

Drugs, Alcohol and Trauma

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The links between early life trauma and drug and alcohol abuse in later life are well documented. Early life trauma has the ability to fundamentally change the way a person experiences the world around them. It can create a fear response that is ultra sensitive to danger (both real or perceived). It can create a collection of stored memories that behave in different ways to regular memories, leading the person to think or do things in response to these stored experiences. It can also lead to a lifetime of difficult to understand relationships, creating scenarios where trust and safety simply aren't luxuries to be taken for granted.

Before we look at the relationship between drugs, alcohol and trauma it is worth noting the difference between simple trauma, and complex trauma.

- **Simple trauma:** typically refers to an individual (usually isolated) disturbing event that is either life threatening, or have the potential to cause serious harm, and that promote an emotional, cognitive and behavioural response. This can include (amongst other events) accident, rape, natural disaster, assault etc.
- **Complex trauma:** typically describes both a long term, repeated exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.

It is important to note that complex trauma does not only refer to having experienced multiple 'simple' traumas. It includes this exposure, as well as the longer term impacts of these traumas (e.g. a child developing problematic social behaviours due to sexual abuse occurring in the home, and the subsequent bullying at school that may result from this). In this example we note that the impact of the bullying as another complicating traumatic factor, and thus creating a more complex picture of the trauma response.

Exposure to complex trauma, particularly in early life can have profound and far reaching implications for individuals. These can include:

- Anxiety, depression and/or anger
- Cognitive distortions
- Posttraumatic stress
- Dissociation
- Affect dysregulation
- Interpersonal problems
- Self mutilation
- Dysfunctional sexual behaviour
- Suicidality
- Personality disorder characteristics
- Identity disturbance
- Substance abuse / dependence

To properly understand the relationship between trauma and alcohol, it is vital that we explore fully the imprint that trauma can leave on an individual. To suggest that trauma simply leaves a person with a head full of bad memories, and that drugs are used to forget or numb these momentarily is only a portion of the whole picture.



Research in this area is ever growing and has been led by people such as Dr. Besel van der Kolk , Dr. John Briere, Dr. Janina Fisher, Dr. Peter Levine and many more.

For the purposes of this training we have synthesised some of the key points into 10 ways trauma transforms peoples perception of the world around them, and how drugs and alcohol fit in with this experience.

1. A Faulty Threat Radar

We all have a threat radar. That gut instinct that tells us when something just isn't right. This instinct is formed over many years, and begins to take shape when we are young. We begin to form this instinct during times of stress. We learn early on what safety and danger mean, what they feel like, what the consequences are for each. If we grow up in relative security and safety, our threat radar activates occasionally, and it is deactivated by the return of safety, through physical and emotional validation from loving caregivers. Alternatively, if we grow up in constant fear of attack (either towards us or a loved one), or abuse or neglect, then we learn to constantly be on guard. Always ready for attack.

Our body has highly adaptive ways of keeping us alive. If our threat radar detects potential danger, it sends signals throughout our entire system to prepare for survival. This is commonly referred to as our 'fight or flight' response. Imagine a time when you were fearful, perhaps being home alone and hearing a strange sound from somewhere in the house. Whilst this state is optimal for survival (our mind and body honed for either fighting off the threat, or fleeing from it), we can all agree this is a stressful way of being. For someone who has grown up in constant fear, this feeling is the norm. They learned long ago that to survive, I need to be 'ready' to survive. Because life threatening danger could be around every corner, and if it is, I only have myself to rely on. Nobody will protect me.

