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The mental health of adolescents and young people experiencing traumatic stress and problematic substance use.

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Diseases, 11th Revision; 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 alcohol and other drug (AOD) treatment setting ($n = 300$) and a prospective cohort study of people entering AOD treatment ($n = 72$). Both studies collected data on the International Classification of Diseases, 11th Revision, post-traumatic stress disorder (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 post-traumatic stress disorder 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 post-traumatic stress disorder (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 November 2020 to April 2022. Data collected included background demographics (age, postcode, employment and accommodation status, caregiving status), substance use (primary drug of concern, Alcohol Use Disorder Identification Test, Drug Use Disorders Identification Test), trauma history (Life Events Checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), and symptoms of trauma-related mental health disorders including PTSD and complex PTSD (PCL-5, International Trauma Questionnaire). 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

Natalie Peach, Emma Barrett, Vanessa Cobham, Joanne Ross, Sean Perrin, Sarah Bendall, Sudie Back, Kathleen Brady, Maree Teesson & Katherine L. Mills

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Introduction and Aims: Up to 80% of adolescents have experienced trauma and one-in-seven suffer from post-traumatic stress disorder (PTSD). For 50% of these adolescents, the course of their illness is further complicated by a co-occurring substance use disorder (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 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for a severe SUD. The most common substances of concern were cannabis and alcohol. All participants experienced multiple traumatic events and >85% met Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 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.

Paper 108.

Symposium: Pathways for Aboriginal and Torres Strait Islander peoples to lead the way in alcohol research

Chair: Scott Wilson.

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Aim: The Centre of Research Excellence in Indigenous Health and Alcohol aims to create the best opportunities for Aboriginal and Torres Strait Islander people to find solutions to alcohol problems through research. The Centre's research agenda is based on priorities of Aboriginal and Torres Strait Islander health professionals and communities, and informed by what is already known through research. This symposium will showcase some of the work being conducted by this Centre. It will conclude with a 'question and answer' session facilitated by Adjunct Associate Professor Scott Wilson.

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