

Drug Use Among Low Socioeconomic Status Heterosexuals in the Portland Metropolitan Area

Results from Chime In (National HIV Behavioral Surveillance) 2016



Chime In

In 2016, the Portland metropolitan area participated in its first year of National HIV Behavioral Surveillance (NHBS). This system is locally known as Chime In. We surveyed and offered HIV tests to Portland metropolitan area residents using respondent-driven sampling (RDS). We described our experience using RDS elsewhere (www.chimeinsurvey.org).

How did we obtain these estimates?

To adjust for RDS biases, we created Poisson models with robust standard variances using generalized estimating equations (GEE) by clustering on recruiter and adjusting for network size in the model.

Who participated in 2016?

Our sample consisted of low socioeconomic status (SES) heterosexuals defined by the following:

- Residence within the Portland metropolitan area*
- Age 18 to 60 years
- Vaginal or anal sex with an opposite gender partner during previous 12 months
- Self-identified as male or female (not transgender)
- No injection drug use within the past 12 months
- Income at or below the federal poverty line or no more than a high school education

Why do we care about drug use (Figure 1)?

Illicit drug use and drug use outside of a prescription is associated with:

- Spread of infectious disease
- Homelessness
- Addiction
- Overdose

Figure 1. Non-injection non-marijuana drug use population estimates for low SES heterosexuals in the Portland metropolitan area, 2016

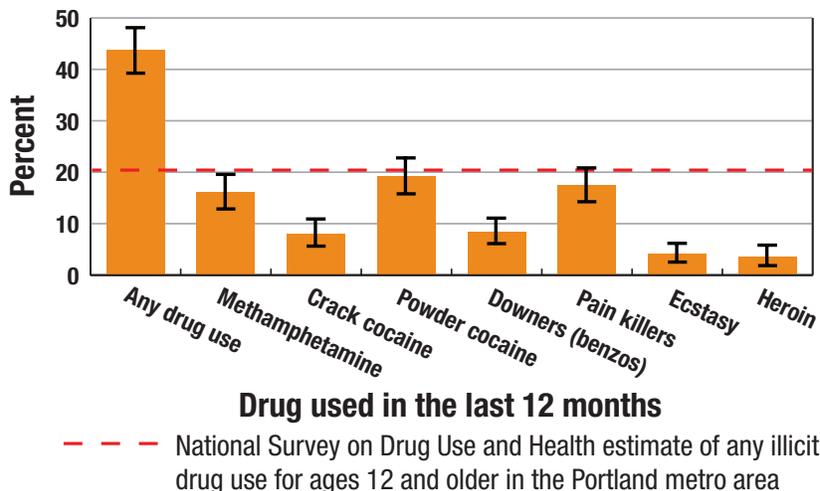


Table 1: Alcohol use in the previous 30 days, low socioeconomic heterosexuals in Portland metropolitan area, 2016

	Men* % (95% CI)	Women* % (95% CI)
Any alcohol drinks	74.4 (68.5, 80.8)	74.0 (68.9, 79.5)
Binge drinking ≥ 1 time	34.2 (28.6, 40.8)	28.9 (23.7, 35.1)
Binge drinking ≥ 1 times	14.0 (10.0, 19.5)	8.4 (5.6, 12.7)

*Model adjusted for age; We classify binge drinking as 4 drinks within 2 hours for women and 5 drinks within 2 hours for males.

Why do we care about binge drinking (Table 1)?

Binge drinking is associated with:

- Unintentional injuries
- Violence
- Alcohol dependence

*For this project, the Portland metropolitan area includes Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon and Clark and Skamania counties in Washington

Highlights on marijuana use

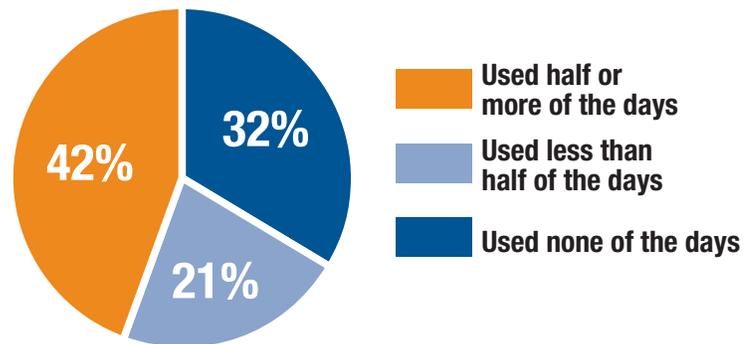
Marijuana is the most commonly reported drug used among low SES heterosexuals in the Portland metropolitan area. Approximately two-thirds of the population reported using marijuana in the last 30 days; 96% (95% CI: 95%-98%) of the population have tried marijuana at least once, with the average age at first use being 14 years. In 2015 Oregon voters legalized Marijuana for recreational use. Since marijuana was legalized, 12% (95% CI: 9%, 15%) of low SES heterosexuals in the Portland metropolitan area use, or intend to use marijuana more. It is common to use marijuana with another substance. For example, over a third of low SES heterosexuals in Portland metropolitan area used marijuana and alcohol at the same time in the last 30 days.

Why do we care about marijuana use (Figure 2)?

Marijuana use is associated with:

- Impaired brain development in teenagers
- Mental health issues, including anxiety and depression
- Lung issues when smoked

Figure 2. Marijuana usage over the previous 30 days among low SES heterosexuals in the Portland metropolitan area, 2016



*Does not add up to 100% due to model calculations

What does this mean?

Public health professionals have limited access to data on substance use in the Portland metropolitan area, with National Survey on Drug Use and Health (NSDUH) being the major source of information on this topic. Chime In provides local public health professionals with a new source of information about substance use habits among low SES heterosexuals. From these data, we learned this population has high frequency of illicit and outside of prescription drug use, binge drinking, and marijuana use.

Chime In results suggest that low SES heterosexuals may benefit from targeted efforts to reduce binge drinking, marijuana use, and illicit or outside-of-prescription drug use. Increasing access and decreasing cost of drug and alcohol treatment programs for this population could have a substantial impact. We found that one out of sixteen low SES heterosexuals in the Portland metropolitan area reported trying to get into a program to treat drug use in the last 12 months but were unable to. There should be a specific focus on people 26–35 years because they are significantly more likely to have used drugs in the last 12 months compared to those age 18–25 and 36–60 years old (data not shown). Marijuana use before the age of 18 years was common in this population. Schools should consider implementing evidence-based programs to address marijuana use.

Questions?

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