We might assume that someone with this level of alertness to danger would be an expert at avoiding it. This is where things take an even greater turn for the worse. Research shows that traumatised people (those who go on to develop Post Traumatic Stress Disorder) tend to become more alert at the presence of suggestions, or memories of possible trauma, than with actual threat occurring in front of them. Areas of the brain such as the amygdala (responsible for signalling the fight/flight response, as well as having a role in storing memory) are overactive regardless, however areas such as the locus serilious (responsible for releasing adrenaline during fear) tend to become under active during a threat, and over active at the memory of one. This may be explained by years of dissociating at times of intense fear, leading the brain to become confused in a sense. This develops into what we know as a freeze response. This occurs in the absence of a fight or flight option (akin to a child suffering abuse from a much larger attacker) The person effectively freezes, dissociating from reality. Years later this can become a way of surviving everyday life. Coupled with the invalidation, and absence of learning opportunities traumatised children are often faced with, the person has no way of trusting their internal states, or the environment around them.

We now start to gain a picture of how stressful this existence could be for a person. Never feeling safe. Always being alert and ready for danger. Never being fully relaxed. All the while never being able to fully trust those around them, as trust has been a concept broken time and time again. Never being able to trust the internal 'gut instinct', after years of the threat radar going off at the wrong times, and failing to go off when it was actually needed. This can lead to a lonely experience. The frustration at constantly finding themselves in re-traumatising situations, only to eventually find safety, and alienate from it because the radar has signalled an imagined danger, fed from a memory from years ago.

Drugs and alcohol are common ways of calming a tense body and mind, effectively relieving the person of uncomfortable tension they live with every day. If a trauma survivor learns during childhood that that shutting down or *freezing* are the best ways to cope with unpleasant or unwanted events, then this will likely be replicated as they grow up. If they can't consciously shut off from these unpleasant emotions, drugs and alcohol are often enlisted to help with the process.

2. A System in Overload

Running our systems in this type of over-drive mode for long periods of time takes its toll. After some time, the system simply goes into overload or 'freeze' mode. As we've discussed so far, when we are faced with a trauma or threat our brains and bodies prepare us for survival, shutting off unnecessary processes and leaving us only with the bare essentials needed to survive another day. One such process is the release of adrenaline and the stress hormone cortisol. This hormone helps us move in faster and stronger ways to avoid the impending threat. It is then the role of our prefrontal cortex (the area at the front of our brain, responsible for higher order functions like planning, problem solving, personality expression and social behaviour) to resume normal function once the threat has passed. It is the job of our bodies to move the cortisol through the system. We do this by ensuring the cortisol is used to fulfil its purpose of promoting movement through our fight or flight response. Activities like running away, fighting off a perpetrator, even helping in a rescue effort are all ways in which we can mobilize our stress hormones and allow them to do their job. If we can't do this however (due to being trapped, or held down) then the stress hormones become trapped in our systems.

During an actual trauma, many of the functions of the prefrontal cortex begin to shut down, instead making way for more 'primitive' processes located in the mid and hind (back) brain. Our brains go into extreme survival mode. The left side of our brain (home to our rationality) is almost completely off-line, and our right (emotional) and rear (survival) are in control. Our senses become overwhelmed with unmanageable emotions. We can't think our way out of these feelings. We are convinced we will feel like this forever, and that this threat will likely hurt or even kill us. Our system is coursing with cortisol, and due to being effectively frozen, simply can't discharge this energy. These hormones become effectively wound back up in our nervous systems, ever raising our baseline levels, so we are never relaxed, always tense and ready for possible danger.

During this *freeze* response, we may still be conscious and aware. Likely we are being driven by the primitive, 'reptilian' part of the brain (named for its similarities to the reptile brain). We are effectively on a type of 'auto pilot'. Our uniquely human abilities to reason, rationalise and problem solve (mainly located in the prefrontal cortex) are effectively switched off. Our brain continues to tell our heart to beat, reminds us to breath and keep our balance, but absent is our sense of who we are, what we stand for and how to do things that are best for us. Instead we are driven by base urges and survival instincts, many of which are coded into our brain very early in life.

If this 'auto pilot' is being coded during a time where trauma is occurring, then the result may be to act aggressively, suspiciously or compulsively. This could also lead to acting compliantly and attempting to please everybody, even the attacker. All these behaviours stem from a way of keeping safe (or at least minimising the pain and hurt one may receive during traumatic times).

