Psychology

ADVERSE CHILDHOOD EXPERIENCES IN PATIENTS OF DRUG ABUSE

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ABSTRACT Substance abuse is one of the growing problems in Kashmir. There has been significant increase in drug abuse patients in past years. There are number of reasons of drug abuse among which adverse childhood experiences are also reported. So in order to study the relation of adverse childhood experience with drug abuse, the present study was conducted on 60 patients who were purposively selected from IMHANS Srinagar. Drug abuse screening test as well as adverse childhood experiences questionnaire were used to collect the data. Results of the study revealed significant correlation between some aspects of childhood experience especially bullying with drug abuse. Hence the study highlighted the importance of childhood experiences in development of drug abuse in later life.

INTRODUCTION:

The current modus of life has become excessively fast-paced, so it doesn't come as a surprise that there is loss of harmony, peace, love, affection, cooperation, accommodation and adjustment among people. The individual existence has been etched with frustration, anxiety, depression, social stress, adjustment problems, conflicts etc., which in turn has led to sequel of maladaptive self-soothing behaviors, such as risky cyber use, and most importantly, substance use (Jung, et al., 2019). Substance use disorder (SUD) is defined as: "A cluster of physiological, behavioral, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value" (WHO, 1993). SUD is an immense personal burden for affected individuals, impacting mental and physical health, as well as socio-occupational and adaptive functioning. The World Health Organization (WHO) estimates that substance use accounts for 10 percent of all life years lost (premature mortality) globally **(United Nations Office on Drugs and Crime, 2012).** Harmful use of or dependence on alcohol is the most frequently occurring SUD, while poly-substance use is the second most frequent.

Dependence is a complex and multifaceted field of study, and many theories have been developed to explain the origin and maintenance of SUDs (West & Brown, 2013). Among these, the bio-behavioral diathesis-stress model is frequently used to conceptualize the etiology of SUDs (Verheul&Vanden, 2000). This means that the onset and course of SUD is considered a result of the continuous and mutual interaction between an individual's biological and psychological vulnerabilities and resources on the one hand, and psychosocial environment on the other hand.

While there is plethora of causes that suggest the etiology of substance use, only few studies have been done on the role ofadverse childhood experiences (ACEs), personality traits and emotional dysregulation among patients with SUDs. As recent years have witnessed an evident increase in substance use in Kashmir, it is spreading its tentacles from the adolescents to the young adults. There is also no research literature till now or studies done on association on these variables among substance users in Kashmir. The present study was thought upon after reviewing the limited available literature from Kashmir Valley. According to a report published by United Nation, Drug Control Programme**(UNDCP, 2014)** around 70 thousand people are drug addicts alone in the Kashmir division among them approximately 31% are women**(United Nations office, 2014).** The youth is particularly involved in drug addiction as reported by Government Psychiatric disease Hospital Srinagar (1993) around 90% drug abusers belong to the age group of 17-35. (Margoob MA, Dutta K (1993). From research findings, it is very clear that a large chunk of youth has turned to drugs who have directly or indirectly affected by the turmoil in the state in past few decades, but this is not the only reason behind this epidemic because there are other reasons as well.

There are number of reasons for drug abuse which include but are not limited to peer pressure, low self-esteem, lack of assertiveness, stress, and interpersonal conflict.However, among other reasons role of parenting, personality traits and childhood trauma are some of the main factors which contribute to development of substance abuse problems in youth as well. So the present study was taken to understand adverse childhood experiences of patients with substance use disorder. The study will help us to find association between adverse childhood experiences and substance abuse.

METHOD

Sample:

The current study is a hospital based cross-sectional study, utilizing purposive sampling method for data collection. A total sample of 60 patients with substance use disorder, diagnosed as per ICD-10 criteria, were selected for the study. The present study was conducted at Institute of Mental Health and Neurosciences Kashmir (IMHANS-K), an associated hospital of Government Medical College Srinagar.

