

Traumatic Stress
and Substance Use Problems



The relation between substance use and trauma

Research demonstrates a strong link between exposure to traumatic events and substance use problems. Many people who have experienced child abuse, criminal attack, disasters, war, or other traumatic events turn to alcohol or drugs to help them deal with emotional pain, bad memories, poor sleep, guilt, shame, anxiety, or terror. People with alcohol or drug use problems are more likely to experience traumatic events than those without these problems. Many people find themselves in a vicious cycle in which exposure to traumatic events produces increased alcohol and drug use, which produces new traumatic event experiences, which leads to even worse substance use, and so forth. Just as traumatic events and substance use often occur together, so do trauma-related disorders and substance use disorders. For example, trauma-related disorders, such as post-traumatic stress disorder (PTSD) and depression, occur frequently among people with substance use disorders and visa versa. Not only do trauma-related and substance use disorders wreak havoc on the person who has them, they also often create major problems for relationships with family members and friends.

A family doctor, clergy person, local mental health association, state psychiatric, psychological, or social work association, or health insurer may be helpful in providing a referral to an experienced counselor or therapist.

Traumatized people are more likely than others of similar background to abuse alcohol both before and after being diagnosed with PTSD. For example:

- One-quarter to three-quarters of people who have survived abusive or violent traumatic experiences report problematic alcohol use
- One-tenth to one-third of people who survive accident-, illness-, or disaster-related trauma report problematic alcohol use, especially if troubled by persistent health problems or pain
- Up to 80% of Vietnam veterans seeking PTSD treatment have alcohol use disorders
- Veterans over the age of 65 with PTSD are at increased risk for attempted suicide if they experience problematic alcohol use or depression
- Women exposed to traumatic life events show an increased risk for an alcohol use disorder
- Men and women reporting sexual abuse have higher rates of alcohol and drug use disorders than other men and women.
- Compared to adolescents who have not been sexually assaulted, adolescent sexual assault victims are 4.5 times more likely to experience alcohol abuse or dependence, 4 times more likely to experience marijuana abuse or dependence, and 9 times more likely to experience hard drug abuse or dependence.
- Adolescents with PTSD are 4 times more likely than adolescents without PTSD to experience alcohol abuse or dependence, 6 times more likely to experience marijuana abuse or dependence, and 9 times more likely to experience hard drug abuse or dependence.

What are substance use problems?

When people talk about substance abuse, they usually mean the consumption of alcohol or illegal drugs such as marijuana or cocaine or the misuse of prescription drugs (using them in a way that is not how they were prescribed). Substance use disorders are generally divided into two categories: substance dependence and substance abuse. Substance dependence is viewed as more serious than substance abuse and occurs when people have several of the following problems: (1) they have to take more of the substance to get the same effect; (2) they suffer withdrawal when they stop using after long periods of heavy use; (3) they have difficulty controlling the amount of the substance they use; (4) they attempt to cut down or stop use unsuccessfully; (5) they spend a great deal of time trying to obtain the substance or getting over the effects of use; (6) they give up important activities or responsibilities because of substance use; or (7) they continue to use substances in spite of knowledge that it is harmful to do so.

Substance abuse occurs when substance use results in (1) major problems with family, friends, at school, or on the job; (2) being high or intoxicated in situations that are dangerous (e.g., while driving), (3) problems with the police due to substance use, or (4) continued use in spite of having problems with family members about substance use.

The effects of substance use on the symptoms of traumatic stress

Some of the problems people experience after a traumatic incident are part of the diagnoses of acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). ASD describes experiences of dissociation (e.g., feelings of unreality or disconnection), intrusive thoughts and images, efforts to avoid reminders of the traumatic experiences, and anxiety that may occur in the month following the event. When these experiences last more than a month, they are described by the diagnosis of PTSD.

The use of alcohol or drugs can provide a temporary distraction and relief for traumatized people who may be suffering from very serious and even debilitating problems across multiple areas of their lives (thoughts, feelings, bodily experiences, relationship to self and others, and behaviors). However, this relief is only temporary, and the use of substances to reduce symptoms ultimately can be harmful. Substance abuse reduces a person's ability to concentrate, to be productive in work and life in general, to sleep restfully, and to cope with traumatic memories and external stressors. Substance abuse can increase emotional numbing, social isolation, anger and irritability, depression, and the feeling of needing to be on guard (hypervigilance).

Binge drinking or using drugs by a traumatized person may be a well-intentioned (but ultimately self-destructive) attempt to "self-medicate" against memories or reminders of horrific traumatic

experiences. It may also help with sleep problems such as trouble falling or staying asleep, traumatic nightmares, and constantly being “wound up.” Using substances as a way to self-medicate may help with one problem but worsen another. For example, substance abuse may temporarily decrease the severity and the number of frightening nightmares but may also increase irritability and hypervigilance.

Additional mental or physical health problems associated with traumatic stress

When a person is experiencing problems with both traumatic stress and alcohol or drug abuse, he or she will often have other psychological or physical problems. As many as 50% of adults with both alcohol use disorders and PTSD also have one or more other serious psychological or physical problems. For example, traumatized people who also abuse substances are often troubled by anxiety disorders (such as panic attacks, phobias, incapacitating worry or compulsions), mood disorders (such as major depression or dysthymia), disruptive behavior disorders (such as attention deficit or antisocial personality disorder), and multiple addictive behaviors (alcohol abuse, use of illicit drugs and abuse of prescribed medication).

Physical health problems are also very common among traumatized people. They are at greater risk for chronic physical illness (such as diabetes, heart disease, or liver disease) and often suffer from chronic physical pain, either due to physical injury/illness or with no clear physical cause.

Treatment for people with traumatic stress and substance use problems

Substance use problems must be addressed in the treatment of traumatized people. When substance abuse is or has been a problem in addition to traumatization, it is best to seek treatment from an experienced and skilled practitioner who has special expertise in both substance abuse treatment and the treatment of traumatic stress.

The initial consultation with a mental health professional should include questions that sensitively and thoroughly identify patterns of past and current substance use (alcohol, illicit drugs, or prescribed medication). Treatment planning should include a discussion between the treater and the client about the possible effects of substance abuse problems on trauma-related problems, including sleep, anger, anxiety, depression, and work or relationship difficulties. Treatment can include education, psychotherapy, and support groups that help the client address substance abuse problems in a manner acceptable to the client. Treatment for traumatization and substance abuse problems should be designed as an overall plan that addresses both sources of difficulty and their interrelationships. Although there may be separate meetings or clinicians devoted primarily to traumatization or to substance problems, all interventions should be carefully coordinated and integrated.

What is ISTSS ?

The International Society for Traumatic Stress Studies is a nonprofit organization whose goal is to ensure that everyone affected by trauma receives the best possible professional response, and to reduce traumatic stressors and their immediate and long-term consequences worldwide.

ISTSS provides an independent community for supporting and sharing research, clinical strategies, public policy concerns and theoretical formulations on trauma. ISTSS members include psychiatrists, psychologists, social workers, nurses, counselors, researchers, journalists, clergy, law enforcement, correctional facilities administrators, advocates and others with an interest in the treatment and study of traumatic stress.

Members work in clinical and nonclinical settings around the world, including public and private health facilities, private practice, universities and research foundations.

*This pamphlet was adapted from a fact sheet
designed by the National Center for PTSD
and edited by the
Public Education Committee
of the
International Society for Traumatic Stress Studies.*

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