

# “They can’t get to the root of the hurt’: A qualitative study of adverse experiences in the narratives of people with opioid use disorder”

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## BACKGROUND

The opioid epidemic has devastated communities across the United States. Narratives about over-prescription have been widely publicized in the media and generally accepted by the public as the primary reason why individuals use illicit opioids.

While there are innumerable facts and data that support this reason, people living with opioid use disorder (PWOUD) can attest that **over-prescription does not communicate the whole story**. Adverse childhood experiences (ACEs) are one of many common narratives that have significant past and present impact for PWOUD but are rarely explored.

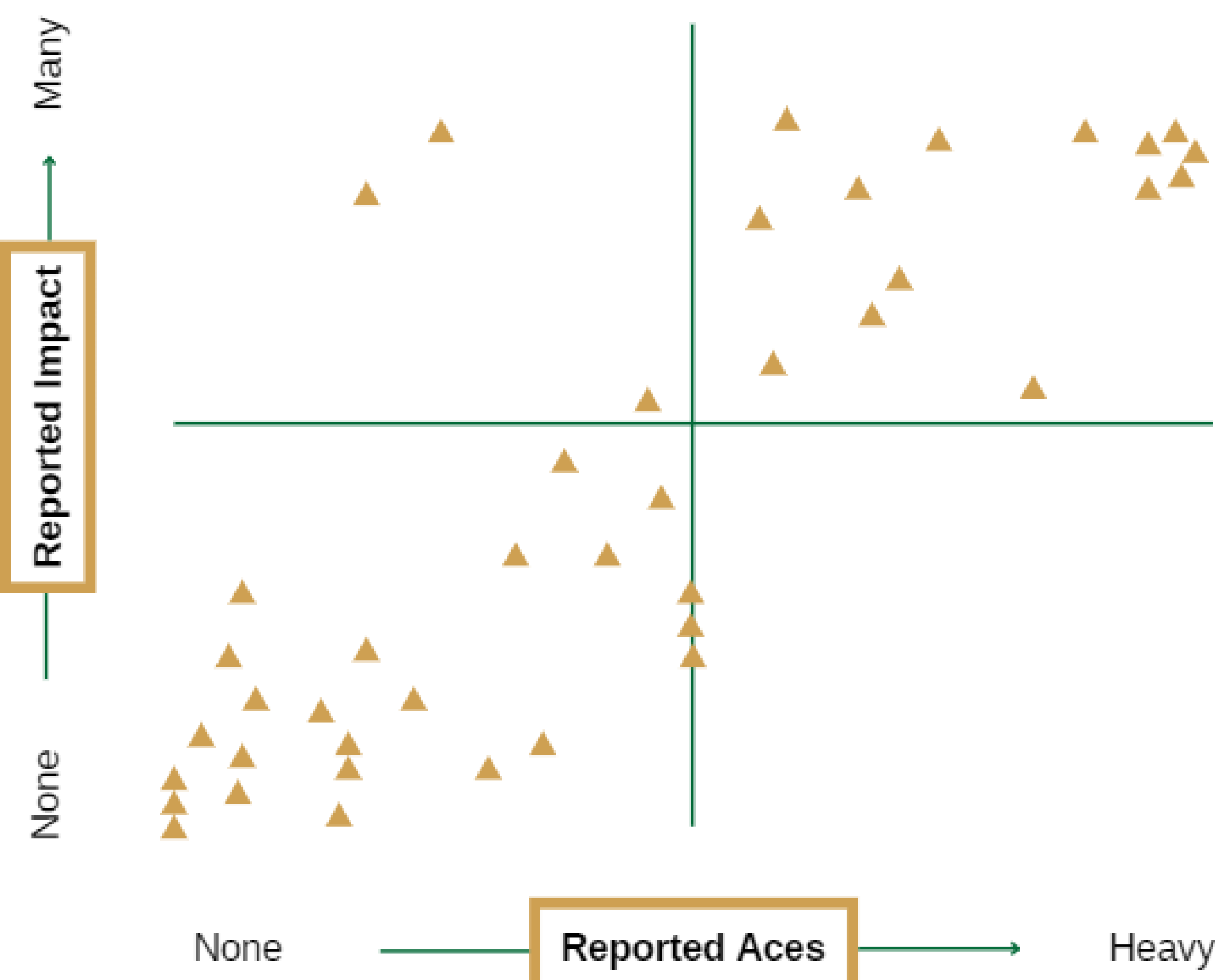
Several quantitative literature have linked ACEs with substance use disorder (SUD), but qualitative differences between the two remains poorly understood.

**This study qualitatively explores the significance of ACEs in the narratives of PWOUD in an epicenter of overdose death.**

## METHODS

- Interviews of 67 individuals, who met the DSM-5 criteria for moderate-to-severe OUD, were transcribed and thematically coded.
- Codes were analyzed using iterative categorization to determine how interviewees describe childhood trauma and how they affect their substance use.

- Positional mapping was used to develop four key typologies of PWOUD who have lived through ACEs.



