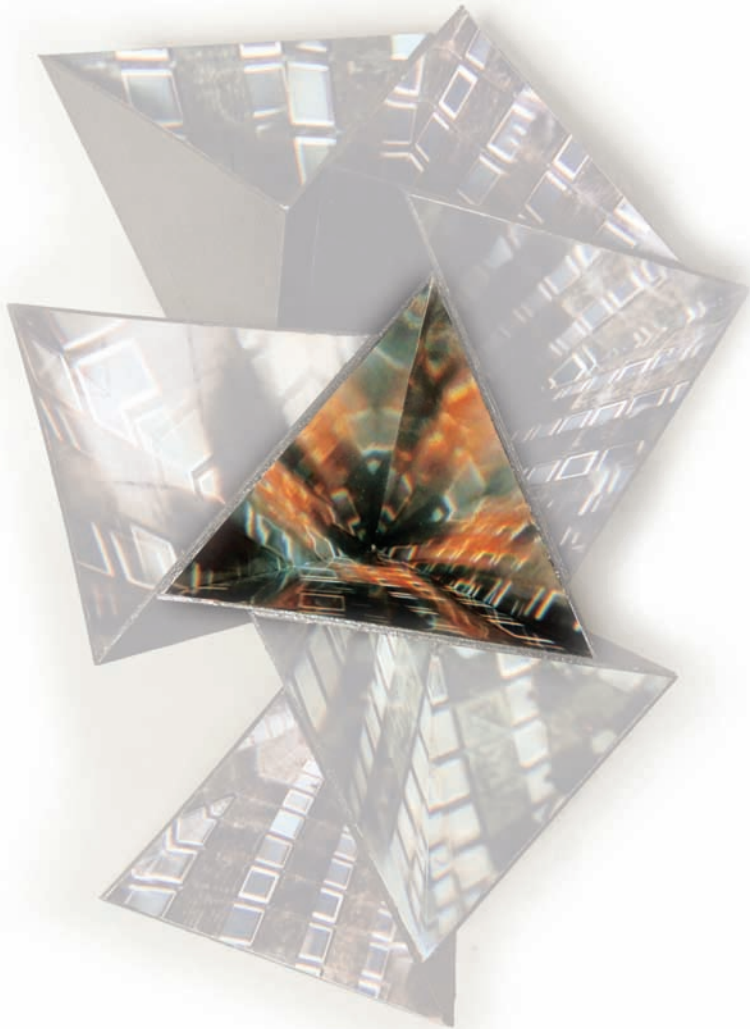
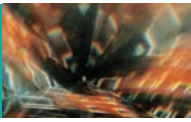


Traumatic Stress with Alcohol and/or Drug Addiction

information for individuals and families



Eastern Trauma Advisory Panel



What is Post Traumatic Stress Disorder (PTSD)?

How people react to a traumatic event can vary greatly. Many people experience severe and distressing reactions including fear, feelings of helplessness, sadness, anger and guilt. There may be physical and social impacts after trauma. Most people cope with the help of family and friends, and the distressing psychological symptoms settle after a number of weeks. These are normal human reactions to abnormal situations.

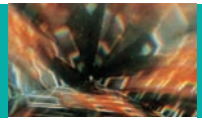
This leaflet focuses on the needs of people whose problems are persistent and are combined with alcohol and/or drug addiction.

PTSD with Alcohol and/or Drug Addiction

After a traumatic event, people often report using alcohol to relieve their symptoms of anxiety, irritability, depression and insomnia. It can be a way to cope with overwhelming emotional pain, intrusive memories and unsafe thoughts. In addition to alcohol misuse, trauma survivors may also take prescribed drugs or use street drugs. As well as adding to the stress on the body, these combinations can be lethal or have long-term ill effects on physical health. While drug and alcohol use temporarily relieves many trauma-related symptoms, the trauma survivor often is left with the trauma symptoms and a drug or alcohol problem. So far there is no specific medication for PTSD. Assistance through counselling and trauma therapy, talking with friends or other survivors, and developing safer methods to cope with traumatic stress have been successful in helping people reduce or eliminate trauma symptoms. Trauma affects the brain directly, creating imbalances in function and chemistry. Adding alcohol or other drugs to the imbalance often only prolongs the traumatic stress symptoms.

Many traumatised people find themselves in a vicious cycle in which exposure to





traumatic events increases alcohol and drug use, which can escalate the risks for additional traumatic experiences.

