

Adverse Childhood Experiences as Risk Factor for the Development of Substance Addiction

Dragica Bogetić¹, Aleksandar Jugović², and Boro Merdović³

^{1,2}University of Belgrade

Faculty of Special Education and Rehabilitation, Belgrade

³ Ministry of the Internal Affairs of the Republic of Serbia

Article Information*

Research Article • UDC: 613.81/.84-053.5




Volume: 20, Issue: 2, pages: 17–38

Received: May 8, 2023 • Revised: June 7, 2023

• Accepted: June 10, 2023

<https://doi.org/10.51738/Kpolisa2023.20.2r.17bjm>

Author Note

Dragica Bogetić  <https://orcid.org/0000-0003-3370-666X>
Aleksandar Jugović  <https://orcid.org/0000-0002-2860-4493>
Boro Merdović  <https://orcid.org/0000-0002-6619-5934>

We have no known conflict of interest to disclose.

Corresponding author: Dragica Bogetić

E-mail: dbogetic992@gmail.com

This paper was developed as part of a project at the University of Belgrade – Faculty of Special Education and Rehabilitation, contract number 451-03-47/2023-01, registration number of the contract 451-03-47/2023-01/200096, funded by the Ministry of Science, Technological Development and Innovation of the Republic of Serbia.

*Cite (APA):

Bogetić, D., Jugović, A., & Merdović, B. (2023). Adverse childhood experiences as risk factor for the development of substance addiction. *Kultura polisa*, 20(2), 17–38. <https://doi.org/10.51738/Kpolisa2023.20.2r.17bjm>



© 2023 by the authors. This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Abstract

Research indicates that the likelihood of developing addiction increases with the number of adverse childhood experiences [ACE]. ACE are common precursors to early initiation of psychoactive substance use [PAS], significantly increasing the risk of substance abuse and faster progression to substance addiction [SA]. ACE are associated with a more severe course of addiction, poorer treatment outcomes, and higher rates of relapse after treatment completion. The aim of this paper is to elucidate the link between ACE and the development of psychoactive substance dependence during adulthood, through the method of analysis and synthesis of empirical and theoretical research. The theoretical framework of the paper is based on the theories of cumulative inequality and trauma, which provide overarching postulates for interpreting the link between childhood adversity and SA, and offer conceptual insights into understanding the detrimental effects of ACE on the biopsychosocial development of individuals. This approach challenges the traditional notions of addiction as a “personal choice”, “moral irresponsibility”, “circumstantial coincidence”, or “genetic predisposition”. The paper provides guidelines that emphasise the need for an integrative approach in addressing trauma and addiction, as well as a holistic approach to individuals undergoing addiction treatment.

Keywords: cumulative effect, substance addiction, theory of cumulative inequality, trauma theory, trauma-informed care in addiction treatment

Adverse Childhood Experiences as Risk Factor for the Development of Substance Addiction

According to Canadian physician Gabor Mate, substance addiction [SA] reflects repetitive behavioural patterns, where a person feels compelled to continue abusing psychoactive substances [PAS] despite the evident consequences on a personal and social level. Addiction includes compulsive behaviour, preoccupation with PAS, impaired control, persistent use or resuming use after cessation despite proven harm, as well as dissatisfaction, irritability, or intense craving when the object (in this case – PAS) is not immediately available (Mate, 2019). Globally, the severity of the prevalence of the use and SA, as well as the consequences it leaves on an individual, familial, professional, and social level, position this problem as one of the significant challenges of modern society. According to estimates from the United Nations, around 5.2% of the world's population uses illicit PAS (iPAS), of which one in ten individuals becomes addicted, and 0.4% of all global deaths are related to the (mis)use of PAS (Jugović, 2022).

Being addicted to a substance is considered one of the most severe conditions and experiences, often preceded by life histories that include various forms of trauma, adversity, deprivation, and lack of alignment between parents and the children's needs during development (Mate, 2019). Understanding the process of the addiction development requires knowledge of the risk factors present in the immediate social environment, including adverse childhood experiences [ACE]. Research in the United States shows that 61% of adults have at least one adverse childhood experience, while 16% have four or more ACE in their history (with women and certain minority groups at particular risk), and five of the top 10 causes of mortality are associated with ACE (Centers for Disease Control and Prevention, 2019).

