



TRAUMA AND ADDICTION

THE LINK WE CAN'T IGNORE



Carrie DeJong MC, RCC

REGISTERED CLINICAL COUNSELLOR

DISCLAIMER

The purpose of this e-book is to provide resources and raise awareness about addiction and mental health issues. All content is solely for informational purposes. The content is not a replacement for professional diagnosis, therapy, or treatment. For this reason, I'm unable to respond to personal comments or messages asking for information or support. Please use all information at your own discretion.

If you are in need of mental health or medical support, speak with your doctor or mental health professional.

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Book design by Rachel Morris (R Morris Design)

www.carriedejong.com

“ I am on a mission -
*to bring more science and
more compassion to the field
of addiction recovery. ”*

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I am a Registered Clinical Counsellor with the British Columbia Association of Clinical Counsellors. I hold a Master's degree in Counselling and have over 25 years of experience as a therapist in trauma treatment programs, residential addiction treatment, and private practice. I also hold a Certificate in Traumatic Stress Studies through the Trauma Research Foundation, a training and research institute founded and chaired by Dr. Bessel van der Kolk.

I am an avid learner of neurobiology, body-centred approaches to therapy, Polyvagal theory, and attachment theory. My therapeutic approach is rooted in understanding how the human nervous system is wired.

The experience and insight gained as a therapist has helped me develop the Vortex Model of Addiction, a model based on neurophysiology that provides a foundation for understanding addiction's complex behavioural and emotional patterns. My Vortex Model is built on the information contained in this ebook. The connection between trauma and addiction is a vital piece of the puzzle for those experiencing addiction disorders. And the knowledge of how trauma impacts a person provides us with another part of the puzzle in making sense of the thoughts, emotions, and behaviours associated with the addiction process.

My passion is to bring greater awareness to trauma's impacts on emotions and overall functioning, especially the use of mood-altering substances and behaviours to cope.

I am excited to share what I have learned with you.

*// I am curious about
why we struggle.*

*But I am more curious
about how we heal. //*



INTRODUCTION

Every other day brings some news headline about a celebrity or politician struggling with substance use or an addiction disorder. There are also countless news stories about dangerous drug trends or the lack of resources to deal with the ever-growing problem of addiction in the general population. And think about the many heartbreaking stories that never make the news. Someone loses a job or a relationship because of addiction. A loved one dies of an overdose. A parent loses access to their child because of substance use.

You may personally relate to something in these stories. Or you may know someone who does. Either way, you have experienced the chaos, confusion, fear, and hopelessness that addiction and unhealthy behaviours cause. Living in addiction is a painful experience. Sharing life with someone struggling with addiction is also a painful experience. And there are far too few resources available that help people make sense of this problem and get the support they need to find healing and recovery.

Often, people view addiction as a “choice” – those addicted “choose” to use. Rarely do people living in the chaos of addiction want to be there. It isn't that they want to be addicted – it may be that they do not know how to live life without their substance or behaviour. But what exactly creates the move into addictive patterns of substance use?

What causes someone to engage in an unhealthy or life-threatening behaviour compulsively?

This e-book helps make sense of the behaviours and consequences of addiction. But it is also about making sense of trauma - because trauma and addiction disorders have a connection that needs to be understood. Research demonstrates that difficult life experiences often pave the way for a person to use substances or compulsive behaviours as a way of self-medicating. So a better understanding of why addiction happens and how trauma often contributes is a crucial place to start. Understanding this vital connection between trauma and addiction helps provide people with a better foundation in their search for what helps them recover.

I hope you find something to help you or your loved one on the journey of healing.





THE PROBLEM IS THE PROBLEM

It shouldn't surprise us that substance use and addiction disorders have become one of the top health concerns in North America and around the world.

- Substance use disorders are among the top public health concerns in North America and many other countries worldwide.
- The economic cost of substance use disorders worldwide (including alcohol and other drugs) is staggering. In the US alone, the annual cost of substance use disorders is \$442 billion. It includes costs associated with health care, social services, loss of productivity, and crime associated with substance addiction. ⁽¹⁾
- About 1 in 10 North Americans over 15 report alcohol or drug dependence. These numbers are similar in many other countries. ⁽²⁾
- Besides substance use disorders, millions of people worldwide experience the painful consequences of behavioural addictions, including gambling, gaming, food, shopping, or pornography.