Trauma survivors will often find themselves in further traumatic situations in their lives due to a faulty radar designed to detect threat in all the wrong places. These types of abusive situations become 'normal'. The brain associates love and intimacy with these feelings and sensations, whilst relationships of actual support and trust bring about constant caution and fear. Survivors of serious neglect face even further challenges. Not only do they struggle assessing who is safe, they have no experience of ever feeling loved or cared for. Neglected children can experience extreme difficulties accepting, understanding, even making use of kindness. It simply doesn't feel the same as it does to children with secure bonds and attachments. Drugs and alcohol often become critical in managing such an unpredictable and sensitive internal circuit board. Stress can be exhausting (as we all know). If everyday stress was interpreted in the brain as life or death, it is no wonder why some trauma survivors turned to drugs to allow for some relief, escape and basic enjoyment of life.

3. Poor Timing

As human beings, we have an intuitive sense of timing. We have the ability to recognise that a memory lives in the past, a prediction lives in the *future*, and what we see in front of us right now lives in the *present*. This ability is due to a very small part of our brain called the dorsolateral prefrontal cortex, an area that helps us manage our sense of time. For trauma survivors however, this area of the brain can under-develop, as well as shutting off at times of intense stress. Much of our stress in life stems from either the past (things we have or haven't done), or the future (things that may happen to us as a result of our actions). Rarely do we stress about what is happening now.

At times of stress or anxiety we often forget this. Getting caught up in the stress of what we've done, and all the *what ifs* that will surely follow. Whilst at the time, this anxiety can feel never-ending, at some point we are usually able to switch this off (at least to some extent) by reminding ourselves that there really is nothing more we can do right now, or by telling ourselves that as bad as it feels now, it won't feel this way forever.

But what if it didn't? What if the timekeeper didn't exist, and how I am *feeling* now (regardless of how safe I actually am), is how I will feel forever? Without this unconscious timekeeper, we have no way of remaining in the present. Stress and anguish due to painful memories can feel so vivid that they are not remembered, they are re-lived. Worse still, without the ability to imagine a different alternative, trauma survivors can be left believing that these memories are real. That this is happening now, and I will feel like this forever. These physical memories can be triggered years down the track, and because they have the power to set the brain into its trauma response, the individual is always left believing they are back in the trauma *now*. It is therefore little wonder that drug use often forms an important role in attempting to manage these horribly stressful states, especially if the perception is that they are never going to end.

4. Internal Relationship Troubles

Trauma survivors have a complicated relationship with themselves. As we have already explored, they are forced to learn ways to cope with physical and emotional pain often perpetrated during their younger years, where so much is growing and forming. Interpersonal trauma (involving someone else) is common amongst this population. The perpetrator is usually much older and stronger at the time. Escape usually isn't an option. So young people need to learn to cope. To *metaphorically* escape. One way we have looked at so far is by learning to dissociate. By removing one's consciousness away from the present by tuning out, distorting memories and time, or taking a conscious 'break' from reality, a child can dull the painful experience and effectively 'escape' the situation. This heightened ability to separate the mind and the senses from reality becomes a way of life.

Trauma survivors learn to dissociate when the alarm bells ring. As we have learnt, these alarm bells tend to ring often, and can be triggered by real or imagined threats. This leaves the trauma survivor at the mercy of the world around them. Absent is a feeling of safety and control in their own bodies, which are constantly telling them they are under threat. They dissociate frequently, spending large portions of their lives in an autopilot-like state. It is in these states that people often take extreme risks, engage in survival activities, often learned early in life (drugs, sex, running away, fighting etc.). The conscious person is then left to clean up the mess once the stress finally lifts, surrounded by guilt, shame and anger.

5. Problematic Relationships with Others

Trauma survivors can struggle to form meaningful relationships with other people. Through their life experiences, they learn to believe that people will eventually hurt them. They learn that becoming open and vulnerable with someone is the most dangerous position to be in. This can lead trauma survivors to become very suspicious of others. This can be managed with aggression, *'you are going to hurt me anyway, so I'll hurt you first'*. Or this can be managed by compliance, *'if I please everyone and give them what they want then they won't have as much reason to hurt me, or at least the hurt won't be as severe'*.

