

Exposure to Childhood Trauma Increases Risk of Opioid Use Disorder Among People Prescribed Opioids For Chronic Non-Cancer Pain

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BACKGROUND:

Among people prescribed opioids for chronic non-cancer pain (CNCP), male sex, younger age, and history of mental & substance use disorders are opioid use disorder (OUD) risk factors.

Childhood trauma (CT) exposure includes experience of childhood abuse & neglect, which are associated with poor psycho-social outcomes.

CT exposure is a strong risk factor for heroin use disorder. However, **no study has examined if CT exposure is independently associated with OUD among people prescribed opioids for CNCP.**

METHODS:

This study used baseline data from 1,514 people prescribed opioids for CNCP in Australia (POINT Cohort). We used:

1. **Latent class analysis (LCA)** to describe patterns of five CT exposure types
2. **Logistic regression** to characterise participants by latent class of CT exposure
3. **Discrete-time survival analysis** to examine if CT increases OUD risk in any given year, while adjusting for known OUD risk factors. This analysis considers age of onset.

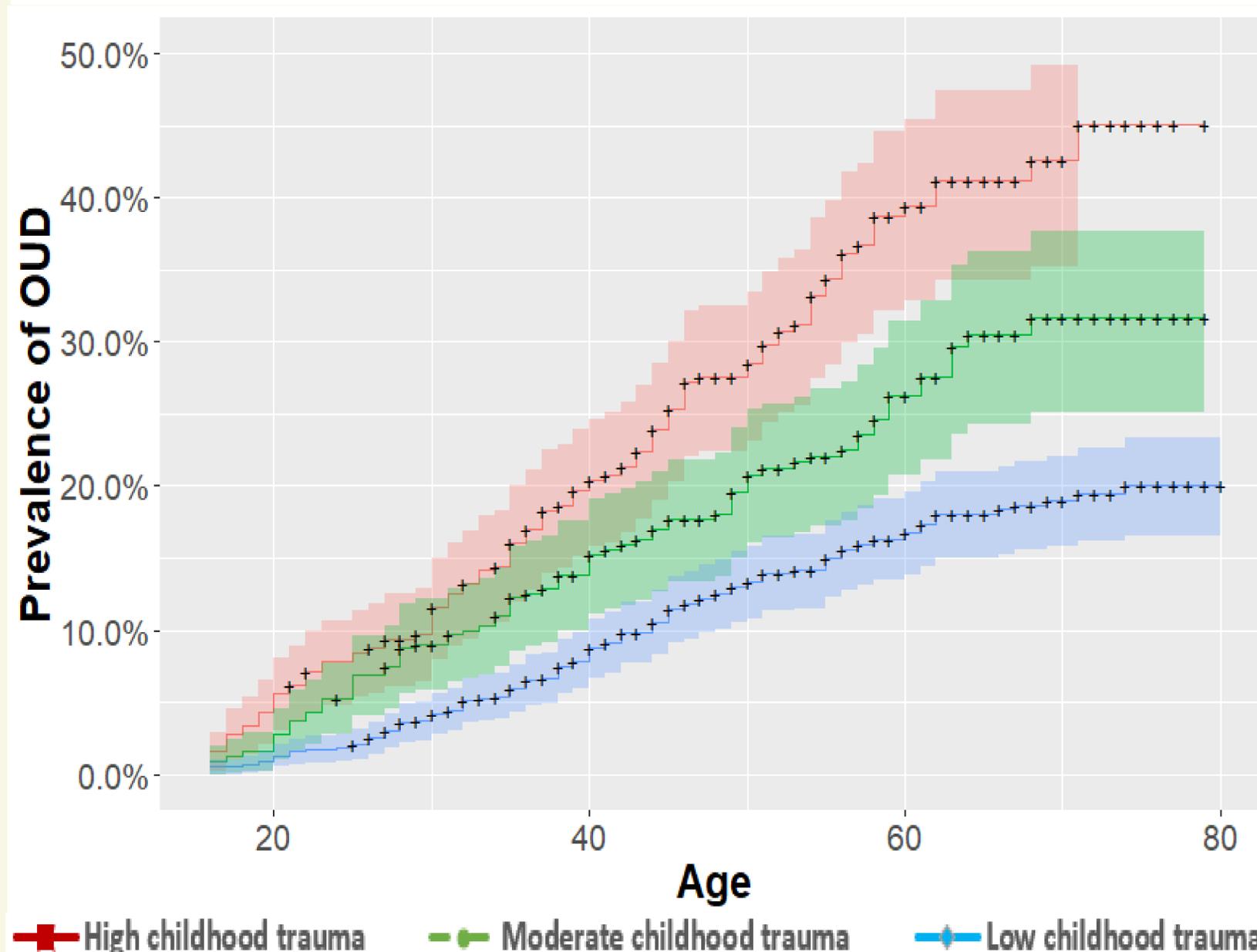
RESULTS:

Model fit statistics from LCA → 3-class model:

- (1) **High CT exposure (n=329; 23.2%)**
- (2) **Moderate CT exposure (n=324; 22.9%)**
- (3) **Low CT exposure (n=765; 54.0%)**

Exposure to childhood trauma is a risk factor for Opioid Use Disorder among people prescribed opioids for CNCP

Figure 1: Prevalence of OUD by person-time and latent class of CT exposure



RESULTS (continued)

For all analyses, low CT exposure was the **comparator**. Among people prescribed opioids for CNCP **Moderate and high CT exposure** classes were associated with:

- ↑ **Pain** intensity & interference
- ↑ Depression, anxiety & PTSD
- ↑ OUD & other substance use disorders

Figure 1 reflects discrete-time analyses.

OUD risk was higher for participants with...

- Moderate CT Exposure (OR 1.72; p<0.001)
- High CT Exposure (OR 2.50; p<0.001)

In adjusted discrete-time analyses, **moderate and high CT exposure remained associated with OUD in any given year.**

CONCLUSIONS

CT exposure is an OUD risk factor among people prescribed opioids for CNCP.

- **Not due to confounding** mental & substance use disorders
- **Over half** the sample experienced moderate or high exposure to CT
- OUD screening tools *alone* are ineffective → nuanced risk assessment
- Clinicians should **not** refuse to prescribe opioids due to CT exposure alone

Future research: ↑ **trauma-informed care** for people with CNCP and CT exposure...

- ↓ likelihood of re-traumatisation
- ↑ transition to adjunct services
- Use evidence-based interventions from other populations (e.g. heroin use disorder)

DISCLOSURE OF INTERESTS

LD has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior and Seqirus. GC has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior.

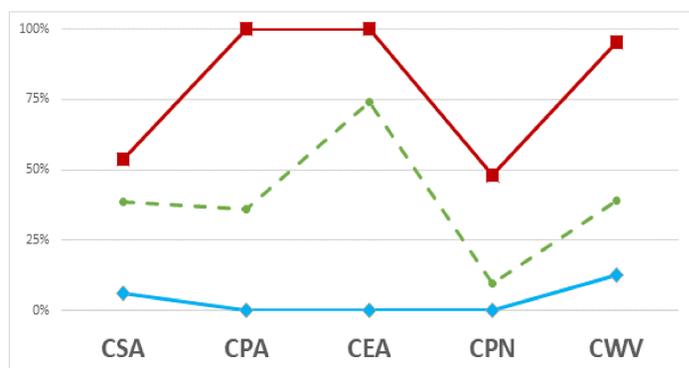


Figure 2: Probability of CT exposure by latent class