THE PROBLEM IS THE PROBLEM

- Most people who struggle with substance use or addiction disorder never enter a treatment program of any kind.
- Of those who seek some form of treatment, the vast majority will continue to struggle with the negative impacts of their disorder.

This information confirms what we already know: millions of people live with the painful experience of addiction – and few get the help they need to recover.

ADDICTION ISN'T “THE” PROBLEM

Here is a crucial piece of information: addiction is often a symptom rather than “the problem” itself. While addiction certainly creates additional “problems”, it’s helpful to be curious about what drives the behaviours that lead to addiction in the first place. Excessive use of drugs, alcohol or other unhealthy coping behaviours probably began a way to “fix” some problem or pain.

Substance use and compulsive behaviours are likely your way of managing a “problem” rather than being the only issue that needs addressing. The recovery process is often more difficult for people who don’t understand this critical connection.

THE PROBLEM IS THE PROBLEM

But what, exactly, is that problem? The answer to that question is a complex one. Dr. Gabor Maté, the author of “In the Realm of Hungry Ghosts”⁽³⁾, encourages us to ask not about why addiction occurs but “why the pain?”

What is the pain or problem your substance use or addictive behaviour is trying to “fix”?

New research in neuroscience and addiction, along with a greater understanding of the impacts of trauma and stress, provide us with vital answers to that question.

ADDICTION MANAGES THE PROBLEM: TRAUMA SYMPTOMS

It's crucial to grasp two important things when trying to understand the seemingly baffling behaviours of substance use and addiction disorders.

1. Knowing how our nervous system is wired helps us better understand our thoughts, feelings, behaviours, body sensations, and automatic reactions. Understanding our nervous system helps us know what makes us human.
2. We need to recognize that difficult or traumatic experiences impact almost every aspect of who a person is.

THE PROBLEM IS THE PROBLEM

Although not all addiction is caused by trauma or painful life experiences, we certainly have learned that trauma is a much more common experience, especially in the lives of those struggling with addiction. There is also a greater understanding of trauma's profound impacts on a person's physical, emotional, and mental well-being.

There has been a significant movement towards identifying and exploring the connection between trauma and addiction in recent years.

Many people assume (wrongly) that the term "trauma" does not fit their experience. You may see your painful life experiences as just a part of life you wish to forget. Your challenging life experiences were just that – "life experiences". Most people struggling with addiction seem quick to discount their experience – "that wasn't trauma", "that's just the way it was", or "other people have had it far worse".

Research into the origins of addiction points us towards the impacts of adverse childhood experiences and the effects of chronic stress and other sources of trauma. Peter Levine, a renowned psychologist in treating trauma, argues that it is detrimental for someone to be unaware of trauma's negative impact on their lives.⁽⁴⁾

Not knowing or acknowledging you may have been traumatized doesn't prevent you from being negatively affected by your experiences.





TRAUMA AND ITS CONNECTION TO ADDICTION

Addiction research identifies trauma as a significant contributing factor to substance use and addiction patterns. Current research shows us that traumatic experiences, especially in early life, create a greater vulnerability to developing substance abuse problems.

Here are some statistics from a variety of sources that show just how significant this connection is:

- In North America, the percentage of people diagnosed with Post-Traumatic Stress Disorder (PTSD) throughout their lifetime is close to 7%.⁽⁵⁾ In the substance-dependent population, this percentage increases dramatically – various studies show that 25-42% of people receiving treatment for substance use disorder also have PTSD.⁽⁶⁾
- Dr. Edward Khantzian, a Harvard Medical School researcher, developed the self-medication hypothesis of substance abuse.⁽⁷⁾ His research demonstrates that people with PTSD are four times more likely to develop problems with substance use than those without. A history of childhood trauma also leads to using substances earlier and more problematic substance use overall.

- The National Comorbidity Study shows that individuals with PTSD are 2 to 4 times more likely to have a substance use disorder than those without PTSD. The research from this same study also suggests that trauma is more likely to occur before drug or alcohol misuse than after it happens.⁽⁸⁾

Even if someone doesn't meet the criteria for an official diagnosis of PTSD, it is still helpful to recognize that trauma may have affected substance use patterns in significant ways.

