



## Co-occurring PTSD and Substance Use Disorders

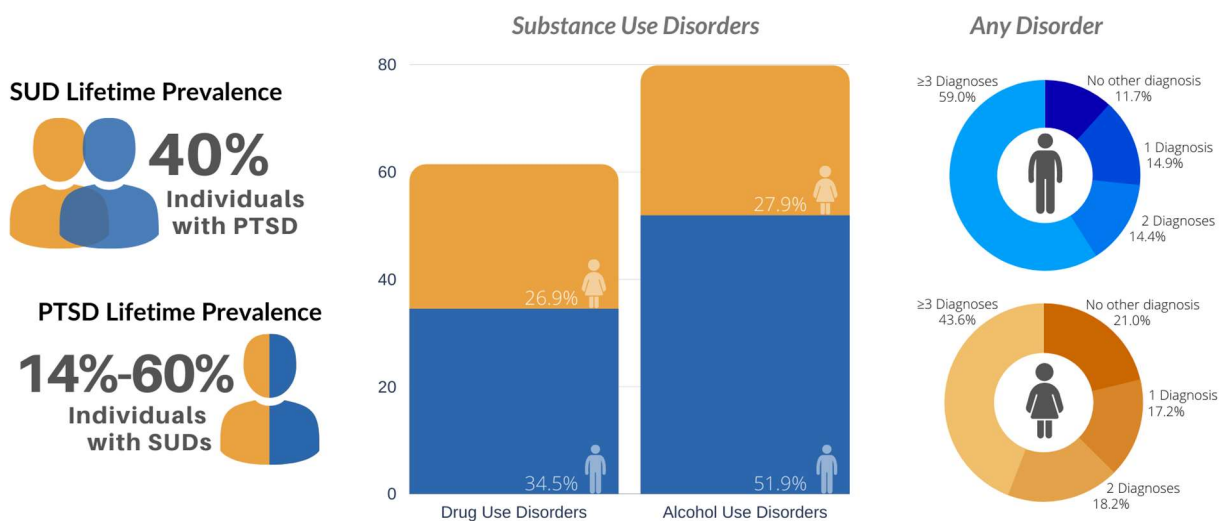
We used to think that we had to wait to treat PTSD until people stopped using substances. Research now suggests that this is not the case. Read on for more information!

### Overview

- ✓ Decades of research have shown that there is a strong link between trauma exposure and substance use disorders (SUDs).
- ✓ People who have SUDs are also more likely to experience trauma, which may occur because they are less able to detect danger cues in their environment.
- ✓ Together, this can lead to a vicious cycle whereby exposure to a traumatic event leads to (more) substance use, which in turn may increase risk of new trauma exposures, worsening substance use, and so on.
- ✓ Many people who have experienced trauma and who use substances have had early childhood traumatic stress exposures, such as childhood physical or sexual abuse. They also tend to have histories of repeated victimization.
- ✓ Some effective treatments address PTSD and SUD at the same time, and others address PTSD and SUD individually.

### How often do PTSD and SUDs Co-occur?

#### COMORBIDITY WITH LIFETIME PTSD



Developed by [Denise Hein](#) and [Melissa J. Zielinski](#)





## Why do PTSD and SUDs Co-occur?

- ✓ The reasons PTSD and SUDs co-occur are complicated. Common models that have been used to explain their relationship include:
  - ✓ **Self-medication model** – Having PTSD makes someone more likely to develop a SUD because substances are used to deal with symptoms like emotional pain, bad memories, poor sleep, guilt, shame or anxiety from past trauma.<sup>1-4</sup>
  - ✓ **Shared liability and mutual maintenance model** – There are shared reinforcing relationships between traumatic stress and SUDs that underlie and maintain both disorders.<sup>6-8</sup>
  - ✓ **Susceptibility model** – Early stress exposure leading to PTSD makes people more vulnerable to develop SUDs later on.<sup>9-10</sup>
  - ✓ **High-risk model** – Substance intoxication and/or other high-risk contexts (e.g., drug-related crime) lead to trauma exposure and the development of PTSD.<sup>11-13</sup>
- ✓ Some researchers also point to brain or biological factors that may increase risk for both PTSD and SUD, such as HPA-axis dysregulation (over-reactivity of the body's stress response to non-threatening situations).

## What do we know about treatment options for co-occurring PTSD and SUD?

- ✓ When PTSD symptoms get better, problems related to substance use usually also get better. However, when SUD gets better, PTSD does not always get better. This means that **PTSD treatment should not be delayed.**
- ✓ Treatments that address PTSD and SUD together have been shown to improve PTSD symptoms without worsening SUD symptoms. These include:
  - ✓ Behavioral interventions designed for PTSD/SUD
    - Concurrent Treatment of PTSD and SUD using Prolonged Exposure (COPE)
    - Seeking Safety
    - Trauma Affect Regulation: Guide for Education & Therapy (TARGET)
    - Integrated Cognitive Behavioral Therapy (ICBT)
  - ✓ Medication combined with behavioral treatments for PTSD/SUD
    - SSRIs (sertraline, paroxetine)
    - Prazosin
    - Naltrexone
- ✓ There is also evidence that behavioral interventions designed for either PTSD (e.g., Cognitive Processing Therapy, Prolonged Exposure) or for SUD (e.g., relapse prevention) may reduce PTSD and substance use.

## For further information check out:

- [Behavioral Interventions for Comorbid PTSD and Substance Use Disorder](#) by the National Center for PTSD for a detailed review of the state of the research on interventions for PTSD and substance use disorders
- [Posttraumatic Stress and Substance Use Disorders: A Comprehensive Clinical Handbook](#) by Dr. Anka Vujanovic and Dr. Sudie Back