When traumatised people turn to substances and/or self-harm (injury, over-eating, isolation, anger, unsafe sex), it is often because they feel that their personal relationships cannot bear the burden they are facing alone. As a result, these relationships often falter, thus compounding the feelings of isolation and loneliness endured by trauma survivors. Reaching out and communicating the confusion and discomfort can strengthen the relationship.

What are substance use problems?

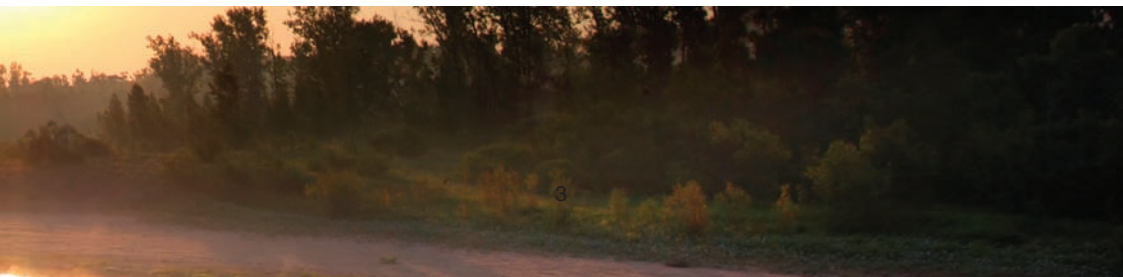
When people talk about substance abuse, they usually mean the regular or frequent consumption of alcohol or illegal drugs such as marijuana or cocaine as well as the over-use of prescription drugs (using them in a way that is not prescribed).

Substance abuse usually results in:

- (1) major problems with family, friends, at school, or at the workplace;
- (2) being high or intoxicated in situations or with people that are dangerous
- (3) problems with the police due to substance use; and/or
- (4) continued use in spite of having problems with family members about substance use.

Substance dependence occurs when people have several of the following problems:

- have to take more and more of the substance to get the same desired effect;
- suffer withdrawal when they stop using after long periods of heavy use
- have difficulty controlling the amount of the substance they use



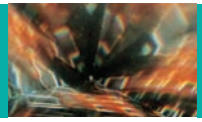


- attempt to cut down or stop use unsuccessfully
- spend a great deal of time trying to obtain the substance or getting over the effects of use
- give up important activities or responsibilities because of substance use and/or
- continue to use substances in spite of knowledge that it is harmful to do so.

The use of alcohol or drugs can provide a temporary distraction and relief for traumatised people who may be suffering from very serious and even debilitating problems across multiple areas of their lives (thoughts; feelings, bodily experiences, relationship to self and others, and behaviours). However, this relief is only temporary and created externally. Ultimately, the use of substances to reduce symptoms can amplify the original problem they were intended to resolve.

Over time, substance abuse reduces a person's ability to concentrate; to be productive in work and life in general, to sleep restfully, and to cope with traumatic memories and external stressors. Substance abuse can increase emotional numbing, social isolation, anger and irritability, depression, and the feeling of needing to be on guard (hyper vigilance).

Binge drinking or using drugs by a traumatised person may be a well-intentioned (but ultimately self-destructive) attempt to "self-medicate" against memories or reminders of horrific traumatic experiences. It often helps with sleep problems such as trouble falling or staying asleep; traumatic nightmares and feeling constantly "wound up." Using substances as a way to "self-medicate" may help with one problem but worsen another. For example, substance abuse may temporarily decrease the severity and the number of frightening nightmares but may also increase irritability and hyper vigilance.



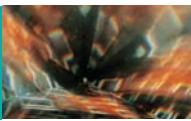
Asking for help for PTSD and Alcohol/Drug misuse or dependence

These conditions exacerbate problems with asking for help. It is important to recognize that there is a range of helpful and supportive services available through the health services, voluntary and community-based organisations that offer specialist provision for individuals and families affected by traumatic stress and alcohol and/or drug dependence. Contacting them can be the first step to recovery from both trauma and substance abuse problems. (see page 7 and 8 for contact details).

How do I talk to my family about PTSD?

Talking to your family or other people who care about you can feel very hard. Many people fear that family members might judge them, or that you would distress your family further. Often trauma survivors can become upset when discussing details related to the events or forget important points they want to mention. Some of the following suggestions might be useful for a trauma survivor who is thinking of discussing the situation with his or her family. See if any may work for you.

