psychological trauma and substance misuse

Dr Keron Fletcher
• traumatised people report substance misuse

• substance misusers report trauma

lets look at some examples
example – war veteran

• a soldier saw man shot through neck - pumping blood. Undressed 3 bodies - total 48 bullet wounds. Baby blown to pieces - picked up body parts.

• nightmares, flashbacks, poor sleep, temper problems, can’t watch medical programmes, can’t think or talk about past trauma

• 1 bottle sherry, 1 bottle rum/day

• in care 9 months as a child, poor relationships with parents, physically abused, married 4x
example – drug addict

- 27 year old female injecting heroin 6 times daily into groin, snorting crack cocaine 1gm daily

- in bed with drug-dealer

- men broke into room, hit dealer, put plastic bag over head, poured petrol over him and set fire to him – murdered

- she was cowering in the corner
summary

• substance misuse AND psychological trauma go together very frequently
  – substance misuse is common in traumatised people
  – trauma is common in substance misusers

• when both conditions occur together, EVERYTHING is more complicated and problematic

• both conditions deserve treatment BUT this does not happen
is it true?

• do they really go together?

• how can we answer the question?

  – **step 1**: look at the literature

  – **step 2**: take a population of substance misusers and ask them about psychological trauma

  – **step 3**: take a population of traumatised people and ask them about substance misuse
step 1: what does the literature say?
rates of substance misuse

- in general population: 8.1 - 24.7%
- in PTSD sufferers: 21.6 - 43%
- in traumatised veterans: Up to 75%

Data from USA National Co-morbidity Survey, (Kessler et al, 1995) and National Vietnam Veterans Readjustment Study (1990)
rates of psychological trauma

- in all substance misusers: 3%
- in adolescent misusers: 19.2%
- in UK in-patient misusers (current): 38.5%
- in female in-patient misusers: 42.5%
- in UK in-patient misusers (lifetime): 51.9%
- in pregnant in-patient misusers: 62%

(Thompson et al, (1998); Reynolds et al, (2005); Deykin et al, (1997))
• **step 2:** take a population of substance misusers and ask them about psychological trauma

what population?

alcohol and drug misusers on an in-patient detox unit
measuring psychological trauma

• Impact of Events Scale (IES)
IES

Horowitz et al, (1979) reliable and valid instrument assessing symptoms of psychological trauma (during past 7 days):

- intrusive memories/images 7 questions
- event-related avoidance 8 questions
Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE LAST 7 DAYS

1. I thought about it when I didn’t mean to
2. I avoided letting myself get upset when I thought about it or was reminded of it
3. I tried to remove it from my memory
4. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind
5. I had waves of strong feelings about it
6. I had dreams about it
7. I stayed away from reminders of it
8. I felt as if it hadn’t happened or it wasn’t real
9. I tried not to talk about it
10. Pictures about it popped into my mind
11. Other things kept making me think about it
12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them
13. I tried not to think about it
14. Any reminder brought back feelings about it
15. My feelings about it were kind of numb

not at all = 0  rarely = 1  sometimes = 3  often = 5

Max = 75
IES

- 0-8 = nil
- 9-25 = mild
- 26-42 = moderate
- 43-75 = severe

>25 = clinical level requiring professional help ("treatable")

(Corneil et al, (1999))
population of substance misusers

• IES on 104 substance misusers
  73 alcohol dependence
  26 opiate dependence
  5 dual dependence

• 74 men
• 30 women
## Results

<table>
<thead>
<tr>
<th>IES</th>
<th>alc dep n = 73</th>
<th>op dep n = 26</th>
<th>dual n = 5</th>
<th>male n = 74</th>
<th>female n = 30</th>
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<tbody>
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<td>mean</td>
<td>29.7</td>
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<td>12</td>
<td>21</td>
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<tr>
<td>9-25</td>
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<tr>
<td>44-75</td>
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<td>3</td>
<td>15</td>
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</table>
results IES – key findings

- 75 of 104 were “traumatised” (>8)
- 60 of 104 were “treatable” (>25)
- 25 of 104 were “severe” (>43)
• **step 3:** take a population of traumatised people and ask them about substance misuse have they got drink problems? drugs?
measuring an alcohol problem

• how do we define an alcohol problem?

  personal opinion
  severity of dependence on alcohol (SADQ)
  number of alcohol-related problems (APQ)
personal opinion

• 308 men asked if they had a past or present drink problem
  56% positive response

• 100 men screened in more detail
  74% positive response
    3% drug misuse
    71% alcohol misuse
dependence

Severity of Alcohol Dependence Questionnaire (SADQ) = 0-60

- 0-7 = nil
- 8-15 = mild
- 16-30 = moderate
- 30+ = severe
problems

• Alcohol Problems Questionnaire (APQ) = 0-49
  - physical health
  - mental health
  - partner
  - children
  - money
  - work
  - legal
  - spiritual
population of traumatised veterans

• 54 traumatised veterans given

IES
SADQ
APQ
results

<table>
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<tr>
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<th>traumatised n=54</th>
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<tr>
<td>IES (0-75)</td>
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<td>SADQ (0-60)</td>
<td>28.1</td>
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<td>APQ (0-49)</td>
<td>23.2</td>
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conclusions

• co-morbid substance misuse and psychological trauma is common
co-morbidity - so what?!

- high frequency of co-morbidity
- much higher rates of:
  - other clinical psychiatric problems
  - personality disorders
  - psychosocial problems and general medical problems
  - admissions to hospital for treatment of substance misuse
  - higher rates of relapse after treatment for substance misuse
- additional complexity of presentation
- more complicated clinical course
- poorer prognosis

(Breslau et al, (1997); Najavits et al, (1998))
implications

• co-morbidity common

• failure to address in routine clinical practice
  USA
• what might be the nature of the links between trauma and substance misuse?

**why** are they linked?
## possible theories / hypotheses

<table>
<thead>
<tr>
<th>PTSD sufferers</th>
<th>use alcohol to reduce these symptoms – self medication</th>
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<tbody>
<tr>
<td>alcohol / drug misusers</td>
<td>get into trauma situations - leads to PTSD</td>
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<td>share same environment</td>
<td>is there a common environment / cause that leads to PTSD and alcohol misuse?</td>
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<td>early coping mechanism</td>
<td>learns to use alcohol to cope with problems – if gets PTSD, copes with this problem using alcohol</td>
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<td>endorphins</td>
<td>post-trauma endorphin decline - alcohol eases this (boosts level)</td>
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<td>withdrawals</td>
<td>alcohol withdrawal mimics PTSD symptoms leading to symptomatic relief with alcohol</td>
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• what might be the nature of the links between trauma and substance misuse?

theoretical nature of the links

another layer of complexity by looking at the impact of childhood experiences
links

GENERAL VULNERABILITY

ABUSE or TRAUMA

PTSD

MOOD DISORDERS

EATING DISORDERS

SUICIDAL BEHAVIOUR

DRUG PROBLEMS

ALCOHOL PROBLEMS

IN-PATIENT ADMISSIONS
## nurture - attachments

Mullen et al, B. J. Psych. Dec 1993

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**abused group with good nurturing**

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More common
More problematic
More distressing

MOOD DISORDERS
SUICIDAL BEHAVIOUR
EATING DISORDERS
DRUG PROBLEMS
ALCOHOL PROBLEMS
IN-PATIENT ADMISSIONS
TRAUMA SYMPTOMS
PTSD

POOR NURTURING
POOR PROBLEM SOLVING SKILLS
ABUSE

links