



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Substance Use and ACEs Across the Lifespan— Part 2: Adulthood and Elderly Years

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Introduction

The first part of this series provided an overview of **adverse childhood experiences (ACEs)** and how they influence substance use. Specifically, we examined the experiences of children living in a household with parental substance use, a known ACE, and the resulting increased susceptibility of the children to future substance misuse.¹ This second article further explores that topic and other adverse consequences throughout the lifespan of an affected individual. This trajectory can lead to a generational cycle of parental substance use and substance-related ACEs—a multigenerational, bidirectional trauma that can continue for decades if left uninterrupted. ACEs can be passed down to future generations just as genes are.²

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grantees working with individuals affected by substance use will likely encounter people who have experienced ACEs across their lifespans. This article offers guidance for grantees assisting families and middle-aged and older adults who are in, or at risk of, this generational transmission of trauma. Intervening actions in the lives of adults who experienced ACEs can help prevent ACEs in their current or future children.



Impact of Substance-related ACEs in Adulthood Substance Use

ACEs, especially those caused by parental substance use, can predict increased potential for future substance use disorders (SUDs). Exposure to household substance use roughly doubles the chances of a child having an SUD in adulthood; the chances increase by two-thirds if the household included people who smoked tobacco products regularly.³

This effect is worsened substantially as the number of ACEs increases. Prior research has demonstrated

that for every unit increase in the number of types of violence or abuse experienced by someone, the affected person's chances of developing alcohol, cocaine, or opioid dependence are nearly doubled (Douglas et al., 2010). Similarly, other research has found that, compared to women who have not experienced any ACEs, women who have experienced three or more ACEs may be three times more likely to smoke tobacco products, four times more likely to use alcohol, and six times more likely to use illicit substances while pregnant.⁴

To that end, while an adult who had one ACE may be more likely to develop a substance use disorder than someone with no ACEs, those who experienced co-occurring, repeated, or subsequent traumas are at extremely high risk of future dependence on substances. **COSSAP grantees providing support to inpatient treatment programs may consider conducting ACE assessments at intake to inform subsequent clinical decisions with adult clients.**

Physical and Mental Health

A history of ACEs can largely influence an individual's mental and physical well-being in adult and elderly years, as a number of associations have been found between ACEs and adverse health outcomes. Namely, ACEs have been shown to contribute to 7 of the 10 leading causes of death in the United States: heart disease, cancer, respiratory disease, diabetes, suicide, stroke, and Alzheimer's disease or dementia.^{5; 6} This association generally appears in a dose-response fashion—that is, each level of exposure is associated with an increased risk of the outcome—with the resulting decrease in life expectancy believed to be up to 20 years for those with six or more ACEs.^{7; 8}

ACEs are also associated with myriad mental health challenges as individuals age, raise their own families, and move toward the end of life. Studies have revealed a 60 percent increased risk of a suicide



attempt for each additional ACE that an individual experiences.⁹ Individuals with any number of ACEs have greater chances of receiving a depression or anxiety diagnosis than do those with no ACEs. Higher numbers of ACEs predict higher chances of these mental illnesses.¹⁰ With seven or more ACEs, for example, one's likelihood to attempt suicide in adult years increases 30-fold.¹¹ These chances continue into late adulthood, where repeated ACEs of any type are strongly associated with geriatric depression.¹²

Interestingly, parental ACEs have been revealed as predictive of depression and anxiety in offspring, with the same dose-response effect mentioned previously. Parents with ACEs report greater stress from parenthood and unresolved feelings toward their own childhood experiences, which may hinder them from forming meaningful relationships with their children.¹³ Having a parent with four or more ACEs has been found to triple a child's potential to receive a depression or anxiety diagnosis. Some of the highest rates of depression or anxiety in offspring were predicted by parent-reported ACEs of household alcohol use and household drug use.¹⁴

The substance abuse that can commonly surface in the lives of those with ACEs may be particularly harmful for older adults and those in their elderly years; with age,

older adults become increasingly vulnerable to mental and physical deterioration as a result of substance use. Their ability to metabolize substances lessens, and their brains can be especially sensitive to the effects of substances.¹⁵ Older adults are also more likely to take one or more regular prescription medications than are those in other stages of life, increasing their chances of adverse effects from substance interactions. Mental health difficulties can be similarly exacerbated by substance use in older age: a recent study found that among people over age 50, more than 25 percent of those who misused prescription opioids or benzodiazepines had thoughts of suicide, while only 2 percent of people in the same age range but without substance misuse felt suicidal.¹⁶

Given the lasting influence of ACEs on mental and physical health challenges in adulthood and beyond, **COSSAP grantees can encourage identification of—and service response to—a history of ACEs among relevant patient populations.** For example, a participant’s report of one or more ACEs may prompt additional assessments related to mental health (like thoughts of suicide) or physical health (such as heart disease).