What is often the case is that traumatised people develop a coping style that combines both. This becomes difficult for friends and family to understand. Moods and behaviours are unpredictable and the traumatised person can invariably drive people away. Throw in drugs, alcohol or sex into the mix and things become even more unpredictable. For the families of traumatised people, trying to navigate the volatile moods of someone who is either high, coming down or craving drugs is a difficult and exhausting task. Trying to make sense of why someone with such a traumatic past continually winds up with violent or abusive people can be confusing and distressing.

Experts like Dr. Bessel Van Der Kolk talk about the role of synchronicity in human life. We are innately synchronised creatures, learning primarily from interacting with other humans. Sufferers of childhood sexual abuse for example struggle to form synchronised bonds with other people their own age. They are forced to adopt adult concepts (e.g. sexual relationships) well before they are capable. During the 'grooming' process they are often told that they are different, or 'more mature' than other children. As a result, their intense and



reactive nature causes them to act differently to other children. They experience the world differently, their bodily senses telling them that danger is everywhere, their brains always ready to respond to these invisible threats, and set the auto-pilot into action, all the while limiting the chances of forming a strong, positive self-identity. These children find it difficult to relate to other kids their own age due to their vastly different experiences in life. They often become the 'strange', or 'weird' kid at school who typically get left out of the group. They miss out on the lessons learnt whilst forming, losing and reforming friendships with peers their own age. The usual cliques, dramas and issues that occur in the schoolyard at recess and lunch form some of the most important building blocks of resiliency.

The problems then snowball. Difficulty making friends at school lead to difficulty maintaining relationships as a teenager. By the time the person reaches adulthood they can be left feeling remote and isolated. A life spent never feeling quite human.

6. Impulse Control

The role of temptation and craving is a complex process, especially when it comes to drugs and alcohol. One important element is our ability to stop or *inhibit* our urges to indulge in inappropriate actions and postpone reward seeking. One part of our brain responsible for managing this is called our orbito-prefrontal cortex, an area severely affected by early life trauma. This area has been found through research to work less than effectively in traumatized people, meaning the ability most of us struggle with from time to time, becomes almost non-existent in trauma survivors.

Imagine a survivor of complex trauma, struggling with overwhelming memories and stress. Trapped in a prison of fear and uncertainty, where at any moment you could potentially be tipped into reliving a lifelike and utterly terrifying experience. An experience that was able to engulf your mind and body. Now imagine trying to manage this constant threat with a very limited use of the brain area designed to help with managing our urges. With these factors in mind, imagine how it would feel to finally discover something that momentarily took away all the fear, insecurities and sadness. Imagine this *cure* came in the form of a pill, or a plant, or a chemical. Imagine how hard it would be to say no to this miracle cure, especially when the ability to resist our urges was something we have always struggled with.

7. Emotional Regulation

One of the biggest challenges for trauma survivors is emotional regulation. As we have discussed, we are presented with stimulus each and every moment of each and every day. This stimulus enters our lives through our senses located throughout our bodies. These messages then make their way to our brains where we add meaning and eventually *feel* an emotional response. The process of understanding emotions, including emotions attached to memories is, in part due to the joint effort of the amygdala and the prefrontal cortex, in particular the ventromedial prefrontal cortex (where emotions are registered). The amygdala is responsible for processing emotions and 'deciding' which emotions to store as memories. This could include positive memories, or intensely negative emotions.

It is then our job as social beings to regulate our emotional responses to events, in order to fit into our social worlds. It would be socially unacceptable most of the time for us to react mindlessly to every emotion we experience.

