



ACE Reporter[®]

The findings of the Adverse Childhood Experiences Study, an ongoing collaboration between Co-Principal Investigators Vincent J. Felitti, MD, of Kaiser Permanente, and Robert F. Anda, MD, MS, of the Centers for Disease Control and Prevention.

Note: Views expressed in ACE Reporter are not necessarily shared by the CDC or Kaiser Permanente.

ADVERSE CHILDHOOD EXPERIENCES: LIVES GONE UP IN SMOKE

Every life is touched—to greater or lesser extent—by tragedy. Such is the human condition. When that tragedy begins as trauma in early life, it is not uncommon for people to seek comfort in behaviors that make them feel better. Smoking is one such behavior.^{1,2,3} “Nicotine has demonstrable psychoactive benefits in the regulation of affect⁴; therefore, persons exposed to adverse childhood experiences may benefit from using nicotine to regulate their mood.” What is puzzling, however, is why we sometimes chose to continue such behaviors even after they are proven to cause more direct harm than comfort.

The ACE Study sought to gain insight into the reasons why, when faced with medical conditions that clearly indicate a smoker should stop smoking, smokers continue to smoke anyway. Such medical conditions include “heart disease, chronic lung disease, and diabetes, and symptoms of these illnesses (chronic bronchitis, chronic cough, and shortness of breath).”⁵ Investigators from the Centers of Disease Control and Prevention, and Kaiser Permanente, analyzed the medical, emotional, psychological, and exposure-to-childhood-trauma data of more than 17,000

All categories of adverse childhood experiences found to be significantly associated with smoking

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Count Vittorio Alfieri (January 16, 1749 - October 8, 1803), was an Italian dramatist, whose own life is said to have been filled with unhappiness. He is considered the “founder of Italian tragedy,”⁶ and wrote “Spesso e da forte, Piu che il morire, il vivere.”⁷

“Ofttimes the test of courage becomes rather to live than to die.”

Painting by François-Xavier Fabre, Florence 1793.

Kaiser patients. What they learned is alarming. (Continued, Page 2)

“Quit rates among those with cardiovascular disease do not exceed quit rates for the general population,”⁸ and about a third of those people who are diagnosed with cancer do not quit smoking.⁹

Many patients simply never quit, regardless of the nature or severity of their medical status.¹⁰ The following attributes were found to apply to those hard-core smokers who are disinclined to quit, regardless of their health status.^{11,12} They tend to be:

- Younger
 - Less well educated
 - Less socio-economically advantaged
 - Living with other smokers in the household
- They also tend to have less belief in their ability to quit.

Smoking is also seen to be much more prevalent among people with poor mental health. Depression was found to be “a significant independent predictor of smoking persistence,” and depressed smokers were found to be more likely to relapse after quitting. In addition, they experience greater discomfort and more withdrawal-related symptoms than non-depressed smokers who quit.^{13,14,15}

ACE Study “research suggests that ACEs may play a role in the *maintenance* of smoking behavior in the presence of illness and poor health. These results extend our understanding of the impact of child maltreatment on adult health behavior. Furthermore, the association of ACEs with smoking persistence was sustained even after accounting for the presence of past or current depression...”¹¹ It is easy to see how inextricably interwoven ACEs are to not just one, but many aspects of our past, current, and prospective health.

Because “heredity” is often blamed for health-related issues such as obesity and smoking, researchers considered whether or not a history of parental smoking and/or substance abuse influenced the smoker’s behavior. They found that the outcome was similar, regardless of familial history, and that smoking was therefore not likely linked to genetics or behavior modeling.

Smoking was, however, “strongly associated with adverse childhood experiences.” It is therefore likely that “primary prevention of adverse childhood experiences and improved treatment of exposed children could reduce smoking among both adolescents and adults.”¹⁶

Regardless of our plight as humans, we can perhaps be more courageous, more willing to strive toward life rather than death, when we know that we have the support of those around us. The sooner

all modern health care practitioners include childhood trauma as part of their patients’ medical records—and take action to help their patients recover from such trauma—the sooner we are likely to see a healthier global population. To that end, we owe our health care communities the education and training that will help them achieve such goals.

