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Motivations for Prescription Drug Misuse among Young Adults: Considering Social and Developmental Contexts

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Abstract

Aims—As part of a larger study on prescription drug misuse among young adults active in urban nightlife scenes, we examined participants’ motivations for misuse. Prescription painkillers, stimulants and sedatives were the primary substances of interest.

Methods—Participants were recruited from nightlife venues in New York using time-space sampling. Subjects completed a mixed-methods assessment at project research offices. The data presented here are from a subsample of 70 qualitative interviews conducted during the baseline assessment.

Findings—We identified experimentation and a “work hard, play hard” ethos as key motivations for misusing prescription drugs and argue that these motivations are specific, though not necessarily unique, to the participants’ social location as young adults. These findings highlight the role of life stage and social context in the misuse of prescription drugs.

Conclusion—Future studies of prescription drug misuse should pay attention to the larger social contexts in which users are embedded and, therefore, make decisions about how and why to misuse. Moving beyond the very broad concepts of “recreation” and “self-medication” presently established in the research, policies targeting young adults may want to tailor intervention efforts based on motivations.

Keywords

prescription drug misuse; motivations; young adults; experience

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INTRODUCTION

Prescription drug misuse has emerged as a major public health concern over the last two decades. Studies of prescription drug misuse have examined many aspects of this phenomenon, including prevalence rates (Johnston et al., 2011; Kelly et al., 2013; McCabe et al., 2005), how people obtain these drugs (McCabe et al., 2006; Rabiner et al., 2009), specific drug categories (McCabe et al., 2009; Rabiner et al., 2009), and different subpopulations of users (Ford & Arrastia, 2008; Lankenau et al., 2011; Teter et al., 2010). Also referred to as non-medical use of prescription drugs (NMUPD) or prescription drug abuse, for the purposes of the present study we define prescription drug misuse as consuming a prescription drug in a way other than as prescribed by a doctor; using prescription drugs obtained from a non-medical source; and/or using prescription drugs for non-medical or recreational purposes. Prescription drug misuse can occur with or without a prescription. While there is an abundance of epidemiological data, these data tell us little about the experience of prescription drug use from the perspectives of the users themselves.

As with most illicit drugs, prescription drug misuse is highest among young adults, and about 10.1% of American adults aged 18-25 report misusing prescription drugs during the last year (SAMHSA, 2013). Recent survey data have found the mean age of initiation into prescription drug misuse to be around 23 (although these ages vary when analyzed across key demographic categories, including race, gender, sexual identity, and SES) (SAMHSA, 2014). Experimentation in a range of areas is a developmental component of young adulthood, but especially with regard to risk behaviors, such as using drugs and alcohol (Arnett, 2000). Most people who experiment with drugs do so primarily during this period of their lives. In the research on young adults' and adolescents' use of alcohol and cannabis, experimentation is a well-established motivation (Aldridge et al., 2013; Schulenberg & Maggs, 2002).

Experimentation is common during adolescence and young adulthood (Schwartz et al., 2005). It has been conceptualized as a key component of considerations of the developmental category of emerging adulthood (Arnett, 2014). Changes in educational and occupational trajectories for young adults, along with larger economic shifts, have extended the life stage of "young adulthood." Many young people in Western nations continue to delay major life events that were traditionally viewed as the mark of "true" adulthood, such as marriage, having children, purchasing a home (Arnett, 2004). The result is that young people in the 21st century are experiencing a period in which they have many of the rights and benefits of adulthood while also deferring many of its responsibilities. In this respect, they experience an extended period in which they have a great degree of freedom to explore their identities, experiment with various roles and behaviors, and pursue their desires unfettered by responsibilities or parental oversight. The developmental and contextual changes (e.g. leaving for college, entering the workforce) that mark these transitions from adolescence to young adulthood can increase use of drugs and alcohol (Schulenberg & Maggs 2002). The instability of this life stage, with high potential for changes in living arrangements, parental supervision, academic expectations, and labor market involvement, in addition to changes in physical and cognitive development, is linked with increases in

alcohol consumption, substance use, and other risky health behaviors (Schulenberg & Maggs, 2002).

