The role of Adverse Childhood Experiences (ACEs) on People in Opiate Agonist Treatment: The importance of feeling unloved
Agenda

- Introduction & Background
- Methodology
- PTSD and ACEs
- Findings
- Conclusions & Discussion

The authors declare no conflict of interest related to this presentation
Opiate Agonist Treatment in Ireland

- Approximately 21,000 individuals have an opiate use disorder (Health Research Board 2019)
  - 10,316 in Opiate Agonist Treatment (OAT) (2017 estimate), (Delargy, Crowley & Van Hout, 2019)
  - 60% attend specialised treatment centres with 40% attending community GP and pharmacy services

- Methadone is the most common treatment for opiate use disorder in Ireland (>95%)
  - Number of years an individual remains in treatment is usually very long (Comiskey, et al. 2018)
Background for the current study

- Baseline study in 2017 collected data on treatment outcomes and service users' experiences of their current treatment (n = 131)
- The Study Aim was to explore whether the current Nursing model was meeting clients needs and provide recommendations (Comiskey at al. 2018; Comiskey at al. 2019)

- People openly talked about they’re chaotic childhoods growing up; particularly, neglect, abuse and household dysfunction. These data not collected as part of the study.

- A follow up study was recommended by the research team to measure trauma and adverse childhood experiences among this cohort.
Methodology: Cross-sectional Follow-up Study

Participants: 104 participants re-interviewed (Female, n= 38: Male, n= 66)

Questionnaires utilised in this study

✓ Demographic questionnaire
✓ Opiate Treatment Index, (Drake et al. 1992)
❖ 10 item Adverse Childhood Experiences Questionnaire, (Centers for Disease Control and Prevention, https://www.cdc.gov)
❖ 20 item PCL-5, Self-report measure of current PTSD. (National Center for PTSD, https://www ptsd.va.gov)
❖ = Added for the follow-up study
Treatment Findings

- Mean age 42 years (Females 39 years; Males 44 years)

- Average time in current treatment: 11 years (Range: 3 months to 27 years) (62% ≥ 2\textsuperscript{nd} Treatment)

- Harm reduction
  - Low levels of heroin use
  - Low levels of HIV risk taking and injecting behaviour
  - Very low incidents of criminality

- Daily use: Cannabis (38%); Tranquillisers (63%).

- Weekly use: Alcohol (31%); Crack cocaine (19%).
PTSD & ACE Findings

➢ 55% of people reported 4 or more ACEs (23% had an ACE score of ≥ 7)

➢ PTSD mean score was 30 (Female = 37; Male = 26; p= .010).
   ❖ Scores ≥ 31 to 33, are considered appropriate for a PTSD diagnosis. (Bovin et al., 2015).
   ❖ 45% of people had trauma scores ≥ 31
   ❖ 40% of people had trauma scores ≥ 33

➢ Psychological wellbeing almost two times poorer than the general population
   ❖ Sample mean GHQ-28 score = 7 (Female = 9; Male =6)
Findings: Adverse Childhood Experiences

ACE 1: Physical Abuse
- No: 56.3%
- Yes: 43.7%

ACE 2: Verbal Abuse
- No: 60.2%
- Yes: 39.8%

ACE 3: Sexual Abuse
- No: 63.7%
- Yes: 36.3%

ACE 4: Feeling Unloved
- No: 64.1%
- Yes: 35.9%

ACE 5: Physical Neglect
- No: 73.8%
- Yes: 26.2%

ACE 6: Lost Parent
- No: 40.8%
- Yes: 59.2%

ACE 7: Mother Abused
- No: 64.1%
- Yes: 35.9%

ACE 8: Alcohol or Drugs
- No: 59.2%
- Yes: 40.8%

ACE 9: Mental Illness
- No: 55.3%
- Yes: 44.7%

ACE 10: Prison
- No: 54.4%
- Yes: 45.6%
## Adverse Childhood Experiences & PTSD

### Table 6.8.1: Chi square analysis for the association of PTSD and ACEs factors

<table>
<thead>
<tr>
<th>ACE question</th>
<th>d</th>
<th>f</th>
<th>n</th>
<th>$X^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Push grab of slap or throw something at you #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>18.537</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Swear at you insult or put down #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>25.308</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Touch or fondle you or have you touch them in a sexual way</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>6.624</td>
<td>.010**</td>
</tr>
<tr>
<td>Nobody loved you/ thought you were important #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>29.122</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Feel that you didn’t have enough to eat, wear dirty clothes</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>5.176</td>
<td>.023*</td>
</tr>
<tr>
<td>Lost a biological parent</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>10.321</td>
<td>.001**</td>
</tr>
<tr>
<td>Mother ever pushed grabbed slapped of repeatedly hit #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>13.874</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Lived with a problem drinker or used street drugs #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>20.609</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Household member depressed or had a mental illness #</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>17.066</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Did household member ever go to prison</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>.546</td>
<td>.460 ns</td>
</tr>
</tbody>
</table>

*Significance levels: * $p < .05$: ** $p < .01$: *** $p < .001$: ns = not significant

# Factors chosen for regression analysis
Results: ACE Predictors of Acute Trauma

Analysis showed four ACEs explained 54% of the variance in PTSD scores ($R^2 = .54, F (4, 98) = 30.285, p < .001***$),

The feeling they were unloved as a child was found to be the strongest predictor of PTSD explaining 34% of the variance in PTSD scores.

A significantly higher proportion of women (54.1%) felt unloved as children than men (25.8%); ($X^2 = 8.25, p = .004**$).
Conclusions & Discussion

- OAT is effective in retaining and *maintaining* people in OAT
- Aging cohort; mean age 42 years
- Up to 40% of people in OAT at risk of PTSD
- Childhood emotional neglect was found to be a significant predicting of PTSD among the subjects of this study
- Screening all service users for ACEs
- Trauma Informed treatment service
References


Thank You