For the trauma survivor, not only are the senses in hypersensitive mode (often ringing alarms when danger is not present), but the brain areas mentioned above that are responsible for processing and managing our emotional regulation are not communicating well. It is the role of the prefrontal cortex to work *with* the amygdala, regaining control once the danger has passed. The pre-frontal cortex tends to be offline during times of intense stress or fear. This leads to poorer frontal lobe development for people who have grown up in traumatic environments. With these specific areas negatively affected by trauma, it becomes clear how individuals would experience difficulties appropriately translating their sensations into emotions, not to mention the limited ability to then regulate these emotions. Trauma survivors experience feelings in their bodies that tell them they are in danger (and at times reliving a previous danger), the emotions they are left with often don't match the world around them. Because of these issues, people can feel fear when fear is not needed, and can react aggressively or hysterically, with little ability to appropriately *regulate* these emotions.



Trauma tends to be coded, or imprinted on the right brain (emotional brain), which when overloaded, sabotages our left brain (rational brain) like a tidal wave. When a person cannot regulate the intensity of their emotions well, they can become stuck, struggling to move past upsetting emotions and memories. These feelings can spiral, and people can ruminate for hours.

Like being shown an internal 'memory' film of your worst life experiences, and not being able to think of anything else for hours or even days at a time. Then task of attempting to stay focused on work or school, or just day-to-day activities would be a constant challenge. Being able to appropriately socialise, or have a close intimate relationship with these thoughts and memories swirling around would likely go against every base instinct.

The inability for trauma survivors to regulate their emotions and arousal levels is one of the biggest reasons I have found for traumatised people to use drugs and alcohol. Trauma survivors can feel lonely, even in a room full of people. They are strangers to themselves and within themselves. They fear abandonment, yet constantly push people away with wild mood swings and unpredictable explosions, leaving them sad and frustrated. As such trauma survivors often avoid social settings for fear of their unstable emotions and behaviours.

Certain drugs like cannabis, alcohol and benzodiazepines like Valium or Xanax help calm the tense body and relax the suspicious mind. Drugs like ecstasy or methamphetamines help take away the anxiety and give the person unprecedented amounts of confidence and pleasure. Using drugs, alcohol or anything to the point of dependence is unbalanced and ultimately unhealthy. There are usually health and social consequences for this level of drug or alcohol use. However, if the choice was between taking your chances with a possible ice addiction, or living in constant fear, having vivid images of your worst hell played back to you over and over and over again, and having no clue how to relate to people on any kind of 'real' level, most people might find it difficult not to choose the ice pipe.

8. Rendered Speechless

We have discussed how trauma can change the way people experience the world around them, and how their physiology can change along with this. One of the areas of the brain which has been found to suffer due to early life trauma is the left anterior prefrontal cortex, part of an area more commonly known as "Broca's area". The key function of Broca's area is language production.

As such, traumatised people simply have less capacity to form language, especially when under stress. This makes it incredibly difficult for trauma survivors to label (with words) their experiences and feelings. If the frontal areas of the brain are disadvantaged due to being offline during times of intense stress when growing up (quite often for some people), and we know these areas tend to shut down during our fear response, then we would understandably question whether 'talking' about traumatic memories is indeed the best way to heal.

Some trauma researchers argue that trauma is recalled not as stories, but as images, which come from a completely different part of the brain. The old idea of talking about your trauma until it loses its power may be doing more harm than good for some people. It would seem that trauma lives within parts of our brain, and our body that is completely separate from language production.

Once we understand this, then we can look to really support people to move past these 'prisons' they are left in. Trauma survivors need to be able to express their pain in creative and active ways, not just verbal. If trauma is imprinted on the right side of the brain (creative and emotional), then creativity needs to form part of the process. If trauma becomes locked in people's bodies, including their hormones and nervous systems, then physical movement and activity needs to form part of the process.

As I always explain to people that I train in this area: the biggest issue isn't what has *happened* to people in their life. If it was, then we may as well look for another career (at least until time travel becomes a viable option). The critical issue is how people experience life *today*. If a person is experiencing distress due to trauma, they don't physically go back to the trauma, they suffer *today*. The danger is in the everyday world around them, it lives within their bodies right now. The key is supporting people to manage their world today, to support them to feel safe and in control of their *current* mind, body and world. Allowing people to first *experience* themselves again, and slowly becoming more familiar with their sensations. This way the overwhelming becomes unpleasant, yet manageable. We can never take away the trauma, but we can help to take away its legacy.

