



PTSD and Substance Use Disorders



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Relationship between PTSD and Substance Use Disorders

- PTSD and SUD occur at a high rate
 - 58% of vets in SUD programs have a lifetime history of PTSD.
 - Among individuals with PTSD, 52% develop alcohol use disorder and 35% develop drug use disorders.

Relationship between PTSD and Substance Use Disorders

- 73% of male Vietnam Veterans with PTSD also qualify for lifetime SUD.
- 25% of veterans from the current war in Iraq and Afghanistan have a SUD (unpublished data).

Relationship between PTSD and Substance Use Disorders

- Odds of drug use is three times greater in individuals with PTSD.
- Presence of either PTSD or SUD alone increase the risk of developing the other.

Substance Use Disorders (SUD)

- Substance abuse, a less severe form of the disorder.
- Substance dependence, a more severe form (e.g., unsuccessful efforts to cut down, tolerance, using substance in a dangerous situations).

Types of Substance Use Disorders

- Alcohol
- Marijuana
- Stimulants
 - Amphetamines
 - Cocaine
 - Crack
 - Methamphetamines

Types of Substance Use Disorders

- Depressants
 - Sedatives
 - Hypnotics
 - Barbituates
- Narcotics
 - Codeine
 - Heroine
- Hallucinogenics
 - LSC
 - PCP

Relationship between PTSD and Substance Use Disorders

- PTSD/SUD diagnosis is associated with “harder” substances (e.g., cocaine, opioids).
- Alleviating PTSD symptoms improves substance outcomes.

Relationship between PTSD and Substance Use Disorders

- Assessment can be complicated:
 - SUD may impair an individual's ability to accurately report their PTSD symptoms.
 - Substance use may impair memory.
 - Dampen symptoms.
 - Elevate symptoms.

Relationship between PTSD and Substance Use Disorders

- Veterans with PTSD/SUD tend to have greater impairments:
 - Other mental health disorders
 - Increased inpatient admissions
 - Increased medical problems
 - Decreased motivation for treatment
 - Legal problems
 - Homelessness
 - Suicide

Different Theories for the PTSD/SUD relationship:

- 1) Alcohol and drugs used to manage PTSD symptoms.
- 2) SUD may increase risk of developing PTSD by increasing the likelihood of being exposed to a traumatic event.
- 3) A third variable may be related to the development of both PTSD and SUD following exposure to trauma (e.g., poor coping skills).

Self Medication Theory

- People with PTSD use substances as a way of reducing distress associated with PTSD
 - Substance use is more likely following the development of PTSD.
 - As PTSD symptoms get worse, drug use tends to increase. As PTSD symptoms decline, drug use declines.

PTSD

- Psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults.
- How long PTSD lasts depends on many variables, including the person's ability to cope and the amount of threat or harm that occurred to the person.

Re-experiencing symptoms

- Frequently having upsetting thoughts or memories about a traumatic event.
- Having recurrent nightmares.
- Acting or feeling as though the traumatic event were happening again, sometimes called a "flashback."
- Having very strong feelings of distress when reminded of the traumatic event.
- Being physically responsive, such as experiencing a surge in your heart rate or sweating, to reminders of the traumatic event.

Avoidance Symptoms

- Making an effort to avoid thoughts, feelings, or conversations about the traumatic event.
- Making an effort to avoid places or people that remind them of the traumatic event.
- Having a difficult time remembering important parts of the traumatic event.
- A loss of interest in important, once positive, activities.
- Feeling distant from others.
- Experiencing difficulties having positive feelings, such as happiness or love.
- Feeling as though your life may be cut short.

Hyper-arousal Symptoms

- Having a difficult time falling or staying asleep.
- Feeling more irritable or having outbursts of anger.
- Having difficulty concentrating.
- Feeling constantly "on guard" or like danger is lurking around every corner.
- Being "jumpy" or easily startled.

PTSD: A Disorder of Extremes



Uncontrolled reliving of emotionally charged memories that disrupt functioning

versus

Pathological avoidance of trauma memories

Self-medication

- Individuals with PTSD report that:
 - Use substances (alcohol or drugs) to ameliorate arousal-related symptoms (e.g., agitation/anger).
 - Use substances to numb distressing emotions.

PTSD and Tobacco Dependence

- In the general population, PTSD is associated with high rates of smoking (45%) versus the national average (20%).
- Rates of smoking are even higher among veterans with PTSD (53% - 66%).
- Smokers with PTSD are among the least successful psychiatric populations with respect to smoking cessation.

Self-Medication

- Smokers with PTSD smoke to relieve anxiety and tension.
- Smokers report reduction in PTSD symptoms while smoking a cigarette following exposure to a trauma reminder.
- Smoking cessation exacerbates depression in smokers with PTSD.

Problem with self-medication

- Substance use may result in an initial reduction in distress.
- Only a short-term fix. PTSD may come back even stronger, resulting in even stronger desire to use substances (Mutual Maintenance Hypothesis).

Problems with self medication

- Substance use may lead to additional problems such as:
 - Depression
 - Suicide attempts
 - Interpersonal problems
 - Legal problems
 - Medical problems
 - Inpatient psychiatric hospitalization

Treatment Implications

- Evidence that PTSD has an adverse impact on treatment for SUD, and that SUD has an adverse impact on treatment for PTSD.
- Veterans with PTSD show less improvement on substance use outcomes than patients without PTSD.

Treatment Implications

- Veterans who receive PTSD treatment following SUD treatment are 3.7 times more likely to maintain abstinence.
- In general, alleviating PTSD symptoms improves substance outcomes.
- When PTSD symptoms increase, substance use increases or becomes more severe.

Treatment Implications

- Receiving PTSD treatment prior to substance use treatment may be less useful if substances are masking PTSD symptoms.
- Supports recommendations for proximate if not concurrent treatment of both conditions.

Seeking safety

- Therapy to help attain safety from PTSD and SUD
- Teaches veterans with PTSD and substance use problems different coping skills.

Seeking Safety

- Setting boundaries in relationships.
- Recognizing warning signs or high risk situations for drug/alcohol use.
- Self-care.
- Coping with PTSD symptoms.
- Community Resources.
- Recovery thinking.

Seeking Safety

- Goals: Discontinue substance use, decrease suicidality, decrease symptoms of PTSD.
- Safety is a priority during the first stage.
- Integrated treatment of PTSD.
- Emphasis on practical solutions.

What does seeking safety improve?

- Reduce alcohol/drug use
- Reduce PTSD symptoms
- Reduce risk for suicide
- Reduce depression
- Improve social skills
- Improve problem-solving