

# Effects of childhood trauma and mental disorders on treatment engagement, criminal offending & mortality among people with OD

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## Highlights

- Childhood trauma & anti-social personality disorder (ASPD) are associated with longer transition from opioid dependence (OD) onset to treatment
- Panic disorder, borderline personality disorder & posttraumatic stress disorder (PTSD) are associated with higher rates of OAT dropout
- Childhood trauma, PTSD & ASPD increased risk of contact with the criminal justice system

## Background

- People with OD experience high rates of childhood trauma and mental disorders
- There is limited research on the impact of childhood trauma on OD-related outcomes
- Previous studies that examine mental disorders among people with OD use administrative mental health treatment databases, which underestimate true prevalence

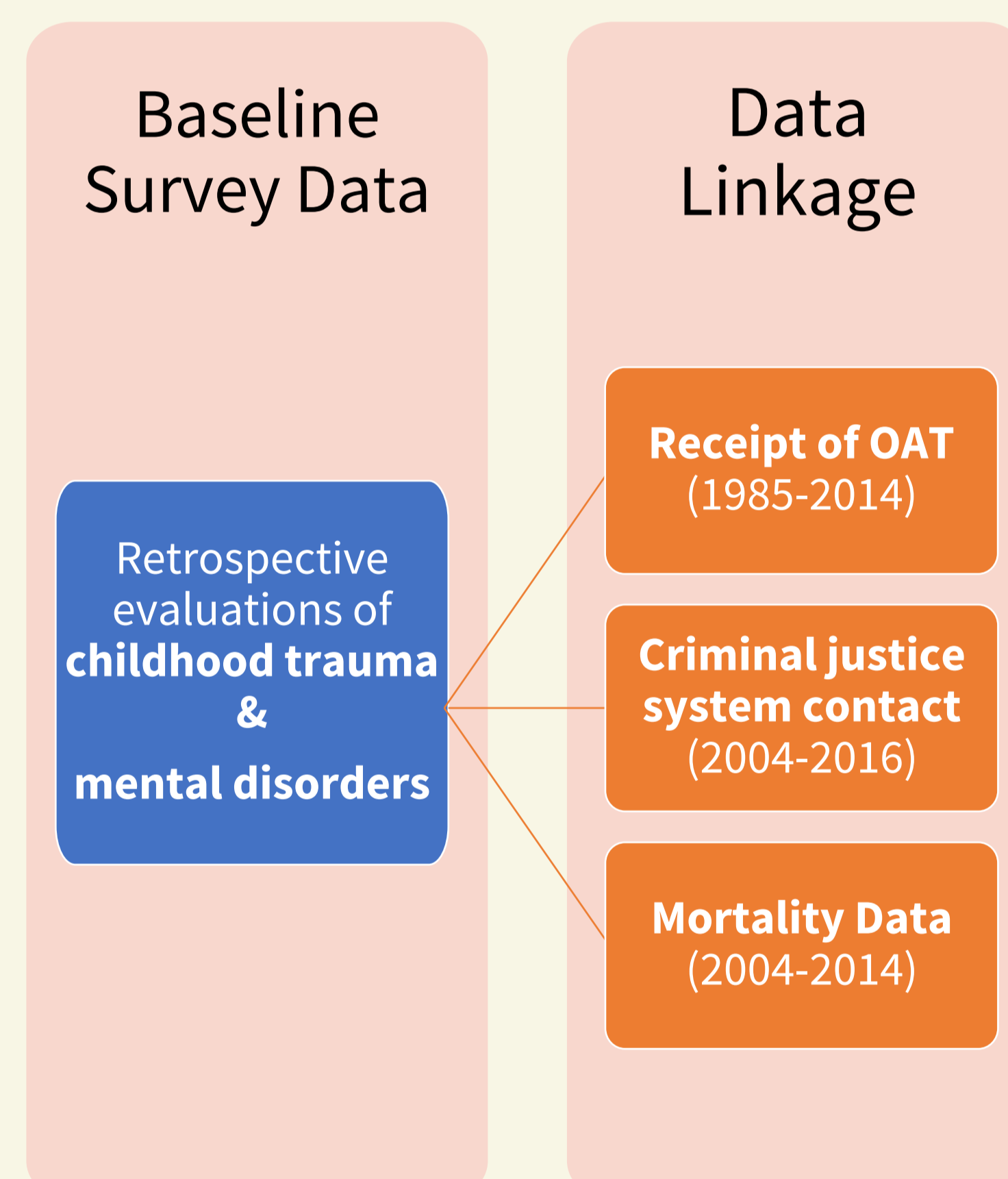
## Aims

- To examine the adjusted & unadjusted effects of childhood trauma and mental disorders on:
  - Time from OD onset to OAT initiation
  - Days receiving OAT since OAT initiation
  - Incident charges for any & violent offences
  - Risk of mortality

## Methods

- From 2004-2008, **1,482 people receiving OAT** in Sydney completed comprehensive, face-to-face surveys.
  - Surveys evaluated childhood trauma & mental disorders
- Seven types of **childhood trauma** were categorised using latent class analysis (LCA)
- **Mental disorders:** Depression, panic disorder, PTSD, ASPD, & borderline personality disorder
- Discrete-time analysis with odds ratios (ORs) were used to examine time from OD onset to OAT entry and mortality
- Poisson regressions with Incident Rate Ratios (IRRs) were used to analyse time receiving OAT and number of charges for any and violent offences

We linked participant data to outcome variables (e.g. OAT, criminal justice system contact, & mortality) assessed using **NSW & Australian databases**



## Results

	OAT engagement		Contact with the criminal justice system	
	Time from OD to first OAT episode	Time in treatment	Charges for any offence	Charges for a violent offences
	Adjusted OR	Adjusted IRR	Adjusted IRR	Adjusted IRR