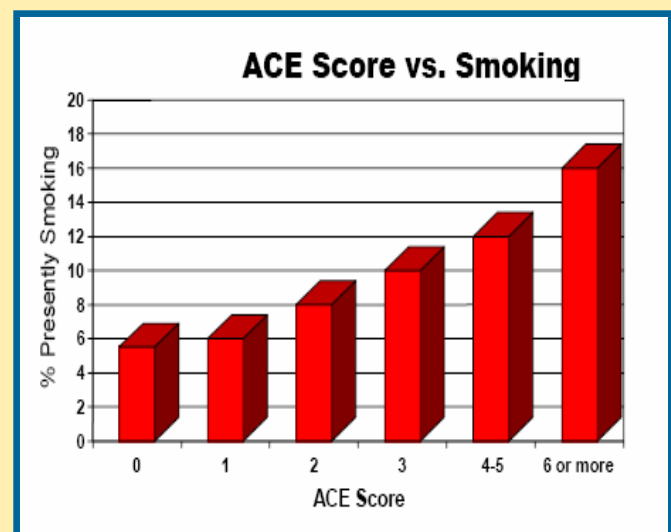
Is it enough for the health care community to embrace these concepts? It is not. Individual family members must be prepared to break down the secrecy and shame that allow trauma to thrive. We must be strong enough, we must find the courage, to do what is even harder than dying: Embracing and improving lives that are flawed but not irretrievably broken; breaking the cycle of trauma by supporting one another in healing those still-open wounds of the past. To that end, we owe families the resources that will support this difficult introspection and outreach for help.

Is it enough for families to work toward healing? It is not. Whole communities must work together as a united front dedicated toward protecting today’s children, and salving the wounds of today’s adults who still harbor their traumatized childhoods inside their bodies. To that end, our governing agencies owe us the policies and resources that it takes to build stronger, healthier nations.

All of this takes uncommon courage.



A person with an ACE Score of 4 is 260% more likely to have Chronic Obstructive Pulmonary Disorder (COPD) than a person with an ACE Score of 0.¹⁷ (See Page 3 for an explanation of ACE categories and scores, and to find your own score.)



This figure¹⁷ represents the strong relationship between ACEs and smoking.

WHAT'S AN ACE SCORE?

The ACE Score is the basis for rating the extent of trauma a person experienced during childhood. It is used to predict the likelihood that s/he will experience one or more forms of health, behavioral and/or social problems.

The scoring method is simple: One point for each category (not incident) of trauma experienced. Rob Anda, MD, MS, one of the two Principal Investigators of the ACE Study, designed this short version of the questionnaires used during the ACE Study, to help you find your own score.

The categories of Adverse Childhood Experiences (ACEs) are:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone in household is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no biological parents in home

FIND YOUR OWN ACE SCORE

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt? If yes, enter 1 _____

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured? If yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch

their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you? If yes, enter 1 _____

4. Did you often or very often feel that no one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

If yes, enter 1 _____

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? If yes, enter 1 _____

6. Were your parents ever separated or divorced?

If yes, enter 1 _____

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife? If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

If yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

If yes, enter 1 _____

10. Did a household member go to prison?

If yes, enter 1 _____

Now add up your "Yes" answers: _____

This is your ACE Score. To learn more about ACE Scores and how they relate to the findings of the Adverse Childhood Experience Study, see:

<http://acestudy.org>

and

<http://www.cdc.gov/NCCDPHP/ACE/>

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In Loving Memory of

Joseph J. Reich

August 23, 1919-April 6, 1987



A victim of
child abuse,
Joe finally
smoked him-
self to death
at the age of
67.

A victim of child abuse, Joe finally smoked himself to death at the age of 67. He was first diagnosed with throat and lung cancer when he was in his mid-late 50's. This diagnosis came from a dentist, and then only when the pain of Joe's rotting teeth was so bad that he could no longer tolerate it. Joe would never otherwise have sought medical attention. He didn't trust doctors; he didn't trust people in general.

There were good reasons for that.

Joe was a first-generation American. His parents migrated from Europe at the turn of the 20th century, in the hope of a better life. They didn't find it. What they did find was the South Side of Chicago, the legacy of Upton Sinclair's *The Jungle*—big labor and small wages, and mounting hopelessness that manifested in his father's alcoholic rage. Joe's father was a weekend beer drunk.

