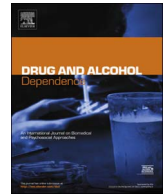




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Short communication

Correlates of prescription opioid misuse among Black adults: Findings from the 2015 National Survey on Drug Use and Health

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ARTICLE INFO

Keywords:

Prescription opioid misuse
Black
African-American

ABSTRACT

Background: Prescription drug misuse, especially opioid misuse, has become a public health crisis in the US. While much research attention has been focused on prescription drug misuse, a number of notable gaps in the literature remain. The current research addresses one of these gaps by examining racial/ethnic variation in prescription opioid misuse among adults.

Methods: We use data from the 2015 NSDUH to identify correlates of prescription opioid misuse among Black respondents aged 18 and older. The NSDUH defines prescription drug misuse as the use of prescription drugs in any way a doctor did not direct respondents to use them, including (a) without a prescription of their own; (b) in greater amounts, more often, or longer than told to use; or (c) in any other way a doctor did not tell respondents to use the drug.

Results: Findings indicate that Black respondents have a very similar prevalence rate of prescription opioid misuse compared to White respondents. A number of factors (i.e., gender, socioeconomic status, educational attainment) were significantly correlated with prescription opioid misuse only among Black respondents. In addition, many factors (i.e., depression, general health, other illicit drug use, being approached by a drug dealer) were significantly associated with prescription opioid misuse among both Black and White respondents.

Conclusions: The current research identified a number of unique correlates of prescription opioid misuse among Black adults. To more effectively deal with the current public health crisis, research must identify risk factors among various groups within the population.

1. Introduction

In the United States, prescription opioid misuse (POM) is a severe threat to public health. Compared to other prescription drugs, POM has the highest prevalence of use and is only second to marijuana in terms of overall illicit drug use (CBHSQ, 2016a; Miech et al., 2017). Roughly one-third of all overdose deaths in 2015 were attributable to prescription opioids, and the number of overdose deaths associated with opioids has nearly doubled since 2002 (Hedegaard et al., 2017). Because of this, much research attention has focused on POM, but notable gaps in the literature remain.

To date, POM among Blacks in the United States has largely been ignored. While a few studies examine correlates of POM among Black adolescents (Ford and Rigg, 2015; Vaughn et al., 2016) or young adults (Harrell and Broman, 2009; Martins et al., 2015), less research has examined POM using data from representative samples of Black adults in the United States. This lack of research is surprising given the results of the 2015 National Survey on Drug Use and Health, which indicated

White (4.7%) and Black (4.8%) respondents aged 18 and older had very similar rates of past year POM (CBHSQ, 2016a). In addition, the number of Blacks in the United States that had an emergency department visit related to prescription opioids increased 255% between 2004 and 2011 (CBHSQ, 2013). Finally, data from the Centers for Disease Control and Prevention indicate that overdose deaths associated with prescription opioids have more than doubled among Blacks over the last ten years.

Research on POM among Blacks is needed as prior research shows that Blacks are more likely to experience the negative consequences associated with substance use (Broman et al., 2008; Gil et al., 2004; Mitchell and Caudy, 2015). In addition, the extant research has identified several key risks (e.g., perceived discrimination, structural disadvantage, and subcultural norms) and protective (e.g., religiosity and family structure) factors for substance use among Blacks (Brody et al., 2012; Catalano et al., 1992; Choi et al., 2006; Sampson, 2011; Wallace and Muroff, 2002). Prior research on substance use among Blacks also highlights the importance of mental health, arguing that perceived

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<https://doi.org/10.1016/j.drugalcdep.2017.12.006>

Received 13 November 2017; Received in revised form 18 December 2017; Accepted 19 December 2017
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Table 1
Sample characteristics.

