P-84 - WHY DO WOMEN WITH PTSD AND SUD USE SUBSTANCES? A STUDY OF EXPECTANCIES

L.Najavits^{1,2}, M.Schmitz^{2,3}

¹Psychiatry, Boston University School of Medicine, ²Treatment Innovations, Newton Centre, MA, ³Psychiatry, UCSF, San Francisco, CA, USA

Introduction: An emerging literature suggests a complex relationship between PTSD and self-reported reasons for using substances (also known as "expectancies," or "the beliefs that individuals hold about the effects of substances on their behavior, moods, and emotions").

Objectives/aims: We studied this topic in a sample of 52 women with current posttraumatic stress disorder (PTSD) and substance use disorder (SUD), using a cross-sectional design. Both PTSD and SUD tended to be chronic and severe, with the PTSD mostly arising from childhood repeated physical and/or sexual trauma.

Methods: Measures included the Alcohol Effects Questionnaire (Rosenhow et al., 1995), the Cocaine Expectancy Questionnaire (Jaffe & Kilby, 1994), as well as a new subscale of 12 items designed to address key PTSD symptoms (e.g., "I use substance(s) to relieve flashbacks of PTSD").

Results: Results indicated two main findings. First, of the 12 subscales we evaluated, the most highly rated expectancy subscales were: paranoia, grandiosity/euphoria, sexual enhancement, global positive changes, power and aggression, and PTSD. Relatively lower were: desire for drugs, social expression, social and physical pleasure, cognitive and physical impairment, relaxation/tension reduction, and careless unconcern. Second, our PTSD subscale showed significant correlations with just three subscales: power and aggression (r=.43), global positive changes (r=.41), relaxation/tension reduction (r=.31).

Conclusions: Discussion includes the importance of recognizing the varied reasons for using among women with PTSD/SUD (of which PTSD symptoms are just part of the picture, and not necessarily the most important reason). We also address measurement and sampling issues, and limitations of our design.