The aim of this paper is to explain the link between ACE and the development of substance use disorder (SUD) in adulthood. The theoretical framework of the paper consists of the theory of accumulation

of inequalities and trauma theories as the overarching framework for interpreting this connection. Additionally, the paper explains the biopsychosocial impact of trauma on the development of SA. The paper employs the method of analysis and synthesis of theoretical and empirical findings through a review of relevant literature from various scientific data sources.

The Concept of Adverse Childhood Experiences

The concept of ACE is a general term for stressful and potentially traumatic events, often of an interpersonal nature, that occur before the age of 18, as well as family circumstances that can disrupt a child's sense of security, safety, and emotional attachments (Centers for Disease Control and Prevention, 2019).

The retrospective study on ACE was first published by physicians Vincent Felitti and Robert Anda in 1998 in the United States (Felitti et al., 1998). Over the past decade, ACE studies have garnered significant attention from the academic community in various fields (Nurius et al., 2015).

The breakthrough of this type of research lies primarily in the fact that previous studies focused on isolated instances of childhood abuse as ACE, neglecting the cumulative impact of different ACE during different stages of child development (Solberg et al., 2023). Contemporary findings show that ACE have multidimensional negative effects on development, mental and physical health, well-being, and consequently, various opportunities throughout an individual's life (Centers for Disease Control and Prevention, 2019; Lee et al., 2012). ACE are associated with emotional, cognitive, and social impairments; the risk of adopting a range of harmful behaviours; diseases, disability, and social problems; and early mortality (Anda, 2018).

The high prevalence of ACE in the population makes them significant sources of social difficulties for individuals (Bethell et al., 2017). Early ACE create profound developmental consequences for individuals, increasing the risk of developing SA (Chandler et al.,

2018). This is why there is an ongoing need to assess the impact of childhood experiences on long-term outcomes in adulthood and to develop effective policies and practices towards identifying and preventing ACE and interrupting the subsequent disadvantages they create (Davidson et al., 2010).

Studies on ACE identify three key domains (Hays-Grudo et al., 2021):

1. Childhood abuse – psychological, physical, and sexual,
2. Childhood neglect – physical and emotional, and
3. Family dysfunction – parent with mental health problems; family history of suicide; parent who abuses illegal substances; parent in prison; separation, divorce, or death of a parent; witnessing scenes of family violence.

The Theory of Cumulative Inequality as an Overarching Framework for Understanding the Impact of Adverse Childhood Experiences on the Development of Addiction

The life course perspective [LCP] represents a paradigm shift in thinking, in this case in the context of addiction development, as it is concerned with how the past shapes the future (Mitchell, 2003). It focuses on the examination of the impact of events that shape an individual's life, behaviour, and coping mechanisms throughout an individual's lifetime (Benson, 2012). LCP analyses changes in human lives strongly assuming that early life history (such as early childhood events and experiences) influences later life outcomes for individuals (Hutchison, 2010; 2018). This understanding of the life course perspective is supported by the following statement: "The trajectories of the entire life course are set largely in those first few, irreplaceable years... What happens in childhood never, ever stays simply in childhood" (Boyce, 2019, pp. 171–172 as cited in Silverman, 2020). If we want to understand an individual's life, their functioning and why they are where they are currently, we must start with the history of events, or at least significant events

and transitions that have occurred from birth until the moment of examination (Hutchison, 2010; 2018).

For this very reason, the following broader theoretical perspective will be presented, stemming from the LCP – Theory of Cumulative Inequalities, which builds upon the Theory of Cumulative Disadvantages /Advantages (Dannefer, 2003). This theory is based on Merton's elaboration of the Matthew effect and its application in sociology, focusing on the accumulation of goods (advantages) and disadvantages. The key premise of the Matthew metaphor is that gains accumulate for those who are already advantaged, but also losses accumulate for those who are already in a disadvantaged position.

Based on these assumptions, the theory of cumulative inequalities (Ferraro et al., 2009a) has been developed, relying on the rich empirical evidence of the impact that early experiences during childhood have on an individual's circumstances and opportunities. Additionally, it attempts to clarify questions such as how early life experiences affect an individual's reality later in life, whether early events have enduring consequences, and whether early experiences can take away certain advantages from individuals during their course of life.

