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ABSTRACT

Within the past few decades, there has come to be an abundance of literature on prescription opioid misuse and how stress and socioeconomic status directly correlate with rates of misuse. The purpose of this literature review is to analyze the relationship between stress, socioeconomic status, and prescription opioid misuse. For the purposes of this literature review, the phrase “prescription opioid misuse” will refer to opioids prescribed to an individual, whether the individual has their own prescription or whether they obtain them illegally, and uses them somewhat habitually in ways other than for their directed use or in their prescribed dosage (National Institute on Drug Abuse 2020). After an overview of how these prescription opioids are obtained, opioids as a coping mechanism for dealing with stressors is discussed. General Strain Theory and Social Learning Theory are two primary theories that relate directly to stress that will be discussed in detail in this literature review. Next, the connection between low socioeconomic status and opioid misuse is examined, particularly how individuals with fewer supports, less access to healthcare, and more social disorganization have higher rates of misuse. The connection between high socioeconomic status and opioids misuse is examined, more specifically how those individuals have lower rates of misuse due to more supports, less stressors, and less social disorganization. The review concludes with a brief overview of the literature, suggestions for future research, and implications of the findings.

INTRODUCTION

The opioid epidemic has rapidly been getting more severe, becoming a prominent issue in the United States. In 2017, the opioid epidemic was declared a public health emergency by the United States Government (Jones et al. 2018:13). In 2018, 70% of the 67,367 overdose deaths were caused by opioids (CDC 2020a). More specifically, about 41 people succumbed to an opioid overdose every day in 2018, with deaths totalling near 15,000 people and prescription opioids being present in 32% of opioid overdose deaths (CDC 2020b). Among young adults, it has become the fastest growing drug problem in the country (Silva, Kecojevic, and Lankenau 2013:1). Drug overdose deaths in which opioids are found to be the cause have increased fairly steadily (Hulme, Bright, and Nielsen 2018:242). Policy changes have been enacted and efforts have been made to combat the opioid epidemic, yet the crisis continues. There have been links to different reasons for prescription opioid misuse, all of which are strongly related, such as coping with stressors, emotions, heavy workloads, or simply for recreational use. Numerous studies have been done to gather information regarding this topic, allowing for a fair representation of the country's population. For the purpose of this literature review, the phrase "prescription opioid misuse" is defined as the consumption of prescription opioids for nonmedical uses, for reasons other than its intended purpose, or being used in higher dosage amounts and frequency than its prescribed dosage.

The purpose of this literature review is to explore how stress and different facets within socioeconomic status as well as socioeconomic status itself are correlated to an individual's prescription opioid misuse. There is an abundance of information on this topic, much of which has been published quite recently, which will be compared in this literature review. Stress refers to events or feelings of anxiety or burden in an individual's day to day life that may cause them to

turn to the misuse of prescription opioids in order to cope with these feelings. Socioeconomic status refers to the social class of an individual, and is often associated with income, occupation, and social standing within society. Facets of socioeconomic status pertaining to an individual's neighborhood or environment that could play a role in the probability of a person misusing prescription opioids are neighborhood deprivation and economic disadvantage, the amount of social support in an area, and social norms within the locality (Karriker-Jaffe 2011). First, a brief discussion will be given about how opioids and prescription opioids are obtained. Then, there will be a discussion of each of these methods in detail and how they relate to the likelihood of an individual's prescription misuse, as well as how they correlate with each other. Within each theme, the different reasons for prescription opioid misuse will be examined. This literature review will conclude with a summary as well as some recommendations for future research and implications.

OBTENTION OF PRESCRIPTION OPIOIDS

Individuals who misuse prescription opioids do not always have a prescription, leading them to find alternative sources to support their habits, which could include peers, family, healthcare facilities, street dealers, or the internet (Hulme, Bright, and Nielsen 2018; White, Ready, and Katz 2016). The most common way of procuring prescription opioid is through friends and family, possibly because it is the most convenient method and is more secure than attempting to obtain opioids through other illicit methods, such as through theft or a drug deal (Hulme, Bright, and Nielsen 2018; White, Ready, and Katz 2016). Many times, the prescription opioids are given to the individual for free; this was found in about 54 percent of participants and in about three-quarters of students in a study conducted by Hulme, Bright, and Nielsen (2018). Even if the prescription opioids are purchased, they are still most commonly purchased through friends and relatives rather than street dealers or acquaintances. This could be due to the fact that they are

significantly more expensive when purchased from street dealers (Hulme, Bright, and Nielsen 2018:247). Those who misuse prescription opioids tend to associate with others who share the same habit because there is a greater chance of a steady supply of drugs to satisfy their habit or meet their needs (Hulme, Bright, and Nielsen 2018:247).