- First, remember that you do not have to tell everyone at one time, and you do not need to tell everything at once. You might begin by telling one person that you are close to, or someone who is a trauma survivor or counsellor and therapist about what is bothering you. You do not have to go into all of the details of what happened to you. Try talking about how what happened still affects you today.
- Once you are able to tell one person, it will probably be easier to talk to other people about what is bothering you. You could also share general information about PTSD with your family – something like this publication.
- The accompanying leaflet on `Services for People who have experienced

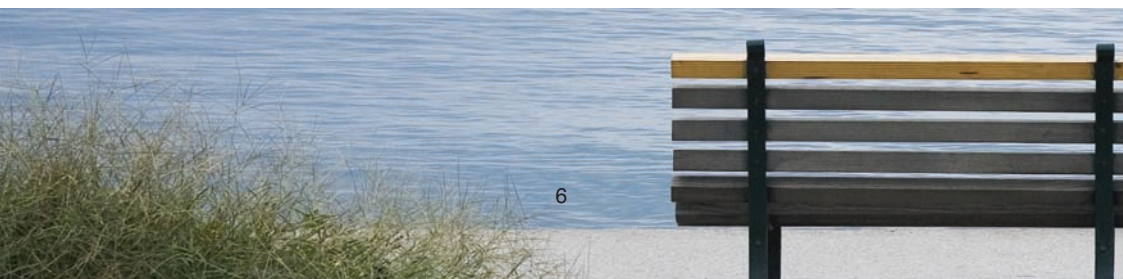


Traumatic Stress' by the Eastern Trauma Advisory Panel will also be of assistance (Belfast HSC Trust website). This can give you a way to talk about PTSD and related problems without having to focus on your own symptoms.

One important thing to remember is that when someone has PTSD, the people around them are often aware that something is going on. Family members and friends may notice that you are jumpier, anxious, depressed or not sleeping well. Also, people with PTSD tend to withdraw from people. Because of these aspects of PTSD, your family is probably already aware that you are struggling. Unfortunately many families do not understand what is bothering their loved ones specifically or why things have changed.

The fact that people with PTSD withdraw from those who care most about them is particularly problematic because the support that these people can offer to you may be really helpful in overcoming the problems that develop after a trauma. Remember that many of the PTSD symptoms that are bothering you are common reactions to trauma.

Despite your best attempts, some family members and friends may not be able to offer you the support that you would need. It may be that they do not know what would be most helpful and that they are themselves too upset to help, or that the problems relating to the trauma make it hard for them to offer support. If you need more help talking to them, or if your family has a difficult time when you do tell them, you should seek help from any of the agencies and organisations listed.





Services of help and support

Belfast area

Belfast Addictions Service (Belfast HSC Trust)

31 Malone Place

Belfast BT12 5FD

Tel: 028 9504 0338

www.belfasttrust.hscni.net/BelfastAddictionService.htm

Trauma Resource Centre (Belfast HSC Trust) Everton Complex

585 – 589 Crumlin Road

Belfast BT14 7GB

Tel: 029 9051 0511

www.belfasttrust.hscni.net/index/htm

Forum for Action on Substance Abuse (FASA)

(Head Office) 178 – 180 Shankill Road

Belfast BT13 2BH

Tel: 028 9080 3040

www.fasaonline.org

Lifeline Regional 24/7 Helpline: 0808 808 8000

For Under 18s

Drug Alcohol Misuse Mental Health Service (DAMMHS)

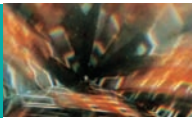
Young People's Centre

10 College Gardens

Belfast

028 9020 4600





South Eastern Trust Area

Ards Community Addiction Team

3 Church Street
Newtownards, Co Down
BT23 4AN
Tel: 028 9151 2159

Down Community Addiction Team

Shimna House
Downshire Hospital
Ardglass Road
Downpatrick, Co Down
BT30 6RA
Tel: 028 4461 3311 ext 3263


Lisburn Community Addiction Team

TSL House, Unit 3
38 Bachelors Walk
Lisburn BT28 1XN
Tel: 028 9266 8607

Forum for Action on Substance Abuse (FASA) – North Down & Ards

15-21 Market Street
Bangor BT20 4SP
Tel: 028 9127 1322
www.fasaonline.org

 Belfast Health and
Social Care Trust

 South Eastern Health
and Social Care Trust

BT11-629



OFMDFM

Office of the First Minister and
Deputy First Minister
www.ofmdfmi.gov.uk