Axiom 1: Social systems produce inequalities that manifest throughout the course of life through demographic and developmental processes, and two elements are highlighted as important for the link between childhood circumstances and SUD: 1) Childhood circumstances structure the life course of individuals, and are important for later development, particularly if there are differences in the experiences that occur early in life. 2) Family represents a key source of inequality, especially in the early stages of the life course (Ferraro et al., 2009a, p. 418).

Axiom 2 is crucial: Disadvantages increase the likelihood of exposure to risks, while advantages increase the likelihood of exposure to opportunities (Ferraro & Shippee, 2009b). Disadvantage is viewed as an outcome of already realised risk, while risk itself is not yet

actualized in terms of the consequences it may leave (Ferraro et al., 2009a). This axiom is comparable to the theory of risk and protective factors (Hawkins et al., 1992), which serves as a basis for planning prevention of addiction development. Namely, risk factors can exist in different domains of a child's ecosystem, including individual, family, community, and societal domains, and increase the likelihood of various negative developmental outcomes for the child.

Axiom 3 explains the probabilistic effect of early cumulative risks on outcomes in later life. Early disadvantages or deficits shape a trajectory, which does not mean that it is fixed by them, but rather that there is a greater likelihood of accumulating other subsequent risks, while early advantages or favourable circumstances open the path to additional opportunities (Ferraro et al., 2009a).

The theory of cumulative inequalities emphasises the importance of how individuals experience events and changes, and the meaning they attribute to them. In this sense, for axiom 4, understanding symbolic interactionism and Thomas' theorem (by American sociologist William Isaac Thomas) is important: "If people define things as real, they are real in their consequences" (Merton, 1995, p. 384). Thus, facts do not have a singular meaning, but depend on the person experiencing and interpreting them (Chandler & Munday, 2011). This view of reality is characteristic of ontological relativism, where there is no objective truth, but only a relative truth of social reality created by social beings (Rashid et al., 2019)

The Impact of Trauma on the Development of Substance Use Disorders

Theoretical considerations on how childhood trauma creates susceptibility for later development of SA provide conceptual insights for understanding the devastating effects of ACE on the biopsychosocial development of an individual, and directly influence changing entrenched theoretical perspectives that focus on addiction as a choice,

circumstance, or genetic predisposition (Maté, 2022). Contemporary trauma theory offers a paradigm shift in how survivors of trauma are viewed and treated, where in the case of addiction, it moves away from interpreting the individual's inadequate functioning as a manifestation of disease, immorality, character deficits, weak willpower, and the like. Instead, an individual who has survived trauma is seen as a physically and psychologically wounded person, primarily in need of help and recovery (Goodman, 2017).

Trauma can be understood in various ways, but fundamentally it involves (Substance Abuse and Mental Health Services Administration, 2015; van der Kolk, 2014):

1. a specific event or a series of events,
2. an individual experiencing these events as physically or emotionally harmful, overwhelming, or threatening, and
3. the occurrence of these events having long-term and comprehensive effects on the functioning of the individual (on their mental, physical, emotional, social, and spiritual well-being).

Therefore, trauma disrupts the typical and expected adaptation of a person to life circumstances and damages their sense of control (Goodman, 2017). This can lead to disturbances in biopsychosocial functioning and brain function, especially in regions associated with emotions, impulse control, behaviour, and executive functioning (Goodman, 2017). Trauma is an experience that impacts an individual's inner world: "Trauma is not what happened to you. Trauma is what happens inside you... the primary aspect of trauma is that the person that is traumatised is alone with their difficult emotions" (Maté, 2017, p. 58 as cited in Matias, 2022).

ACE are largely associated with the concepts of relational, or betrayal trauma (Goldsmith et al., 2012). Since children, unlike other living beings, depend on their primary caregivers the longest for safety, security, and sustenance, they are not in a position of power and control over their own lives. Betrayal trauma occurs in close relationships, where the person needed by the child is perceived

as simultaneously dangerous to their well-being or absent (Levenson, 2020). When children do not receive consistent and secure interactions, or when they experience interactions that are painful and stressful, it disrupts normal development and may lead to the brain being susceptible to addiction as minds seek escape from negative influences that are perceived as unbearable (Maté, 2012; 2022).