## RESULTS

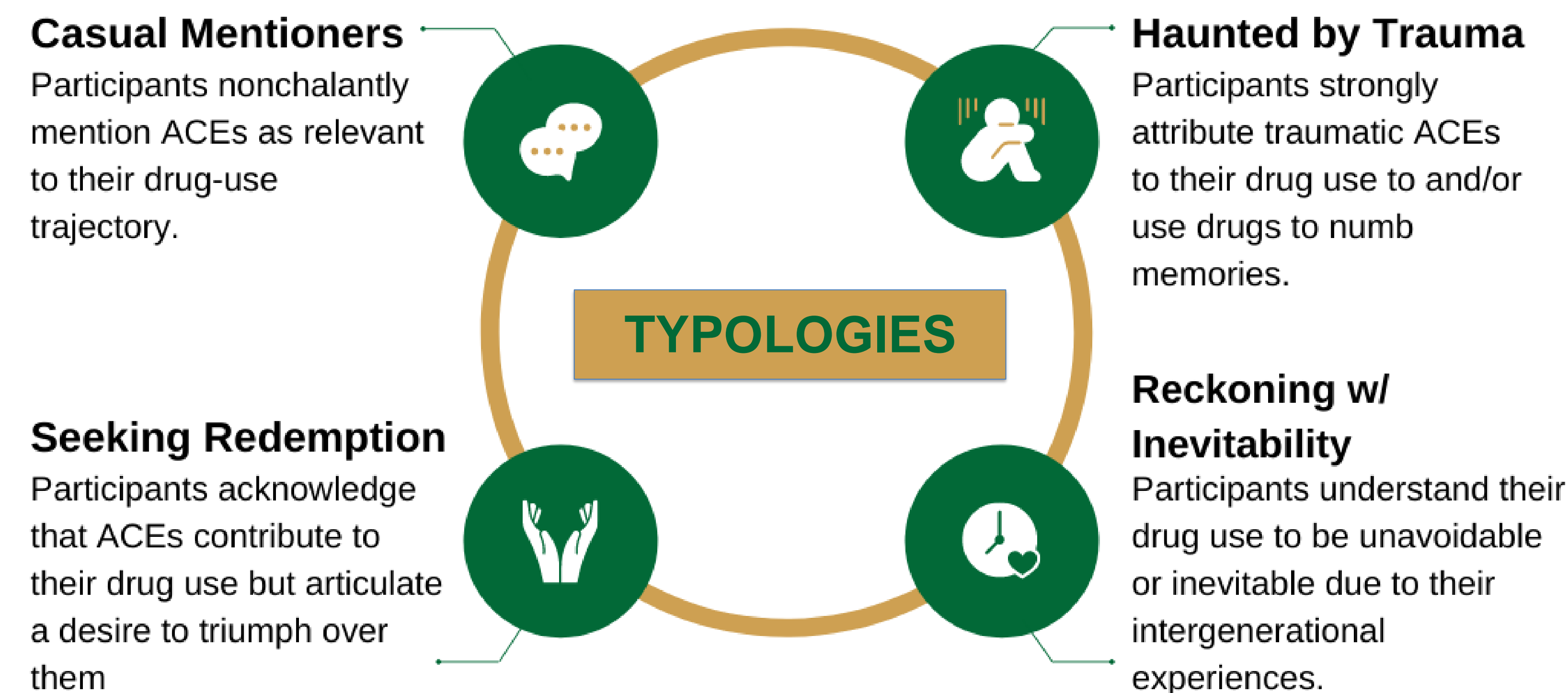
### THEMES

**Intergenerational Drug Use** – dynamics of drug use within a family setting, feelings of an evitable destination of using drugs due to a family history of drug use, and experiences of family bonding through shared drug use.

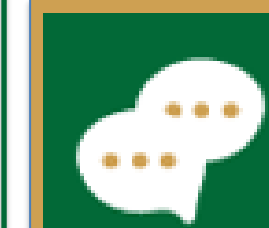
**Childhood Physical and Sexual Trauma** – perpetuated by an adult caregiver, impacts an individual’s drug use trajectory and their current drug use.

**Drugs to Numb Pain** – experiences where participants utilize substances to escape or desensitize themselves from past trauma.

**Critiques on Drug Treatment** – opinions and experiences about the inadequacies currently established treatment methods.



## ILLUSTRATIVE QUOTES OF KEY TYPOLOGIES

 The first time I snorted it [heroin]. But that’s when I was like, 16 and actually my dad gave it to me. Like I said **I was raised around drugs and shit** so it wasn’t- you know.

I’m just **now getting to the root of my hurt**, and I know I was writing it down yesterday, the root of my hurt. If you get through that and then they learn how to heal, then they might see a better result. That’s all I can do.

I want to stop for myself... I don’t want to have kids and bring - I know everyone says that you don’t know what you would do until you’re in that situation, but I don’t give a fuck I would stop doing drugs. I **would never EVER have my kid grow up the way I grew up.**

I used to say like, I never want to be like you [mom]. I don’t know what happened. One day, I was taking them, the pills, and then something clicked, and **I liked it** and I’ve been doing drugs ever since.

## DISCUSSION & IMPORTANCE

### DISCUSSION

- This study’s findings will offer insight to health care providers and peer-support counselors on the **impact of ACEs have on the lives of PWOUD**.
- This study will also provide necessary insight to improve the administration of **trauma-informed care** and interventions.
- Additional research is needed to explore how these typologies might guide PWOUD toward specific interventions.

### IMPORTANCE

- Clinicians are offered a **framework** to understand how their patients’ ACEs might affect their current drug behavior in order to better support their drug trajectory.
- Qualitative research permits, highlights, and necessitates studied populations to be **experts in their narrative**.
- Qualitative research provide essential insight into specific perspectives of **marginalized and underrepresented populations** to better inform public health, preventative health, and medicine measures.

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