Can you allow yourself to consider that addiction may be a symptom of *"the problem"*: unidentified or unresolved trauma?

If you allow your perspective to shift in this way, it opens up more compassion for yourself and others. It also helps make sense of patterns of substance use and addiction disorders. This knowledge might help someone move toward lasting and positive change in their life.



WHY PEOPLE MOOD-ALTER WITH SUBSTANCES OR BEHAVIOURS

So far, we have identified the increased risk of addiction that occurs for people with a trauma history.

While not everyone who has experienced trauma moves into addictive patterns, most people who struggle with addiction have been through challenging or traumatic life experiences.

Researchers have developed many different theories about why some people become addicted to the substances they use. Genetics, brain chemistry, social norms, and personality traits all contribute to addiction patterns. But the life stories of those addicted reveal an obvious pattern – most have had painful and overwhelming life experiences and have struggled with unmanageable emotions as a result. This has led to a much greater understanding of trauma's impact on the development of addiction issues.

We know the more someone experiences the ongoing disruptions of trauma symptoms, the more likely they will gravitate to substances and behaviours that help them mood-alter and self-medicate.

WHY PEOPLE MOOD-ALTER WITH SUBSTANCES OR BEHAVIOURS

One explanation for the significant connection between trauma symptoms and addiction disorders is that people self-medicate common trauma symptoms and emotional pain using substances or behaviours. For example, you may be someone who uses substances to help you cope with a daily experience of anxiety, depression, or shame. Or you may be someone who uses alcohol, drugs, or certain behaviours to “manage” some of the painful and overwhelming symptoms you continue to experience following a traumatic life event.

Here is some research that helps us understand the connection between challenging life experiences and addiction disorders:

THE SELF-MEDICATION HYPOTHESIS

The Self-Medication Hypothesis was developed over 30 years ago by Dr. Edward Khantzian and his colleagues at the Harvard Medical School.⁽⁷⁾ Over the years, this research has made a significant contribution to our understanding of substance use and addiction disorders, especially as a way of medicating overwhelming emotions and experiences. His goal was to understand what drives behaviours that seem so self-destructive.

Dr. Khantzian concluded that the heart of addictive disorders is suffering, not a “reward” or seeking pleasure – addiction is about self-medicating distress and painful feelings.

He believed that addiction problems are less about pleasure-seeking, reward, or self-destructiveness than human psychological vulnerabilities. Addictive substances may help relieve emotional pain, but these attempts to self-medicate are short-lived.

Everyone who experiences addiction knows the temporary relief of self-medicating is quickly replaced by the suffering that comes with addiction.

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

The Adverse Childhood Experience Study (ACE Study) ⁽⁹⁾ is a vital study that shows the clear link between trauma and addiction. In the 1990s, Vincent Felitti and Robert Anda spearheaded a ground-breaking survey of over 17000 participants that looked at the association between adverse childhood experiences and the health or social problems they experienced as an adult.

The researchers began by identifying ten specific categories of common childhood trauma that included physical, emotional, and sexual abuse, physical and emotional neglect, and family challenges, including parental separation, addiction, mental illness, violence, or incarceration. Next, adult participants were asked how often they experienced these types of trauma in their childhood. Then, they were asked to identify the physical and mental health concerns they had as adults.

This study clearly shows that adverse childhood experiences are vastly more widespread than previously thought.

It also demonstrates that these adverse experiences have a consequential and cumulative negative impact on adult health. The statistics show a staggering increase in the rates of substance use, depression, obesity, cigarette smoking, and suicide attempts reported by participants who had more traumatic childhood experiences. The ACE Study explains the ways that childhood traumas lead to health and mental health challenges:

If you were a child who experienced one or more adverse childhood experiences (ACEs), it is more likely that you experienced emotional, social, or learning challenges.

Adverse childhood experiences create more difficulties in managing anger or anxiety. Kids who grow up experiencing trauma tend to act out more. As a result, they have more trouble relating to their peers – they often get bullied or act aggressively towards their peers.

