



Correlates of prescription drug market involvement among young adults



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ABSTRACT

Background: While a significant minority of prescription drug misusers report purchasing prescription drugs, little is known about prescription drug selling. We build upon past research on illicit drug markets, which increasingly recognizes networks and nightlife as influential, by examining prescription drug market involvement.

Methods: We use data from 404 young adult prescription drug misusers sampled from nightlife scenes. Using logistic regression, we examine recent selling of and being approached to sell prescription drugs, predicted using demographics, misuse, prescription access, and nightlife scene involvement.

Results: Those from the wealthiest parental class and heterosexuals had higher odds (OR = 6.8) of selling. Higher sedative and stimulant misuse (OR = 1.03), having a stimulant prescription (OR = 4.14), and having sold other illegal drugs (OR = 6.73) increased the odds of selling. College bar scene involvement increased the odds of selling (OR = 2.73) and being approached to sell (OR = 2.09). Males (OR = 1.93), stimulant users (OR = 1.03), and sedative prescription holders (OR = 2.11) had higher odds of being approached.

Discussion: College bar scene involvement was the only site associated with selling and being approached; such participation may provide a network for prescription drug markets. There were also differences between actual selling and being approached. Males were more likely to be approached, but not more likely to sell than females, while the opposite held for those in the wealthiest parental class relative to lower socioeconomic statuses. Given that misuse and prescriptions of sedatives and stimulants were associated with prescription drug market involvement, painkiller misusers may be less likely to sell their drugs given the associated physiological dependence.

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1. Introduction

Prescription drug misuse is particularly prevalent among young adults (Kelly et al., 2013a; McCabe et al., 2006), and prescription drug markets driving this trend have both formal and informal dimensions. More than half of prescription drug misusers assessed during 2011 and 2012 reported receiving these drugs through their network ties, primarily a friend or relative (SAMHSA, 2013). Yet, a significant minority (15.2%) also reported purchasing prescription drugs from a friend, relative, stranger, or drug dealer, with very few reporting purchases from the Internet (SAMHSA, 2013;

Inciardi et al., 2009). Indeed, studies have indicated that young adults are more likely to use dealers to obtain prescription drugs than older adults (Cicero et al., 2011). Despite this, little is known about the prescription drug market in which young people acquire prescription substances for the purpose of misuse. In particular, while there is growing knowledge about sources where individuals acquire prescription drugs, little is known about young people who illicitly sell prescription drugs. In this paper, we examine the correlates of prescription drug market involvement among young adults by examining the influence of personal characteristics, prescription drug misuse, having valid prescriptions, and nightlife scenes involvement.

Even with the large percentage of young adults reporting misuse of prescription drugs during the 21st century, research on drug markets has focused primarily upon illicit drugs, with an overwhelming focus on inner-city “open-air” drug markets rather than private networks. Like any commodity, illicit drug markets function

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either through person-specific networking or place-specific markets (Harocopos and Hough, 2005; May and Hough, 2004). With few barriers to access, open-air drug markets represent the latter by operating in geographically defined areas at certain times in order to facilitate transactions between buyers and sellers (Harocopos and Hough, 2005). Certain neighborhood characteristics, such as schools (Willits et al., 2013) and the presence of gangs (see, e.g., Fagan, 1989; Decker and Van Winkle, 1994; Valdez and Sifaneck, 2004), increase the odds that an open illicit drug market develops. People involved in illicit drug markets, however, are quite varied and sporadic in their involvement, with only a minority considering themselves as committed long-term participants in the drug economy (Hagedorn, 1994). Examining monthly within-person changes, Uggen and Thompson (2003) found that embeddedness in legitimate work and family roles was associated with decreased involvement in illicit drug markets, though this was sensitive to drug use. During spells of cocaine and heroin use, individuals were more likely to accrue illegal earnings through drug market involvement. Others have found that drug selling is tied intimately to use, such that many users only sell to support their habit rather than for profit (Valdez and Sifaneck, 2004). Still, understanding involvement in drug markets remains important as it is associated with a host of other negative outcomes, such as committing crimes against property and persons (Altschuler and Brounstein, 1991), acquisition of sexually transmitted infections (Jennings et al., 2012), and difficulty transitioning to legitimate work opportunities (MacDonald and Marsh, 2002).

The open-air markets most often studied commonly include heroin, crack, cocaine, and marijuana (Harocopos and Hough, 2005), but a study of prescription drugs may require another approach to understanding markets. The limited research on other locations and personal networks is potentially important to understanding prescription drug markets, particularly as such closed markets are becoming increasingly a locus for drug transactions (May and Hough, 2004; Sandberg, 2012). In particular, scholars have identified closed dealing networks at universities to be key markets for prescription drug access for college students (Mohamed and Fritsvold, 2011). Additionally supporting this notion, in the rapidly developing Russian drug market, transactions take place frequently on university campuses and dormitories, as well as in bars and discos (Paoli, 2002a). In an ethnography of white middle-class dealers and users in London, such deals often took place informally in a residence or bar through network ties (Pearson, 2001). Although university settings are key locales for prescription drug markets, little is understood about other settings that have proven to be sites for drug distribution, such as nightlife settings. Further assessments of prescription drug market involvement may enable better understandings of the dynamics of these markets, which are often closed markets rather than open ones.