The second most common form of obtaining prescription opioid is through medical sources, which was true for 34 percent of participants in the Hulme study (2018). In addition, there are differences among genders in how individuals acquire prescription opioids. Men were found to be more likely to get prescription opioid from family and friends, whereas women were more likely to get them from a healthcare facility, although it is important to note that doctor shopping was found to be uncommon (Hulme, Bright, and Nielsen 2018; White, Ready, and Katz 2016). Doctor shopping is defined as “the practice of engaging multiple prescribers and/or pharmacies to obtain excess drugs that can be diverted for non-medical use” (Chilcoat et al. 2016:221). Although users of prescription opioids vary more than any other type of illicit drug, young white males are both the most likely user of opioids and the demographic most likely to obtain them from a street dealer (White, Ready, and Katz 2016). The ways of obtaining these prescription opioids vary, and so do the reasons for using them.

STRESS

Stress has been found to be a common reason for the misuse of prescription opioids (Boardman et al. 2001; Choi 2020; Karriker Jaffe 2011). Robert Agnew’s general strain theory states that people are more likely to turn to criminal behavior when they are stressed in order to accomplish or gain something (Schroeder and Ford 2012). This could be an explanation as to why individuals turn to prescription opioids to cope with daily stressors. It has been found that people living in areas with an overall low socioeconomic status experience more stress and tend to use

drugs as a coping mechanism (Boardman et al. 2001). This could be true because there is more financial stress, unemployment, unstable housing situations, and more, which will be discussed in a later section. Additionally, job stress in working class individuals has the potential to lead to prescription opioid misuse (Choi 2020). Individuals who have jobs that are physically strenuous and mentally taxing have a higher likelihood of prescription opioid misuse, possibly because of higher chances of job-related injury that require opioids for pain management, especially in blue-collar jobs (Choi 2020). It was found in a study by Choi (2020) that 3.8 percent of research participants had an opioid use disorder, and that 11.5 percent of female workers in physically strenuous jobs had the highest rate of opioid misuse.

In the same study, researchers found a gender difference in both types of stressors and in the use of prescription opioids. Females are more likely to use prescription opioids to manage pain, whereas men are more likely to use them for a variety of reasons, such as to suppress negative emotions, cope with heavy workloads, and for social and recreational uses (Choi 2020). Moreover, they are used as mood changers, meaning they can be used to deal with emotions like anger and frustration, to get away from problems, and to gain energy (Silva, Kecojevic, and Lankenau 2013:2). These “functional domains” can include “changing an individual’s mood, to facilitate activity, to manage effects of other substances, for the physical effects of the drugs, and for social purposes” (Silva, Kecojevic, and Lankenau 2013:2). Prescription opioids can provide a sense of escape from these stressors and can be used for a variety of reasons falling within these categories.

Evidence has been found in support of social learning theory, and, although some contradictory evidence has been found regarding strain theory, it has been mostly supported through research relating to this topic. Social learning theory is the idea that people learn things from other people through observation and then imitation (Hough and McCorkle 2020:62). Strain

theory is the idea that stress causes people to turn to criminality in order to gain or accomplish something due to a sense of frustration (Hough and McCorkle 2020:63; Boardman et al. 2001). Schroseder and Ford (2012) found that people learn from observing others, especially parents and peers, and further that peers have the strongest influence on an individual's drug misuse. Pino et al. (2017) continue that parental and peer acceptance of prescription opioid misuse has a strong potential of increasing an individual's likelihood of misusing prescription opioid. Boardman, Finch, Ellison, Williams, and Jackson (2001:152) found support for strain theory, both through a study conducted by them and through reporting on information cited in numerous articles in their research, stating that strain theory is "useful because it emphasizes the effect of noxious or negative day-to-day stimuli", which have been found to contribute exceptionally to prescription opioid misuse. On the other hand, Pino, Tajalli, Smith, and DeSoto (2017) did not find support for strain theory because they found it too difficult to measure the stressors associated with strain theory in their study. There is contradictory evidence surrounding strain theory, but it has more often than not been supported.