WHY PEOPLE MOOD-ALTER WITH SUBSTANCES OR BEHAVIOURS

And, because their brains are more focused on surviving difficult situations, they often struggle in school. As a result, these kids start engaging in unhealthy and high-risk behaviours (including substance use) as a way of connecting with others or just coping. These unhealthy behaviours then lead to more social problems, more challenges with learning, health issues, and disabilities.

Although the statistics from the ACE Study show that 33% of all participants had no significant adverse childhood experiences, at least 17% reported having three or more categories of ACEs. The statistics regarding the connection between the number of ACEs experienced and the challenges that result in adulthood are staggering.

Those who had experienced four or more ACEs are between 4 and 12 times more likely to have an alcohol or drug use disorder than someone with an ACE score of zero.⁽¹⁰⁾

The highest risk of self-reported alcohol problems (30.7%) was reported by those who experienced four or more ACEs and a history of parental alcoholism.⁽¹¹⁾

How many of these adverse childhood experiences have happened to you?

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Parental Substance Abuse
- Household Mental Illness
- Incarcerated Family Member
- Parental Separation / Divorce

WHY PEOPLE MOOD-ALTER WITH SUBSTANCES OR BEHAVIOURS

Suppose one or more of these adverse childhood experiences have occurred in your life and you have substance use issues or addiction challenges. In that case, you might be using substances or behaviours to help you cope with the negative impacts of those experiences.

You might use your drug or behaviour of choice to help you feel less anxious, less irritable, or less angry. Drugs or alcohol might help you fall asleep or tone down your startle response. You may also use them to stop intrusive trauma-based thoughts or memories.

Substances might help you disengage from the parts of life that are overwhelming. Those with trauma histories are far more likely to use substances or addictive behaviours as a form of emotional avoidance – to numb painful feelings associated with traumatic experiences or traumatic memories.

In summary, for many people, addictive patterns are often a way of dealing with distress – it is a behaviour that begins out of pain.

Drugs, alcohol and compulsive behaviours are a way to numb that pain.





NUMBING THE PAIN OF TRAUMA

Feeling no pain. Taking the edge off. Numbing out. There is a reason why many references to substance use demonstrate a desire to change a painful or uncomfortable experience: it works, even if temporarily. Many who struggle with addiction are proof of that, especially if trauma has been a contributing factor.

People with addiction often medicate trauma symptoms.

We have come to understand something important about trauma and its impact. Trauma isn't so much about the experience that happened – trauma is more about how that event has impacted us. It's about how our nervous system keeps being affected by that painful experience, even years after it happened.

When we experience the threat of a traumatic situation, our nervous system activates our threat response system (often referred to as the fight or flight response). Trauma rattles most aspects of who we are: our physical bodies, our emotions, our thought processes, and our connections with other people. And these impacts are often felt long after the event has passed.

Even if we were too young to remember the trauma, our nervous system still remembers.

NUMBING THE PAIN OF TRAUMA

Trauma and adverse experiences can trigger excessive fear or anxiety long after the original threat of the trauma is over. It can lead to overwhelming anger, shame or other painful emotions. Trauma can make our inner “alarm system” more reactive so that we become more “on guard” or have difficulty sleeping. Those with a trauma history are more likely to feel endangered even when nothing is threatening. Overwhelming events can also create intrusive thoughts and disturbing memories. It’s these symptoms (and many others) that motivate people to use alcohol and drugs in an attempt to medicate these painful impacts of trauma.





TWO CATEGORIES OF TRAUMA SYMPTOMS THAT ADDICTION “SOLVES”

The Adverse Childhood Experiences (ACE) Study shows that substance use and other compulsive behaviours can become a way of managing the overwhelming experiences of childhood trauma and adverse experiences. Suppose you experienced painful childhood experiences and have problems with substance use or other addictions. In that case, you may have started mood-altering as a way of coping with symptoms related to those painful experiences.

The use of substances and behaviours effectively stops intrusive memories, self-soothing, manages anxiety, shame, or anger, and offers ways to numb out.

