2010

Relationship of alcohol and age cohort to non-medical use of prescription drugs

C. Woodstock Striley
Washington University School of Medicine in St. Louis

K. S. Leung
Washington University School of Medicine in St. Louis

A. B. Abdallah
Washington University School of Medicine in St. Louis

L. B. Cottler
Washington University School of Medicine in St. Louis

Follow this and additional works at: http://digitalcommons.wustl.edu/guzeposter2010

Part of the Medicine and Health Sciences Commons

Recommended Citation
http://digitalcommons.wustl.edu/guzeposter2010/35

This Poster is brought to you for free and open access by the 2010: Disentangling the Genetics of Alcoholism: Understanding Pathophysiology and Improving Treatment at Digital Commons@Becker. It has been accepted for inclusion in Posters by an authorized administrator of Digital Commons@Becker. For more information, please contact engeszer@wustl.edu.
Introduction

Previous efforts to develop an "empirical typology" (Braucht, Kirby & Berry, 1978) of drug users have had mixed conclusions about the association of alcohol abuse and dependence (AUD) with illicit drugs. The strongest associations have been found between alcohol use and sedative use. The relationship between alcohol use disorders and non-medical use of prescription drugs (NMUPD) was explored by McCabe, Cranford and Boyd (2006); the prevalence of NMUPD was increased among those with an AUD, especially among those 18-24.

Aim

We had the opportunity to examine the relationship between lifetime AUDs and NMUPD (sedatives, stimulants and opioids) in a sample of 400 current prescription drug users between the ages of 18 and 65 who reside in the St. Louis area.

Methods

The Prescription Drug Misuse, Abuse and Dependence (R01DA020791) Study (Cottler, LB, PI) aimed to evaluate the test-retest reliability and validity of the Substance Abuse Module questions, criteria, and abuse of and dependence on each category of prescription drugs, and to understand contextual factors related to prescription drug misuse. All variables were based on self-report. The sample for these analyses was limited to those with past year use of alcohol.

Age of respondents was collapsed into three groups: those 18 to 26, those 27 to 49, and those 50 to 65 years of age. Sex was self-reported male or female. Lifetime AUDs were assessed according to the DSM-IV criteria, collapsed into none versus abuse or dependence.

NMUPD was measured by adding the number of days of reported use out of 365 when not prescribed and number of days used differently than prescribed. Sedatives, stimulants and opiates were asked separately; for NMUPD answers were summed (theoretical range 0 – 2190).

Univariate and bivariate analyses were conducted.

Results

The model of NMUPD with robust estimators was not significant for AUD, but was significant for age. Exploring the influence of age group by prescription drug type, we found that younger users were more likely to use opiates, and older users were more likely to use stimulants non-medically (Shown in Regression Result Tables).

Those with alcohol dependence were more likely to report NMU of opiates and stimulants, controlling for age and sex, after robust estimators were used to account for large differences in variation (See Tables). The sedative model was not significant for any variable, including having a lifetime AUD (Results not shown).

Conclusions

Although we investigated the role of alcohol use in NMUPD, it proved to have no explanatory power when the prescription drug types were combined, unlike McCabe and associates findings (2006). When drugs were separated by class, using robust estimates of standard errors, having a lifetime AUD increased the likelihood of non-medical use of prescription opiates and stimulants. Nevertheless, models had little explanatory power.

Our findings support differences in prevalence of prescription drug misuse by age cohort when categories of drugs were separated. Non-medical prescription drug use was expected to vary by age cohort, with less use in older cohorts. But among non-medical users of prescription drugs, older adults are more likely to have opiates available. Similarly, the young adult cohort is more likely to have a prescription available for use, or to know a friend with a prescription. Availability may partially explain the differences by age cohort.

We found no differences in sedative misuse by age group, nor evidence for the anticipated role of AUDs.

Acknowledgements

NIDA R01DA020791 Prescription Drug Misuse, Abuse and Dependence (Linda B. Cottler, PI.).