

TOPIC

Trauma and Addiction

DEFINING TRAUMA

When a person fears for his/her safety, experiences intense pain, or witnesses a tragic or violent act, that person can be described as having experienced trauma. Levels of resiliency vary from person to person, so reactions to traumatic events are similarly varied. Although frightening experiences impact people at any age, adults will generally be more likely to manage through trauma than children will be. Further, some trauma is repeated or ongoing, such as that of child abuse or military combat. Other examples of traumatic events include car accidents, repeated bullying, street violence, sexual assault, domestic violence, growing up in an unstable home, natural disasters or battling a life-threatening condition.

If trauma and the feelings associated with it are not resolved, serious long-term issues can develop. Post Traumatic Stress Disorder (PTSD) disrupts the lives of people who have experienced unresolved trauma by negatively impacting their relationships, emotions, physical body, thinking and behavior. PTSD sufferers may experience sleep disturbances, nightmares, anxiety and depression, flashbacks, dissociative episodes in which they feel disconnected from reality, excessive fears, self-injurious behaviors, impulsivity and addictive traits.

“The co-occurrence of addiction and trauma is an important consideration in helping people in recovery lead more satisfying sober lives.”

Francisco Abreu
CARRIER CLINIC

THE TRAUMA-ADDICTION CONNECTION

Researchers have been studying the connection between trauma and addiction in order to understand why so many drug and alcohol abusers have histories of traumatic experiences. Data from over 17,000 patients in Kaiser Permanente’s Adverse Childhood Experiences study indicate that a child who experiences four or more traumatic events is five times more likely to become an alcoholic, 60% more likely to become obese, and up to 46 times more likely to become an injection-drug user than the general population. Other studies have found similar connections between childhood trauma and addiction, and studies by the Veterans Administration have led to estimates that between 35-75% of veterans with PTSD abuse drugs and alcohol.

The reasons behind this common co-occurrence of addiction and trauma are complex. For one thing, some people struggling to manage the effects of trauma in their lives may turn to drugs and alcohol to self-medicate. PTSD symptoms like agitation, hypersensitivity to loud noises or sudden movements, depression, social withdrawal and insomnia may seem more manageable through the use of sedating or stimulating drugs depending on the symptom. However, addiction soon becomes yet another problem in the trauma survivor’s life. Before long, the “cure” no longer works, and causes far more pain to an already suffering person.

Other possible reasons addiction and trauma are often found together include the theory that a substance abuser’s lifestyle puts him/her in harm’s way more often than that of a non-addicted person. Unsavory acquaintances, dangerous neighborhoods, impaired driving, and other aspects commonly associated with drug and alcohol abuse may indeed predispose substance abusers to being traumatized by crime, accidents, violence and abuse.

There may also be a genetic component linking people prone toward PTSD and those with addictive tendencies, although no definitive conclusion has been made by research so far.

FIRST THINGS FIRST

Sometimes, years of self-medicating through drugs and alcohol have effectively dulled the memory of trauma, so the only problem seems to be substance abuse and addiction. A person who has suppressed or ignored traumatic experiences may work very hard to get and stay sober, only to find other addictive behaviors eventually replacing the drugs and alcohol. These might include compulsive overeating, gambling, sexual promiscuity or any other compulsion-driven behavior. Unfortunately, continuing to avoid resolution of trauma will almost guarantee ongoing suffering

However, dealing with traumatic experiences is challenging work. Under the influence of drugs and alcohol, it is a nearly impossible task. That is why therapists always recommend working first on recovery from drug addiction and alcoholism. Then, when the trauma survivor is stronger and more clear-minded, he/she can begin working with a therapist in individual or group counseling to address the underlying problem of unresolved trauma. Specific treatment modalities have been developed for people suffering long-term effects after traumatic experiences, including trauma-focused therapies, PTSD Intervention, Body Psychotherapy which targets the physiological response to trauma, and medications for depression and anxiety.

Considering the frequent link between trauma and addiction, anyone working on recovery from substance abuse and addiction could benefit from an assessment by a skilled therapist, to determine if there are underlying issues that should be addressed and to devise an appropriate treatment plan. The best approach is always to work first on living a sober life, then on resolving past trauma and learning positive coping skills, thereby breaking the trauma-addiction connection and finding a better life all around.