TRAUMA AND SUBSTANCE USE: Understanding the Connection and Promoting Trauma-Informed Prevention in Nigeria

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INTRODUCTION

- Complex interplay between trauma and substance use.
- Traumatic events such as abuse, violence, or disasters frequently lead to substances as a coping mechanism.
- *Relationship between trauma and substance use has remained a clinical challenge.

- Understanding this interplay is crucial for clinicians, policymakers, and professionals striving to break the cycle of trauma and addiction.
- Effective intervention requires a holistic, traumainformed approach that addresses both the psychological wounds and the behavioral consequences

*Trauma is an emotional response to a distressing event that overwhelms an individual's ability to cope.

❖It can be

- > acute (e.g., a car accident),
- chronic (e.g., ongoing abuse),
- complex (e.g., repeated interpersonal trauma) (APA, 2013).

- Traumatic experiences often lead to:
 - ➤ Post-traumatic stress disorder (PTSD),
 - > Depression,
 - ➤ Anxiety,
 - > Other mental health conditions (Kessler et al, 1995).

SUBSTANCE AS COPING STRATEGY

- Substance use as a coping strategy is a widespread phenomenon that spans cultures, age groups, and socioeconomic statuses.
- Comments commonly heard:
 - ✓ Drink and forget your sorrow
 - ✓ Numb your feelings with alcohol
 - ✓ Smoke it off
 - Ease off with weed
 - ✓ Unwind from your stress

- Substance use often emerges as a maladaptive strategy to manage trauma-related symptoms.
- *Alcohol, opioids, and stimulants may temporarily alleviate anxiety, numb emotional pain, or induce sleep (Khantzian et al, 1985).

- Relief is short-lived and can lead to
 - Dependence,
 - Exacerbating psychological distress
 - Opening the door to new and more complex problems
 - Social dysfunction.
- Coping strategies are psychological mechanisms employed to handle stress and adversity.
- Two known coping mechanisms (Lazarus et al, 2016).
 - Problem-focused coping
 - Emotion-focused coping

- Substance use typically falls under **emotion-focused coping**, where individuals seek to alleviate emotional distress rather than address the root cause.
- Substances like alcohol and opioids activate the brain's reward system, releasing dopamine and creating feelings of pleasure or numbness (Koob et al, 2016).

Emotion focused coping

- In the complex landscape of human emotions, coping mechanisms serve as our inner compass.
- They guide us through stress, grief, conflict, and the mundane anxieties of daily life.

- Emotional coping mechanisms are strategies, conscious or unconscious that individuals use to manage emotional distress and maintain psychological stability.
- These tools are neither inherently good nor bad; their effectiveness depends on the context, personal awareness, and long-term impact.

Types of Emotional coping Mechanism

Adaptive Coping Mechanisms

- **Problem-solving**: Tackling issues head-on by finding practical solutions.
- **Seeking support**: Turning to trusted friends, family, or professionals for help.
- *Mindfulness and relaxation*: Practices like meditation, yoga, and deep breathing help regulate stress.
- *Positive reframing*: Viewing challenges through a growth-oriented lens.

Maladaptive Coping Mechanisms

- **Avoidance**: Dodging problems or emotions, often leading to greater issues later.
- *Substance abuse*: Using drugs or alcohol to numb feelings.
- *Suppression*: Bottling up emotions until they manifest as anxiety or physical illness.
- *Denial*: Refusing to accept reality, which can hinder healing.

- This neurochemical response reinforces the behavior, making substance use a regular coping mechanism.
- Mental illness conditions (depression, anxiety etc) worsen this vulnerability(Conway et al, 2016).
- Environmental stressors such as poverty, unemployment, family dysfunction, and exposure to violence can worsen the vulnerability.

- *Peer pressure and cultural norms also play a role (Room et al, 2005).
- Early exposure to stress and lack of supportive relationships correlate strongly with substance misuse (Squeglia et al, 2009).

- Chronic use can lead
 - physical health issues (e.g., liver disease, cardiovascular problems),
 - mental health deterioration,
 - impaired cognitive functioning (Rehm et al, 2019).
- Social consequences include
 - strained relationships,
 - academic or occupational failure,
 - legal problems.

Reliance on substances can hinder the development of healthier coping mechanisms, trapping individuals in a cycle of avoidance and dependency (Hasking et al, 2011).