Measure	Coding	Black (n = 5150)	White (n = 25,146)	Total (n = 41,343)	P value
Prescription opioid misuse	Yes	4.38%	4.84%	4.71%	.206
Age	18–25	17.39%	12.18%	14.37%	< .001
	26–34	17.28%	13.99%	15.87%	
	35–49	26.96%	23.08%	24.92%	
	50 +	38.36%	50.73%	44.82%	
Gender	Male	44.72%	48.62%	48.17%	< .001
SES (gov program)	Yes	37.43%	14.37%	19.16%	< .001
Geographic Residence	Large Metro	64.33%	47.27%	53.92%	< .001
	Small Metro	32.12%	45.46%	40.43%	
	Non-metro	3.55%	7.26%	5.64%	
Marital Status	Married	33.26%	56.98%	52.92%	< .001
	Widowed	6.85%	6.58%	6.11%	
	Divorced/Separated	17.29%	13.81%	13.86%	
	Never Married	42.59%	22.62%	27.10%	
Educational Attainment	Less than HS	18.08%	8.53%	13.14%	< .001
	HS Graduate	31.60%	24.93%	25.21%	
	Some College	32.33%	32.00%	30.99%	
	College Graduate	17.98%	34.52%	30.65%	
Employment Status	Emp. Full Time	48.54%	49.57%	49.56%	< .001
	Emp. Part-Time	11.03%	14.31%	13.59%	
	Unemployed	9.31%	3.16%	4.65%	
	Other	31.12%	32.95%	32.18%	
Church Attendance	25+ in past year	30.94%	27.26%	26.91%	< .01
Major Depressive Episode	Yes	5.06%	7.59%	6.83%	
General Health	Fair/Poor	15.93%	11.98%	13.34%	< .001
	Good	33.00%	27.06%	29.11%	
	Very Good	30.80%	38.36%	35.62%	
	Excellent	20.26%	22.58%	21.91%	
ED Visit	Yes	34.74%	25.23%	26.38%	< .001
Health Insurance	Yes	87.18%	92.81%	89.74%	< .001
Arrest History	Yes	4.67%	1.55%	2.12%	< .001
Illicit Drug Use	Yes	4.10%	3.72%	3.81%	.988
Approached by dealer	Yes	9.38%	4.43%	5.40%	< .001
Risk of Heroin	Great Risk	91.70%	86.73%	87.22%	< .001
Dangerous Things	Always	2.12%	1.95%	2.11%	.943

discrimination and cumulative disadvantage are associated with poor mental health outcomes among Blacks, and that Blacks may turn to substance use to cope with these stressors (Brody et al., 2012; Clark, 2014; Clark et al., 1999). This is important given the strong connection between mental health problems and POM (Ford and Rigg, 2015; Han et al., 2015; Martins et al., 2015).

While the prescription drug epidemic has often been linked with “White” America, other racial/ethnic groups are also experiencing the epidemic and should not be ignored. Given the tenuous social position of Blacks in the United States (Wilson, 1987) and the known harms associated with POM, identifying correlates of POM among this population is essential. To address the gap in the literature, the current research will identify correlates of POM among Black adults aged 18 and older using data from a nationally representative sample. Results of the current research will provide a better understanding of POM among Black adults in the United States and can be used to create prevention and intervention programs.

2. Methods

2.1. Data

The data for the current study are the 2015 National Survey on Drug Use and Health (CBHSQ, 2016b). The NSDUH is a leading source of epidemiological data on population health in the United States, with a focus on alcohol and other drug use. The target population are civilians 12 years and older that are not institutionalized. The sample (N = 68,073) was based on an independent, multistage area probability sample for each of the 50 states and the District of Columbia. Data were collected from respondents using a combination of computer-assisted personal interviewing and computer-assisted self-interviewing by a

trained interviewer in the respondent private residence. The weighted screening response rate was 79.69% and the weighted interview response rate was 69.66%.

To protect the confidentiality of the respondents, a complete version of the NSDUH is not available to the public. Rather, a public-use version of the data was created by applying a statistical disclosure limitation method to the full analytic file (CBHSQ, 2016b). This process eliminated all directly identifying information from the data file and created a public-use file with 57,146 respondents, which was representative of the non-institutionalized U.S. civilian population ages 12 and older. For the current research, we restrict the analysis to respondents in the NSDUH aged 18 and older (N = 43,561).

2.2. Measures

The dependent variable was prescription opioid misuse (POM) in the past 12 months (0 = no, 1 = yes). The definition of prescription drug misuse was changed in the 2015 NSDUH and is now considered to be the use of prescription drugs in any way a doctor did not direct respondents to use them. Respondents were given several specific examples that constituted misuse including (a) use without a prescription of the respondent’s own; (b) use in greater amounts, more, often, or longer than told to take the drug; or (c) use in any other way a doctor did not tell respondents to take the drug.

We included a number of covariates in the analytical models. We accounted for demographic characteristics such as age, gender, socioeconomic status (i.e., government assistance program), marital status, educational attainment, and employment status. We also included measures of current geographic residence, past year church attendance, major depressive episode, general health, past year emergency department visits, and access to health insurance. Finally, we included

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