9. Identity Crisis

At the very core of who we are, is our identity. Our identity encapsulates our very self; what we stand for, what we hold dear, our values and morals. It refers to the way we see ourselves as individuals and our position in the world. It refers to our view on what we are worth, what we will accept and not accept in life. It governs how we think, feel and behave in response to life itself.

Our identity is thought to begin forming early in our life, throughout our childhood years and into adolescence. In order for us to form appropriate, positive self-identities the process requires thought and *introspection*, a process of turning our focus inwards to study our internal landscape.

This process of introspection requires certain factors to be able to occur, most importantly it requires *safety*. For a child to be able to turn their radar inward and focus on their internal world, the world around them needs to be safe enough for them to do so. Children need relational safety (safe interpersonal relationships), psychological safety (to be allowed to think and feel at their own pace, without abuse or coercion), and physical safety (free from violence, abuse or neglect).

Our awareness of 'self' also has a home in our brain, and it should come as no surprise by now that that home is in the frontal cortex, specifically an area known as the anterior cingulate. Similar to other front-brain function, at times of stress this area takes a back seat, and our idea of 'self' gets put on hold. If we are in this stress or fear response for most of our day, it would be difficult for us to be able to rely on our sense of identity to get us out of trouble.

Another aspect of identity formation affected by trauma is what it brings up for people. If someone is experiencing abuse, neglect or degradation during a time of identity formation, and they are lucky enough to find an opportunity for self-reflection, what might they find? The result would likely be frightening and disturbing. It would be far easier to simply avoid introspection. Add to this dynamic the fact that traumatised children tend to dissociate frequently, and we end up with a child who is never safe enough to think about their identity, despises the feelings that come up when they do, and spends less time in the 'here and now' than other kids to begin with. This further adds to the already overwhelming challenges trauma survivors face in their lives.

This is yet another factor that increases the likelihood for drug and alcohol abuse in teenage years. Young 'delinquents' flock together, not because they hate society, or because they particularly like getting into trouble, but because the group offers a sense of belonging. It gives them an identity. This may be the only group that hasn't judged them harshly, blamed them for being 'them' and has offered a chance to belong to something.

Researcher Dr. John Briere, a world leader in the causes and treatment of trauma and its effects on the brain and behaviour talks about the importance of a positive sense of self, or identity. He identifies 4 critical areas integral in forming a positive and consistent self-identity.

1. Relational Safety

A positive identity can only begin to form if the environment around the person does not require a level of hyper-vigilance to survive. The person needs to know that their opinions are respected, and that the trust they put in others is safe. People need to know that sharing their feelings or opinions will not become a danger to them, in order for the individual to feel safe enough to shift their focus *inward*, without the constant need to focus *outward*.

2. Self Validity

By constantly sending messages that the person's needs, opinions and emotions are valid, we encourage the formation of a positive identity. This can include enquiring about someone's opinion on things, complementing their thinking, and encouraging free thought and speech. This doesn't have to be about agreeing with everything someone says, rather validating the process. We don't have to agree with someone's opinion, we simply need to agree to their *right* to have an opinion.

3. Self Actualization

This refers to someone's desired role within the world. Trauma survivors need to be encouraged to explore what kind of person they want to be, what they feel makes a good or worthwhile person, what values they hold as important, what is their perceived gender roles? It is important to remember that trauma survivors spend weeks, months or years being forced or coached into other people's ideas of you they should be, their own rights and needs become irrelevant.

4. Exploration of Strengths and Values

This takes time and practice, but can be a very difficult process for some people. It is not uncommon for trauma survivors to report having 'no' strengths, until they are exposed to a supportive environment for a period of time.