Studies of prescription drug markets remain limited, but we expect that the characteristics of participants may be distinct between prescription drugs and other illicit drug markets. Illicit drug sales typically require criminal networks consisting of diverse, albeit not particularly well organized, structures and hierarchies in order to distribute effectively from production to consumers (Desroches, 2007; May and Hough, 2004; Pearson and Hobbs, 2004; Johnson, 2003; Paoli, 2002b; Decker and Van Winkle, 1994). By contrast, prescription drugs are typically diverted from “legitimate” sources by dealers themselves through tactics such as visiting multiple clinics for prescriptions, working with pharmacy employees to steal medications, and purchasing medications from indigent patients (Rigg et al., 2012; Inciardi et al., 2009, 2007). In this respect, the characteristics associated with prescription drug market participation may be distinctive. For the purpose of intervention efforts, it remains important to identify characteristics that distinguish

prescription drug misusers who report selling medications from those who are primarily users.

In this study, we build upon the existing literature on illicit drug markets and the few qualitative studies of prescription drug markets by examining prescription drug sales through a survey of young prescription drug misusers participating in nightlife scenes in New York, focusing on demographics, misuse, prescription access, and subcultural scene involvement. First, the research on illicit drugs demonstrates the importance of factors such as gender and race (Ludwick et al., 2013; Maher and Hudson, 2007; Beckett et al., 2006) and the protective influence of socioeconomics (Uggen and Thompson, 2003). Second, the importance of personal use of illicit drugs for involvement in selling is well-documented (Uggen and Thompson, 2003; Valdez and Sifaneck, 2004). Beyond use, access to legitimate prescriptions is an important source of supply that should be accounted for (Rigg et al., 2012). Finally, there is a growing recognition of the importance of personal networks and locations other than open-air markets (May and Hough, 2004; Mohamed and Fritsvold, 2011; Sandberg, 2012; Paoli, 2002a; Pearson, 2001), which may be particularly salient for prescription drugs. For example, Pearson and Hobbs (2004) have described the nightlife stimulant drug market as “burgeoning.” Other studies have identified elevated prevalence of prescription drug misuse in a range of nightlife scenes frequented by young adults (Inciardi et al., 2007; Kelly et al., 2013b). Various subcultural scenes support norms and values that influence drug consumption (Pawson and Kelly, 2014; Vuolo et al., 2014). Thus, we also consider subcultural scene involvement as an important correlate of prescription drug market involvement. In order to understand actual involvement in selling and assumptions about who sells prescription drugs, we examine both actual selling in the last three months, as well as being approached to sell.

2. Methods

2.1. Sampling

As young adults active in nightlife scenes can be considered a venue-based population, we used venues as our basic unit of sampling to systematically generate a sample of nightlife-involved young adults. Time-space sampling (Stueve et al., 2001) was used in eight different nightlife scenes in New York City to recruit participants for this project. Time-space sampling is useful to recruit venue-based samples (Parsons et al., 2008) via the randomization of the venues attended and the days/times attended. Through extensive social mapping fieldwork conducted over the previous year, the research team generated a list of venues across a range of nightlife scenes in New York City: indie rock clubs, gay clubs, lesbian party scenes, electronic dance music scenes, jam band shows (aka “hippie” scenes), college bars, hip hop clubs, and alternative scenes such as warehouse parties. Day and hours of operation for these venues were documented and all listed venues were assigned an individual number. From this enumerated list of viable venues, venues and shift day/times were sampled using a random digit generator, which randomly produced a series of numbers with corresponding venues on days of the week throughout the month. This random digit generation process provided for a recruitment schedule for each month.

At the venues, recruiters approached patrons and asked them to complete a brief survey that assessed study eligibility. Those who verbally consented (75.0% of those approached) completed a screening survey that contained questions that determined eligibility for the study. To be eligible, participants were between the ages of 18 and 29, reported the misuse of prescription drugs on at least three occasions during the previous six months, and at least once within the past three months. If eligible in the field, potential participants were given the option to verify age and identity so that they could complete the study survey online. Near the end of the study, recruitment was supplemented with online recruitment (targeting groups that matched the social scenes) and a mobile sexual networking application for gay and bisexual men. This supplemental recruitment comprised a very small proportion of the total sample (<5%). After screening at the initial point of contact, project staff contacted potentially eligible participants, screened them again, and, if remaining eligible, staff invited them to participate in the study and scheduled a baseline assessment. During the initial assessment, participants provided informed consent, completed a structured survey, and the first half of the sample engaged in a semi-structured qualitative interview.

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