There are many different ways trauma leaves its “fingerprints” on who we are and how we function. These after-effects are easier to identify if we view trauma as being more about how a traumatic experience continues to impact us after the event has passed rather than just thinking about trauma as an event that occurred. And these symptoms are also easier to understand if we think about them in terms of how trauma impacts our nervous system.

TWO CATEGORIES OF TRAUMA SYMPTOMS THAT ADDICTION “SOLVES”

It is helpful to define the “nervous system” if we want to make sense of trauma’s impacts on it. This system includes our brain, spinal cord, and nerve systems that run throughout our body. Essentially, it controls everything we do. It is our basic operating system – controlling our thoughts, feelings, instincts, bodily functions, and bodily sensations.

The impacts or symptoms of trauma are divided into two groups. The first category is “hyper-arousal”, referring to too much activation or energy in the nervous system. The second category is “hypo-arousal” – when the nervous system responds to trauma in ways that include numbing and shutting down.

HYPER-AROUSAL: “TOO MUCH” TRAUMA SYMPTOMS

The term “hyper-arousal” describes the high level of activation that remains in the nervous system and the physical body following a traumatic experience. It is an ongoing activation of the fight or flight response even after the threat or the trauma has ended. A traumatized person continues to experience high nervous system activation that alters their experience of self, the world, and others. Another way to describe hyper-arousal is that there is too much of a vast number of uncomfortable symptoms, including:

- **Your nervous system remains on high alert:** You might be more jittery or startle easily. You might be more emotionally reactive and experience more significant irritability, aggressiveness, or impulsivity. Perhaps you are hypervigilant – always watchful for any sign of potential threat. Insomnia can also be a common problem if our nervous system continually scans for possible danger.
- **Physical Symptoms:** When our nervous system remains on “high alert”, our body also remains on high alert. Overwhelming physical sensations can continue following a trauma resulting from the fight or flight response remaining activated long after the danger has passed. Symptoms of this can include tension, digestive problems, excessive sweating, and elevated heart rate.

TWO CATEGORIES OF TRAUMA SYMPTOMS THAT ADDICTION “SOLVES”

- **Re-experiencing Symptoms:** These profoundly disturbing experiences include trauma-based flashbacks, nightmares, and intrusive images. Intrusive experiences are the ways you may continue to relive your original trauma.
- **Emotional Reactivity:** Several painful emotions come from unresolved trauma: heightened anxiety, fear, shame, and anger. There are all normal reactions to trauma, but if these powerful emotions create significant problems in your life, it may be a sign of unresolved trauma.
- **Self-Destructive Behaviours:** Trauma also leads to self-destructive behaviours that can be an attempt to manage the overwhelming experience of trauma symptoms – self-harm, disordered eating, compulsive sexual activity, and problematic substance use are much more common among people with a history of traumatic experiences.

HYPO-AROUSAL: THE “TOO LITTLE” TRAUMA SYMPTOMS

“Hypo-arousal” is used to describe different post-trauma experiences. Rather than a state of high activation experienced through the “too much” symptoms of hyper-arousal as listed above, hypo-arousal symptoms show up as a state of disconnection, numbing, and avoidance. It is the “too little” category of symptoms. “Dissociation” is the clinical word often used to describe this state of shutdown. If the hyper-arousal state is the “fight or flight” response, the hypo-arousal state is the “freeze” response.

This experience of dissociation or disconnection helps make a painful experience more tolerable in some ways. This type of reaction occurs without conscious thought – it is an automatic response to an overwhelming experience. And it happens, in part, as a way of protecting us from the painful experiences of trauma symptoms.

TWO CATEGORIES OF TRAUMA SYMPTOMS THAT ADDICTION “SOLVES”

When trauma activation in the nervous system results in a “freeze” response, it contributes to the development of trauma symptoms that fall into the “too little” category, including:

- **Emotional Numbness:** There is a sense of being emotionally numb, detached, or empty. You might feel out of touch with your emotions. It is a way of protecting against painful feelings. For some, this numbness happens automatically. For others, substances or behaviours help create emotional numbness. The downside of numbing painful emotions is that it blunts the good ones - another reason people become addicted.
- **Relational Avoidance and Isolation:** Traumatic experiences can create a tendency to withdraw and isolate. Unresolved trauma, primarily relational trauma, can make you more comfortable avoiding intimacy or connection with other people.
- **Physical Symptoms:** The “too little” symptoms that impact the body include having little or no energy to complete daily tasks. The experience of fatigue or exhaustion is common. In addition, trauma can affect the ability to feel sensations in the body.
- **Behavioural Symptoms:** You may have challenges being forgetful or “spaced out”. If you learned to cope with trauma by dissociating or shutting down, you might continue to respond in the same way similarly when faced with stressful situations today. Symptoms of hypo-arousal and dissociation contribute to substance use and addiction disorders by creating a need to feel something.