Traumatic experiences generate feelings of helplessness and loss of control and predictability, resulting in a significant amount of stress that can turn into toxic stress (Kalmakis & Chandler, 2014; Matjasko et al., 2022). ACE that involve violence, neglect, or unpredictability can result in toxic stress that disrupts a child's homeostasis (Boullier & Blair, 2018). Direct forms of child abuse and neglect, as well as indirect forms such as exposure to scenes of family violence, often have profound consequences on an individual's psychosocial functioning throughout their lifespan (Merdović & Vujovic, 2022). The effects of negative childhood experiences impair a person's capacity to develop adequate coping strategies and make them more reactive to stressful events and circumstances in adulthood. Many addictive behaviours serve as attempts to self-soothe or self-medicate various unpleasant symptoms, emotions, or mental problems and conditions (Levenson, 2020; Maté, 2012; 2022).

These findings are consistent with the self-medication theory, which represents a shift from the traditional approach to understanding addiction, aiming to provide empirical evidence that challenges the view of addiction as a moral deficit, free choice, or hedonistic pursuit of pleasure by an individual (Fetting, 2016). Seeking to overcome the consequences of trauma, a person consumes alcohol and other psychoactive substances not with the goal of achieving euphoria (which is often argued as the driving force behind addiction from the perspective of the "pleasure principle"), but rather to feel "normal", to not feel anything at all, i.e., to attempt to "anaesthetise" unpleasant emotions or escape from dysphoria (Goodman, 2017; Khantzian, 1997; Khantzian, 2018). Addiction also arises as a result

of the individual's failure to internalise the concept of self-care and develop the ability for emotional self-regulation, (basic) differentiation, emotional maturity, and self-esteem through interaction with a caregiver during childhood. This, at least partially, provides an explanation for the origin of self-destructive behaviours in individuals who are substance addicted (Fetting, 2016; Khantzian, 2018; Mate, 2019).

Association Between Negative Childhood Experiences and the Development of Substance Use Disorder

Various studies indicate that individuals who develop an SA have a higher prevalence of ACE, and show that there is a positive correlation between ACE and the severity of addiction, and that ACE are considered predictors of early use and abuse of PAS and addiction (Leza et al., 2021; Hays-Grudo et al., 2021; Rothman et al., 2008). ACE are also associated with poorer treatment outcomes and higher relapse rates after completion of treatment (Stein et al., 2017; Keyser-Marcus et al., 2015).

Therefore, ACE can precede early uses of PAS, thereby increasing the risk of faster progression into addiction and more severe consequences resulting from such behaviour (Hays-Grudo et al., 2021; Leza et al., 2021). Supporting this, data indicates that over 78% of those who first used PAS at the age of 11 developed an addiction (Abuse & Are, 2012). Research shows a strong correlation between specific ACE and the time at which children start using illegal PAS, which is particularly significant considering that the early use of PAS greatly increases the likelihood of developing an addiction (Moustafa et al., 2018; Jordan & Andersen, 2017). Confirmation for this thesis is found in empirical data showing that ACE increase the risk for early drug use two to four times (Dube et al., 2003; Lee et al., 2012; Stein et al., 2017), while five or more ACE increase this risk by as much as seven to ten times (Dube et al., 2003). Each category of ACE is associated with the start of PAS use before the age of 14 (Douglas et al., 2010).

A study in a population of adolescents (aged 13 to 18 years; N = 9956) in the United States showed that 36% of them had experienced some form of ACE before the age of 11, and this circumstance was associated, among other things, with an increased risk of marijuana and cocaine use, as well as concurrent use of multiple PAS (Carliner et al., 2016). The type of PAS and simultaneous use of multiple PAS affect the time at which children and adolescents start using PAS and contribute to developing SA faster (Behrendt et al., 2009). Certain ACE (such as parental divorce, living with a parent who has mental health problems and misuses PAS, physical and sexual abuse) are initiators of early alcohol use. These findings are often explained by the hypothesis that children and adolescents with ACE use PAS as a coping strategy to overcome problems (Rothman et al., 2008;). Additionally, childhood abuse is associated with the severity and duration of addiction (Moustafa et al., 2018).