Tools :

1. KuppuswamySocio-Economic Study Scale:

Sociodemographic details were collected by using a scale developed by Kuppuswamy in 1976 and has been modified in 2016.

2. The Drug Abuse Screening Test (DAST):

It was developed and validated by Dr. Harvey Skinner in 1982 at the Center for Addiction and Mental Health. DAST is a self-report measure for substance that takes just 5–10 minutes to complete the twenty eight items.

3. Adverse Childhood Experiences International Questionnaire, (ACE- IQ):

ACE – International Questionnaire was planned by World Health Organization (WHO) and CDC, and is expected to gauge Adverse childhood experiences (ACEs) and relationship among them and hazard behaviors. It is intended forindividuals18 years or more (World Health Organization). The test-retest reliability coefficient was seen as (r= .71,p<.001). The reliability of the scale on our sample was found to be 0.70 (Cronbach alpha)

Statistical Analysis

Frequency and percentages for categorical variables and measures of central tendency and dispersion for continuous variables were employed in this study for analysis of data. To determine the association between substance abuse and Adverse childhood experiences (ACEs),Point biserial correlation was used to get the inferences.

RESULTS AND DISCUSSION:

The mean age of patients was found to be 22.90 years with the standard deviation of 3.9. The mean education of patients was 13.33 years with the standard deviation of 2.7.

Table 1: Description of Socio-Demographic variables (discrete variables) among Patients with Substance Use Disorder.

Variable		Frequency (N=60)	Percentage (%)
Gender	Male	57	95
	Female	3	5
Marital Status	Unmarried	52	86.6
	Married	8	13.4
Area of Residence	Rural	23	38.4
	Urban	37	61.6
Employment Status	Business	6	10
	Employee	5	8.4
	Professional	1	1.7
	shop owner	6	10
	Skilled	1	1.7
	Student	32	54
	Unemployed	9	15
Family type	Joint	21	35
	Nuclear	39	65

Table 2: Description of Adverse Childhood Experiences (ACEs) among Patients with Substance Use Disorder.

	Variables	Frequency	Percentage (%)
Physical abuse	No	40	66.7
	Yes	20	33.3
Emotional abuse	No	40	66.7
	Yes	20	33.3
Sexual Abuse	No	49	81.7
	Yes	11	18.3
Alcohol and drug abuse in house hold	No	.52	85.0
	Yes	9	15
Incarcerated house hold Member	No	55	91.7
	Yes	5	8.3
Mentally ill or suicidal	No	42	
	Yes	18	30.0
Household member treated Violently	No	43	71.7
	Yes	17	28.3
Parental separation or divorce	No	53	88.3
	Yes	7	11.7
Emotional neglect	No	43	71.7
	Yes	17	28.3
Physical neglect	No	48	80.0
	Yes	12	20.0
Bullying	No	37	61.7
	Yes	23	38.3
Collective Violence	No	8	13.3
	Yes	52	86.7
Community violence	No	6	10.0
	Yes	54	90.0
Ace Total	NO	1	1.6
	Yes	59	98

Table 3: Association between Adverse childhood Experiences (ACEs) and Substance use among Patients with Substance use Disorder.

Variable	DAST	
ACE	Correlation	Sign.
Physical abuse	0.12	0.93
Emotional abuse	0.18	0.53
sexual abuse	0.035	0.78
Alcohol and drug abuse in house hold	0.12	0.36
Incarcerated house hold Member	0.21	0.12
Mentally ill, Institutionalized Or suicidal	0.02	0.90
Household member treated Violently	0.14	0.27
Parental separation or divorce	0.06	0.61
Emotional neglect	0.13	0.29
Physical neglect	0.14	0.28
Bullying	0.32*	0.02
Community violence	0.07	0.56
Collective violence	0.04	-0.04
ACE TOTAL	0.57	0.66