One of six living siblings, Joe saw his father repeatedly kick his pregnant wife down the stairs. Joe's mother took in laundry to help make ends meet. He felt the blow of his father's mis-directed anger and frustration. By the age of 10, Joe found comfort in cigarettes. He bummed them off other kids; he smoked unspiced butts

he found on the street; he rolled his own. He learned his parenting skills from his father.

Joe was a good student. He was especially good with numbers. How many days did he miss school because he was too injured to attend? People didn't speak of such things in the 1920s and 30s. A father's "discipline"—regardless how absent the reason for it—was never questioned.

Joe graduated high school and went to work, like his father, at the Stock Yards. Soon after, he was drafted into the Army. WWII raged. So did Joe's silent fear. He watched his friends die around him. He drank. He smoked. He survived. But he would never be the same. He returned from war with shrapnel buried in his leg, and an agony of the soul that would never leave him. The US Army had taken a traumatized child and multiplied his trauma many times over.

Not surprisingly, Joe suffered from what we now call Post-traumatic Stress Disorder (PTSD). He would sometimes drift off onto the battle field while sitting on his living room couch, surrounded by his children. Joe had worked his way out of the Stock Yards and become a machinist in a local factory. He seemed to like his work. He had found respect from others, and himself.

Joe had also found comfort in the love of Anne, a beautiful woman with a strong sense of familial duty. They had a passionate love, and they fought with passion, too. Cast iron pans, fists through the kitchen plaster—injuries, sorrow, regret, make-up; and the cycle would start all over again. They made a life together, and they were hopeful, saving money to buy a home. Their family grew.

Joe was a generous man. When he had money, he shared it. He loved his family, and when he was feeling well, he would come home from work singing. He bounced his little ones on his knee and recited the lyrics to modern songs slowly, so his kids could learn them. He made sad and smiley faces. He made puns and laughed a smoker's laugh that usually resulted in a cough. (Continued, Page 5.)

And then Anne died—suddenly, from a brain hemorrhage. And Joe seeped into a darkness from which he never fully returned.

Joe drank very heavily. Like his father, he was a mean drunk, and his children took the brunt of it. Within a year, he lost everything: The woman who loved him, his livelihood, his home, his children, the respect of his siblings and the community.

Joe hit skid row. He lived there on and off, drinking and chain-smoking his way into oblivion. Occasionally, when he was so sick that he couldn't even handle his way into another drunken stupor, he would call and ask for help. His voice would come across the wires, weak, weary, "I don't know where I am, but come get me." These are the words that fell on the ears of his ten-year-old daughter who wanted desperately to help him but was powerless to do so.

Imagine how small his self-esteem shrank every time he saw the pity in the eyes of the people who finally did come to his rescue.

It would be more than a decade before he'd be "back on his feet" again. What many other agencies had failed to accomplish, time, self-will and the Salvation Army finally achieved. Joe was sober. He was a middle-aged, chain-smoking, caffeine-addicted survivor of child abuse and the trauma of war. He struggled to make a living as a painter, carrying his gallons of paint and supplies with him on the buses and rails. Although he was terrified of heights, he hung out the windows of tall buildings to paint the tuition for his kids' Catholic School education. He bought his clothes at the thrift shop. In the fall and winter, he stored his groceries on the outside windowsill of his one-room apartment. He taped off the baseboards and electrical outlets with boric-acid-coated duct tape to keep the cockroaches down to manageable numbers.

Joe loved to play with his grandchild and the child's dog. He gave most of his meager earnings to one of his sisters, who raised some of his younger children. He saw all of his kids as often as he could, showing up freshly scrubbed, walking deliberately, with a hitch in his step, with open arms and a pained smile.

He once said that if he had known that smoking would be such a slow death, he would have chosen a different way to die. He didn't quit when he got the first diagnosis from his dentist. He didn't quit when the diagnosis was confirmed by a physician treating him for injuries sustained by him as a pedestrian hit-and-run victim. He never quit smoking.

Joe was my dad. As his life went up in smoke, so did mine. I missed him every moment that he was absent from my life. I miss him still. I am sometimes asked, "How can you forgive him for what he did to you?" I respond, "How can I *not* forgive him? Inside, he was just a confused child."

His most lasting legacy to me is that agony of the soul that is sometimes softer, but never really leaves. Mine is most deeply felt when I realize just how much better things could have been for all of us, if we had known then what we know now about the connection between our pasts as child victims, and our presents as adult survivors. Dad didn't stand a chance, but—while we live—there is still hope for the rest of us.

