to explain differences in patterns of NMPO use and related outcomes between the two groups.

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Background

Between 1992 and 2012 dispensing episodes of pharmaceutical opioids (PO) in Australia increased from 500 000 to 7 500 000 (Blanch, Pearson, & Haber, 2014). In the United States (US), increases in the prescription of PO have been linked to increases in opioid-related morbidity and mortality (Calcaterra, Glanz, & Binswanger, 2013; Jones, Logan, Gladden, & Bohm, 2015) and transitions to heroin injection (Carlson, Nahhas, Martins, & Daniulaityte, 2016; Compton, Jones, & Baldwin, 2016). PO are responsible for the majority (67.8%) of emergency room

presentations in the US related to opioid overdose, exceeding presentations for heroin (16.1%), unspecified opioids (13.4%) and multiple opioid types (2.7%) (Yokell et al., 2014). Research from the US also indicates that many of the country's younger generation of heroin users were first introduced to opioids through PO (Carlson et al., 2016; McCabe, West, Morales, Cranford, & Boyd, 2007), indicating the potential for non-medical pharmaceutical opioid (NMPO) use to act as a pathway to heroin and injection drug use.

Despite the epidemic conditions in the US (Conrad et al., 2015; Jones et al., 2015), Australian research paints a different picture. Data from the National Hospital Morbidity Database, the Alcohol and Other Drug Treatment National Minimum Data Set and the National Coronial Information System suggest that morbidity and mortality related to PO remain relatively low in Australia when compared to heroin (Roxburgh, Bruno, Laranca, & Burns, 2011). Moreover

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Australian research suggests that NMPO users tend to be people with an established history of injection drug use prior to initiating PO injection (Degenhardt et al., 2006; Nielsen et al., 2015). Less is known about how young people from a broad range of social and socioeconomic backgrounds engage in NMPO use.

A limited international literature exists on oral NMPO use as part of patterns of polydrug use (Daniulaityte, Falck, Wang, & Carlson, 2009; Daniulaityte, Carlson, & Kenne, 2006). This literature presents a more diverse group of drug users than is represented in Australian data sets and provides key data about oral NMPO use. However, we are not aware of comparisons between oral and intravenous NMPO users in the current literature. This study utilises qualitative data to explore patterns of NMPO and related outcomes among young oral and intravenous NMPO users in Sydney, Australia.

Methods

During 2015, we conducted in-depth interviews with young people who used PO non-medically including oral (n=22) and injecting (n=12) users. Full details of the methodology of this study have been described in previous publications (Dertadian, Dixon, Iversen, & Maher, 2016). In brief, participants were recruited through previous research contacts, personal approaches and via advertisement on an errand outsourcing website (www.airtasker.com). Fieldwork was conducted in the inner city of Sydney (Kings Cross and Darlinghurst) and selected suburbs of South Western Sydney (Liverpool and Cabramatta) where a longitudinal study of young people who inject drugs not infected with the hepatitis C virus was conducted (Maher et al., 2010; White, Dore, Lloyd, Rawlinson, & Maher, 2014), which exclusively resulted in the recruitment of injecting participants. Advertisements on the website Airtasker (which require the selection of a physical location) targeted diverse areas of Sydney but only yielded results from the Northern, Eastern and Inner City suburbs and exclusively resulted in the recruitment of oral users.

Participants were eligible for interview if they self-reported NMPO use and met the screening criteria for age (between 16–29 years) and frequency of use (at least twice in the past 90 days). Recruitment continued to the point of saturation – the point at which data collection ceases to yield new information relevant to the research questions (Fusch & Ness, 2015; Mason, 2010). Interviews lasted between 20 and 90 min and were audio-recorded and transcribed verbatim. Ethical approval for the study was received from the University of New South Wales Human Research Ethics Committee and participants were remunerated \$AUD50. All interview participants nominated a pseudonym to be used in any dissemination of study results.

Transcripts were analysed by thematic content through a combination of preliminary and close readings by the first and senior authors. In the display of data throughout this manuscript text that is placed in square brackets indicates that the authors have added content to the quote for the purpose of clarity. Use of ellipsis in quotes indicates that there is additional content that the authors have removed for the purpose of continuity. Preliminary analysis was guided by the questions asked in the interview. This analysis was further refined by close readings of the transcripts to identify overarching themes across different transcripts and different sections of individual transcripts. As part of this process, aspects of content and thematic analysis were used to draw out significant aspects of the drug use practices of participants.

Results

Young people who used PO orally (n=22) represented an affluent set of participants who clustered around the Northern,

Inner and Eastern suburbs of Sydney. This sample included both male (n=14) and female (n=8) participants, most of whom identified as heterosexual (n=18) with the remainder identifying as bisexual (n=2), gay (n=1) and other (n=1). Mean age at the time of interview was 23.6 years. The majority had attended private schools (18/22), completed high school (18/22), and commenced (15/22) or completed tertiary education (12/22). This group had a “generally privileged upbringing” (Ben, 27 year-old oral NMPO user) and described their families as “pretty well off” (Steve, 22 year-old oral NMPO user). This group was further characterised by stable housing, employment or study, parental support and high disposable incomes.

A lot of people have a lot of money to spare and they don't have a whole lot of responsibility on the Northern Beaches. We do have that opportunity to go and get wasted on the weekend and then spend three or four days trying to pick ourselves back up from it. We don't have families to support or anything like that. We've always got a safety net to fall back on if anything was to happen. What we do with our money is just totally recreational, totally up to us (Britney, 23 year-old oral NMPO user).

I've been working there for, I don't know how many years, like four or five years. At the moment I'm just in between degrees, waiting to start my Masters and hoping to go traveling and that kind of stuff between now and then (James, 23 year-old oral NMPO user).

In contrast, participants who used PO intravenously (n=12) were recruited from socioeconomically disadvantaged suburbs of South Western Sydney (Campbelltown, Fairfield and Liverpool) and rural/regional areas of NSW. This group included largely male (n=9), and female (n=3) participants, most of whom identified as heterosexual (n=10) and the remainder as gay (n=1) and bisexual (n=1). Mean age at the time of interview was 27.1 years. Most had attended public schools (11/12) and only one had completed high school. Two participants had completed post-secondary technical or vocational training. Participants from South Western Sydney (n=4) explained that it was “a rough area” (Russia, 29 year intravenous NMPO user) characterised by high levels of drug use and limited employment opportunities.

I was 14. We were in Campbelltown, South [West] Sydney. [Mum] left me for months on end. I had to steal, starve and stuff so I could feed my little baby sister (Rob, 29 year-old intravenous NMPO user).

Just having a problem finding some work to fit around TAFE [Technical and Further Education] at the moment, I've had jobs on and off over the last two years. I've been doing this TAFE thing now so it's a bit hard with finances and that (Andrew, 29 year-old intravenous NMPO user).

The intravenous NMPO users who grew up in South Western Sydney tended to stay in or around the suburbs they grew up in, such as Fairfield, Liverpool and Campbelltown. Many of the intravenous users from rural and regional areas reported moving to Inner City Sydney.

I was born in Gosford. [Drugs] cost a lot more up there, double the price (Jasinta, 26 year-old intravenous NMPO user).

I moved here when I was 19, the first time. Tried to complete a trade, I done two and a half years plant mechanic, diesel fitting trade, and umm yeah, sort of, using the whole time through that (Jimmy, 27 year-old intravenous NMPO user).

These participants also tended to have unstable housing in the regional area prior to moving to the city, where they often slept rough in inner-city areas of Sydney. All participants who reported intravenous PO use reported homelessness or temporary residency in local government housing at the time of interview.

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