From a theoretical perspective, the normalization framework may be useful for contextualizing prescription drug misuse among young adults. Developed to describe the process by which behaviors, such as marijuana use, that were once deemed deviant or stigmatizing within a society become conventional, normalization theory accounts for the increasing participation in and societal acceptance of recreational drug use among young adults (Parker et al., 1999). Whereas illegal drug use was previously associated with pathological behavior, normalization theory posits that certain behaviors and attitudes associated with “deviant” subgroups are becoming more mainstream in youth cultures (Parker et al., 1999). In terms of substance use in the United States, misuse of prescription drugs is second only to marijuana among young adults (SAMHSA, 2014). Taken together, theories about youth transitions and the “normalization” of drug use among this age group may shed light on the motivations of young adults to misuse prescription drugs.

Understanding individuals’ motivations for substance use is important because studies have found that motivations influence both patterns of use and outcomes related to substance use (Hartwell et al., 2012; Starks et al., 2010). For example, the use of drugs to manage interpersonal conflicts is associated with a greater frequency of substance use (Halkitis et al., 2003). The greater number of motivations an individual reports, the greater the likelihood that s/he will meet clinical criteria for dependence on a substance (Boyd et al., 2006). The types of motivations matter, too; for example, while both positive (pleasant emotions, pleasant times with others) and negative (unpleasant emotions, conflict with others) motivations are associated with greater frequency of misuse, only negative motivations are directly associated with drug problems and dependence (Kelly et al., 2014a). Another recent study found that, among adolescents who reported misusing prescription opioids in the past year, those who were motivated solely by pain relief were much less likely to meet clinical criteria for substance abuse and dependence than their peers who used to get high and/or enhance the effect of other drugs and alcohol (McCabe et al., 2013). Individuals’ trajectories of drug use over time are also linked to their motivations, such as using to share the experience of a good time with friends (Palamar et al., 2008). Though numerous studies have shown the importance of the role motivations play in shaping patterns of substance use, the motivations to misuse prescription drugs from the users’ points of view remain understudied.

Most studies examining motivations for prescription drug misuse have grouped motivations into two categories – recreational or sensation-seeking and self-medication (using therapeutically outside of medical oversight) (McCabe et al., 2009; Upadhyaya et al., 2010), and the data from such studies tend to come from large-scale surveys. While analytically useful, these categories may oversimplify the motivating factors behind misuse, and such nuances are important to understand the experiences of young adult prescription drug misusers. To be certain, many young adults use prescription drugs to get high and to party, either on their own or in conjunction with other drugs and/or alcohol (Kelly et al., 2014b). As our current research demonstrates, however, many young adults’ misuse of prescription

drugs takes place outside of nightlife scenes, often in the privacy and security of one's own (or others') home.

Because of these various issues linked to motivations – substance use and dependence, drug use trajectories, cessation and relapse – policy efforts to educate youth about the potential harms associated with the misuse of prescription drugs must incorporate an understanding of what motivates young adults' misuse. The present study addresses this gap in the research by examining the motivations for prescription drug misuse among a sample of young adults active in urban nightlife scenes. Specifically, we illustrate how social and cultural factors shape the contexts in which young adults misuse prescription drugs and also influence the meanings of, and motivations behind, their use. Using qualitative data, we expand on previous research by focusing on how these young adults articulate the important roles of experimentation and a “work hard, play hard” ethos that collectively shape their social location as young adults.

DATA & METHODS

The larger research project focused on investigating the patterns and contextual factors of prescription drug misuse and its associated risks among young adults (ages 18-29) who are socially active in nightlife scenes. The specific prescription drugs of interest for the study were painkillers, stimulants and sedatives; participants were also asked about use of alcohol and other drugs as it related to their prescription drug misuse. In total, 214 qualitative interviews were conducted for this study. The data drawn upon for this paper are derived from a subsample of 70 qualitative interviews conducted during the baseline assessments for this project. The interviews last an average of 52 minutes and ranged in length 23 to 105 minutes.

Sampling

To generate the sample for this study, we utilized time-space sampling in nightlife venues that house youth cultural scenes in New York City. Time-space sampling (TSS) was originally developed to capture hard-to-reach populations (MacKellar et al., 1996; Muhib et al., 2001; Stueve et al., 2001), but is also useful for generating samples of location-based populations like club-going young adults (Parsons et al., 2008).

