Background

- The U.S. has been deeply entrenched in opioid dependence and subsequent opioid-related deaths for the past several years, overwhelming the capacity of addiction medicine specialists.1
- The epidemic proportion of this crisis has encouraged primary health care facilities to enhance their capabilities for treating addiction in order to accommodate the growing numbers of opioid-dependent patients. However, a relatively small proportion of drug-abusing patients (8.1%) are willing and/or able to access treatment.2
- Results of this demographic profile of recent prescription pain reliever (PPR) misusers, compared to those of the population of individuals currently enrolled in addiction treatment, could be used to inform clinical practice and public health efforts to fight combat addiction.

Methods

- A secondary analysis of the public-use dataset gathered by the Center for Behavioral Health Statistics and Quality (CBHSQ) through the National Survey of Drug Use and Health (NSDUH) in 2015 was analyzed using Excel. De-identified data was used for analysis, therefore, ethical review not required.
- Active PPR use (in the past 30 days) was compared to absent lifetime PPR use (or “never-use”). Pivot tables were constructed, comparing PPR use to select demographic characteristics. Prevalence of PPR misuse and current treatment were calculated. Treatment engagement was gauged by analyzing responses to the question “Are you currently receiving treatment or counseling for your [addiction]?”
- Odds ratios were calculated among PPR users for all demographic characteristics except age. Chi-square tests were performed as appropriate on binomial categorical variables, assuming normal distribution of values. All tests were two-sided and conducted at the α = 0.05 level of significance.
- To analyze barriers to treatment, frequency of each general category of reasons for not seeking treatment among those respondents who reported recent substance abuse was calculated. Demographic characteristics were compared across categories.

Results

Examining the most highly represented group in each demographic subcategory, we can gain an understanding of any discrepancies between the population of PPR misusers compared to treatment enrollees (Table 1).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Most highly represented subcategory among:</th>
<th>PPR Misusers</th>
<th>Treatment Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Identity</td>
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<td>Homosexual</td>
<td>Homosexual</td>
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<tr>
<td>Gender</td>
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<tr>
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<td>High School/GED</td>
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<tr>
<td>Age (years)</td>
<td>18-25</td>
<td>26-34</td>
<td>26-34</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
<td>White</td>
<td>White</td>
</tr>
</tbody>
</table>

Table 1. Comparison of the Most Highly Represented Demographic Characteristics of PPR Misusers and Treatment Enrollees

Discussion and Conclusions

PPR Misuse and Treatment Enrollment by Demographic Characteristic

- The 18-25 age range comprises a larger percentage of PPR misusers (36.4%) than treatment enrollees (28.35%), though age is somewhat evenly distributed between 18-49 in both populations.
- Despite the increased prevalence of PPR misuse among racial minorities, Blacks are 2.72 times more likely (95% CI 1.65, 4.52) and Hispanics 1.55 times more likely (95% CI 1.05, 2.36) not to be in treatment.
- Odds ratios of PPR misuse by demographic variable are shown in Figure 1.


discussion and Conclusions (continued)

- Among the 374 non-treatment seekers, 257 (68.7%) reported personal reasons, 73 (19.5%) cited financial reasons, 25 (6.7%) cited transportation concerns, and 19 (5.1%) reported program availability factors (Figure 2).
- Further examination reveals that the majority of users citing personal reasons for non-treatment-seeking (52.2%) avoided treatment enrollment because of personal opinions and feelings towards their substance use.


developmental stage. Increasing the risk of adult substance abuse among adolescents is the initiation of substance use during adolescence.6
- Race - Hispanic and Black patients are proportionately more likely to be uninsured, hindering the procurement of health services, especially specialty care such as addiction treatment.7
- The highest-risk population for PPR misuse and a significant portion of treatment enrollees is White, homosexual, divorced males between the ages of 12 and 34 who have earned a high school diploma or GED and make under $19,000/year.

Reported Barriers to Treatment

- Homosexual individuals are more likely to cite program availability factors. They may be deterred by the lack of LGBT-specific treatment available.
- Divorces report financial barriers more frequently, reflecting the financial instability common after divorce.
- Racial minorities are more likely to report financial difficulties than Whites.
- Women report social concerns (stigmatization or fear that others will learn of their addictions) at a higher rate than men.

Implications for Public Health

The findings of this study inform public health efforts by providing a demographic picture of the high-risk population, allowing for a targeted community-level intervention addressing personal, financial, and transport concerns (Figure 3).

References