

Abuse

Pain

Opioid

Considering the Impact of Trauma & Abuse in the **Etiology of Opioid Use Disorder**

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INTRODUCTION

Opioid Use Disorder (OUD) is a public health crisis that spans a range of demographics and is challenging to treat.

OUD is highly stigmatized, both culturally and among healthcare professionals. Negative stereotypes prove countertherapeutic in healthcare settings, resulting in missed intervention opportunities.

20 years of research has shown correlations between OUD. lifetime history of abuse (emotional, physical, sexual) and chronic pain.

Previous research shows that up to 59% of young people with a history of trauma/abuse go on to develop substance use disorders in adulthood. We predicted that at least 33% of participants would report a lifetime history of sexual, physical, and/or emotional abuse.

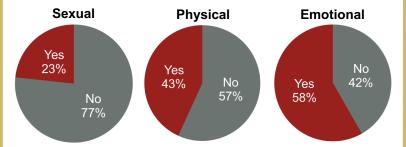
METHODS

This is a secondary analysis of surveys from SB 17-074, the Pilot Medication Assisted Treatment (MAT) Program:

- 2-year, non-experimental cohort study in Colorado
- 476 MAT patients provided data from 9/2018 to 8/2019
- Analysis using descriptive statistics, chi square, & t-tests

RESULTS

- 23% reported lifetime sexual abuse
- 43% reported lifetime physical abuse
- 58% reported lifetime emotional abuse



Past physical abuse was correlated with:

- a chronic pain diagnosis, $c^2 = 4.49$, p = .03
- more self-reported pain, t(460) = 2.71, p = .007

How much has chronic pain bothered you in the last 30 days?



DISCUSSION

History of abuse is correlated with OUD and chronic pain, but standard pain assessments do not include questions about lifetime history of abuse or trauma. In healthcare settings, standardized trauma-informed screening, prompt recognition of abuse/trauma-associated OUD, and psychological interventions may reduce stigma, reduce opioid use, and/or help patients overcome OUD.

The second phase of this study began in August 2019 (SB 19-001), expanding the MAT Program into 10 additional CO counties. Data will include a new 20-question, traumainformed screening tool on Adverse Childhood Events (ACEs) and resiliency factors among patients with OUD. Data will be used to improve treatment for trauma, OUD, and chronic pain, with special consideration of gender differences, the impact of abuse, and resiliency factors.

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REFERENCE

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