We randomized “time” and “space” using an enumerated sampling frame of venues and times of operation. To construct the sampling frame, extensive ethnographic fieldwork over the course of the previous 12 months, allowed us to identify “socially viable” venues for a range of nightlife scenes for each day of the week. A venue was “socially viable” if regular young adult patron traffic existed on that given day of the week. Venues primarily included bars, clubs, lounges, and performance venues. For each day of the week, each socially viable venue was assigned a number. A random digit generator was used to sample day/venue combinations. This process ultimately yielded our schedule of venues for each month.

While at the venue, research staff attempted to approach as many individuals as possible, aiming to achieve saturation. Individuals were asked to complete a brief survey for which they received no compensation. If an individual consented, trained staff conducted the

surveys with the use of iformbuilder™ software on an iPod Touch®. To facilitate subjects' capacity to consent, research staff were trained to identify and refrain from interviewing any individuals who were visibly intoxicated. Eligibility criteria for participation in the longitudinal study were embedded in this survey. To be eligible, individuals needed to report misuse of a prescription painkiller, stimulant or sedative at least three times in the previous 180 days and at least once in the past 90 days. Additionally, only individuals aged 18-29 were eligible. If an individual was eligible, staff explained the project, and interested individuals were asked to provide contact information. Those eligible were contacted by staff at a later date, rescreened over the phone for eligibility criteria and scheduled for their baseline assessment. All interviews were conducted at community-based research offices in private rooms to ensure confidentiality.

This subsample consists of 32 men and 38 women. Race and ethnicity were assessed using standard NIH categories, with 70% identifying as non-Hispanic white, 14.3% as mixed race, 7.1% as other, 4.3% as Asian/Pacific Island, 4.3% as Black; 18.6% of the sample also identified as Hispanic/Latino. Almost 60% of this subsample held a 4-year college degree with an additional 10% reporting some graduate school. In terms of employment, 76% worked at least part-time, 24.3% were currently enrolled in school, and 75% had health insurance. The mean age was 25.

Measures

Critical incident measures were used during qualitative interviews to draw out specific narratives about participants' prescription drug use practices (Leonard & Ross, 1997). Critical incident measures focus on specific events rather than general trends of behavior. For example, we asked participants about the first time and the most recent time they had misused each of three prescriptions drug types. Using this technique in qualitative interviews has been shown to reduce recall bias and contextualize behaviors rooted within specific events (Patton, 2005). Among a range of questions, participants were asked what their favorite prescription drug was and why, what their friends liked about using prescription drugs, and what was particularly good about using prescription drugs in the scenes they hung out.

Analysis

A thematic analysis of the data generated descriptive and contextual understandings of respondents' reasons for misusing prescription medications (Miles & Huberman, 1984). Thematic analyses were performed with the assistance of the data-analysis software NVIVO. Through an iterative process, we constructed a coding scheme focused on themes related to motivations for misuse and interacted throughout the coding process to discuss coding protocols and develop analytic frameworks (Strauss & Corbin 1998). Subsequent waves of coding and analysis were also conducted throughout the writing process.

FINDINGS

Broadly, our findings support those from previous research, namely that motivations can be categorized as either self-medication or recreation (McCabe et al., 2009; Upadhyaya et al.,

2010). Parsing out some of the nuances within those categories, however, provides a fuller picture of the reasons young adults attribute to misusing prescription drugs, and does so *in their own words*. By doing so, we are better able to identify the social contexts that influence young adults' motivations to misuse prescription drugs and see how the life stage of young adulthood and the normalization of prescription drugs inform their motivations for misuse. We focus on three motivations that are intricately linked to these participants' social locations as young adults in an urban setting: experimentation, hard work, and relaxation. These motivations reflect on the circumstances particular to the lives of young adults and support theories of youth transitions and normalization for understanding substance use in this population. Young adults' may experience both great freedom and ambiguous responsibility during this life stage, and prescription drugs, like other substances, can play an important part in shaping those experiences (Schulenberg & Maggs, 2002).