C A Redding



Find Your Voice

If you are an adult survivor of child abuse, know that you are not alone. The fear and self-doubt you feel need not be permanent. There's hope. For more information about peer-support and healing resources:

ATHENTIC VOICES INTERNATIONAL

P O Box 3394

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<http://authenticvoices.org>



I DESPERATELY NEED YOUR HELP!

I am Carol Redding. I founded Health Presentations to help people whose lives—like mine—were damaged by domestic violence.

ACE Reporter and Authentic Voices International (AVI) are programs of Health Presentations, a California non-profit 501(c)3 Charitable Corporation. Mine is the face behind the reply to your *thousands* of email messages sent via <http://acestudy.org> and <http://authenticvoices.org>.

Our all-volunteer effort is struggling—and I do mean *struggling*—to meet an ever-growing demand for help. People come to us from all walks of life, from all over the world, in search of peer support, prevention training, healing resources, and information about the research findings of the Adverse Childhood Experiences Study.

Most of the people who contact us do not have the ability to pay for services. Many do not have access to electronic resources. We turn no one away.

We need facilities to support the many people who contact us in search of answers.

OUR GOAL FOR 2008 IS TO RAISE \$200,000 IN DONATIONS TO ESTABLISH THESE RESOURCES. AND THAT'S JUST THE BEGINNING.

NO DONATION IS TOO SMALL TO HELP.

\$ 1 covers the cost of one AVI brochure.

\$ 5 covers the cost of one email support session.

\$10 pays for one domestic, peer-support telephone call.

\$20 pays for the acestudy.org web site for one month.

\$40 buys a roll of stamps.

\$50 pays our basic phone bill for one month.

\$200 pays our utilities bill for one month.

\$500 buys a sturdy printer.

\$1,000 pays for the creation of one electronic issue of *ACE Reporter*.

\$2,000 trains 100 people in child abuse prevention.

\$3,000 pays for 1,000 hard copies of *ACE Reporter*.

\$5,000 pays for outreach to over 40,000 conference attendees.

\$10,000 mans our call center for 2.5 months.

\$20,000 buys the skills of a grant writer for one year.

\$50,000 buys a series of radio advertisements.

\$100,000 would be an answer to our prayers.

Because we are a tax-exempt charitable organization, your donations may be tax-deductible.

When you are contemplating gift-giving, please donate to Health Presentations. You will be helping today's little kids—and yesterday's kids who are now adults, who are still suffering, and still reaching out for HOPE AND HEALING!

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COFFIN NAILS: AN HISTORIC VIEW OF SMOKING

- 1604, Great Britain's King James I wrote "Counterblaste to Tobacco", citing smoking as "dangerous to the lungs".
- 1867, George William Curtis, Editor of *Harper's Weekly*, began a series of health warnings regarding the hazards of smoking, including statements such as "the very prevalent use of tobacco is among the prominent causes of ill-health".
- 1870, a Dr. Sigmund reported smokers suffered "affections" of the nose, mouth and throat that were more frequent and severe than those of non-smokers.
- 1897, Dr. Mendelssohn reported such "affections" 60% greater in smokers than non-smokers.

These historic perspectives are culled from Harper's Weekly, 1857-1912 (<http://tobacco.harpweek.com/> ; Copyright Internet Scout Project, 1994-2003. <http://scout.cs.wisc.edu>).

TEXT, CARTOONS & ADS FROM THE PAGES OF HARPER'S WEEKLY: 1857-1912



Drawings by Thomas Nast

UP IN SMOKE FOOTNOTES

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AUTHENTIC VOICES INTERNATIONAL

Authentic Voices International (AVI) is a grassroots group of adult survivors of child abuse. AVI members come from all walks of life. What we have in common is a history of childhood trauma and a present desire to put an end to child abuse and neglect. We do this by applying our many, diverse skills and talents to dispel the ignorance, secrecy, and shame that allow child abuse to flourish. Learn more about us at:

www.authenticvoices.org

ACE Reporter and Authentic Voices International are programs of Health Presentations. We are a tax-exempt, charitable organization.

We rely on the generosity of people like YOU to help support our work.

Please donate generously!