Also, people who live in a constant state of numbness and detachment can be drawn to high-risk behaviours. They may experience an increased desire to engage in risky behaviours or sensation-seeking in dramatic ways, including high-risk substance use and behavioural addictions such as sexual acting out and excessive gambling.

TWO CATEGORIES OF TRAUMA SYMPTOMS THAT ADDICTION “SOLVES”

If you relate to a number of these trauma symptoms and you recognize that they contribute to your substance use, I encourage you to find a counsellor trained in working with both trauma and addiction.





7 NEGATIVE IMPACTS OF MISSING THE LINK BETWEEN TRAUMA AND ADDICTION

If you or someone you love is trying to recover from addiction, it's essential to know that unresolved trauma can contribute to substance misuse and addiction disorders. It can also be a factor if you continue to relapse despite having a strong desire to stop destructive using patterns.

Trauma is often an unspoken and unacknowledged experience for many who struggle with addiction. The consequence of missing this critical connection may add to the problems for those stuck in harmful patterns of behavioural addictions or substance use.

Understandably, problematic substance use increases exposure to traumatic life events. There a greater risk of accidents and substance-related health issues, greater exposure to violence, and traumatic losses that occur as the result of addiction. Even though the use of substances creates additional sources of trauma, many of those with substance use disorders were exposed to significant adverse experiences long before their misuse of drugs or alcohol began.

Trauma symptoms differ significantly from person to person, but common symptoms include increased anxiety, fear, anger, and shame. Insomnia, nightmares, mood swings, agitation, or difficulty concentrating are problematic for some

7 NEGATIVE IMPACTS OF MISSING THE LINK BETWEEN TRAUMA AND ADDICTION

people. Sometimes a person remains on “high alert”, or they startle easily long after the threat has passed. There also might be particular situations or places that trigger strong emotional reactions.

But it’s far too easy to mistake some of these common symptoms of unresolved trauma for the negative consequences of addiction.

When we miss the connection between trauma and substance use, it increases the risk of believing all addiction issues are caused by choices and behaviours. When this happens, you are less likely to get the tools and resources needed to deal with the underlying impacts of trauma.

Suppose you struggle with problematic substance use or an addiction disorder. If you also have a history of trauma or adverse life experiences, there are seven additional challenges you may face as you seek help:

1 TOO MUCH OF A FOCUS ON ADDICTION LEAVES THE INITIAL ISSUE OF TRAUMA UNRESOLVED. TRAUMA SYMPTOMS DISRUPT EVERYDAY LIFE IN A WIDE VARIETY OF WAYS. So it isn’t surprising that someone with a history of trauma seeks relief from the painful symptoms of trauma – or that substance misuse becomes a way of finding that relief. Initially, the use of mood-altering substances or behaviours may have helped medicate your painful feelings. They may have been a way of avoiding difficult memories or circumstances.

The problem with self-medicating as a way of managing trauma symptoms is that it leads to out-of-control patterns while still leaving the initial issue of trauma unresolved.

Although substances or behaviours may provide a temporary “fix” for your trauma symptoms, it only adds to the problem by making the symptoms worse. It also interferes with the ability to work through the traumatic experience.

Research shows that addressing trauma symptoms helps decrease substance use. But the opposite isn’t necessarily true: treating substance use alone doesn’t shift trauma symptoms in the same positive way.