Experimentation

While accessibility is a necessary but not sufficient factor in prescription drug misuse, the wide availability of these drugs facilitates experimentation. When asked about their first experiences misusing different prescription drugs, experimentation was a common motivator. Here, a participant described the first time he combined a sedative with alcohol:

Again, I think it was the kind of thing where I wanted to fall asleep, wanted to take an Ambien, and I was like, "Hey, I'll try this with alcohol and see if it makes any difference." I like experimenting and trying new things, just learning from experience. I think experience is often the best way to learn, just in general. – 30037

During a time in their lives where people experience a great deal of freedom, experimentation with prescription drugs can be an event in and of itself. Participants who indicated they had snorted prescription drugs were asked what they enjoyed about that route of administration (compared to swallowing the pills):

All the sedatives and whatever, we just happened to come across, and we were like, "Eh, whatever, why not? Let's experiment." So I don't know. I guess we like the experiment and sort of novelty of it, and just the experience and – it did seem like it was a sort of bonding experience. – 30049

Trying new things with friends and, importantly, sharing that experience becomes a way to spend time and bond with friends. Indeed, the bonding experience over drug use can forge solidarity within social networks.

As this life stage is one marked by experimentation, the casual attitudes of peers help to normalize experimenting with prescription drugs. School – both high school and college – were viewed as environments in which using prescription drugs was commonplace and normal:

I mean in college it's like—it's just so normal, if you're stressed out, you take a Xanax. It's not a big deal. – 30015

A participant who had “poached” Valium from her parents’ medicine cabinet described her use in a similar nonchalant way:

You know we were doing this all of the – all in high school, like at school so it's just like, ‘Yea, I'm gonna’ pop a fucking pill and just cruise through the rest of this day.’ – 30022

Another participant described her first time misusing Ambien as a freshman in college:

Just running around the hallways in our dorm. That's like a lot of the time when we do drugs together that's what we do. We're in for the night, bored or just want to spice up the situation a little bit. – 30045

Thus, normalization facilitates the desire to experiment among young people.

In addition, and related to experimentation, boredom was another common motivation. Students in both high school and college, but college in particular, may experience ever-growing freedom, but they also may have more unstructured time and fewer responsibilities than at any other period in their lives. This may enhance the likelihood that they personally experience boredom. Especially if prescription drugs are readily available, experimenting with them can be something to do when bored, as illustrated by what one participant said when asked about his first time misusing painkillers:

I was kind of bored. I guess it came out of boredom, wanting to experiment. Um, so I just took more than the prescribed dose. And then, the other time I did it, I didn't even have any pain, but I just took it because, like I said, I was bored. – 30057

If the pills are available, the decision to experiment or the motivation to take them when there is nothing else to do is less complicated. The normalization of these substances further reduces barriers to experimentation. Thus, the experimentation may grow out of the social context very particular to young adults, and specific groups of young adults, during this period of their lives. While experimentation is well established in the literature on substance use, it is important to stress its prominence as a motivation in the misuse of prescription drugs. The normalization and ubiquity of prescription drugs may motivate misuse among those youth not traditionally seen as “at risk” for substance use.

Work hard...

While some young adults have copious amounts of time that might be characterized by boredom, many of their peers are working, perhaps multiple jobs or long hours. As young adulthood is also a period of change, individuals may experience these contexts at different points in their life as they transition from school into the workforce. In New York City and many other urban locales, the pace of life can elicit a “work hard, play hard,” or “relax hard,” attitude, one in which several motivations to misuse prescription drugs emerge.

As noted above, the misuse of prescription stimulants among college students is well documented, and the current sample was no exception. In discussing their use of stimulants, however, participants pointed to larger cultural factors that come into play, such as mounting pressures to achieve in all areas of life:

I think Adderall's the biggest problem, not just for me, but I would say for most people, especially for most anal-retentive, high achiever, like overachievers...I know with most people, even though now, even though recently I was actually diagnosed by a psychiatrist, I was diagnosed with Attention Deficit Disorder, I, like most people I know, especially those who are still in school can't do it without Adderall. – 30002

This participant qualifies her own misuse of stimulants, noting that recently she received an official ADD diagnosis, perhaps retroactively legitimating her misuse. For her like-minded peers, however, she feels that the standards they are trying to meet – especially academically – are not realistic in that they cannot be achieved without the use of stimulants. In close proximity to other high achievers, many of whom may be on stimulants themselves, medically or otherwise, misusing prescription stimulants becomes a logical way to cope with actual or perceived demands for high-level achievement. Often young people do not define this type of use as “recreational.” Even if they understand that they should not be consuming drugs they themselves are not prescribed, describing their misuse of drugs for a productive purpose as “recreational” does not reflect their motivations for using these drugs; nor is it self-medication, as not all are diagnosed with ADD or believe they should be. Yet, as shown later, these drugs allow young adults to complete work and also have the time and energy available for leisure and socializing.