<b>Extensive trauma (versus low class)</b>	<b>0.58 (0.37, 0.90)*</b>	-	1.15 (0.90, 1.48)	<b>1.41 (1.01, 1.98)*</b>
<b>Depression</b>	<b>1.41 (1.01, 1.99)*</b>	-	-	-
<b>Panic Disorder</b>	-	<b>0.59 (0.57, 0.61)*</b>	-	-
<b>PTSD</b>	-	1.04 (0.97, 1.11)	1.12 (0.94, 1.32)	-
<b>ASPD</b>	<b>0.63 (0.46, 0.87)*</b>	-	1.10 (0.94, 1.29)	1.00 (0.79, 1.28)
<b>Borderline Personality Disorder</b>	-	<b>0.75 (0.71, 0.79)*</b>	-	-
<b>Comorbid substance dependence</b>	<b>0.41 (0.29, 0.57)*</b>	<b>0.55 (0.54, 0.56)*</b>	<b>1.38 (1.08, 1.76)*</b>	1.56 (1.05, 2.32)

Notes: OR or IRR displayed not displayed unadjusted analysis is insignificant; Adjusted for age, sex, education, & variables significant in unadjusted analyses

## Strengths & Limitations

### Strengths

People with OD face major barriers to mental health treatment → will not be captured by mental health treatment databases ...

- In contrast to previous research- we used survey data to evaluate childhood trauma & mental disorders among people with OD

### Limitations

There were relatively few deaths (166) during follow-up, compared to previous studies of people with OD. Therefore, the lack of associations between childhood trauma, mental disorders, and mortality is limited by the power of these analyses and must be interpreted with caution.

## Conclusions

- Findings suggest that childhood trauma and mental disorders increase risk of adverse treatment and social outcomes among people with OD
- Interventions that aim to reduce harm among people with OD may consider the effect of childhood trauma and mental disorders on OAT engagement and contact with the criminal justice system.

## Clinical & Research Implications

- Results emphasise the importance of interventions that address trauma and comorbidity among people with OD:
  - Trauma-informed care
  - Communication between mental health and OD treatment providers
  - Potential benefits for integrated mental disorder and OD treatment
- **Future Research...**
  - Larger or longer follow-up studies that examine the relationships between childhood trauma, mental disorders
- **How do you feel the results can impact clinical care for people with OD or future research?**

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