2 ADDICTION PROBLEMS ARE MORE SIGNIFICANT FOR THOSE WITH A TRAUMA HISTORY. They often use a wider variety of substances, use significantly higher quantities, and have other co-occurring behavioural addictions. If you experienced childhood trauma, you are more likely to have started using substances as early as age 11 or 12. Trauma also sets you up to have more years of substance use if it was used as a coping mechanism rather than for social reasons. You may also experience more intense cravings, especially if those cravings are directly related to underlying trauma symptoms such as intrusive memories, fear, shame, anger, or other trauma triggers.

Trauma can lead you to engage in far more destructive patterns of substance use – and the consequences of that substance use are more significant.

3 YOUR RISK OF SEVERE MENTAL HEALTH ISSUES INCREASES. Those with traumatic life experiences and substance use or addiction disorders struggle far more with anxiety, depression, suicidal thoughts, and other self-destructive behaviours. They are also six times more likely to have attempted suicide. In addition, research shows that those addicted to drugs or alcohol are up to 9 times more likely to have a psychiatric disorder if they experienced trauma as children than those who were not.⁽⁹⁾

Trauma and addiction impact your mental health in very harmful ways.

4 ADDICTION TREATMENT PROGRAMS CAN BE LESS HELPFUL. Trauma symptoms will likely interfere with your ability to experience the full benefit of addiction treatment. Common trauma symptoms include high levels of anxiety and panic, difficulty feeling safe in groups, feeling overwhelmed in new situations, or fears of giving up control. Going to a treatment program might activate these symptoms in some challenging ways.

Many common trauma symptoms might make it difficult for you to participate fully in a treatment program.

5 TRAUMA SYMPTOMS ARE OFTEN MISTAKEN FOR AN UNWILLINGNESS TO PURSUE RECOVERY. With a past trauma history, you may find confrontation difficult – you might respond with defensiveness and anger. Or it may be too painful to look at the consequences of your behaviours, so you act as if you haven't done anything wrong. Instead of the compassion and understanding you need, you might be shamed or judged. When we look at these behaviours through the lens of trauma, we can understand these are “normal” reactions to the loss of control you experienced in past traumatic experiences.

Some of your trauma symptoms might make it seem like you are not “ready” or not “willing” to deal with your addiction problems.

6 RELAPSE OCCURS MORE OFTEN FOR THOSE WITH UNRESOLVED TRAUMA. Even if you have a strong desire to stop destructive patterns, unresolved trauma can increase the risk of a quick relapse after a period of abstinence. The reason for this is that trauma symptoms are heightened when you stop using substances or behaviours – you're no longer numbing your trauma symptoms. This sudden increase in troubling symptoms during abstinence often triggers an overwhelming desire to mood-alter.

Abstinence may not diminish trauma symptoms but may trigger them.

7 IT INCREASES THE HOPELESSNESS ABOUT THE POSSIBILITY OF RECOVERY. If you have experienced the effects of past trauma, a vicious cycle often gets created. Once you stop using substances or behaviours, trauma symptoms such as anxiety, emotional triggers, and upsetting memories surface again. This increase in trauma symptoms often triggers a relapse. And now you feel more shame and hopelessness, making the next attempt at recovery even more challenging.

If your underlying trauma remains unidentified or unresolved, it makes the process of addiction recovery seem an impossible task.

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If you have experienced some of these additional challenges in your search for help, I encourage you to find a counsellor trained in working with both trauma and addiction. It is also more common for addiction treatment programs to be “trauma-informed”. This simply means that a program or the people offering the support follows these principles of care in their work: creating safety, being trustworthy, offering choice and collaboration, empowerment, and respect for diversity.





SOME FINAL THOUGHTS

Substance use and addiction disorders are common among those who have been through traumatic experiences, especially when they continue to suffer from ongoing trauma symptoms. It is no wonder they might seek out options to help them shut down or numb out. Others use substances to counter the numbness and detachment they experience.

For those who've had trauma, addiction is, most often, a way to dampen the pain. Let's remember that substance use and other addiction disorders began as an attempt to fix a problem that trauma created.

Trauma-informed care recognizes the principles of safety and compassion are foundational to the process of healing and recovery for anyone experiencing a substance use disorder, especially when trauma has been a contributing factor.

I appreciate your interest in *"Trauma and Addiction: The Link We Can't Ignore"*. I am grateful to have an opportunity to do my part in bringing more compassion and more science to the field of addiction recovery.

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