In a context where using prescription stimulants seems to be the norm, the drugs themselves become so normalized as to be mundane. When traditional, legal stimulants, like a cup of coffee or an energy drink, do not achieve the desired effect, prescription stimulants are the next step:

I don't know anybody who uses it recreationally, I only know people who use it to just get shit done, really. Yeah, but not just studying, like if you need to clean your apartment or something. [laughs] Like something you just, just coffee doesn't do it. Honestly, sad, but true. – 30002

When asked what her expectations were the first time she tried stimulants, this participant's only point of reference was drinking coffee:

I wasn't really sure. I had never done any stimulants or anything. The closest thing I came to that was coffee, drinking coffee. And it kind of—it's like a really intense coffee experience, so, I don't know. I just like how efficient I am. I'm obsessed with efficiency and doing a lot of stuff (laughs). So I like that about it. – 30021

The pressure to be high achieving in all areas of one's life, not just academically, is a key motivating factor for young adults. Combined with larger cultural trends to moderate any number of life's experiences with medication (Quintero & Nichter, 2011) and the ubiquity and normalization of these substances, using prescription drugs, specifically stimulants, becomes a logical and practical response to life's competing demands. For some of our participants, misusing stimulants is circumscribed by academic contexts, but for others that sense of needing to enhance one's productivity extends into their professional lives.

Describing what she likes about stimulants, another young woman says:

Yeah, focus more, get more out of my day. I mean, I do a lot, my job is stressful, I do twelve things at once...it helps me multitask incredibly more. – 30016

Praised for all that she achieves at work, she thinks to herself how her coworkers could get a lot more done if they, too, used stimulants. The interviewer asked her if she really attributed her productivity to the drugs.

Well, I would, I mean it's just who I am, I like getting things done, but it's not always so easy, so this is definitely helping me maximize my already existing personality trait. – 30016

This young woman sees the drugs as helping her enhance her innate personality. A potential problem with raising one's output, then, is that it may also raise others' expectations for what one is capable of, which, in turn, feeds into cultural expectations of achievement and productivity. For this particular participant, when Friday arrives and she wants to go out, she is exhausted. If she wants to stay up and socialize, she takes another prescription stimulant so she can remain awake and alert enough to enjoy a night out with her friends. This case illustrates how an individual's motivation to misuse of prescription drugs can transition from "instrumental" to "recreational," not just over the course of a few years, but over the course of a single day.

...Play hard, relax hard

Just as prescription stimulants are misused to cope with demands for high-achievement and productivity, prescription painkillers are misused to relieve the stress and pressure that come with those demands. While these drugs were also used to party in the context of nightlife scenes, a significant proportion of misuse occurred in the private sphere. The use of prescription drugs, opioids in particular, to relax intensely was a common theme. A number of participants discussed the use of prescription painkillers as a way to heighten the entertainment of otherwise mundane activities, such as watching a movie or playing video games:

Ok most recent time I did a Vicodin... I think I was just hanging out in my apartment. It was probably a Sunday or something, and I didn't have much to do. It was probably later in the day, and I had some painkillers and I thought it would be fun to do...I was just playing video games on my computer, talking to my friends who I live with. – 30037

[I] really like taking a painkiller with a friend and going to the movies. That's a really fun thing for me. You know, chilled out and watching a movie. I mean, I don't know, it's just like they're better when you're high. – 30015

I just um, I had them [Vicodin] and, you know, when I have them I take them. It's a nice Saturday night sort of thing. Staying in, watch a movie, take some pills. – 30084

When taken in conjunction with the "work hard" attitude, the motivation to "relax hard" is a logical corollary. Just as individuals must maximize their productivity at school or at work, they must maximize their down time as well. Misusing prescription painkillers becomes a

way for them to intensify the experience of hanging out. A significant motivation identified was the use of prescription painkillers to “chill out.” As described by one participant:

I feel like people use painkillers a lot just to relax or feel extra chill or something for the night. – 30034

For this participant, it is an experience she generally shares with her best friend:

We just like painkillers, and her and I usually do them together when we're just in for the night, watching a movie or just like hang out. Like don't really have any plans. – 30080

Viewed within the context of high external pressures to achieve, though, the desire to “turn off” makes sense. One participant described his own “theory” of painkiller misuse:

I guess here's kind of my theory right, I'll give you my philosophical point of view on it, is that I think I tend to do painkillers more when there's nothing else going on, and I have nothing else to do. – 30037

He expounded on his philosophy a little:

If I come home from work one night, and nothing much is going on, and I just plan on lounging and being lazy, that's when I'm more likely to do painkillers, because it can turn just a regular night of playing video games into a little more fun one.