In the present study we found most of the patients with substance use disorder were males (n= 47; 95%) as compared to females (n= 3; 5%). This is almost similar to the findings reported from the study by Ndetei

et al. (2008). The likely cause for this could be the cultural attitudes and negative stigma attached to females who abuse substances; hence the females avoid reporting about their substance use or seek treatment. Majority of the patients were students (n=32, 53%) almost similar to the observation reported by Baba et al. (2013).The mean age was found to be 22.90 with standard deviation of 3.9, which was almost similar to the research conducted by Sharma et al., 2017. Out of 50 participants, the majority of substance abusers (n=37; 61%) belongs to urban and (n=23; 38%) from rural areas.21, i.e., 35%participants belong to a joint family, and39 (65%) from nuclear family. Results reveal that 52(86%) participants were unmarried and 8(14%) were married similar to the resultsshown in a study conducted by Amin (2013) and Bashir et al in 2015. Results further revealed that 18 (30%) of them have income between 20715- 41429 rupees and 48% of them belongs to lower middle status. Similar findings have been reported by other studies (Rather et al, 2013) and more than half of the patients had poor or lower-middle-socioeconomic status. Therefore, it is worth mentioning that findings in relation to socio-demographic characteristics can also contribute to substance use.

Majority of the participants (99%) reported having experienced at least one adverse childhood experiences(ACEs). Felitti et al., (1998) conducted a study in which they found that 67% of the participants had experienced one or more ACEs. Earlier studies done on ACEs had shown that the ACEs are more common in developing countries as compared to developed countries (Almuneef et al. 2014). In a World Mental Health study, Kessler et al. (2010) has shown that only 38.8% reported having ACEs. It should be considering the fact that differences could be because the study conducted by Kessler et al. (2010) was done on general population while the current study is hospital-based and carried out in a patients with substance use disorder.

Total of 90% (n=54) reported to have experienced community violence, followed by 86.7 %(n=52) with collective violence, 38.3% (n=23) reported to experienced bullying. Results further show that 33% (n=20) had experienced emotional abuse 33 % have experienced physical abuse. 30% (n=18) patients reported to experience someone chronically depressed, mentally ill, institutionalized or suicidal while as 28.3 % (n=17) have experienced emotional neglect and household member treated violently. 20% (n=12) reported experienced physical neglect. Findings in this study indicate that 18.3% (n=11) have experienced sexual abuse while as 15% (n=9) patients have experienced alcohol and drug abuser in home. Total 11.7% (n=7) patients have experienced parental separation, and 8.3% (n=5) have witnessed incarcerated household member out of 60 with substance use disorder.

As compared to study by Felitti et al. (1998) in which the most commonACE reported was physical abuse, substance abuse by household member (both reported by 28%) followed by sexual abuse(reported by 21%).The other types of ACEs studied were, emotional abuse (reported by 11%), physical neglect (reported by 10%), emotional neglect (reported by 15%), household dysfunction such as incarceratedrelative (reported by 11%), mother treated violently (reported by 13%), mental illness (reported by 19%), parental divorce (reported by 23%). In our study adverse childhood experience (ACEs) related to violence (community/collective violence) were reported higher .The reason could be this political unrest in the valley.

In this study, a significant association was found between bullying, measured by ACEs scale, and substance use. Thus, our results were in concordance to studies that have also shown similar results, showing linear correlation between those who had experienced bullying, and substance use, (Olweus D, 1993, **Heino, Rimpela, Rantanen, &Rimpela 2000).** Various studies also confirm that those who bully others, and those who had experienced bullying as a victim, typically display social withdrawal, depression, low self-esteem, and show other types of maladaptive behavior such as gambling, drug use, dependence on liquor at an young age, decrease in academic success, and highly risky behaviors (Delfabbro et al. 2006, Kaltiala, Rimpela, Rantanen,&Rimpela 2000). As we know, the use of any substance might be associated with coping with stress, as suggested by the Transactional Model of Stress and Coping. A study done on alcohol use, and adolescent bullying by Archimi and Kuntsche (2014) found that association of coping motives with overall higher levels alcohol consumption and bullying involvement, but it should be noted that this association was only consistently significant for females.

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