

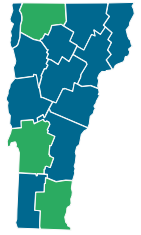
AUGUST 2020

DATA BRIEF

Factors Contributing to Opioid Use Initiation

Findings from the Vermont Opioid Use Harm Reduction Evaluation

Pacific Institute for Research and Evaluation (PIRE) conducted the *Vermont Opioid Use Harm Reduction Evaluation* between June 2018 and November 2019 in Franklin, Rutland and Windham Counties, Vermont. Participant interviews and a questionnaire were completed with 80 adults who currently used opioids or had formerly used opioids.



PROJECT AIMS

1

Assess current **harm reduction services and behavioral strategies** that are being used to lower the risk of opioid overdose and infectious disease transmission

2

Assess **gaps in knowledge and use of services and behavioral strategies** that can lower the risk of opioid overdose and infectious disease transmission

3

Assess content and formats for **effectively communicating health messages** from the Department of Health and other agencies to populations at risk for opioid-related overdose and infectious disease transmission

FINDINGS

Participants were asked to describe how and when their opioid misuse started. Answers included initiation arising from injury or disease, influence of peers or romantic partners, family influence, and wanting to feel numb after a traumatic event or traumatic childhood.



Forty-three percent of the

80 participants who were interviewed explained that their initiation arose from an injury, disease, or medical procedure that led to an opioid being prescribed by a medical professional for pain. Examples included car crashes, work-related injuries, C-sections, cancer, wisdom teeth removal, and injuries sustained while serving in the military. Half of these individuals attributed their illicit opioid use to their medical provider terminating their opioid prescriptions.

"I had some major operations and I was issued high doses of oxycodone and fentanyl for pain management for a long period of time. Then overnight they were just taken away from me. So, I spent four months getting clean...I couldn't get into a rehab program. I had to manage it myself and essentially do it cold turkey...I was clean for two and a half years and then I got back into seeing a pain management specialist... and after four months of seeing them they wanted to put me back on pain meds....Of course your tolerance goes right back up to where it was and once they saw that happening after four months of being issued narcotics, they said that they didn't want to do it anymore, they pulled my meds away from me and at that point in time I had gone to school, enrolled in college, and I was trying to better myself and so it was a very tough position for me ... so I in turn started getting the same medications on the street and then what happened was I couldn't afford the prescription medication on the street, it was cheaper going to the heroin and that's what I did."



Approximately 30% of participants shared that their drug use started as a result of peer or romantic partner influence, sometimes combined with other factors such as childhood trauma, mental health struggles or domestic abuse.

"I was raped, and he made sure at my six-week checkup that I was pregnant again with his kid, so I ended up with postpartum very bad and then you know two small children, I went through a lot of shit and that's where the prescription [opioid] drugs stuff like that started coming in because I started seeing doctors and what not. I remember him having me smoke because he was very controlling like at everything I did so I remember him telling me to smoke a joint one day, that it would feel like so much more calm because I'd be so angry with him I mean I just got beat up you know...and then within a year I was doing like Ritalin and Adderall because within four years' time I had four kids and I just spiraled out of control there."

"My doctor never said 'Oh, be careful because you know'... then one thing leads to another and before you know you're a full-fledged drug addict."

"I was young...a lot of my friends were doing it [prescription pills]. And hanging out with them, being around it and being offered it and then feeling like, you know, if I turn it away that they would feel some type of way towards me or I wasn't cool enough to be with them no more or hang out with them and I didn't want to lose my friends at the time and I realized that in all reality they really weren't my friends, you know, to be offering me the drugs to begin with."

"My ex-husband had left me for the last time, and I got with a person that was heavily using opiates. He was already addicted and so he kind of introduced me to it and that's how I got started."



Participants also described the normalcy of drug use when they grew up with parents or around other adults using drugs, and approximately 20% of participants shared that family drug use influenced their own.

"I started drinking at 9, and then opiates it was around 11, almost 12 and it was off and on use for years trying to get clean....I come from a family of alcoholics and addicts so it's always been around me....it was mostly like uncles and my dad and stuff like that, so it's always been there, it's kind of became normal, it wasn't something that was hidden at all when I was younger. It was done right there and it was always, 'What happens in this house stays in this house. You don't talk about it anywhere else.' So it just became normal and the first person I actually used with was one of my uncles."

"Well, I mean my uncles are all addicts and stuff and I always wanted to be like them and I worked with them and hung out with them all the time and they, you know, they were using and I saw how much—because they'd do the dope and work like crazy and I was like, yeah I'll try it, and then it made me work like a mule....My parents were both active [users] my whole life..."



Self-medicating mental health struggles and trauma was a common theme during the interviews. One-fifth of participants described using opioids to numb emotional trauma, from their childhood and/or from a traumatic incident as an adult.

"I had an accident where a friend of mine was killed and then so I kind of started using to, like, numb that type of thing and then it just kind of progressed from there where, you know, it started out with like Percocet and then it went to oxycontin and then when they took the oxycontin away really they boosted this epidemic themselves. Then I went to that [heroin] and it was just kind of a struggle ever since and now it's more just to feel normal. So, yeah, I don't get the high or the like—it's not fun for me to do it, it's just to be normal."

"I was raped, and I wanted to die so I started using heroin, injecting it. Oh yeah, right off, boom."



This participant grew up in foster care as a result of parental abuse, then became homeless once they aged out of the foster care system.

"I used to drink. That was it. And then I met my first abusive boyfriend at the shelter and it was just downhill within eight months from there. I wasn't using, I didn't really know he knew that sort of life, but I was involved in domestic like immediately and given my life's history that fit for me and made sense."

Among participants that didn't identify a particular reason for initiation, they described the desire to feel good and to get a euphoric high. Some participants mentioned that their opioid use began with heroin and/or injecting, although most participants started using opioids by taking pills (orally or snorting) and progressed to injecting heroin. The primary reason for this transition was cost (i.e., getting "more bang for your buck"), the ability to use less when injecting, and the difficulty in accessing pills.



SUMMARY

The factors that contribute to drug use initiation, and opioid use specifically, are complex and were varied among participants. As the quotes demonstrate, factors such as physical pain, emotional pain, and childhood or history of trauma often intersected, as well as played into one's vulnerability to peer or romantic partner pressure. Knowing the factors that contribute to drug use initiation can inform prevention efforts by helping to address underlying issues that contribute to drug use. Understanding these factors may also remove some of the notions around "that could never happen to me" or the "otherness" that is often placed on individuals struggling with opioid use disorder. In this way, the voices reflected in this brief may help inform interventions focusing on both prevention and stigma.

FOR MORE INFORMATION:

Please contact
Vanessa Berman
vberman@pire.org
(802) 490-5138



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