Playing with fire: Non-medical pharmaceutical opioid use among young people in Sydney

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Introduction

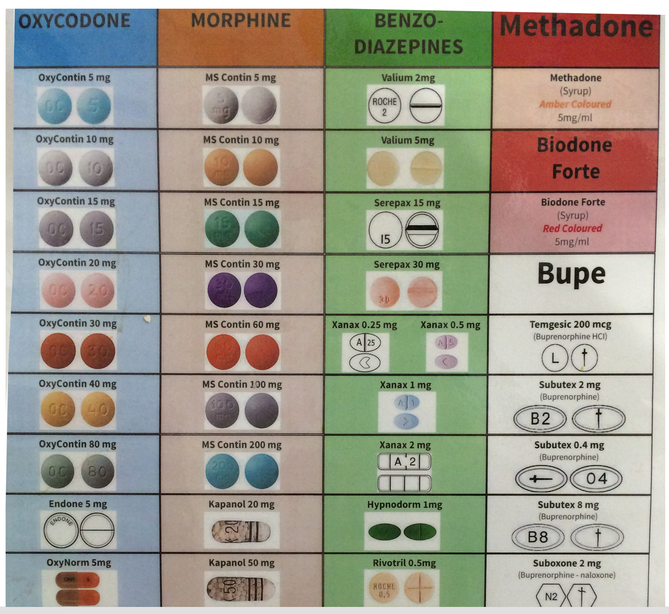
Indicators suggest an escalation in opioid use globally, with recent outbreaks of HIV infection linked to pharmaceutical opioid (PO) use. In the US, non-medical PO use has been linked to dramatic increases in opioid dependence, opioid overdose deaths, transitions to heroin injection, and HIV and hepatitis C virus (HCV) transmission. [1-3] This has been accompanied by significant shifts in the demographic characteristics of heroin users, with the greatest increases observed in groups that have historically had lower rates of use including women, the privately insured, and people with higher incomes. [4]

To date, Australian research on the non-medical use of PO has focused on people with significant histories of injecting drug use who are in contact with services. [5] Little is known about how young people from diverse social and socioeconomic backgrounds engage in the non-medical use of PO. This poster presents preliminary findings based on interviews about non-medical PO use with a sample of young people from the Northern and Eastern suburbs of Sydney, Australia.

Methods

During 2015 we conducted qualitative in-depth interviews with young people (aged 16-29 years) who use PO non-medically. Ethical approval for the study was received from the University of New South Wales Human Research Ethics Committee, and participants were remunerated $AUD50. Interviews were audio-recorded and transcribed verbatim.

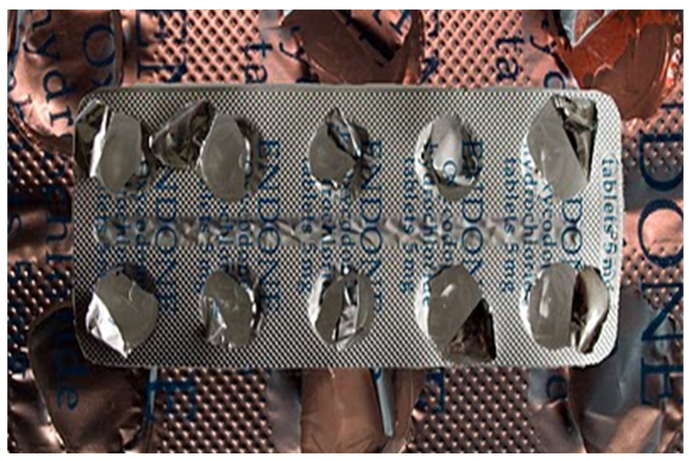
Participants self-reported non-medical PO use and were screened for age (between 16-29 years) and frequency of use (at least twice in the past 90 days). The study included injecting (n=14) and non-injecting (n=22) arms. Participants were recruited through previous research contacts, personal approaches and via advertisement on an errand outsourcing website (www.airtasker.com).This poster presents preliminary results from the non-injecting group.



Results

Among the non-injecting group, PO were used to retreat and relax rather than to enhance sociality. Participants drew pleasure from turning inwards and 'doing nothing' while alone or with close friends. Participants indicated that they did not think of PO as recreational drugs, rather viewing them as medicines and ascribing them with medicinal properties that are "*not as good*" or "*not the same as*" illicit drugs, whose explicit purpose was described as recreational and for "*fun*".

I see them as 2 separate things… It's just in my head one is not specifically a recreational drug. (Britney, 23 year-old woman)



PO were however often used in combination with other drugs, including alcohol and benzodiazapines, to 'come down', or 'relax' increasing the potential for overdose. Many participants indicated an awareness of the overdose potential associated with polydrug use and reported using internet forums and other websites to research 'safe' dosage levels.

Someone looked it up. They were like, 'This is this.' They looked up threshold dosages. They were like, 'This is this much. Let's all just do threshold.' I took a little bit less. I like to be cautious. (Rose, 20 year-old woman)

Most participants indicated that they used PO opportunistically, with periods of use peaking around availability, including when friends underwent surgical procedures or were hospitalised. Most also reported not purchasing PO but rather, sourcing – and sharing – these drugs among friendship groups.

[It's] more sharing than a market. If someone had it, they would share it with a few mates. (John, 18 year-old man)

A subset of the non-injecting arm (n=5) reported regular PO use as part of a pattern of binge use involving the co-consumption of cannabis, ecstasy, ketamine, alcohol and benzodiazepines, including alprazolam and diazepam. This group reported escalating the dose or amount of PO consumed over 2-3 months before stopping for a period of time. Participants described the primary reason for halting opiate use as wanting to avoid the association and stigmatization of dependence and injecting drug use.

I'd be playing with fire if I were to [continue] do those [prescription opioid] drugs with my personality and with my previous drug history. (Dimitri, 24 year-old man)

Conclusions

Data from the US indicates that the rate of initiation to heroin use among people with a history of non-medical PO use is 19 times greater than among those with no history of nonmedical use. [6]

By contrast, the data presented here are suggestive of a normalised and relatively unproblematic culture of recreational PO use among young people from the Northern and Eastern Suburbs of Sydney. This culture is characterised by stable employment and housing, coupled with disposable income and a curiosity about drug consumption. Participants in the current study reported few health problems, rarely accessed health and social welfare services, and reported little or no contact with the police.

However there is a need for epidemiological data, including longitudinal data, to assess possible shifts in demographic groups using PO in Australia and to address risk factors for heroin use and dependence in this population.

Despite the strong association with heroin use and dependence and opioid overdose observed in other settings, our data suggest that the patterns and meanings of PO use observed in this small sample may help to explain the limited nature of problematic non-medical PO use among young Australians to date.

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