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Understanding The Complex Relationship and Invisible Battle: How PTSD and Addiction Are Connected

Imagine waking up from a vivid dream where your heart is pounding, you are drenched in sweat, and you are completely panicked. Your mind wasn't necessarily just imagining things; you recognized that it was replaying your own difficult, painful past experiences very clearly and in exquisite detail, forcing you to re-live hardships that still profoundly affect and hurt you today. No matter what you try to do, you never seem to be able to escape these echoes of the past. You can't find refuge in sleep or even when you're awake, and so you feel constant anxiety.

You're desperate to quiet these memories, so you reach for something nearby that will give you a moment of peace – alcohol, pills, anything really. While this takes away the pain for a while, you've noticed that these are becoming less effective now. Instead of lasting for hours, the relief you get is shorter: it only dulls the nightmares for a bit. That's frustrating because you now seem to need so much more to try and block them out. One day, you find that what was working has stopped. But you still need relief, so you try to switch to something new, something stronger that will last longer. For people who have Post-Traumatic Stress Disorder (PTSD), this can be just a glimpse into their daily reality.

The thing is that PTSD and addiction are deeply connected. They are partners in a cycle that is difficult to interrupt and very challenging to break. The constant distress from unresolved emotional wounds of the past – the traumatic experiences – alters the brain. Escaping the pain through temporary relief is short-lived. Instead, the PTSD symptoms often worsen over time, and the desperate measures a person uses in an attempt to stop them can create a dependency.

In this article, we will look at the connections between PTSD and addiction, explaining the science behind them. However, to gain this insight, it will be essential to move beyond the "simplistic view that...human beings need only negative consequences to teach them hard lessons."¹ Someone who has not experienced PTSD firsthand can have a problematic time understanding how a person can't just decide to stop. For the person living with PTSD, the reality is that there is not much choice involved: the primary motivation is to treat their pain using any means possible. To help explain this, we'll also take a look at symptoms of both PTSD and addiction, learning where they overlap and where there are paths to healing.

What is PTSD, and how does it affect mental health

PTSD is a serious mental health condition that develops after experiencing or witnessing a traumatic event. It affects how someone is able to live their life. The trauma can include physical or emotional abuse, military combat, accidents, natural disasters, or other distressing experiences. According to Dr. Bessel van der Kolk, trauma is “not just an event that took place sometime in the past: it is also the imprint left by that experience on our mind, brain and body.”²

People with PTSD often experience symptoms such as:

- Flashbacks and distressing nightmares, where unwanted memories of trauma feel intensely real and cause emotional distress and panic.
- Emotional numbness and detachment from others, where there is a sense of being disconnected from emotions or relationships, making it difficult to trust and form close bonds.
- Hypervigilance, where they are constantly feeling on edge and easily started by noises or movements, sometimes with an exaggerated response, and they are always scanning the environment for danger.
- Fearing situations where they are vulnerable or could be betrayed, often leading to isolation and avoidance of social connections.

Dr Bessel van der Kolk’s research with Vietnam War veterans in 1978 found that PTSD changes the brain’s structure and function.

- The amygdala, which regulates fear, becomes overactive and makes individuals more prone to anxiety and panic.
- The hippocampus, which is responsible for memory processing, weakens, making it much harder to distinguish past trauma from the present moment.
- The prefrontal cortex, which manages decision-making and impulse control, becomes less effective, making it more difficult for someone to regulate their emotions and reasoning.

The study found that “traumatized people have a tendency to superimpose their trauma on everything around them. There appeared to be little in between.”³ Traumatized people lose their ability to be mentally “flexible” and playfully engage in imagination. Instead, they look at the world very differently and are effectively stuck in their trauma.⁴

What is the link between PTSD and addiction?

PTSD and addiction often go hand in hand, trapping people in a cycle of emotional pain and substance use. While some believe that addiction is a matter of willpower and strength, medical experts have observed something entirely different. Dr. Gabor Maté argues that addiction “always originates in pain, whether felt openly or hidden in the unconscious.”⁵

Many individuals experiencing PTSD may turn to substances as a way to escape overwhelming emotions by self-medicating. The substances act like an “emotional anaesthetic; as an antidote to a frightful feeling of emptiness, as a tonic against fatigue, boredom, alienation and a sense of personal inadequacy; as stress reliever and social lubricant.”⁶ Self-medicating can involve:

- Alcohol, opioids and stimulants that are used to suppress emotional pain, induce relaxation, or create a false sense of being in control.
- Behaviours and activities such as gambling, shopping, or binge eating, which may become compulsive and are used to numb emotions.
- Prescription misuse and overuse of anxiety or pain medications to try and alleviate symptoms. These have a high risk of dependency.

