

Health and social characteristics of prescription opioid abusing men

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Background

Prescription drug abuse is an evolving and growing problem in the United States, though this trend is understudied among men who have sex with men (MSM).

The scant literature on this topic demonstrate that White, HIV-positive MSM who are over 40 are more likely to abuse prescription drugs than other MSM.

Even less is known about opioid abuse among MSM or its use in combination with other drugs, such as cocaine or methamphetamine.

Purpose and Hypothesis

Aims: To examine health and social characteristics of high risk prescription opioid abusing MSM in Miami, Florida, enrolled in a randomized intervention trial.

Hypothesis: Prescription opioid abuse among MSM will be associated with stimulant (cocaine and/or methamphetamine) use and increased health and social risks.

Methods: Baseline data from a randomized clinical trial of a small group behavioral risk intervention study, "Men Reaching Out to Other Men".

An extensive cross-section of MSM were recruited using a combination of print advertisements in both gay and non-gay publications, direct outreach, online advertising in a broad range of websites, and word of mouth.

Eligibility:

- Reported unprotected anal intercourse in the past 90 days
- Substance use or alcohol to intoxication at least three times or marijuana use at least 20 days in the past 30 days.
- Between ages of 18-55

A total of 515 participants were interviewed using a modified version of the Global Appraisal of Individual Needs (Dennis 2002) structured interview was the primary data collection instrument, which included measures of:

- Demographics / Environment
- Substance Use
- Mental Health
- Sexual Risk Behaviors

Dennis M.L., Titus J.C., White M.K., Unsicker J.I., Hodgkins D. (2002). Global Appraisal of Individual Needs-Initial (GAIN-I). Bloomington, IL: Chestnut Health Systems.