EPIDEMIOLOGY

- Studies consistently show high rates of substance use disorders (SUDs) among individuals with trauma histories.
 - > Up to 59% of women with PTSD also meet criteria for a SUD (Quimette et al, 1998).
 - > Veterans exposed to combat trauma have elevated rates of alcohol and drug misuse (Jacobson et al, 2001).
 - > Childhood trauma significantly increases the risk of later substance abuse (Dube et al, 2003).

- > 90% of individuals with SUDs report histories of traumatic experiences,
- > PTSD prevalence ranging from 20% to 38% among this population
- ➤ Women face compounded risks, with higher rates of multi-type abuse and more severe psychiatric symptoms (Torchalla et al, 2015).
- ➤ Goytan et al, (2021) found that **39**% of people who use drugs (PWUD) qualified for a provisional PTSD diagnosis

- Female injection drug users have mortality rates nearly 50 times higher than the general female population, with trauma and PTSD playing a central role in this disparity (Torchalla et al, 2015).
- > co-occurrence of trauma and substance use leads to:
 - poorer treatment outcomes,
 - ✓ increased overdose risk,
 - barriers to accessing care.

Neurobiological mechanism

- Trauma is known to alter brain regions involved in stress regulation and reward processing, such as the amygdala, hippocampus, and prefrontal cortex (Koob et al, 2016).
- These changes may heighten vulnerability to addiction by impairing emotional regulation and increasing sensitivity to drug-related cues.

- Key regions involved are:
 - **Amygdala**: Heightened activity in trauma; mediates fear and emotional memory.
 - **Prefrontal Cortex (PFC)**: Impaired in both trauma and addiction, affecting decision-making and impulse control.
 - Ventral Tegmental Area (VTA) and Nucleus
 Accumbens (NAc): Central to reward processing;
 hijacked by addictive substances.

- Trauma activates the hypothalamic-pituitaryadrenal (HPA) axis, increasing cortisol and catecholamines.
- Chronic stress alters dopamine signaling, increasing vulnerability to substance use as a coping mechanism.
- Repeated trauma and substance use induce maladaptive brain changes.
- These changes reinforce compulsive drug-seeking behavior and heighten relapse risk.

Dual diagnosis & Treatment challenges

- *Co-occurring trauma and SUDs complicate diagnosis and treatment.
- *Traditional substance use programs may not address underlying trauma, while trauma-focused therapies may be ineffective if substance use is ongoing.
- The way forward is Integrated treatment models such as Seeking Safety and Trauma-Informed Care.

Quadrants of care approach

This is designed to simplify approaches to handling comorbidities of trauma, substance use and/or mental disorders.

❖It takes into consideration the concept of recovery capital.

Recovery Capital and Problem Severity Matrix

Quadrant III

High Problem Severity and Complexity

High Recovery Capital

Quadrant IV

High Problem Severity and Complexity

Low Recovery Capital

Quadrant I

Low Problem Severity and Complexity

High Recovery Capital

Quadrant II

Low Problem Severity and Complexity

Low Recovery Capital

Factoring in Recovery Capital

 High problem severity + low recovery capital= residential or hospital-based treatment

BUT (possibly)

 High problem severity + high recovery capital= intensive outpatient treatment

Factoring in Recovery Capital (continued)

 Low problem severity + moderate to high recovery capital=brief intervention

BUT

 Low problem severity + low recovery capital= more intensive intervention, like an outpatient program

Prevention and early intervention

- Effective interventions must address both the psychological and social dimensions of substance use.
- *Cognitive-behavioral therapy (CBT) helps individuals identify triggers and develop alternative coping strategies (Magil & Ray, 2009).
- Community-based programs that offer social support, education, and access to mental health services are also crucial.

- Preventing trauma and providing early support can reduce the risk of substance use.
- Preventive efforts should focus on early education, resilience-building, and reducing stigma around mental health and substance use.

- Policies that promote economic stability and access to healthcare can mitigate environmental stressors that contribute to maladaptive coping.
- School-based programs, community outreach, and trauma-informed policies in healthcare and criminal justice systems are essential (SAMHSA, 2014).

Building healthy coping habits

- Developing adaptive strategies requires self-awareness and intentionality.
- It often involves:
 - Reflecting on emotional triggers and responses
 - Practicing emotional literacy—learning to label and understand one's feelings
 - Seeking constructive outlets like journaling, art, or physical activity
 - Engaging in therapy or counseling when needed

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