On a sample of 181 women who were intravenous drug users, a significantly higher prevalence of childhood trauma was reported than in the general population (Wu et al., 2010). Some studies suggest that traumatic events in childhood are present in 60–75% of women in iPAS addiction treatment, and when the gender-specificity of ACE is included, women have a higher prevalence of experiences of childhood sexual abuse, while experiences of childhood physical abuse are more prevalent in men (Keyser-Marcus et al., 2015).

Research shows that the likelihood of developing an addiction increases with the number of adverse childhood experiences (ACE), and that four or more ACE form the backbone for identifying individuals that are at high risk for various harmful behaviours (Felitti et al., 1998; Briggs et al., 2021). Supporting this, results from a large study in San Diego showed that individuals with four or more ACE categories have a four to 12-fold increased risk of developing an alcohol use disorder and misusing illegal substances in adulthood, while six ACE increase the chance of intravenous drug

use by 4600% compared to those without ACE (Felitti et al., 1998).

Children whose parents are addicted to PAS are 3.7 to 4.2 times more likely to be exposed to ACE, compared to children living with parents who are not addicted to PAS (Smith et al., 2021). Furthermore, research conducted in California (N = 8613) has shown that individuals with a history of five or more ACE report experiencing problems related to psychoactive substances, substance addiction, and continued use of psychoactive substances even after becoming parents, at rates seven to ten times higher compared to those without a history of ACE (Dube et al., 2003). The significance of studying ACE lies in the fact that the impacts of these events persist throughout an individual's lifespan, and negatively affect various domains of individual and social functioning.

Conclusion

This paper has outlined the possibilities of applying theoretical frameworks and models that explain the association between ACE and addiction in adulthood. Empirical findings and theoretical considerations on the relationship between childhood neglect and the development of substance addiction unequivocally have practical implications and require the incorporation of perspectives related to prevention and treatment of addiction. Such an approach should be integrative, addressing trauma and addiction as a complex co-occurring problem and taking a holistic approach to the needs of individuals with these issues (Harris & Fallot, 2001).

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States (2015) defined a set of principles that should guide professionals working within the system that serves individuals with ACE, some of which include:

1. Creating a sense of safety in interpersonal relationships and building relationships based on trust, transparency, and collaboration – a trusting and caring relationship can provide the individual with a sense of safety they may have never experienced before (Misouridou,

2016);

2. Fostering mutual self-help as an important tool in promoting hope, building trust, and collaboration through personal narratives, which provide a path to recovery; and

3. Empowering individuals while being mindful of cultural, historical, and gender issues (SAMHSA, 2015).

In establishing a trauma-informed approach, it is essential to raise public and professional awareness that trauma has a wide and profoundly negative impact on individuals and groups. Therefore, it is important to recognize signs and symptoms of trauma in individuals with substance addiction. In terms of addiction policies, it is crucial to integrate knowledge about trauma into programs and practices that should be based on avoiding retraumatization of individuals, which can occur (un)intentionally when professionals react judgmentally to an individual's resistance to therapy and to the needs of individuals during treatment (Levenson, 2020; SAMHSA, 2015).

References

- Abuse, F. S., & Are, T. A. (2012). The TEDS Report. *American Journal on Addictions, 21*(5), 468–475.
- Anda, R. (2018). The role of adverse childhood experiences in substance misuse and related behavioral health problems. *Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order*.
<https://mnprc.org/wp-content/uploads/2019/01/aces-behavioral-health-problems.pdf>
- Behrendt, S., Wittchen, H.-U., Höfler, M., Lieb, R., & Beesdo, K. (2009). Transitions from first substance use to substance use disorders in adolescence: Is early onset associated with a rapid escalation? *Drug and Alcohol Dependence, 99*(1–3), 68–78. <https://doi.org/10.1016/j.drugalcdep.2008.06.014>
- Benson, M. (2012). *Crime and the life course*. Routledge.
- Bethell, C. D., Carle, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017). Methods to assess adverse childhood experiences of children and families: toward approaches to promote child well-being in policy and practice. *Academic pediatrics, 17*(7), 51–69.
<https://doi.org/10.1016/j.acap.2017.04.161>
- Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health, 28*(3), 132–137.
- Briggs, E. C., Amaya-Jackson, L., Putnam, K. T., & Putnam, F. W. (2021). All adverse childhood experiences are not equal: The contribution of synergy to adverse childhood experience scores. *American Psychologist, 76*(2), 243–252.
<https://doi.org/10.1037/amp0000768>
- Carliner, H., Keyes, K. M., McLaughlin, K. A., Meyers, J. L., Dunn, E.

