Gender differences in patterns of prescription opioid use and binge drinking among middle aged Floridians

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Aims: An estimated 24.6% of Americans reported binge drinking in the previous month, and an estimated 2% of individuals in the US use opioids regularly. Further, the combination of alcohol and prescription medication is risky; men tend to be more likely than females to be heavier drinkers and opiate dependent. The current analysis aims to examine gender differences in patterns of opioid use and binge drinking in a community sample of adults 25–54 years of age recruited from Northeast Florida through a community outreach program, HealthStreet.

Methods: CHWs assess health of community members in the field. History of drug and alcohol use is elicited by: “In the last 30 days, have you had more than (4 (men) or 3 (women)) drinks like beer, wine, liquor in a single day?” and “Have you ever used prescription pain medications like Vicodin, Oxycodone, Codeine, Demerol, Morphine, Percocet, Darvon, Hydrocodone?” A 4 level variable was coded: none, binge only, opioid only, and both. Descriptive statistics were used to report on patterns of opioid use and binge drinking. Chi-square tests were used to compare differences between groups on gender.

Results: Women comprised 57.3% of the 3975 sample. Overall, 37.8% of the sample neither used opioids nor binge drank; 35.3% used opioids only, 13% reported binge drinking only, and 13.8% reported both. Significant differences in the patterns of users were observed by gender: males reported higher rates for binge drinking only while females reported higher rates for opioid with or without binge drinking ($p < .0001$).

Conclusions: The community setting in Northeast Florida had rates of binge drinking comparable to the nation. However, the rate of opioid use was higher in Northeast Florida with higher prevalence among woman compared to men. Interestingly, 14% of Northeast Floridians used both opioids and alcohol which needs further investigation because of the risk of combined use.

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Game type as a moderator of the relationship between pathological video game use, impulsivity, aggression, and general psychopathology

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Aims: Previous research has established a link between Pathological Video Game Use (PVGU), impulsivity, and aggression. Additionally, there is some research to suggest a link exists between these variables and genres of video games played [e.g., First-Person Shooters (FPS), Massively Multiplayer Role Playing Games] and substance use in daily life. However, the role of video game genre is not well understood. The current study tests the hypothesis that video game genre moderates the relationship between PVGU and impulsivity and aggression.

Methods: A sample of 166 adolescents (78% male) enrolled in a two-year study, which examined the relationship between PVGU, impulsivity and aggression. Adolescents completed a self-report measure of PVGU, impulsivity, and aggression. Adolescents also completed a survey to assess their video game genre preferences (FPS, Massively Multiplayer Role Playing Games).

Results: Adolescents who preferred FPS games reported higher levels of PVGU, impulsivity, and aggression compared to adolescents who preferred Massively Multiplayer Role Playing Games. Additionally, adolescents who preferred FPS games reported higher levels of PVGU, impulsivity, and aggression compared to adolescents who preferred Massively Multiplayer Role Playing Games.

Conclusions: The current study provides evidence that video game genre is a moderator of the relationship between PVGU, impulsivity, and aggression. Future research should focus on the mechanisms underlying this relationship.
Concordance between urine drug screen and self-reported cocaine use

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Aims: To study the temporal relationship between qualitative urine results & self-report; and identify the look-back period that is associated with the highest concordance with urine results across four cocaine use studies.

Methods: This study is a secondary analysis using data from four National Drug Abuse Treatment Clinical Trials Network (NIDA CTN)-funded randomized trials (NCT01141608 (N = 302), NCT01104805 (N = 932), NCT01402492 (N = 302) and NCT01641159 (N = 62)), with baseline % cocaine use days being 22%, 9%, 33% and 46%, respectively. Self-reported use evaluated using Timeline Follow Back (TLFB) instrument was compared to urine drug screen (UDS) for cocaine during the primary outcome evaluation period (ranging 4–12 weeks with 2 or 3 urine samples collected/week). Longitudinal analysis for each study was performed predicting cocaine use on UDS using the cocaine use daily reports on TLFB covering 20 days prior to urine collection date. Further, concordance statistics were estimated to calculate the optimum look back period.

Results: The significance of TLFB use days prior to urine collection decays exponentially as the lag between TLFB day and UDS collection increases, with one day prior to urine collection (Day-1) being the most significant predictor of UDS (OR > 50, p-value < .01). Including Day 0 in the 3-day look back period does not improve concordance between TLFB and UDS (% agreement average across 4 studies with day 0 is 90.0% compared with 90.3% excluding day 0). Agreement across studies ranged from 83% to 97%. Agreement was higher when the look back period was 5 days (average of 4 studies = 92%) compared to when the look back period was 3 days (average of 4 studies = 90%). For the four studies, when the look back period was 5-day, the sensitivity ranged from 62% to 82% and specificity from 92% to 99%.

Conclusions: Urine analysis can be an important biological measure to assess cocaine use, and can be used to assist in corroborating self-report. These analyses show that day zero does not improve agreement between TLFB and UDS; and 5-day look back period may provide better concordance when corroborating self-report.

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Tobacco cessation among poor and underserved: Expanding alternatives through community-based participatory research

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Aims: Despite significant declines in tobacco use and its associated health conditions, lower income communities continue to smoke at higher rates. Efficacious cessation interventions have been developed but the uptake among low SES communities has been more than slow. CEASE (Communities Engaged and Advocating for a Smoke-free Environment) is a research partnership to address tobacco use in two low-income urban communities. We report the latest Phases of our CBPR project that sought to combine rigorous research with “Best-Practices” models and community action.

Methods: CEASE smoking cessation program is a 12-week support group intervention led by peer-motivators. The Program was developed through two consecutive trials (Phase I & II, n = 404 & 398), comparing a clinical model of care with a community-based support group. Based on lessons learned, Phase III intervention (n = 163) was conducted to disseminate the CEASE intervention among organizations serving vulnerable populations (e.g., mental health clinics, addiction treatment programs, non-profit organization serving homeless clients, etc.). New tools were developed for motivation enhancement, quit smoking, and relapse prevention.

Results: Cessation rates in Phase I and II were 9.4% to 24.4%, respectively. In Phase II compared to Phase I retention rate (attending more than six sessions) increased from 13.6% to 50.8%. The Phase III results showed 22.1% cessation and 67.5% retention rates. Overall, the odds of quitting increased about 40% per each session attended in the program in all three phases (OR = 1.4, CI = 1.3, 1.5).

Conclusions: Translating evidence-based interventions require addressing barriers that affect their effectiveness. A community-based peer-led support group is an effective way to ensure fit between users’ needs, expectations, and problems.

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