Trauma and Substance Abuse

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Studies have shown that up to 75% of individuals seeking treatment for a substance abuse disorder have been exposed to or experienced a traumatic event in their lives (SAMHSA/CSAT, 2000). Studies show that 12%-34% of individuals in substance abuse treatment are also diagnosed with Post-Traumatic Stress Disorder, the official psychiatric diagnosis for individuals who have experienced a trauma. When looking at women only, the percentages are 30%-59% (Najavits, 2002). There is a clear link established between the abuse of substances and experiencing a trauma.

What constitutes a trauma? A trauma is any event in which a person experiences intense fear or distress in response to physical and/or psychological harm, threats, loss, injury, or death. Trauma can also occur due to neglect. Common traumatic events include physical/sexual abuse, assaults, and car accidents.

Symptoms of trauma: Individuals who have experienced trauma often have intense flashbacks of the trauma, can have extreme emotional reactions to reminders of the trauma, can have nightmares related to the traumatic event, and may experience emotional numbing. They may experience feelings of helplessness and powerlessness in situations where they are reminded of the trauma. In order to survive in environments where traumatic events happen often (abusive relationships, prolonged sexual abuse, war), individuals often develop strategies to cope which can be unhealthy when applied in other environments. For instance, an abused spouse may become timid and introverted in the home to avoid harm and then may withdrawal from friends and family outside of the home who could act as supports.

Self-Medicating: People who have experienced trauma often use many different means to avoid thinking about or re-experiencing the trauma. There is usually much shame and guilt associated with the trauma and often an individual can blame themselves for the traumatic events. Avoidance can often be the most harmful symptom of trauma. This often takes the form of “self-medicating” with drug and alcohol use. People with PTSD are more likely to use cocaine and opiates (“hard drugs”) while alcohol, marijuana, and prescription medications are also common.

Re-enactment: While using, acquiring, and experiencing the effects of drugs and alcohol, individuals can sometimes find themselves in situations where they are re-traumatized or experience more significant trauma. For instance, someone who survived childhood sexual abuse may turn to heroin to avoid feeling the shame and pain of the abuse. While high on heroin, she can be assaulted by people who she is using with.

How does knowing about trauma inform our treatment? It is essential that treatment providers understand trauma and how it affects those who have experienced it.
Considering the large percentage of people who abuse substances who have experienced trauma, it is highly likely that the individuals we are treating have been through at least one traumatic event.

It can seem intimidating for a treatment provider who will be treating someone in a relatively short-term setting (a 28 day rehabilitation center, for instance) to begin to treat not one but two challenging disorders. Much of the treatment offered often focused on one of the disorders (PTSD or substance abuse) but rarely both.

**Trauma-Informed Care**: Because of the large numbers of individuals in substance abuse treatment who have also experienced trauma, it is essential that we as treatment providers work to understand and address the trauma in order to holistically treat the person.

There are several evidence-based treatments for Post-Traumatic Stress Disorder and associated trauma disorders. Prolonged exposure therapy, trauma-focused cognitive behavioral therapy, and Seeking Safety have all been shown to decrease symptoms of trauma and substance abuse. These approaches highlight decreasing avoidance of the trauma and associated stimuli, developing healthy coping mechanisms, and changing beliefs about self and others that may have developed from the trauma. But, treatment providers do not need to become experts in any of these therapies in order to provide services to their clients who abuse substances and have experienced trauma.

Trauma-Informed Care means to structure organizations and provide treatment in a way that understands how trauma affects people and their outlook, puts many unhealthy behaviors and symptoms into a context of the trauma, and works to address all types of trauma. In order to build a sense of empowerment and hope, which are often taken away in a trauma, Trauma-Informed Care seeks to help individuals feel control over their situation and their symptoms. Initially, the focus of Trauma Informed Care is to create an environment of safety in order to help individuals to begin to recover.

Trauma-Informed care for individuals who abuse substance happens when treatment providers are able to understand the impact that trauma has had on that person, how the trauma has affected how they see the world and behave, and the role that substances have played in helping to cope with that trauma. It is the role of the treatment provider, peers, and safe supports in the community to help the individual to develop healthy coping strategies in response to the trauma and to learn new ways of living.

By understanding trauma and its impact on people, treatment providers can work with their clients to help to develop a sense of safety and to begin to heal. Without this sense of safety, individual cannot begin to challenge old ways of thinking and behaving. They must feel safe in order to try new ways of coping and to find more effective and healthy ways to address the trauma than with substances.