- C., & Martins, S. S. (2016). Childhood trauma and illicit drug use in adolescence: A population-based national comorbidity survey replication – adolescent supplement study. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(8), 701–708. <https://doi.org/10.1016/j.jaac.2016.05.010>
- Centers for Disease Control and Prevention (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia.
- Chandler, G. E., Kalmakis, K. A., & Murtha, T. (2018). Screening adults with substance use disorder for adverse childhood experiences. *Journal of Addictions Nursing, 29*(3), 172–178. <https://doi.org/10.1097/JAN.000000000000233>
- Chandler, D. & Munday, R. (2011). *A dictionary of media and communication*. Oxford University Press.
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(6), 327–337. <https://doi.org/10.1093/geronb/58.6.s327>
- Davidson, G., Devaney, J., & Spratt, T. (2010). The impact of adversity in childhood on outcomes in adulthood: Research lessons and limitations. *Journal of Social Work, 10*(4), 369–390. <https://doi.org/10.1177/1468017310378783>
- Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., Brady, K., Poling, J., Farrer, L., & Kranzler, H. R. (2010). Adverse childhood events as risk factors for substance dependence: partial mediation by mood and anxiety disorders. *Addictive Behaviors, 35*(1), 7–13. <https://doi.org/10.1016/j.addbeh.2009.07.004>

- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, *111*(3), 564–572. <https://doi.org/10.1542/peds.111.3.564>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Ferraro, K. F., Shippee, T. P., & Schafer, M. H. (2009a). Cumulative inequality theory for research on aging and the life course. In V. L. Bengston, D. Gans, N. M. Pulney, & M. Silverstein (Eds.), *Handbook of theories of aging* (pp. 413–433). Springer Publishing Company.
- Ferraro, K. F., & Shippee, T. P. (2009b). Aging and cumulative inequality: how does inequality get under the skin?. *The Gerontologist*, *49*(3), 333–343. <https://doi.org/10.1093/geront/gnp034>
- Fetting, M. (2016). Self-medication, psychoanalytic, and psychodynamic theories. In *Perspectives on substance use, disorders, and addiction* (pp. 114–131). SAGE Publications, Inc. <https://www.doi.org/10.4135/9781483397412.n8>
- Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: associations with psychological and physical symptoms in young adults. *Journal of Interpersonal Violence*, *27*(3), 547–567. <https://doi.org/10.1177/0886260511421672>
- Goodman, R. (2017). Contemporary trauma theory and trauma-informed

- care in substance use disorders: A conceptual model for integrating coping and resilience. *Advances in Social Work, 18*(1), 186–201. <https://doi.org/10.18060/21312>
- Harris, M., & Fallot, R. D. (2001). Designing trauma-informed addictions services. *New Directions for Mental Health Services, 2001*(89), 57–73.
- Hays-Grudo, J., Morris, A. S., Ratliff, E. L., & Croff, J. M. (2021). Adverse childhood experiences and addiction. In *Family Resilience and Recovery from Opioids and Other Addictions* (pp. 91–108). Springer.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological bulletin, 112*(1), 64–105. <https://doi.org/10.1037/0033-2909.112.1.64>
- Hutchison, E. D. (2010). A life course perspective. *Dimensions of human behavior: The changing life course, 4*, 1–38.
- Hutchison, E. D. (2018). *Dimensions of human behavior: The changing life course*. Sage Publications.
- Jordan, C. J., & Andersen, S. L. (2017). Sensitive periods of substance abuse: early risk for the transition to dependence. *Developmental cognitive neuroscience, 25*, 29–44. <https://doi.org/10.1016/j.dcn.2016.10.004>
- Jugović, A. (2022). *Socijalna patologija – Nauka o društvenim devijacijama [Social pathology – the science of social deviations]*. Univerzitet u Beogradu: Fakultet za specijalnu edukaciju i rehabilitaciju.
- Kalmakis, K. A., & Chandler, G. E. (2014). Adverse childhood experiences: towards a clear conceptual meaning. *Journal of*

advanced nursing, 70(7), 1489–1501.

