COMORBIDITY: TRAUMA, SUBSTANCE USE AND MENTAL HEALTH

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Aim: Substance use and mental health disorders commonly co-occur and they are frequently underpinned by a history of psychological trauma. This symposium presents new data on the clinical presentation and documentation of trauma exposure, trauma-related disorders, and their treatment among adults entering substance use treatment, the implementation of integrated trauma-focused therapy in substance use treatment, and presenting issues among adolescents seeking integrated treatment for substance use and traumatic stress.

Chair: Professor Katherine Mills, The Matilda Centre for Research in Mental Health and Substance Use, the University of Sydney, Sydney Australia

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PRESENTATION 1: TRAUMA AND SUBSTANCE USE COMORBIDITY IN AUSTRALIA: THE IMPACT OF COMPLEX POST-TRAUMATIC STRESS DISORDER (PTSD)

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Introduction and Aims: Trauma-related comorbidities are extremely prevalent in substance use treatment settings. Advancements in the field have seen the establishment Complex PTSD (CPTSD) as a new diagnosis in the ICD-11, however, there is no available evidence to inform current practice addressing this comorbidity. This presentation will use data from two Australian studies to provide an initial exploration of this issue.

Design and Methods: This presentation will utilise preliminary data from two studies: a retrospective chart review in an AOD treatment setting (*n*=300), and a prospective cohort study of people entering AOD treatment (*n* = 72). Both studies collected data on the ICD-11 PTSD and CPTSD symptoms, along with trauma histories, other comorbidities, and treatment characteristics.

Results: One-third screened positive for CPTSD, while only 6% screened positive for PTSD alone. All participants had experienced trauma, with high rates of childhood abuse/neglect and interpersonal violence. Despite this, rates of documentation of trauma exposure, symptoms, and treatment planned were low.

Discussions and Conclusions: The available data suggest that CPTSD is prevalent, potentially more so than standard PTSD. There is little evidence of trauma-related comorbidities being detected or addressed in standard AOD treatment settings. The broader treatment field is adapting rapidly to assertively address these disorders and AOD settings must also adapt.

Implications for Practice or Policy: Treatment settings need to proactively screen for trauma-related comorbidities, including symptoms and disorders, and incorporate this information into treatment activities. The existing evidence base can inform assessment and treatment activities in this area.

PRESENTATION 2: IMPLEMENTING INTEGRATED PSYCHOLOGICAL TREATMENT OF PTSD AND SUBSTANCE USE DISORDER IN A REAL-WORLD TREATMENT SETTING: KEY LEARNINGS FROM COPE AT TURNING POINT

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Introduction and Aims: Trauma and addiction frequently co-occur. About 1 in 2 people in addiction treatment settings have symptoms of PTSD, yet integrated treatment is not routinely available. Although gold standard psychological approaches, such as COPE (Concurrent Treatment of PTSD and substance use with Prolonged Exposure), are demonstrated to be safe and efficacious, their translation into routine practice has been limited. We aim to present data from a pilot clinic for women at Turning Point, Melbourne to share reflections relevant to clinical practice and broader implementation of this important treatment innovation.

Approach: Evaluation of a clinical service, incorporating data from women accessing care from Nov 2020- April 2022. Data collected included background demographics (age, postcode, employment and accommodation status, caregiving status), substance use (primary drug of concern, AUDIT, DUDIT), trauma history (LEC-5), and symptoms of trauma-related mental health disorders including PTSD and complex PTSD (PCL-5, International Trauma Questionnaire-ITQ). Statistical analyses included descriptive characterisation of the sample, and analyses of trauma symptoms by primary drug of concern. This study received quality assurance approval from the Eastern Health Human Research Ethics Committee.

Key Findings: We found that most women accessing the treatment had experienced multiple trauma exposures, in childhood and in adulthood. Most women had symptoms that met criteria for complex PTSD (80%), rather than PTSD.

Discussions and Conclusions: Women appeared to derive benefits from this treatment approach, including reductions in PTSD and substance use, despite a diverse range of presentations and symptom profile.

PRESENTATION 3: THE MENTAL HEALTH OF ADOLESCENTS AND YOUNG PEOPLE EXPERIENCING TRAUMATIC STRESS AND PROBLEMATIC SUBSTANCE USE

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Introduction and Aims: Up to 80% of adolescents have experienced trauma and one-in-seven suffer from PTSD. For 50% of these adolescents, the course of their illness is further complicated by a co-occurring SUD. Despite high rates of comorbidity, treatment options remain sparse and there is limited understanding of the clinical profile associated with this comorbidity. We aimed to examine the clinical profile of adolescents seeking treatment for their substance use and traumatic stress.

Method: Data were collected as part of a randomised controlled trial examining the efficacy of an integrated psychological treatment for SUD and PTSD among young people aged 12-25 years were assessed for history of trauma, PTSD, substance use, and a variety of other domains relating to mental health, social and family functioning and service utilisation.

Results: Almost all participants met DSM-V criteria for a severe SUD. The most common substances of concern were cannabis and alcohol. All participants experienced multiple traumatic events and >85% met DSM-5 criteria for PTSD. High levels of clinically elevated depression and anxiety were present in the sample and almost half had a history of attempted suicide.

Discussions and Conclusions: Comorbid PTSD and SUD in young people are associated with a complex and severe clinical profile. It is imperative to intervene early in the trajectory in order to prevent the severe and long-lasting burden associated with this common comorbidity.

Discussion Section:

An interactive question and answer session will be held following the presentations in addition to discussion of the role of trauma-informed care in recovery from substance use and mental health comorbidity. The importance of the provision of trauma-informed care is also a key new addition to the third edition of the national comorbidity guidelines which will be launched at the conclusion of this symposium.