



Research paper

Motivations for prescription drug misuse among young men who have sex with men (YMSM) in Philadelphia

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ARTICLE INFO

Article history:

Received 23 September 2014

Received in revised form 2 February 2015

Accepted 27 March 2015

Keywords:

Prescription drug misuse

Polysubstance use

Motives

YMSM

ABSTRACT

Background: Prescription drug misuse (i.e. opioids, tranquilizers and stimulants) has become the fastest growing area of substance abuse among young adults. Limited studies focus on prescription drug misuse among young men who have sex with men (YMSM, aged 18–29 years). Furthermore, little is known about YMSM's motivations for misuse. The purpose of this study was to explore personal motivations for prescription drug misuse among YMSM, including the possible connection between misuse and sexual behaviors.

Methods: As part of a larger mixed methods study of 191 YMSM recruited in Philadelphia during 2012–2013, we conducted semi-structured qualitative interviews with 25 of these participants to gather additional contextual information about their prescription drug misuse. We conducted thematic analysis of qualitative data.

Results: While our results corroborated previous literature on motives for misuse of prescription drugs, our data yielded some distinct motivations specific among YMSM. These motives included social/recreational motives, facilitating sex with other men (including motives such as use of opioids for less painful anal receptive sex), and psychological motives such as depression, stress management, coping with everyday hardships (opioids and tranquilizers) or feeling more energized (stimulants). Prescription drugs were commonly misused within the broader contexts of participants' polysubstance use, adding to the significance of this problem.

Conclusions: Our findings offer insights into YMSM's motivations for prescription drug misuse, and point to the importance of recognizing and addressing them. While substance use is likely related to various psychosocial issues impacting YMSM, it also may lead to significant health consequences. Results support the need to include prescription drugs and polysubstance use in harm reduction messages and treatment approaches aimed at substance using YMSM.

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Introduction

Prescription drug misuse, defined as taking a prescription drug (i.e. opioids, tranquilizers, stimulants) when not prescribed, or only for the experience or feeling it causes (Substance Abuse and Mental Health Services Administration, SAMHSA, 2010), is an important public health concern. It is the fastest growing area of substance use among adolescents and young adults (Berenson & Rahman, 2011); young adults aged 18–25 years report the highest

prevalence of misuse in the past year (14.3%) (SAMHSA, 2010). A few studies have explored prescription drug misuse among sexual minority youth (Corliss et al., 2010), and among young men who have sex with men (YMSM, aged 18–29 years) (Kecojevic, Silva, Sell, & Lankenau, 2014) and found risk for prescription drug misuse to be high in sexual minority populations.

To develop appropriate public health prevention and intervention strategies, researchers need to understand which subpopulations are at high risk for prescription drug misuse (Zacny et al., 2003), and their motivations for misuse (DiClemente, 1999; Ferster, Skinner, Cheney, Morse, & Dews, 1997). The role of motives for prescription drug misuse among young adults, which has been investigated in prior quantitative and qualitative studies, varies

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depending on the type of prescription drug. For example, the most commonly cited reasons for misuse of opioids include self-medicating to relieve pain, to get high, to relax, to experiment, or to monitor the intake of other substances (McCabe, Cranford, Boyd, & Teter, 2007; McCabe, West, & Boyd, 2013; Silva, Kecojec, & Lankenau, 2013; Zacny & Lichtor, 2008). Tranquilizers or benzodiazepines are often misused for their therapeutic indication, i.e. anxiety (Fatséas, Lavie, Denis, & Auriacombe, 2009; Rigg & Ibañez, 2010), but also for recreational, “party”, and thrill-seeking behaviors (Fatséas et al., 2009; O’Brien, 2005; Stone & Merlo, 2011). A number of different motives were cited for prescription stimulant misuse such as enhancing academic achievement (Arria et al., 2013; Rabiner et al., 2009; Stein, 2012), weight loss (Jeffers, Benotsch, & Koester, 2013), reducing fatigue (White, Becker-Blease, & Grace-Bishop, 2006), or experimentation (McCabe & Cranford, 2012).

The majority of prior research on motivations for prescription drug misuse has been conducted among adolescents, young women, college students, or high-risk populations (i.e. injection drug users). Literature on motivations for prescription drug misuse among MSM and sexual minorities is scant. In one such quantitative study of 350 MSM (ages 18–78) attending gay pride festival (Benotsch, Martin, Koester, Cejka, & Luckman, 2011), participants described multiple motivations including pain relief, sleep aid, or more experimental motivations such as “getting high” or trying something new. In addition, another study examined motives for use of erectile dysfunction drugs (EDD) among MSM and reported that the most common reasons were to “add to the fun”, “maintain an erection while using a condom”, and “to have sex for hours” (Pantalone, Bimbi, & Parsons, 2008).

