

TRAUMA AND ADOLESCENT SUBSTANCE USE DISORDER (SUD)

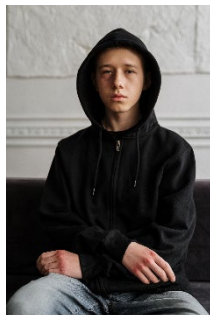
QRTP Infosheet: Issue Seven

Exposure to Adverse Childhood Experiences (ACEs) is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to poor health and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability, substance use and premature death. In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice, and special education expenditures, as well as productivity losses.¹

Although it is unclear exactly how many adolescents who abuse drugs or alcohol also have experienced trauma, numerous studies have documented a correlation between trauma exposure and substance abuse in adolescents:

- In the National Survey of Adolescents, teens who had experienced physical or sexual abuse/assault were three times more likely to report past or current substance abuse than those without a history of trauma.
- In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure.

This correlation is particularly strong for adolescents with PTSD. Studies indicate that up to 59% of young people with PTSD subsequently develop substance abuse problems.²



Multiple pathways have been proposed to explain the link between trauma and substance abuse in adolescents. A review of these theories demonstrates that the road connecting these disorders runs both ways: trauma increases the risk of developing substance abuse, and substance abuse increases the likelihood that adolescents will experience trauma.

While not every person with an addiction suffers from trauma and not every person who suffers from trauma ends up with an addiction, the link between the two is strong. Data taken from national surveys in the United States finds that 1 out of every 4 children and adolescents will have been exposed to a traumatic event or experience before they turn 16. Additionally, studies have

¹ Health Policy Institute of Ohio. "Adverse, Childhood Experiences (ACEs): Health Impact of ACEs in Ohio," August 2020.

² The National Child Traumatic Stress Network: *Understanding the links between adolescent trauma and substance abuse*.

revealed that 20% of American youth between the ages of 12 and 17 have or will develop alcohol or substance abuse disorders, because of early traumatic exposure.³

Trauma as a risk factor for substance abuse

According to the self-medication hypothesis of substance abuse, people develop substance abuse problems to manage distress associated with the effects of trauma exposure and traumatic stress symptoms. This theory suggests that youth turn to alcohol and other drugs to manage the intense flood of emotions and traumatic reminders associated with traumatic stress or PTSD, or to numb themselves from the experience of any intense emotion, whether positive or negative.

Substance abuse as a risk factor for trauma

Numerous epidemiological studies have found that, for many adolescents (45%–66%), substance use disorders precede the onset of trauma exposure. The use of substances may impair their judgement and place them in situations where trauma may be more likely to occur. Studies have shown a direct link between alcohol use and engagement in risky behaviors in which adolescents may get hurt, such as hitchhiking, walking in unsafe neighborhoods, and driving after using alcohol or drugs. There is also evidence that youth who are already abusing substances may be less able to cope with a traumatic event because of the functional impairments associated with problematic use.

Treating youth with substance abuse and trauma⁴

- Actively engage primary and resource families where appropriate and where the family is not a source of a youth's trauma.
- Establish a therapeutic relationship that is consistent, trusting, and collaborative.
- Staff should be trained on the provision of a trauma-informed and trauma-responsive environment, trauma-specific services, and issues of retraumatization.
- Use culturally and gender-appropriate strategies for prevention, engagement, screening, assessment, treatment planning, intervention, treatment, and recovery supports for adolescents and their families.
- Provide youth and families with more intense treatment options to address the magnitude of difficulties often experienced by this population.
- Emphasize management and reduction of both substance use and PTSD symptoms early in the recovery process.
- Start relapse prevention efforts—targeting both substance and trauma-related

³ *When Trauma and Addiction Are Linked*, Ravikumar Bhalavat, Recovery Maryland, June 2023

⁴ Adapted from *Understanding the Links Between Adolescent Trauma and Substance Abuse: A Toolkit for Providers*, The National Child Traumatic Stress Network

cues—early in treatment (e.g., problem solving, drug refusal, and safety skills and desensitization to trauma reminders).

- Focus on stress management skills such as relaxation and positive self-talk.
- Help youth develop emotional regulation skills such as the identification, expression, and modulation of negative affect.
- Incorporate cognitive restructuring techniques such as recognizing, challenging, and correcting negative cognitions.
- Provide social skills training and consider referral to adolescent self-help groups as needed.
- Provide psychoeducation for both youth and their families about trauma and substance abuse problems and encourage parental involvement in treatment with the goal of increasing parenting skills, communication, and conflict resolution.
- Make use of school-based treatment programs to reach at-risk youth.
- Services, materials, and resources provided to adolescents should be accessible, developmentally appropriate and tailored to adolescents.
- Medication assisted treatment in combination with behavioral interventions, has the potential to increase the likelihood of successful treatment for youth struggling with SUD.

Resources

988 Suicide and Crisis Lifeline

Ohioans who are experiencing a mental health or addiction crisis and their family members can call, chat or text 988 to reach a trained counselor who can offer help and support.

Ohio Mental Health and Addiction Services

- Crisis Text Line – Text 4Hope to 741 741 for free, confidential conversation
[Crisis Text Line | Department of Mental Health and Addiction Services \(ohio.gov\)](#)
- Ohio Careline (1-800-720-9616) for free, confidential connection to licensed provider
[Ohio CareLine | Department of Mental Health and Addiction Services](#)
- OhioMHAS Get Help for a variety of resources on control connection, and meaning
[Department of Mental Health and Addiction Services | Ohio.gov](#)

2021 National Survey of Drug Use and Health (NSDUH)

Conducted annually, the [National Survey on Drug Use and Health \(NSDUH\)](#) provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; receipt of substance use treatment; mental health issues; and the use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the public to better understand and improve the nation's behavioral health.