Interpersonal Relationships

Peer and romantic relationships can reflect lifelong consequences from ACEs. Mr. John Bowlby, the founder of Attachment Theory, attributes an individual’s attachment style to their experience of early childhood relationship protection from threats, stress, exhaustion, or illness. Most commonly, this protection would come from one or both parents.¹⁷ When parents are preoccupied by experiences that result in ACEs, such as household substance use, insecure or disordered attachment may result, limiting a child’s ability or desire to trust, invest in, and experience life with others. The effects of attachment styles are especially significant, as they are not limited to childhood; rather, they extend into one’s adult and elderly lives.¹⁸

In Mr. Bowlby’s terminology, developmental pathways, or affective-relational “maps,” created in childhood are carried into and reproduced in future intimate relationships.¹⁹ When these “maps” are drawn in homes without secure attachments, they often elicit greater adult relationship dissatisfaction for both the individual with insecure attachment and their partner.²⁰ Rates of low mental well-being and lack of feeling close to others are manifestations of the dose-response effect common to ACEs, increasing in severity with each additional ACE one experiences.²¹ Other problematic interpersonal outcomes, such as perpetration of intimate partner violence, are also more common among those who experienced ACEs than in the general population.²²

In their work with at-risk populations, COSSAP grantees are frequently exposed to the interpersonal difficulties that may result from disordered attachment in childhood. **Efforts to connect adults and families with community support services offering relational counseling, conflict resolution strategies, and healthy parenting education can equip ACE-affected adults with the skills and strengths to better navigate interpersonal relationships.**

Suggestions for COSSAP Grantees and Funders

State and local entities that support recovery for individuals and families who are experiencing substance misuse can simultaneously prevent trauma in future generations. This support can take on multiple forms, including the following:

Fostering Community Awareness and Education

COSSAP grantees can increase community awareness of ACEs and their effects to inform organizations that interact with individuals and families, strengthening a community’s ability to provide trauma-informed

services and support individuals and families adversely affected by substance use. Building awareness may consist of offering low- or no-cost classes or seminars to community partners, accessible trauma-informed addiction and mental health services to those experiencing addiction, and education for new or future parents.

Awareness efforts can also bring greater understanding to those who experienced childhood trauma and may be encountering its adverse effects. As emotional dysregulation, disassociation, and numbing are common in responses to trauma, it is possible that adults from homes with ACEs may not be fully aware of their past experiences, thus preventing them from working through traumatic events. Such knowledge can enable affected individuals to begin their journey toward healing while giving them the tools to identify any downward health trajectory, seek support, and interrupt the continuation of trauma into future generations.²³

An understanding of ACEs and their long-term effects can allow community entities and treatment providers to create a culture of resilience in the services they offer. Providers can prioritize increasing resilience resources such as socioemotional support, adequate sleep, and life satisfaction, which supplement support services for mental and behavioral health.²⁴

Establishing Key Preventative Measures

To appropriately respond to the generational recreation of ACEs in families, the Centers for Disease Control and Prevention recommends five preventative measures, as noted in the following chart:



Source: Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., and Alexander, S. P. (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>.²⁵

This family-centered strategic approach addresses the strain on parents and the conditions that may lead to new ACEs while ensuring the safety of children in the household.²⁶ Offering adequate, trauma-informed behavioral health care for adults and elderly people provides them the best opportunity for positive life change. For example, patients at one clinic that offered both medications for opioid use disorder (MOUD) and trauma-informed behavioral health

“In some ways, understanding one’s ACE score could be compared to passing along the gene for high blood pressure: if you know you’re at risk, you can start implementing habits and medications to reduce your likelihood for problems down the road. Parents who understand their risk for ACEs can get help to avoid passing them on to their children.”²⁷ —Indiana University Health

“If you have adequate mental health and addiction care delivered to the adult population—especially those who are having children and raising them—that is the best possible way to disrupt [the generational transmission of ACEs].”²⁸ —Indiana University Health

services reduced their relapse rates by 2 percent each time they visited. Trauma-informed services are especially effective for those with a history of ACEs, as each additional ACE predicted a 17 percent increase in a patient’s risk of relapsing during MOUD treatment.²⁹ The provision of ACEs-informed treatment works to diminish the odds of relapse, strengthening patients’ abilities to successfully end substance misuse.

Cultivating Social Support

Another helpful resource that community partners and providers can prioritize is social support for those affected by substance use and ACEs. The Substance Abuse and Mental Health Services Administration considers “the process of recovery [to be] supported through relationships and social networks.”³⁰ These can consist of family members; prosocial peers and friends; fellow recovery group members; and treatment providers, mentors, or recovery coaches, among others. It is critical that these social influences play a positive, pro-recovery role in the lives of those affected by substance use; negative activities, such as fighting or substance use, can increase one’s likelihood of relapse. However, positive activities such as getting along with and helping one another during recovery significantly increase the likelihood of success.³¹

Efforts to strengthen social support may be especially critical for individuals in their elderly years recovering from substance use. As adults age, they may lose

friends and family to distance, relational fallout, death, or age-related changes such as hearing loss or the inability to continue driving. These changes can leave them with a more limited support network than was available to them in middle age and younger adulthood.³²

If affected by ACEs, adults may experience difficulty developing and maintaining prolonged close relationships.³³ Since support may not be readily accessible, provider and community partner efforts to create positive social networks in the form of substance abuse support groups, trauma therapy groups, and parent support groups can have a tremendous impact.^{34; 35} These settings can provide substance- and trauma-affected adults with a greater understanding of their experiences, helpful coping techniques, a sense of empowerment, practical knowledge about treatment options, and a safe space to express difficulties.³⁶

Summary

The impacts of ACEs can extend far into adulthood, spanning the domains of substance use, physical and mental health, and interpersonal relationships. Because of the widespread and oftentimes cumulative effects of ACEs, it is important to identify, prevent, and treat areas in which adults are at risk of adverse outcomes. As such, COSSAP grantees have an important role to play in not only increasing awareness of the impacts of ACEs in adulthood among key stakeholders and community members, but also promoting tailored prevention and treatment efforts among their providers.

Endnotes

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