

Strategies for Addressing Trauma in Substance Use Prevention and Treatment

Substance misuse and trauma are tightly linked. A holistic approach to prevention and treatment requires understanding, acknowledging, and addressing trauma. This brief explores what trauma is, how it relates to substance misuse, and strategies to better address both issues together.

WHAT IS TRAUMA

Trauma occurs after someone experiences an event or events, which result(s) in physical, emotional, or life-threatening harm. Trauma can happen to anyone, at any time and can have lasting effects on a person's mental and physical health and well-being.¹ Globally, 70% of people will experience a traumatic event at least once in their lifetime, and 30% of people will be exposed to four or more traumatic events.²

TRAUMA AND SUBSTANCE USE

There is a significant comorbidity between trauma and substance use disorder (SUD). The best data on that link come from post-traumatic stress disorder (PTSD), a mental health condition characterized by the inability to cope with trauma to the extent that it interferes with daily life.⁴ Nearly half (46%) of people with lifetime PTSD meet the criteria for at least one SUD.⁵ PTSD and SUD co-occur at particularly high rates among veterans⁶ and people with adverse childhood experiences (ACEs).⁷

Yet only about 6% of people who experience trauma develop PTSD.⁸ Many more people with trauma never meet all the requirements for a PTSD diagnosis but still experience significant behavioral health problems stemming from trauma, including SUD. The connection between PTSD and SUD only scratches the surface of the link with trauma. People with SUD are also more likely to engage in risky behaviors while using substances, which may result in new or additional traumas, further exacerbating both problems.⁹

TYPES OF TRAUMA

Trauma can occur across the lifespan. While many traumatic experiences happen at the interpersonal level, trauma also affects people and communities at the population level through acts of systemic violence and discrimination. Some examples of trauma on the following page include:¹⁰

SAMHSA defines trauma as the “Three E’s”³

1 Event(s)

The traumatic event can be acute (one time) or chronic (multiple events). The event(s) often pose(s) a real or perceived threat of harm.

2 Experience

How an individual experiences the events varies, but they often experience feelings of fear, humiliation, guilt, and shame.

3 Effects

The adverse effects from the event also vary, but can include problems with emotional regulation or developing unhealthy coping mechanisms.

Types of Trauma		
Trauma in Childhood (ACEs)	<ul style="list-style-type: none"> • Physical, emotional, or sexual abuse • Physical or emotional neglect • Witnessing interpersonal violence 	<ul style="list-style-type: none"> • Parental separation or divorce • Family substance use • Family incarceration • Family mental illness • Living in poverty
Trauma in Adulthood	<ul style="list-style-type: none"> • Experiencing combat or sexual violence during military service • Being a victim of or witness to mass violence or terrorism 	<ul style="list-style-type: none"> • Physical, emotional, or sexual abuse • Experiencing homelessness • Surviving a bad accident • Natural disasters
Trauma at the Population Level	<ul style="list-style-type: none"> • Systemic racism (e.g., redlining policies, mass incarceration) • Community trauma (e.g., gang and gun violence, lack of resources or infrastructure) 	<ul style="list-style-type: none"> • Intergenerational trauma (e.g., slavery, the Holocaust, loss of Native culture)

STRATEGIES FOR ADDRESSING TRAUMA AND SUBSTANCE MISUSE

While trauma is pervasive, it can be prevented and its negative effects lessened. Addressing trauma and substance misuse requires a holistic, collaborative, and evidence-based approach.

Preventing Traumatic Experiences Through the Social Determinants of Health

The social determinants of health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹¹ The SDOH range from rates of neighborhood poverty to experiencing discrimination, among many others.

Trauma, substance misuse, and the SDOH are inextricably linked. By addressing the SDOH, the field can improve living conditions and reduce inequities, which may lessen the occurrence of trauma and substance misuse. For example, experiencing homelessness is both a traumatic experience and a potential catalyst for future trauma (e.g., physical or sexual violence, loss of social connections, etc.).¹² It is also a risk factor for substance misuse.¹³ Implementing a “housing first” approach to homeless assistance, which prioritizes providing permanent and affordable

housing to fulfill the basic needs of safety and security before tackling other areas of need (e.g., employment),¹⁴ can create an environment that better facilitates treatment for trauma and SUD.

Preventing the Adverse Effects of Trauma by Building Resilience

Building and promoting resilience can reduce the adverse effects of trauma.¹⁵ Resilience refers to one’s ability to withstand or overcome stressful events, such as having enhanced individual coping skills.^{16,17} One way to foster resiliency in children is through protective and compensatory experiences (PACEs). PACEs are positive experiences that occur during childhood that have a cumulative protective effect on functioning in adulthood.¹⁸ There are two domains of PACEs:

1. **Supportive relationships:** positive parenting, feeling unconditional love, having a best friend, being part of a group, etc.
2. **Enriching resources:** living in a safe home, having needs met, being physically active, having rules and routines at home, etc.

PACEs predict better mental health outcomes even after exposure to ACEs.¹⁹ Providing caregivers with evidence-based programming and resources to implement PACEs at home can greatly reduce the impact of trauma.

Integrating a Trauma-Informed Approach into Policy and Practice

A trauma-informed approach is a strengths-based framework that realizes the impact of trauma, recognizes the signs and symptoms of trauma, responds by integrating trauma knowledge into policy and practice, and works to actively avoid re-traumatization.²⁰ Two practical applications stem from a trauma-informed approach:

- **Implement widespread trauma-informed screening.** Screening is critical for early intervention for behavioral health disorders. However, screening tools can make some people uncomfortable or distressed as they answer sensitive questions.²¹ The Trauma Screening, Brief Intervention, and Referral to Treatment (T-SBIRT) is an example of a trauma-informed adaptation of an evidence-based screening tool for substance use. Recent evaluations have found T-SBIRT highly successful at identifying trauma in adults, referring those with positive screenings to treatment, and improving access to care.²²
- **Use a trauma-informed framework when designing and implementing policy.** Regardless of policy level, using a trauma-informed framework can be an important tool in promoting health equity and improving outcomes. For example, organizations can write policies establishing a trauma-informed approach as central to their mission, procedures, and protocols, whereas states can pass laws that provide additional funding for trauma-informed behavioral health services.²³ ²⁴ Keeping in line with **SAMHSA's guiding principles to a trauma-informed approach**, policy makers should find ways to ensure that values such as safety, empowerment, and collaboration are embedded in policy.

NOTES:

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