

CHARACTERISTICS AND DRUG USE AMONG ADOLESCENTS ADMITTED TO RESIDENTIAL TREATMENT

Authors:

Georgina Dixon¹, Sue Woolfenden^{1,2}, Ranmalie Jayasinha¹, Patrick Rawstrone¹, Kieran Palmer³, Sally Nathan¹

¹ UNSW Australia, Kensington, NSW, ² Sydney Children's Hospital Network, NSW, ³ Ted Noffs Foundation, Australia

Presenters email: p.rawstrone@unsw.edu.au

Introduction and Aims:

To explore differences in drug-use patterns between adolescent males and females (aged 13-18 years) accessing residential rehabilitation for problematic alcohol and other drug (AOD) use; and to investigate drug-use patterns of females that are using amphetamine-type stimulants (ATS).

Design and Methods:

The study employed a cross-sectional analysis of existing pre-treatment data for young people aged 13 – 18 years attending a rehabilitation program between 2009-2015 (n=954) .

Results:

There are significant differences in the drug use patterns between adolescent males and females . Females were significantly more likely than males to be using ATS ($p=.013$), tobacco ($p=.036$) and opioids ($p=.002$). Female ATS-users were significantly more likely than female non-ATS-users to report using several drug classes than non-ATS-users, particularly tobacco ($p<.001$), opioids ($p=.014$), ecstasy and related drugs ($p<.001$), and hallucinogens ($p<.001$). They were also more likely to be poly-drug users than non-ATS-users ($p<0.001$). Cumulative trauma by someone known to the young person was the main predictor for female ATS use (OR=3.077).

Discussions and Conclusions:

There are significant differences in drug use patterns of adolescent males and females accessing residential rehabilitation for problematic AOD use. High levels of trauma and mental health problems in this population support the notion that traumatic childhood experiences are strongly associated with problematic AOD use, particularly female ATS use, among adolescents presenting for residential treatment.

Implications for Practice or Policy:

Increased attention to decreasing family violence, abuse and neglect is required. In clinical practice, a trauma-informed model of care is worthy of further investigation.

Disclosure of Interest Statement:

No funding to declare. Author, KP, is an employee of the Ted Noffs Foundation, which operates the focus treatment programs. Ted Noffs Foundation staff have not been directly involved in the analysis of the data. KP as an author has contributed to the write up of the findings by providing clinical insights. The Ted Noffs Foundation are also a signatory to an Australian Research Council Funding Grant (LP140100429) and associated contract, which the study reported in this paper informs. In this contract, Ted Noffs have stated their commitment to acting on the findings of the research undertaken at UNSW, both positive and negative, about their programs. No other authors have a conflict of interest to declare.