

## LONG-TERM ASSOCIATIONS WITH CHILDHOOD TRAUMA AND MENTAL DISORDERS AMONG PEOPLE WITH OPIOID DEPENDENCE

### Authors:

Santo Jr T<sup>1</sup>, Gisev N<sup>1</sup>, Campbell G<sup>1,2</sup>, Nelson E<sup>3</sup>, Degenhardt L<sup>1</sup>

<sup>1</sup>National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia, <sup>2</sup>University of the Sunshine Coast, Sunshine Coast, Queensland, Australia, <sup>3</sup>University of the Sunshine Coast, Sunshine Coast, Queensland, Australia, <sup>3</sup>The Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri, USA

**Background:** Childhood trauma and mental disorders increase risk of opioid dependence. We examined if childhood trauma and mental disorders were associated with outcomes related to opioid agonist treatment (OAT), crime, and mortality among people with opioid dependence.

**Method:** The sample included 1,482 people receiving OAT. We linked comprehensive survey on childhood trauma and mental disorders to over one decade of administrative OAT, crime, and mortality data. Exposure variables of interest were four latent classes of childhood trauma and five different mental disorders. We used discrete-time analysis with odds ratios (ORs) to examine time from opioid dependence onset to OAT entry. We used Poisson regressions with Incident Rate Ratios (IRRs) to analyse time in OAT and criminal offending. Logistic regression was used to examine mortality risk. All analyses used 95% Confidence Intervals (95%CIs).

**Results:** Participants with extensive childhood trauma experiences and anti-social personality disorder (ASPD) were less likely to enter OAT in any given year after opioid dependence onset, however, those with depression were more likely to enter OAT after opioid dependence onset. Panic disorder, posttraumatic stress disorder (PTSD), and borderline personality disorder were associated with less time in OAT. Multiple childhood trauma experiences, ASPD, and borderline personality disorder increased risk of criminal offending. There were no significant associations between exposure variables and mortality.

**Conclusion:** Our findings suggest that childhood trauma and mental disorders, except for depression, increase risk of adverse treatment and social outcomes among people with opioid dependence. Interventions that aim to reduce harm among people with opioid dependence may consider the effect of childhood trauma and mental disorders on OAT engagement and crime.

**Disclosure of Interest Statement:** Mr Santo reported receiving the Australian Government Research Training Program Fee Offset scholarship and Australian Federal Government Department of Health Grants National Centre Core Funding during the conduct of the study. Dr Campbell reported receiving grants from Indivior and NHMRC Early Career Fellowship during the conduct of the study. Dr Degenhardt reported receiving grants from NHMRC Fellowship, project funding and grants from the National Institutes of Health Project funding, grants from Indivior Untied to evaluate new opioid medications in Australia, and grants from Seqirus United to evaluate new opioid medications in Australia outside the submitted work. No other disclosures were reported. This work was supported by the National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, the Australian Government Department of Health under the Drug and Alcohol Programme, and the Australian National Health and Medical Research Council. The Comorbidity and Trauma Study was funded by NIH R01 DA17305.