

# DOUBLE TROUBLE: *THE PERILS OF SUBSTANCE ABUSE AND PTSD*

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Making headlines this week, alcohol-related arrests on college campuses in the U.S. surged 24.3 percent in 1998, the largest jump in seven years, according to a survey by the Chronicle of Higher Education. A survey released earlier this year by the Harvard School of Public Health found that 22.7 percent of the college student population reported frequent binge drinking in 1999, up from 19.8 percent in 1993 and 20.9 percent in 1997. The survey included 14,000 students at 119 colleges (Dizon, 2000). And it is not just the older youth who are turning to booze. Alcohol is the drug of choice among high school and middle school students as well. And while one-third of high school students say they have binged on alcohol in the past month, a poll found that only 3 percent of high school students' parents think their teens have done so (Falco, 2000).

Many parents, aware of the dangers of alcohol abuse, willingly allow their children to attend "raves" – large nonalcoholic parties that can be held anywhere – in warehouses, clubs, and even outdoors. But in a recent expose by an NBC News magazine show, "Dateline", underage children were invited to buy illegal drugs several times within minutes of entering the rave event. In fact, according to the National Household Survey on Drug Abuse, an annual survey conducted by the Substance Abuse and Mental Health Services Administration, estimates the prevalence of illicit drug use in the United States. The survey published in 1999 found that over 16% of young adults aged 18 to 25 were current users of illicit drugs and nearly one in 10 children aged 12 to 17 were current users of illicit drugs. In 1997 alone, there were 708,000 new inhalant users and 65% of these were between the ages of 12 and 17 (MSNBC News, 2000).

There are, of course, several explanations for addiction. Postulating genetic mechanisms for addictive behaviors is one of the favored explanations. Sons of alcoholic fathers are three to four times more likely to abuse alcohol and a predisposition to abuse one drug applies to almost all other drugs. Other addiction theorists hypothesize that there is something wrong with the brain chemistry of people who abuse drugs and alcohol, perhaps deficiencies in the

brain reward system. Many people intuitively recognize the “self-medication” aspects of substance abuse, when addicts use various drugs alone or in combination, to produce a specific mind- or mood-altering effect, particularly under stress.

But what rarely appears in the popular press as a significant causative factor in the evolution of substance abuse disorders is the intimate connection between alcohol and drug use and post-traumatic stress disorder. War trauma has been associated with very high rates of substance abuse with 60%-80% having concurrent diagnoses of alcohol abuse or drug abuse or dependency. Vietnam veterans with higher levels of war zone stress were more likely to exhibit chemical abuse or dependency than those with lower levels of stress, indicating that the neurobiological alterations associated with PTSD may make affected individuals more susceptible to substance abuse (Friedman, 1990). Battered women are 15 times more likely to abuse alcohol (Salasin & Rich, 1993). Briere reported that 27% of adult sexual abuse victims had a history of alcohol abuse and 21% a history of drug abuse, while Herman found that 35% of female incest victims abused drugs and alcohol (Green, 1993). The numbers rose to 80% in a group of female incest survivors who had been inpatients (Green, 1993). Substance problems have been shown to increase over time in several studies of disaster victims (Grace et al, 1993). Of a sample of 2300 police officers, 23% reported drinking problems and another 10% said they abused other drugs (Mitchell & Dyregrov, 1993). In a metaanalysis of the sequelae of civilian trauma, victims of noncombat trauma were significantly more likely to have a number of psychiatric disorders including substance abuse (Brown et al, 2000).

It is the impact of childhood abuse and neglect that is the most disturbing and may have a great deal to do with the rising incidence of substance abuse among the adolescent population. Approximately 50%-60% of women and 20% of men in chemical dependency recovery programs report having been victims of childhood sexual abuse. Approximately 69% of women and 80% of men in such programs report being victims of childhood physical abuse (Matsakis, 1994). Estimates of the rate of PTSD among substance abusers varies between 12% and 34%, while for female substance abusers, the co-occurrence rate is 2-3 times as high (Najavits, 1998). In a study of 50 patients in an inpatient chemical withdrawal unit and 50 patients assessed for an outpatient chemical dependency program, 39% had a dissociative disorder and 43 reported childhood abuse (Ross et al, 1992). In another study of 265 men being treated in an inpatient substance abuse unit, 41.5% had a score of 15 or more on the Dissociative Experiences Scale, a common accompaniment of childhood trauma (Dunn et al, 1993). Yandow estimates that as many as 75% of women in treatment for alcoholism have a history of sexual abuse (Bollerud, 1990). A history of childhood rape doubled the number of alcohol abuse symptoms that women experienced in adulthood and there was a significant relationship

between pathways connecting childhood rape to PTSD symptoms and PTSD symptoms to alcohol use (Epstein et al., 1998). In a large HMO survey, people who had survived four or more categories of adverse childhood experiences had a 4-12 times increased risk for alcoholism and drug abuse (Felitti et al, 1998).