If our strengths are the boat keeping us afloat in savage seas, then our values are the anchor. They ground us in the world, and give meaning and context to our behaviour. Without a solid understanding of what our values are, we are left to the mercy of circumstance, randomly reacting to whatever challenge life throws at us next. With a good value base, our responses to situations become more consistent and measured. Values are attributes that give us a moral compass and can include, among many others: loyalty, bravery, forgiveness, fairness, humour etc.

10. Tragedy of Avoidance

Throughout this episode we have looked at the daily challenges trauma survivors face in their lives. Their senses are heightened, their intuition is damaged and often times faulty. Their self-concept and identity is foreign to them. They live in a frightening world where even the most neutral of triggers can set off a chain reaction that enlists the memories locked in the body and the mind to bring back a relived experience of the persons worst nightmares.

This points us to the most commonly used method of coping with an overwhelming sensory life: avoidance. Trauma survivors often live in a world of avoidance. Over the years they learn how to avoid, or dissociate from the physical and emotional pain of sexual or physical abuse. For neglected children, the pain is immense. They are never given the opportunity to learn how to trust, and are wary and guarded around trustworthy people growing up. What can leave most children feeling loved and supported, can leave neglected children feeling apprehensive and suspicious. They learned to apply the adaptive skill of dissociation so well it became less about survival and more about a way of life. Their world exists on a pendulum, swinging between avoidance of feelings and emotions altogether, and being overwhelmed and tidal-waved by them.

When avoidance stops working so well and the emotions become too overwhelming, drugs and alcohol are often used to assist in avoiding the thoughts, feelings and sensations. Herein lies the tragedy for traumatised people. Traumatized people begin to avoid indiscriminately. They will learn to dissociate and avoid the negative emotions, at the cost of avoiding positive ones. The physical sensations our bodies feel when we are anxious are incredibly similar to the sensations we feel when we are anticipating a conversation with someone we have a crush on for example. The context and thoughts are different, but the sensations are remarkably similar. One is considered a negative emotion, usually avoided, the other forms a wonderful memory for years to come.

For traumatised people, the ability to discriminate between these sensations and emotions is hampered. As such, positive experiences are avoided and numbed just as frequently as negative experiences. As soon as the body feels *anything* it considers a threat, it goes into freeze, or auto-pilot mode. Trauma survivors struggle to live in their world, and learn that it is safer to avoid than to experience.

Van der Kolk put's it perfectly:

For trauma survivors, life is robbed of its beauty

Summary

We now begin to see a picture of trauma that is so far beyond simply remembering disturbing events. Trauma changes perceptions, sensations and general experience of the world itself. It is little wonder that substances like drugs and alcohol play a role in managing the intense nature of the trauma survivors universe. At times waking up an exhausted and dissociated system, at other times calming the roaring sea of complete physical and emotional overload.

More importantly though is the idea that substance use in the aftermath of trauma is simply a coping strategy. This is true in part, but it's only part of the whole picture. If we view drug use in this population through this narrow lens, we risk missing vital causes and ongoing factors contributing to the behaviour. This isn't a population that enjoys all the same tools to cope with stress that other non-traumatized people enjoy. Impulse control is affected, already making it hard to say to temptation (especially in the face of vivid recollections of horribly frightening events). The internal radars we all rely on to keep us safe from danger continually trigger at the wrong times, and fail to keep us safe in the face of actual danger. We can't assess who and what is safe, so trusting those around us is a risk factor in itself. We feel distant from other people, and distant within ourselves. And just when we seem to be making sense of life, we may inadvertently sabotage our efforts, find ourselves in re-triggering situations, and have to start the process all over again.

Whilst this can feel like a hopeless, at times impossible task, the strategies within this training package will equip you to support someone to understand more about their drug use, the underlying motivations, and alternative strategies needed to manage the cravings. More work may need to be done with a trauma survivor in order to gain understanding around these core issues, and thus should be referred for specialist counselling to explore and address these underlying issues whilst also working to gain control over the substance use.

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