
Substance Abuse and PTSD: Common Questions

Because the link between substance abuse and PTSD has only recently been studied, you may hear many things about this dual diagnosis. Below are some ideas to help sort out what you hear.

?

Question: Is it true that I have to get clean from substances before I can work on my PTSD?

Response: This is one of the most common messages. However, experts generally believe that the two disorders *can* and *should* be treated at the same time. This is called integrated treatment and can prevent the “revolving door” problem—you get clean, become overwhelmed by the PTSD, use substances again, and keep going around and around.

You can work on both disorders at the same time, as long as the focus is on safety throughout your recovery. Everyone can benefit from “current-focused treatment.” This means learning to cope with both PTSD and substance abuse in the present (e.g., learning about the two disorders, practicing new skills to gain control over them, and becoming aware of how they impact each other). In addition, for some people “past-focused treatment” may also be useful; this means talking in detail about your past (sometimes called “exposure therapy” or “mourning”). Note, however, that such treatment is very upsetting; it is important to work with your therapist to assess whether you are safe to do such work now, or should wait until later in your recovery. (See the next question below for more on this issue.)

It is also important to emphasize that most experts agree that getting clean *is* necessary in the long term for full healing from PTSD (see the topic *PTSD: Taking Back Your Power* for more on full healing). Using substances prevents healing from PTSD.

You may be aware that some people—and usually well-meaning people—will tell you a very extreme message, such as “You cannot work on PTSD until you have been abstinent for a certain number of months, such as 6 months or a year.” Or they may say, “The only problem that really matters is your substance abuse—that’s the only thing you need to focus on.” If you have been involved in treatment that deals only with PTSD but not substance abuse, you may have heard the reverse message. Again, the key point is that working on both disorders at the same time is currently believed to be the best treatment for this dual diagnosis. Both your PTSD *and* your substance abuse matter, and learning to cope safely with both right now is highly recommended.

?

Question: Is it helpful to talk about my painful trauma memories right away in treatment?

Response: For some people it may be helpful; for others it may not. This is a complex issue, and too little is known about it at this point. However, “integrated treatment” (treating both PTSD and substance abuse at the same time) does not mean that you have to delve into painful memories of the past while you are trying to get “clean.” For some people this is too overwhelming, and clinical experience suggests that it may lead to relapsing on substances if adequate coping skills are not in place. That is why the *Seeking Safety* treatment is designed to teach you coping skills that can make it possible to talk about painful material later, when you may be more able to handle it.

(cont.)

From *Seeking Safety* by Lisa M. Najavits (2002). Copyright by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

?

Question: Do I have to go to AA or other self-help groups?

Response: Some people with PTSD and substance abuse find them extremely helpful; some dislike them; and some are neutral. If you like them, that's terrific. If you have tried them and do not like them, that is okay too—there are many ways to get clean and sober, and you need to find the ways that work for you (e.g., psychotherapy, drug counseling, medications). Sometimes people feel pressured to go to self-help groups, and this pressure can make them feel bad about themselves (which does not help their PTSD!). It is entirely valid to have your own views on self-help groups, particularly if you have given them a chance. If you have not tried them, it is important to give them a chance. However, some people with severe social anxiety may first need to make progress in individual treatment, such as psychotherapy, before trying them. In short, people heal in many different ways, and you need to respect your own path and find what fits you as a person. The best bet is to shop around.

?

Question: I have problems other than just substance abuse and PTSD; is it okay to focus on those too?

Response: Not only is it okay, it is recommended. You are a person, not a label. People with substance abuse and PTSD often have additional problems, such as other addictions (e.g., gambling, eating disorders) and other general life problems (e.g., lack of a job, homelessness, medical problems, domestic violence). Working on whatever problems are most important to you right now and most central to your survival is usually the best. Also, be aware that you can apply the *Seeking Safety* treatment to any problems for which you find it helpful.

?

Question: I'll feel better once I'm abstinent, right?

Response: You may or may not in the short term, but over the long term you will. Not enough is known at this point about the typical pattern, but clinical experience suggests that some people feel worse before they feel better. This is important to remember, because if you get clean and start to feel bad, you can know that it truly will go away over time: Just hang in there, get support, and cope, cope, cope. Sometimes people talk about dual diagnoses as if they are all the same, and they may tell you that you'll feel better quickly with abstinence. But dual diagnoses are not all the same. For example, people with substance abuse and depression sometimes find that as soon as they get "clean," their depression goes away. With PTSD, this is believed to be less likely.

?

Question: Is it true that substance abuse is "self-medication" of my PTSD?

Response: Many people report this. They experienced trauma, then became addicted to substances as a misguided attempt to cope with the psychological pain of the trauma. However, other people had substance abuse first and experienced trauma after that (sometimes due to the substance abuse, such as hanging out with unsafe people or getting into danger when high). For others, they grew up in homes where both trauma and substance abuse were always present. Regardless of which way the two disorders originally developed, once you have both, they often become intertwined. This means that right now you need help with both.

Keep in mind that much more research is needed to turn these responses into facts. These are emerging views based on what we know so far from research and clinical writings. However, it is important to keep conducting research and learning from people who actually have PTSD and substance abuse to understand more about these topics. Just as you need to keep learning, so too do the fields of substance abuse and mental health!

Acknowledgments: In Handout 1, the definitions of substance use disorders are derived from the American Psychiatric Association (1994). In Handout 3, the ways to give up substances are drawn from Miller and Page (1991). In Handout 4, the title and illustration are from Sobell and Sobell (1993) (copyright 1993 by The Guilford Press; reprinted by permission) and "Three Main Thoughts That Lead to Substance Abuse" are from DuWors (1992). Ask your therapist for guidance if you would like to locate any of these sources.