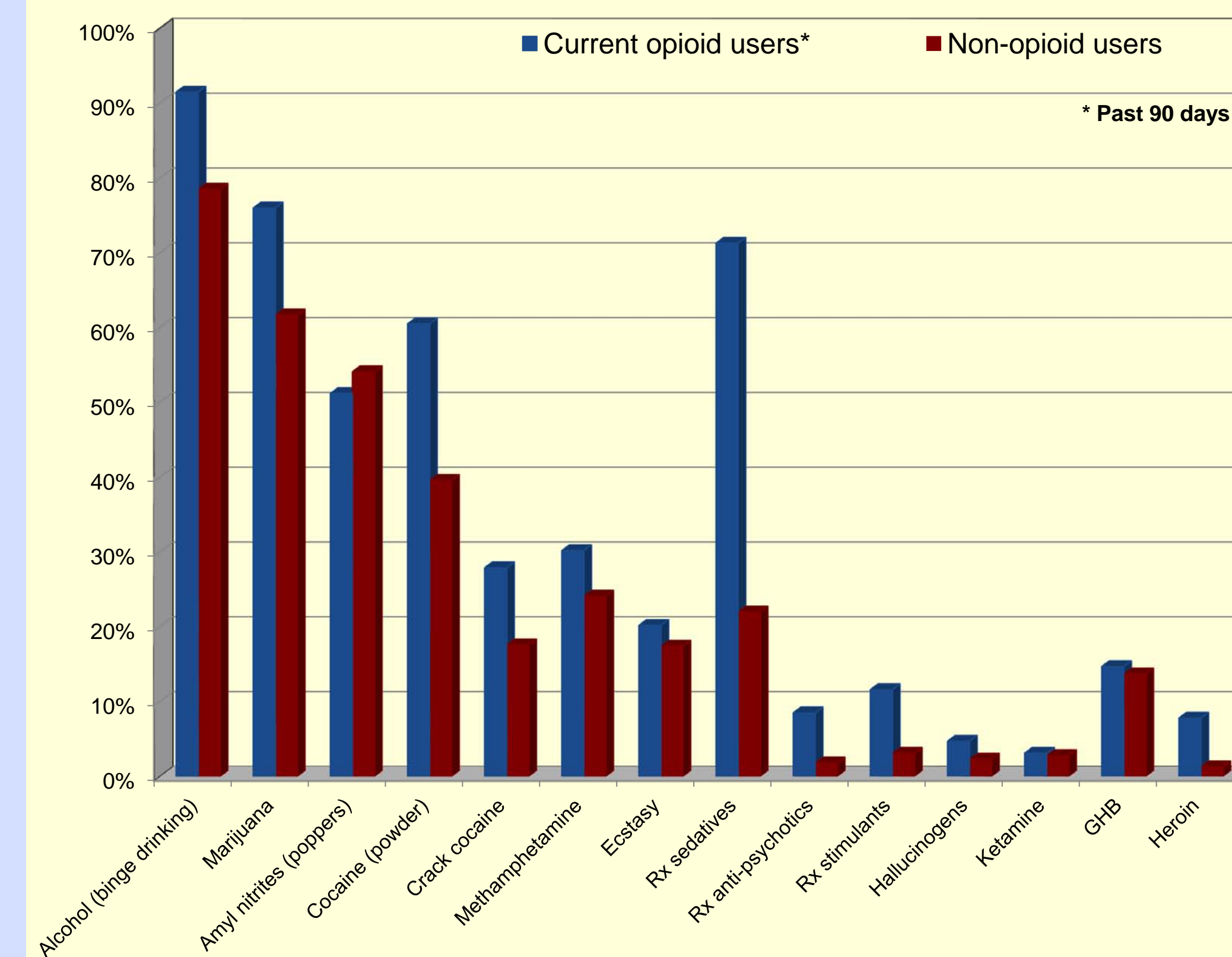
Acknowledgements

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Sample Characteristics (N=515)

	N	%
Race/Ethnicity		
Hispanic	133	25.8%
African American/Black	108	21.0%
Caucasian	250	48.5%
Other	24	4.7%
Education (16 or more years)	165	32.0%
Employed full-time	134	26.0%
Health insured	323	62.7%
HIV-positive	250	48.5%
Drug injector (past year)	82	15.9%
Drug injector (past 90 days)	66	12.8%
Age (mean; SD)	38.93	(9.64)

Substance use



Results

Predictors of Current Rx Opioid Abuse				
	Bivariate Models		Multivariate Model	
	OR	P	OR	P
Demographics				
Race/Ethnicity				
Hispanic	0.881	0.591		ns
African American/Black	0.936	0.793		ns
Caucasian	1.250	0.274		ns
Age (< 40 years)	1.059	0.778		ns
Drug Use (past 90 days)				
Binge drinking	2.938	0.001	4.076	0.001
Cocaine	2.329	0.000		ns
Crack cocaine	1.810	0.012		ns
Methamphetamine	1.365	0.017		ns
Rx sedatives	8.805	0.000	8.619	0.000
Drug injection	2.023	0.011	2.150	0.043
Health and Social Characteristics				
Substance dependence	2.911	0.000		ns
Substance abuse treatment	1.932	0.001		ns
Mental distress	1.718	0.011		ns
HIV-positive	0.825	0.347		ns
Victimization	1.860	0.031		ns
Arrest	2.289	0.000		ns

Substances Injected (past year)	Number of participants
Methamphetamine	67
Cocaine	20
Heroin	17
Other	10
Rx opioids	6
Cocaine/heroin mix	5
Ecstasy	2
Rx sedatives	2

Discussion

Bivariate regression models predicting, current opioid abuse reveal that none of the demographic characteristics or serostatus were significantly associated with current (past 90 day) opioid abuse.

In addition opioid abusing MSM are more likely to report additional substance use including binge drinking (5 or more drinks at one sitting), cocaine (both powder and crack), methamphetamine, prescription sedatives and drug injection than non-opioid abusers. Further, the current use of prescription opioids is also associated with substance dependence, substance abuse treatment history, mental distress and social risks such as victimization and arrest.

The multivariate logistic regression model found that binge drinking, the abuse of prescription sedatives, and drug injection were all associated with current opioid use.

Looking at the list of injected substances mentioned by participants who have injected during the past year, the most commonly injected substance was methamphetamine. It was injected more than three times more than the next closest substance, cocaine.

Conclusion

Among high risk MSM in South Florida, opioid abusing men report higher levels of prior and ongoing mental health problems and social risks than their non-opioid abusing counterparts. Bivariate models reveal that the use of prescription opioids is associated with cocaine and methamphetamine use, presumably to moderate effects of these stimulant drugs. Similarly the strong association between opioid abuse and drug injection is also an important finding. These results suggest that opioid abuse among drug injectors is likely for the purpose of moderating the effects of injected methamphetamine.

Opioid abusing MSM are putting themselves at risk for developing opioid addiction or experiencing dangerous interactions between several substances. Risk reduction interventions must address the use of other drugs and drug injection, as well as social risks such as victimization and arrest history.

Further Information

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