<https://doi.org/10.1111/jan.12329>

Keyser-Marcus, L., Alvanzo, A., Rieckmann, T., Thacker, L., Sepulveda, A., Forcehimes, ...Svikis, D. S. (2015). Trauma, gender, and mental health symptoms in individuals with substance use disorders. *Journal of Interpersonal Violence*, 30(1), 3–24. <https://doi.org/10.1177/0886260514532523>

Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: a reconsideration and recent applications. *Harvard review of psychiatry*, 4(5), 231–244.

<https://doi.org/10.3109/10673229709030550>

Khantzian, E. J. (2018). The Self-medication hypothesis and attachment theory: pathways for understanding and ameliorating addictive suffering: The twentieth John Bowlby Memorial Lecture. In *Addictions from an Attachment Perspective* (pp. 33–56). Routledge.

Lee, G. P., Storr, C. L., Ialongo, N. S., & Martins, S. S. (2012). Association between adverse life events and addictive behaviors among male and female adolescents. *The American journal on addictions*, 21(6), 516–523. <https://doi.org/10.1111/j.1521-0391.2012.00285.x>

Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work*, 65(3), 288–298.

<https://doi.org/10.1093/sw/swaa020>

Leza, L., Siria, S., López-Goñi, J. J., & Fernandez-Montalvo, J. (2021). Adverse childhood experiences (ACEs) and substance use disorder (SUD): a scoping review. *Drug and alcohol dependence*, 221, 108563.

<https://doi.org/10.1016/j.drugalcdep.2021.108563>

- Mate, G. (2019). *U svetu gladnog duha: bliski susret za zavisnošću* [In the realm of hungry ghosts: close encounters with addiction]. Kontrast izdavaštvo.
- Maté, G. (2012). Addiction: Childhood trauma, stress and the biology of addiction. *Journal of Restorative Medicine*, 1(1), 56–63.
- Maté, G. (2022). Beyond the medical model: addiction as a response to trauma and stress. In *Evaluating the brain disease model of addiction* (pp. 431–443). Routledge.
- Matias, K. (2022). *The trauma recovery toolkit: the resource book: a creative approach to psychoeducation*. Taylor & Francis.
- Matjasko, J. L., Herbst, J. H., & Estefan, L. F. (2022). Preventing adverse childhood experiences: the role of etiological, evaluation, and implementation research. *American journal of preventive medicine*, 62(6), S6–S15.
<https://doi.org/10.1016/j.amepre.2021.10.024>
- Merdović, B., & Vujović, R. (2022). Oblici i karakteristike interpersonalnog nasilja [Forms and characteristics of interpersonal violence]. *Kultura polisa*, 19(2), 55–88.
<https://doi.org/10.51738/Kpolisa2022.19.2p.55mv>
- Merton, R. K. (1995). The Thomas Theorem and the Matthew Effect. *Social Forces*, 74, 379–422.
<http://dx.doi.org/10.1093/sf/74.2.379>
- Mitchell, B. A. (2003). Life course theory. *The international encyclopedia of marriage and family relationships*, 1051–1055.
- Misouridou, E. (2016). Trauma and addiction: Implications for practice. *Rostrum of Asclepius/Vima Tou Asklipiou*, 15(3), 207–222.
<https://doi.org/10.5281/zenodo.56816>
- Moustafa, A. A., Parkes, D., Fitzgerald, L., Underhill, D., Garami, J.,