LOW SOCIOECONOMIC STATUS

Low socioeconomic status refers to those with little wealth, more instability, and a lower ranking in the hierarchy of society's class system. Research indicates that yearly income and social standing play clear roles in prescription opioid misuse (Boardman et al. 2001). Boardman et al. (2001) found that areas with low socioeconomic status tend to have fewer community support and anti-drug resources, and therefore have an increased likelihood of substance abuse. Also, those in a low socioeconomic status are three times more likely to die of a fatal drug overdose than those in a high socioeconomic status (World Drug Report 2020). Individuals living in an area with a low socioeconomic status are more likely to experience economic disadvantages within their

neighborhood, such as low income, more stressors, and few social supports. This results in higher stress levels and psychological distress because there are fewer resources, which ultimately leads to a heightened likelihood of prescription opioid misuse in the area (Boardman et al. 2001). This is predicted to be true because those living in more economically disadvantaged areas are exposed to drugs more frequently and more consistently (Nicholson 2020). Two reasons that support this are the ideas that there could be less of a stigma surrounding drug use if more people in the community participate in misusing prescription opioid, and that more exposure to the drugs implies that there is more knowledge surrounding them (Nicholson 2020:8). This ties into the point that different areas have different social norms, and areas of higher deprivation are areas in which drug use and risky behaviors are more commonplace (World Drug Report 2020).

Neighborhood deprivation and disorganization are key influences relating to socioeconomic status that can contribute to an individual's prescription opioid misuse. People living in more economically disadvantaged areas with higher rates of deprivation are more likely to become addicted to substances than those living in a neighborhood with low deprivation rates (World Drug Report 2020). Neighborhoods with higher deprivation tend to have people that move in and out of the area; in other words, people do not tend to settle there (Karriker Jaffe 2011). This can lead to more social disorder and less social support systems. Those who have unsettled housing are more likely to misuse prescription opioids due to stressors concerning their housing situation (Nicholson 2020). If an individual moves a lot, they have weakened ties to the community and their family, leading to a decrease in consistent social support, and the same is true for unemployment, relationship status, and attendance of religious services (Nicholson 2020). According to the World Drug Report (2020), one reason the prescription opioid misuse rates are

higher in areas of higher deprivation is because it is easier to obtain illicit prescription opioids in those areas.

The availability of healthcare and treatment facilities varies based on rates of deprivation. In areas with higher rates of deprivation, there are less social supports, which leads to an increase in prescription opioid misuse (Nicholson 2020). There is less access to healthcare, and those with a lower socioeconomic status living in a more economically disadvantaged neighborhood are more likely to have stressors in day-to-day life that could cause the misuse of opioids (Nicholson 2020). People in more economically disadvantaged neighborhoods with lower socioeconomic statuses are more likely to turn to illegal drugs or obtaining prescription opioids illegally to medicate themselves due to this lack of access to healthcare, sometimes leading to a misuse problem (Nicholson 2020). The World Drug Report (2020) found that only one out of every eight people with substance abuse issues have access to treatment. This reinforces the fact that if people do try to self medicate with prescription opioids and misuse them, whether it be on accident or on purpose, they have fewer ways of obtaining help (Nicholson 2020).

HIGH SOCIOECONOMIC STATUS

High socioeconomic status refers to individuals with more wealth and a higher class standing within society. According to Nicholson (2020), those with a higher socioeconomic status are less likely to misuse prescription opioids. Fewer social influences that have been found to correlate with prescription opioid misuse are present for those of a high socioeconomic status, including fewer indications of social disorder, violence, and stressors (Nicholson 2020; World Drug Report 2020). Also, it is more difficult to obtain illegal drugs in these neighborhoods compared to more economically disadvantaged neighborhoods (Nicholson 2020). Social norms, such as negative stigmas surrounding drug use and other risky behaviors, are also something to

consider for areas with a higher socioeconomic status. Areas that have lower rates of deprivation tend to have lower rates of risky behavior and therefore have lower rates of drug use (World Drug Report).

Even though there is an abundance of evidence that those in a higher socioeconomic status are less likely to misuse prescription opioids, there is contradictory research and evidence for one age group in particular: those under 25 years of age. Karriker-Jaffe (2011) makes the point that people who are more advantaged are more likely to have more money to spend on drugs and have more leisure time to use them for recreational purposes. Findings of a 2009 National Survey on Drug Use and Health survey of 17,705 adolescents aged 12-18 years old found that 7.7 percent of adolescents in a family with a high socioeconomic status misused prescription opioids within the past year (Schroeder and Ford 2012).

An important limitation to consider is that there is less literature in this area than there is on the relationship between low socioeconomic status and prescription opioid misuse, and therefore there is less information to analyze in this literature review. This could be because including those with a high socioeconomic status do not misuse prescription opioids as frequently as those with a low socioeconomic status, or because they are simply good at keeping their habit private due to a greater stigma surrounding prescription opioid misuse among their peers. More research in this area is needed in order to cover the full scope of this variable.