The lack of literature investigating motivations for prescription drug misuse among MSM is surprising given that a number of prior studies have examined motivations for use of popular club drugs, i.e. ecstasy, methamphetamine, cocaine, ketamine, gamma-hydroxybutyrate (GHB), in this population. These studies have identified specific functions and motives related to socializing (Green, 2003; McDowell, 1999), boosting energy, assisting with sleep (Palamar & Halkitis, 2006), and self-medicating of negative affect associated with HIV status (Semple, Patterson, & Grant, 2002). Several studies also reported motives related to enhancing sexual experiences (Halkitis, Fischgrund, & Parsons, 2005; Palamar & Halkitis, 2006; Semple et al., 2002). Although some common perceived sexual effects exist across club drugs, motivations and unique sexual effects for each club drug varied among MSM (Palamar et al., 2014). Club drugs are often used in the context of nightclubs and bars (Halkitis & Parsons, 2002), with younger men more likely than older men to use them for social reasons (Halkitis et al., 2005). A qualitative study on motivations for club drug use in a sample of seroconverted and seronegative gay and bisexual men in New York City (Jerome, Halkitis & Scionolfi, 2009) revealed seven recurring subthemes that fall within three larger domains: physical, emotional/mental, and social. Another qualitative study of 16 Latino drug-using gay men in San Francisco found that participants used drugs to cope with sexual identity, to feel like part of the mainstream gay community, and to reduce sexual inhibitions (Bauermeister, 2007). Additionally, prescription drug misuse often occurs within a larger context of polysubstance use, defined as the consumption of more than one drug over a defined period, simultaneously or at different times for either therapeutic or recreational purposes (Connor, Gullo, White, & Kelly, 2014). Because YMSM may misuse prescription drugs as substitutes for club drugs (Inciardi, Surratt, Kurtz, & Cicero, 2007) or in combination with alcohol and other drugs (Kelly, Welles, Pawson, LeClair, & Parsons, 2014; Lankenau, Schragar, et al., 2012), some of the same motivations may be shared, including motivations related to sexual behaviors of YMSM.

In this analysis, we examined motives specific for prescription drug misuse in a sample of YMSM who are current substance users.

We focus specifically on YMSM because of their greater risk of drug use compared to their heterosexual peers (Cochran, Ackerman, Mays, & Ross, 2004; Ostrow & Stall, 2008) and compared to older MSM (Greenwood et al., 2001; Thiede et al., 2003). We also focus on YMSM because of their elevated risk for HIV and the role of substance use in contributing to this risk. Prior research suggests that substance use in MSM plays an important role in high-risk sexual behaviors including unprotected anal intercourse (UAI) and having multiple sex partners (Colfax et al., 2004; Koblin et al., 2003; Mansergh et al., 2006). More recently, prescription drug misuse has also been linked to risky sexual behavior among MSM (Kelly & Parsons, 2013), YMSM (Kecojec et al., 2014) and other young adult populations (Johnson et al., 2013). Understanding YMSM’s motivations for misusing prescription drugs is an important first step for developing public health campaigns geared toward this population, particularly as motivations for misuse that were derived from other populations may not extrapolate to YMSM. Thus, we aimed to identify, describe, and analyze the motives for and meanings of prescription drug misuse among a sample of substance using YMSM in Philadelphia. In particular, we sought to determine motivations for prescription drug misuse that are most important to YMSM.

Methods

This analysis used both quantitative survey data (e.g. frequencies and percentages) to describe broader patterns found within the sample, and qualitative data (i.e., narrative accounts) to provide contextualized details as reported by individual participants. This mixed methods approach has been used previously to describe risk behaviors and patterns of substance use among smaller samples of young adults (Lankenau, Teti, et al., 2012; Silva, Schragar, Kecojec, & Lankenau, 2013) and MSM (Semple et al., 2002), and has been highlighted by the National Institutes of Health (NIH) to be an important and growing methodology for addressing complex public health problems (Creswell, Klassen, Plano Clark, & Smith, 2011).

Participants and procedures

Participants for this qualitative analysis ($n = 25$) represent a subset of participants of the larger quantitative survey ($n = 191$) (Kecojec et al., 2014). Briefly, between November of 2012 and July of 2013, YMSM (ages 18–29 years) who had misused prescription drugs in the past 6 months were recruited in Philadelphia to complete a larger structured, quantitative interview. Prescription drug misuse was assessed as, “In the last 6 months, have you, even once, used any of the following (opioids, tranquilizers, stimulants) when they were not prescribed for you or that you took only for the experience or feeling it caused?” (SAMHSA, 2010). We inquired about misuse of opioids, such as Vicodin and OxyContin, tranquilizers, such as Xanax and Klonopin, and stimulants, such as Adderall and Ritalin. Recruitment involved active and passive distribution of fliers and study cards at nightclubs, coffee houses, LGBT youth organizations, social service agencies, craigslist.com, college campuses, and street and park locations commonly frequented by the population. Those calling the study office to express an interest in participation were screened by telephone and informed that the purpose of the study was to better understand behaviors of YMSM such as drug use and sexual behaviors. Upon completion of the quantitative survey component of the study, selected YMSM were invited to participate in an in-depth interview. To maintain an approximate balance in the sample composition across different variables, 25 interview participants were purposively selected based on their age, race/ethnicity, HIV status, and their responses on prescription drug

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