In these instances using painkillers is akin to other drug use. For one participant whose partner was a habitual marijuana user but who did not smoke pot himself, it was a way for him to share in the experience:

I don't smoke weed, but my partner is like the biggest stoner ever, but the most functional stoner. And I feel that, it's kind of nice if we're just laying around on a Saturday afternoon or whatever to take a Vicodin and chill out. – 30306

Basically, the high the participants experience with painkillers is perceived to make everything else they do more fun. One participant summed it up nicely:

I think that one of the draws, I think to Percocet and Vicodin is like, anything is fun when you are doing them. Like just sitting there watching TV is like 500 times more fun than if you were, like you could be bored and over it if you were sober but...anything is fun when you're on them. It could be nothing, you could just be sitting there and you're like, “I'm having a blast.” – 30053

The use of painkillers to “play hard” seems to highlight the intersection of numerous factors. The first is the normality of prescription drugs in the social groups in which these young adults take part. The second is the “play hard,” or perhaps “relax hard,” attitude, which serves as a corollary to the “work hard” ethos discussed above. Although somewhat of an oxymoron, these young adults have come of age in a society where the use of prescription medication to ameliorate or enhance any number of life's experiences – from attention and depression to erections and hair loss – has become increasingly common. If they feel so much pressure to be constantly achieving they feel they cannot do so without stimulants, it follows that during their down time, simply watching a movie or playing a video game is not enough, and that experience must be enhanced.

Likewise, painkillers may be used to mediate the stress that comes from intense work output.

I mean I've only done two painkillers. Mostly recently Percocet. Just 'cause it's available (laughter). And just 'cause it helps me relax. I just have a stre-, like work stressful. So just for the relaxation kind of numbing, this is what I like about it. – 30136

It's just...I don't know. OK so I'm the type of person where my mind is always running a million miles an hour. I'm always processing a million things. I'm very overly analytical, and I'm always anal retentive, so if I could just sit back and like, I remember I used to try to shut my brain off. I used to have this frickin' book about teaching me how to do it, and it would not work. So with the Vic's [Vicodin] or something like that, it does it for me, and I don't have to sit there and try so hard. Because even by trying so hard, I'm just working double time. So when I take those, I'm just able to be like, "OK, I'm finally relaxed." – 30039

For these participants, prescription drugs are a way for them to “turn off” from the stress of work and other responsibilities. Misusing prescription drugs is a way for these young adults to moderate the intensity of their experiences. Prescription stimulants can be used to increase their output in the face of ever-increasing expectations. Prescription painkillers are also misused to manage the ensuing stress and to intensify the experience of relaxing.

DISCUSSION

The results we have presented here highlight the importance of social context and life stage for understanding why certain groups of young adults choose to misuse prescription drugs in the ways that they do. As described above, examinations of these motivations are important as they influence how young adults think about drug use and inform drug use practices. Motivations for substance use vary across the life course, making it important for researchers, clinicians, and policymakers interested in reducing prescription drug misuse to consider the roles both life stage and broader social contexts play in shaping the meanings prescription drug misuse has to the users themselves.

As articulated by our participants, the power of experimentation as a motivating factor in prescription drug misuse should not be underestimated, especially when thinking about policies aimed at limiting the diversion and circulation of prescription drugs. While the availability of these drugs is, alone, not sufficient to explain their widespread misuse, for young adults keen to share new experiences, our participants indicate that having prescription drugs readily available facilitates their misuse. Such experimentation within social circles can also solidify social bonds, similarly to certain other drugs (Kavanaugh & Anderson, 2008). Experimentation is not simply a function of psychological processes aimed at coping with adversity. Rather, it is tied to both the life stage of young adulthood, a period marked by great personal and social transitions. In this respect, experimentation with prescription drugs has uses beyond the alleviation of boredom that may be, in part, generated by the relative freedom from “adult” roles and responsibilities experienced during this time.