CONCLUSION, FUTURE RESEARCH, AND IMPLICATIONS

This literature review examined how stress and socioeconomic status influence prescription opioid misuse, as well as facets of socioeconomic status including social influences like economic disadvantage and neighborhood disorganization. The literature reviewed finds that individuals with a low socioeconomic status and those who experience higher rates of stress are

most likely to misuse prescription opioids, and that opioids are most likely obtained through friends and family (Boardman et al. 2001; Hulme, Bright, and Nielsen 2018; White, Ready, and Katz 2016). The majority of these sources touch upon stressors at some point within their research and find that life events and strains have a considerable impact on rates of prescription opioid misuse. Choi (2020) found that those in high-stress jobs or positions, both physically and mentally, show a higher likelihood of misusing prescription opioids. Schroeder and Ford (2012) and Boardman et al. (2001) both assess strain theory and its implications on drug misuse in a comprehensive manner, finding that social strain is strongly correlated with drug misuse. Neighborhood disadvantage and disorganization is another major theme within this research. The World Drug Report (2020) finds that neighborhoods with high rates of deprivation tend to foster higher rates of prescription opioid misuse among individuals living in those areas, with Boardman et al. (2001) stating that community support systems are fewer in these areas. Nicholson (2020) supports the notion that social norms are different between localities and that drugs are more prominent in areas with higher disadvantages, as well as the concept that areas with a lower socioeconomic status average have less access to healthcare, resulting in individuals who may see no other alternative than to turn to illicit prescription opioids to self-medicate. Karriker Jaffe (2011) states that she believes that individuals in more advantaged areas are likely to have more money and leisure time than others living in economically disadvantaged areas, especially adolescents. The World Drug Report (2020) found that the overdose death rate is three times higher in areas of low socioeconomic status. It is evident that the research supports the case that socioeconomic status, stress, and environmental influences related to socioeconomic status are the main contributors to prescription opioid misuse.

Future research is needed in order to come to a more complete understanding of this topic. This is an ever-evolving issue that is progressing very rapidly, so the need for new, current information is valuable in trying to combat this prescription opioid epidemic. It would be helpful to know more about how adolescents know to turn to prescription opioids at such a young age, as well as the stressors going on in their lives to cause this decision. Information about the structure of communities and how they function would be valuable to know so that policymakers can analyze this and decide what the best course of action is to bring in more funding for social and community supports as well as healthcare. Family dynamics, life events, and personality traits would be interesting to analyze to see if there are any ways of predicting who is at most risk of misusing prescription opioids, regardless of socioeconomic status. More research focusing on individuals with a high socioeconomic status is needed in order to fully analyze the scope of how socioeconomic status impacts prescription opioid misuse.

Finally, it might be worth looking into the impact of prescription drugs on college age students. Prescription drugs include a broader range of medications and pharmaceuticals, and although there is a difference between prescription opioids and prescription drugs, it could still be beneficial to study this topic further to possibly prevent future misuse. There is a possibility that the misuse of prescription drugs could lead to a misuse of prescription opioids. Individuals in college are likely to be of a higher socioeconomic status and are found to have high rates of prescription drug misuse, with almost 11 percent of college students in a study by Pino et al. (2017) admit to using stimulants within the past year and 12 percent admitting to lifetime use on a national level (Pino et al. 2017). The popularity of prescription drugs within this age group falls only second to cannabis, due to the fact that many feel that prescription opioids are safer to use because they have legitimate medical uses (Pino et al. 2017). College students living off campus with non-

family members and those involved in Greek life are more likely to misuse prescription drugs (Pino et al. 2017). Furthermore, 31.8 percent of college students in the survey admit that they use prescription drugs to boost their academic performance and share their dosages amongst their friends (Pino et al. 2017). There is evidence to suggest that prescription drug and prescription opioid misuse is a growing concern for young, college-age individuals, so having future research on this specific age group may be beneficial in preventing future prescription opioid misuse problems.

Based on these findings, it is clear that the importance of community support systems and anti-drug policy is absolutely necessary. Prescription opioid misuse is a swiftly growing problem and has been steadily growing for decades (Silva, Kecojevic, and Lankenau 2013:1). These prescription opioid misuse rates could be lowered by focusing on urban areas known to be of a higher level of economic disadvantage and providing social support to those areas, such as education clinics on the effects of prescription opioid misuse or community support groups for those who are suffering from a misuse problem. Making sure that these individuals have access to treatment and to quality healthcare is another necessity. It is true that not everyone has access to these services, so even if they wanted help, they are unlikely to be able to receive it. By having access to quality healthcare, people could be able to get the medications that they need and will be informed on how to properly use them, instead of turning to illicit ways of self-medicating and guessing on the dosages. Education on how to handle stress and tough situations could also be of help, especially if it is targeted towards the younger generation. Stress is a major reason that people turn to these drugs, so if alternative ways of stress management and coping are known to these individuals, they could be less likely to try to self-medicate.

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