- Levy-Gigi, E., Stramecki, F., Valikhani, A., Frydecka, D., & Misiak, B. (2018). The relationship between childhood trauma, early-life stress, and alcohol and drug use, abuse, and addiction: An integrative review. *Current Psychology: Research and Reviews*, 1–6. <https://doi.org/10.1007/s12144-018-9973-9>
- Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: a stress process analysis. *Child abuse & neglect*, 45, 143–153. <https://doi.org/10.1016/j.chiabu.2015.03.008>
- Rashid, Y., Rashid, A., Warraich, M. A., Sabir, S. S., & Waseem, A. (2019). Case study method: a step-by-step guide for business researchers. *International Journal of Qualitative Methods*, 18, 1–13. <https://doi.org/10.1177/1609406919862424>
- Rothman, E. F., Edwards, E. M., Heeren, T., & Hingson, R. W. (2008). Adverse childhood experiences predict earlier age of drinking onset: results from a representative US sample of current or former drinkers. *Pediatrics* 122(2), 298–304. <https://doi.org/10.1542/peds.2007-3412>
- Silverman, M. (2020). *Adverse childhood experiences: a clinical tool for intervention with families and for exploring intergenerational impacts*. Sarah Lawrence College. https://digitalcommons.slc.edu/child_development_etd/37
- Smith, B. T., Brumage, M. R., Zullig, K. J., Claydon, E. A., Smith, M. L., & Kristjansson, A. L. (2021). Adverse childhood experiences among females in substance use treatment and their children: a pilot study. *Preventive Medicine Reports*, 24, 101571. <https://doi.org/10.1016/j.pmedr.2021.101571>.
- Solberg, M. A., Peters, R. M., Resko, S. M., & Templin, T. N. (2023). Does coping mediate the relationship between adverse

childhood experiences and health outcomes in young adults?. *Journal of Child & Adolescent Trauma*, 1–13.
<https://doi.org/10.1007/s40653-023-00527-z>

Stein, M. D., Conti, M. T., Kenney, S., Anderson, B. J., Flori, J. N., Risi, M. M., & Bailey, G.L. (2017). Adverse childhood experience the effects of non-opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug and Alcohol Dependence*, 179, 325–329.
<https://doi.org/10.1016/j.drugalcdep.2017.07.007>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). Trauma-informed approach and trauma-specific interventions.
https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Van der Kolk, B. (2014). *The body keeps the score: brain, mind, and body in the healing of trauma*. Viking Press.

Wu, N. S., Schairer, L. C., Dellor, E., & Grella, C. (2010). Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders. *Addictive Behaviors*, 35(1), 68–71.
<https://doi.org/10.1016/j.addbeh.2009.09.003>

Negativna iskustva u detinjstvu kao faktori rizika razvoja zavisnosti od psihoaktivnih supstanci

Dragica Bogetić¹, Aleksandar Jugović² i Boro Merdović³

¹ i ²Univerzitet u Beogradu

Fakultet za specijalnu edukaciju i rehabilitaciju, Beograd

³Ministarstvo unutrašnjih poslova Republike Srbije

Sažetak

Istraživanja pokazuju da verovatnoća razvoja zavisnosti raste kako se povećava broj negativnih iskustava u detinjstvu (NID). Negativna iskustva u detinjstvu su česti prethodnici rane inicijalne upotrebe psihoaktivnih supstanci (PAS), čime se mnogostruko povećava rizik od razvoja zloupotrebe i brže progresije u zavisnost od PAS. NID su povezana sa ozbiljnijim procesnim tokom zavisnosti, slabijim ishodom tretmana i recidivom nakon završenog tretmana. Cilj ovog rada je da se, kroz metod analize i sinteze empirijskih i teorijskih istraživanja, objasni veza između negativnih iskustava u detinjstvu i razvoja zavisnosti od psihoaktivnih supstanci tokom odrasle dobi. Teorijski okvir rade je baziran na teoriji kumulacije nejednakosti i teoriji traume. Ove teorije daju krovne postulate za tumačenje veze negativnih iskustava u detinjstvu i zavisnosti i pružaju konceptualne uvide za razumevanje razarajućih efekata NID na biopsihosocijalni razvoj individue. Ovaj pristup je suprotan tzv. tradicionalnim shvatanjima zavisnosti kao „ličnog izbora“, „moralne neodgovornosti“ „spleta okolnosti“ ili „genetske predodređenosti“. U radu se daju smernice koje naglašavaju potrebu za integrativnim pristupom u tretiranju traume i zavisnosti, kao i holističkom pristupu osobama koje su na tretmanu zavisnosti od PAS.

Ključne reči: kumulativni efekat, zavisnost od psihoaktivnih supstanci, teorija kumulacije nejednakosti, teorija traume, tretman zavisnosti informisan o traumama