Feasibility and acceptability of Eye Movement Desensitisation and Reprocessing interventions in a public drug and alcohol service

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Introduction/Aims: People who present to alcohol and other drug (AOD) services frequently have significant trauma histories, however AOD treatment modalities typically focus on substance use outcomes. Eye Movement Desensitisation and Reprocessing (EMDR) is a first line treatment for post-traumatic stress disorder with emerging evidence suggesting it can also reduce cravings for substance use and reduce relapse. This study aims to establish whether EMDR treatment is feasible and acceptable for people who present to Hunter New England (HNE) Drug and Alcohol Clinical Services (DACS) with comorbid substance use disorder (SUD) and histories of trauma.

Method/Approach: The single arm pilot feasibility study will recruit 40 people attending HNE DACS outpatient clinics who are aged 18+ years with a history of PTSD, complex PTSD or exposure to trauma and have a primary substance dependence to cannabis, amphetamines, alcohol or opioids (and are on methadone/buprenorphine treatment). Benzodiazepine dependence will be an exclusion.

EMDR will be provided by trained clinicians using a standard trauma-focussed protocol across 10 to 20 sessions of 60-90 minutes each. Feasibility (proportion consented, participation and completion rates), impact on trauma and related symptoms, changes in substance use and treatment acceptability (patient experience and outcome measures) will be assessed.

Key Findings: This study will provide pilot data on feasibility and the effectiveness of EMDR for people in treatment for SUD for future controlled studies in ambulatory AOD settings.

Discussions/Conclusions: New evidence will be generated regarding integrated and concurrent trauma and substance use treatment. Such information will provide rationale to offer trauma treatment in public AOD settings, which is likely to improve treatment adherence and lead to better longer term outcomes.

Implications for Translational Research: Pilot efficacy data will be obtained to power and inform a larger multi-site randomised controlled trial lead by HNE DACS.

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