The broader normalization of prescription drug misuse in the lives of young adults has also contributed in interesting ways to the ways in which young adults are motivated to misuse. Normalization facilitates the increasing social acceptance and use of certain types of drugs (Duff, 2005; Parker et al., 1999). It has made routine the misuse of medications in the young adult worlds of social interaction, work, and leisure. Within these worlds, they represent larger cultural trends to moderate life's experiences with medication (Quintero & Nichter, 2011). The broader trend of normalization, thus, shapes the applications of prescription drug misuse to the lives of young adults by making them seem like common sense ways of managing school, leisure, and boredom.

As described above, there are numerous reasons young adults misuse drugs. We also cannot ignore that prescription drugs are often used concurrently with alcohol and other drugs to moderate the effects of these other substances (Pawson et al., 2014; Rozenbroek & Rothstein, 2011). Prescription drugs are also consumed like their illicit counterparts, i.e. for the purpose of getting high. In this respect, prescription drugs have been incorporated into the wider substance use routines of young adults, and cannot be disaggregated from broader considerations of substance use within this life stage and social contexts. Furthermore, discussing prescription drug misuse as a singular, homogenous phenomenon, then, obfuscates important distinctions the users make themselves. Understanding what motivates different groups of users is key to informing efforts aiming to reduce prescription drug misuse and increase awareness of the potential health risks associated with their misuse. A lack of consideration of life course and the social contexts of young people's drug use undermines health promotion efforts targeting adolescents and young adults (Duff, 2003).

We have described that the social pressures experienced by young adults in the workplace, the academic arena, and among friendship circles also lead them to perceive the need to misuse prescription drugs in particular ways. As described above, the “Work hard, play hard” experience is culturally engrained in young adults who perceive the need to pursue a heightened state of productivity in the workplace and academic arena, while also attending to their leisure pursuits. In some instances, this even spills over into what we described as a “relax hard” attitude – the oxymoronic experience of heightening the intensity of relaxation through the misuse of medications. Nonetheless, as highlighted in this discussion, the views young adults express on these motivations relate to the particular features of the social contexts and life stages they inhabit (Desantis & Hane, 2010; Racine & Forlini, 2010).

Limitations

Like any other study, there are limitations to consider. First, this project was designed to study prescription drug misuse among young adults involved in nightlife scenes. The data presented here come from a sample of prescription drug misusers, not a random sample of young adults. This population is important to study due to the salient role that drugs often play in nightlife venues. However, while many urban young adults participate in nightlife of various types, these findings may not generalize to the entire young adult population of prescription drug misusers. Second, we sampled from nightlife venues with a time-space sampling method, and as such we may have oversampled people who are more frequent nightlife participants. Finally, the sample was geographically limited to young adults in New

York City and may not generalize to the experience of young people in other regions, particularly those in rural settings, who may experience differing motivations.

Conclusions

Extensive epidemiological data exist on the *who* and the *what* of the prescription drug misuse phenomenon, but these studies often cannot explain *why*. Using qualitative interview data, we describe what prescription drug misuse looks like from the perspective of the users themselves. We have highlighted the role of life stage and social context in shaping young adults' motivations to misuse prescription drugs, namely their position as young adults and the normalization of prescription drugs in their social worlds. For the young adults in the current sample, experimentation and a "work hard, relax hard" ethos were key motivators for misusing prescription drugs. In a context where these drugs are both widely available and their use and misuse are often normalized, the misuse of prescription drugs becomes a reasonable way of spending one's free time and a practical solution to competing demands for high achievement and high degrees of sociality, particularly for young adults in a period of their lives marked by experimentation and change. Future studies of prescription drug misuse should pay attention to the social contexts in which users are embedded and seek to understand how these influence people's decisions about how and why to misuse these drugs. Given the prevalence of experimentation as a motivation, policy efforts to reduce the diversion and, consequently, the availability of these drugs in young adults' social networks should be coupled with educational programs targeted to young adults that focus on denormalizing prescription drugs. Specifically, educators could develop programs tailored to transitional contexts – moving to college, entering the workforce – and the associated motivations those contexts foster. Finally, interventions seeking to decrease misuse of prescription and illicit substances need to address larger social contexts, such as the perceived pressure for achievement in school and work while maintaining a social life; such interventions must help young adults develop alternative strategies for dealing with these contexts.

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