

Risk for misuse of opioids and stimulants: What does employment status have to do with it?

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Researchers at Columbia University's Mailman School of Public Health found that employment status is a factor in nonmedical use of prescription opioids and prescription stimulants. Unemployed workers had the highest risk of misusing prescription opioids, and those out of the workforce entirely were most at risk for misusing prescription stimulants.

The study is among the first to analyze the relationship between employment status and nonmedical prescription drug-users over the age of 25 and show how social characteristics influence nonmedical prescription drug use. The findings are published online in the journal *Social Psychiatry and Psychiatric Epidemiology*.

Epidemiologist Silvia Martins, MD, PhD, associate professor at the Mailman School and senior author, sampled 58,486 adults 25 years and older based on combined data from 2011 to 2013 from the National Survey on Drug Use and Health.

People who were unemployed reported the highest odds of misusing [prescription opioids](#) at 7 percent. Those out of the workforce reported the highest odds of misusing prescription stimulants at 2 percent. Overall, there were more users of nonmedical prescription opioids (3.5 percent) compared with nonmedical users of prescription stimulants (.72 percent).

Nonmedical prescription opioid use is defined as any self-reported use of [prescription pain relievers](#) that were not prescribed or that a person takes for the experience or sensation they impart.

Nonmedical prescription drug use, particularly nonmedical use of prescription opioids, has declined in the U.S. in recent years, yet is still an important public health problem. Using prescription opioids for recreational purposes alone costs the U.S. about \$42 billion in lost productivity, \$8.2 billion in criminal justice costs, and \$1 billion in medical complications.

"Our results confirm the need for adult prevention and deterrence programs that target nonmedical prescription drug use, especially among those unemployed or not in the workforce," said Dr. Martins. Of particular concern are adults ages 26-34 who are unemployed, since the odds of nonmedical prescription opioid use are higher in this age group as compared to older adults.

The study also showed higher odds of [prescription stimulants](#) misuse among those only employed part-time compared with persons employed full time. "Our findings on these associations between employment status and nonmedical prescription drug use parallel other research about emerging adulthood and taking on new social roles, such as marriage and parenthood," noted Martins.

The observation that unemployment is associated with a host of diseases—mental disorders in particular, which Dr. Martins and colleagues also found—is of utmost importance to those instituting policies regulating control of nonmedical [prescription drugs](#).

"Physicians, in particular, should be aware of patients' employment status and the elevated risk between unemployment and non-medical drug use and drug and mental disorders prior to prescribing," noted Dr. Martins.

Associations between [employment status](#), and misuse of opioids and stimulants yield important public health implications, says Martins. "By improving our understanding of these associations and the role of employment in drug use behaviors and modes of access, drug prevention and deterrence programs can target users more effectively, especially when combined with regulation."

Sensitivity to non-full-time employed people—a population that the data suggests experiences greater social disadvantage—is imperative, according to Martins. "Non-full-time employed people may suffer disproportionately from the indirect harms of nonmedical use of prescription opioids and stimulants insomuch that they have less family-neighborhood-, and community-level social ties that would help mitigate harms related to misuse. With substance use disorders increasingly recognized as a [public health](#) issue—and not one of criminal justice—withholding social support, including treatment, from those with the highest need will contribute to increasing social inequalities."

Provided by Columbia University's Mailman School of Public Health

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