In one study that looked at the clinical characteristics of women with PTSD and substance dependence, the dual-diagnosis women consistently had a more severe clinical profile, including worse life conditions, both as children and as adults; greater criminal behavior; a higher number of lifetime suicide attempts; a greater number having a sibling with a drug problem, and fewer outpatient psychiatric treatments (Najavits, Weiss and Shaw, 1999). In a study looking at the long term effects of parental substance abuse and a history of childhood abuse in a population of adult children of substance abusers, 62% reported a substance abuse history now while another 24% admitted to a previous substance abuse history. Of this population, 79% believed they had been emotionally abused, 43% physically abused, 41% sexually abused and 51% neglected while 28% met criteria for PTSD in the past and another 21% were presently diagnosed as having PTSD (Weinstein, D. W., 1998).

And it is not just previously traumatized adults who are at risk. In a recent large national probability sample looking at risk factors for adolescent substance abuse and dependence, Adolescents who had been physically assaulted, who had been sexually assaulted, who had witnessed violence, or who had family members with alcohol or drug use problems had an increased risk for current substance abuse/dependence and the presence of PTSD independently increased risk for marijuana and hard drug abuse/dependence (Kilpatrick et al, 2000). In a longitudinal study of the connection between maltreatment and drug use, children who are maltreated are at on-third higher risk for using drugs as teenagers (Kelley, Thornberry, and Smith, 1997). Another group of researchers asked teenagers to self-report their abuse and sexual molestation experiences as well as their substance abuse experience. The abused children tended to begin using drugs and alcohol at a younger age and tended to be heavier consumers of drugs and alcohol, even by eighth grade (Bensley et al, 1999).

If we look at the relationship between childhood victimization and the risk for alcohol and drug arrests as a young adult, the odds of being arrested for at least one such offense are 39% greater for maltreated children than for control subjects in a large study project (Ireland and Widom, 1995). This connection between childhood exposure to trauma and substance abuse is particularly important when we look at the urban population. In a study designed to measure young people's exposure to violence, the Project on Human Development in Chicago Neighborhoods is looking at the determinants of antisocial behavior, delinquency and crime, and substance abuse. They found

that urban children are experiencing a wide range of violence exposure, from the 88% who said they had seen someone hit during their lifetime to the 3% who had been sexually assaulted in the past year. Between 23 and 30 of the a shooting or someone being killed or shot at, while 66% of them had heard live gunfire. Eight percent said that they had been shot at in the last year, 15% said they were attacked with a weapon and 31% said they had been hit. Fourteen percent had been sexually assaulted during his or her lifetime (Selner-O'Hagan et al., 1996).

Taken together, these research results have staggering implications for drug policy. First of all it means that any approach replicating the "Just Say No" slogan of the 1980's is not going to work. Among the most severely addicted substance abusers are people who are so overwhelmed by the physiological impact of prolonged exposure to violence, that sobriety is very unlikely without a great deal of help beginning in childhood. It means that lecturing children on the dangers of substance abuse is not going to be an antidote for drug abuse to the most damaged and most damaging of those children. Approaches that focus on criminal justice alone are also not likely to be very helpful. Already under the mandatory sentencing laws that became popular in the 1990's, 25% of the nation's prison and jail inmates – nearly two million – are behind bars for drug convictions and few of them are getting any real help for their mental health or substance abuse problems while in prison. This fall, in two states, California and Massachusetts, voters will be given the opportunity to decide on drug policy for themselves. Both states are asking voters to create new laws that would require the option of treatment alternatives, not mandatory sentencing (Tanner, 2000). These initiatives, financed by billionaire philanthropist George Soros, may finally lead to a more humane, rational, and balanced substance abuse policy at least in the short-run. But if, as a society, we want to adequately address the substance abuse problem through prevention, then we will finally be compelled to commit ourselves to creating an environment of protection for children.

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