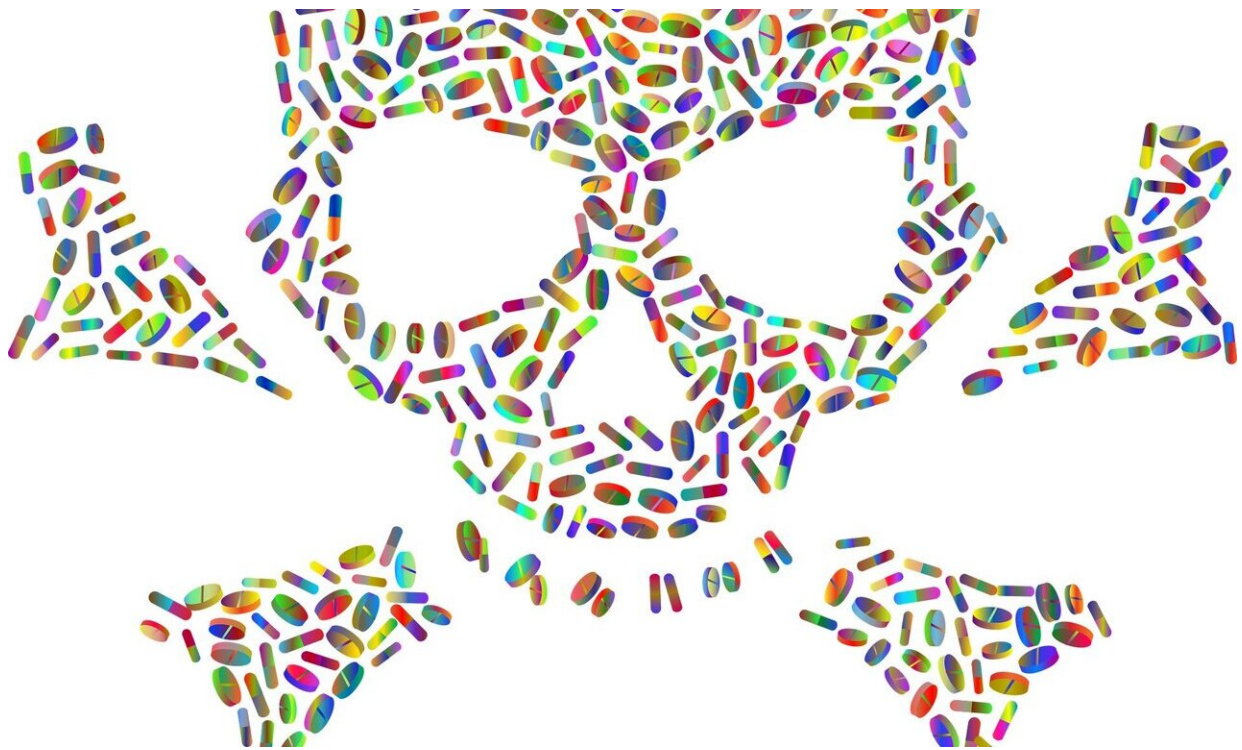


US-born residents more than five times likely to use prescription opioids than new immigrants

October 28 2019, by Laura Bailey



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The longer immigrants live in the United States, the more likely they are to use prescription opioids—a fact that contradicts popular views linking wealth and health, and suggests that American culture is uniquely

favorable toward prescribing opioids.

A new study from the University of Michigan and Dartmouth University found that in an adjusted analysis, immigrants who lived in the U.S. between five and 15 years were more than three times as likely to use opioids than new immigrants.

Immigrants in the U.S. longer than 15 years were four times likelier to use opioids than new immigrants, and U.S.-born residents were more than five times likely to use prescription opioids than new immigrants.

Matthew Davis, associate professor at the U-M School of Nursing and Medical School, and Brian Sites, an anesthesiologist at the Dartmouth-Hitchcock Medical Center, examined the influence of American culture on [opioid](#) use among the estimated 42 million adult immigrants. Nearly 8% of immigrants use [prescription opioids](#), compared to 16% of adults born in the U.S.

"Our results indicate that American culture has a potent influence on opioid prescribing, as evidenced by the dramatic time effect that is associated with a massive increase in prescription opioid use among immigrants to the United States," Davis said.

This uptick happened despite controlling for pain levels, health care access and income.

"This research was important to focus on because it was a unique opportunity to evaluate the effect of American culture on opioid prescribing," Sites said.

Increased opioid use with longer duration in the U.S. provides stronger evidence of a unique American culture that promotes opioid use, the researchers said. Although the study didn't explicitly identify

assimilation into American culture, Davis and Sites suspect the adoption of American attitudes and culture likely influences the dynamic between health care providers and immigrant patients.

The findings are a great example of the immigrant paradox, Davis said. The [immigrant](#) paradox challenges assumptions about people from disadvantaged backgrounds—in this case, the paradox is that that new immigrants are often healthier than nonimmigrants despite their poorer backgrounds, which contradicts popular beliefs about health and wealth.

Policy efforts to decrease opioid reliance would potentially benefit from acknowledgment of unique American cultural factors that influence [opioid use](#), Sites said.

Researchers used data from the national Medical Expenditure Panel Survey.

More information: Brian D. Sites et al. Association of Length of Time Spent in the United States With Opioid Use Among First-Generation Immigrants, *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.13979](#)

Provided by University of Michigan

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