One study showed that about “26-52% of people diagnosed with a lifetime prevalence of PTSD also meet the criteria for diagnoses of a substance use disorder (SUD).”⁷

A common myth is that addiction is a choice or even a sign of weakness by an individual. However, medical experts recognize that it is often the result of deeply ingrained psychological and biological responses to trauma. It’s not about willpower.

Other myths are that:⁸

- Addiction is a genetic disease of the brain. It is more about epigenetics, or how environment and lifestyle can influence how genes work.
- Addiction is about drugs. It is really about pain. People can be exposed to all kinds of things that create what we label as addiction. The addiction comes from what is released in the brain (endorphins and dopamine) that soothes and regulates the stress and provides temporary pleasure or relief.
- Abstinence is the only goal of treatment. Harm reduction is a far more realistic outcome in that it helps people return to functioning.

- Education prevents addiction. There is much available publicly to increase general awareness of addiction, but this does not result in prevention. Other factors in a person's life, such as their economic circumstances and psycho-social integration, have far more influence.
- Negative consequences are necessary or helpful. Making someone feel bad about their addiction does not mean that they will accept treatment. What often happens is the opposite: people become defensive and push back.

Why can trauma lead to substance abuse?

Trauma creates heightened vulnerability to addiction because our susceptibility to being wounded plays a role in how we cope with pain.⁹ When the pain from trauma becomes overwhelming, the brain automatically shuts down conscious awareness to protect itself. It is especially common with childhood trauma, where adverse experiences can shape addiction later in life.

Chronic stress from trauma also causes the body's stress-response system to malfunction, leading to long-term emotional instability. It changes our brain structures and can affect "the immune system, emotional regulation skills, cognitive development and executive functioning."¹⁰

It frequently plays out in a cycle of avoidance:

1. Trauma first causes overwhelming emotions where someone experiences intense fear, anxiety or emotional pain from their past experiences.
2. Substances provide temporary relief, dulling the distressing emotions and providing an escape from these constant thoughts.
3. Tolerance builds, leading to increased use because the brain adapts to the substances, requiring more to achieve the same relief.
4. Dependence and addiction develop when the person begins to rely on substances not just for emotional relief from the pain but also to function each day.
5. PTSD symptoms worsen because the underlying trauma is still there. Substance use intensifies the emotional instability and increases feelings of guilt, shame and helplessness.
6. The cycle repeats.

For example, a person struggling with PTSD might initially use alcohol to suppress intrusive thoughts and nightmares they are experiencing. Over time, they need more alcohol to feel at ease. It creates a dependency. As drinking escalates, relationships, job

performance and mental health are all affected, often declining. It exacerbates their PTSD symptoms and, in turn, increases their reliance on alcohol for relief.

What are some signs of co-occurring PTSD and addiction?

Recognizing symptoms of both PTSD and addiction is critical to find appropriate help. Warning signs can include:

- Using substances to cope with stress or memories as a way to escape emotional pain
- Increased isolation mood swings, aggression, irritability
- Heightened anxiety, paranoia, difficulty sleeping caused by constant worry, difficulty relaxing or chronic insomnia
- Risk-taking behaviours and neglect of responsibilities, impulsive actions, financial troubles or avoidance of work or obligations
- Withdrawal from social activities where there is disconnection from supportive relationships and loss of interest in hobbies

What are some treatment options? What kind of help is available?

It's essential to approach integrated treatment for PTSD and addiction. Focusing on one or the other alone does not lead to better outcomes as it does not address the vulnerabilities associated with each. Dr. Bessel van der Kolk emphasizes that one of the challenges in recovery is reestablishing ownership of your body and mind.¹¹

Approaches that can help include:

Therapy

- Cognitive Behavioural Therapy (CBT), which can help people identify harmful thought patterns that contribute to substance use and PTSD symptoms.
- Eye Movement Desensitization and Reprocessing (EMDR) uses guided eye movements to help people process memories safely.
- Compassionate Inquiry Therapy (CI) addresses underlying trauma comprehensively by assessing the sources of trauma and their effects on the individual.

Medication

- Antidepressants may help manage some symptoms of PTSD and reduce cravings for harmful substances.
- Medications can also reduce withdrawal symptoms and prevent relapse.

Support Groups

- Programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) can offer support through peers and promote accountability.
- Trauma-informed addiction recovery groups provide a safe space to discuss trauma struggles and challenges.

What is the role of social support in recovery?

Family, friends, and community programs help all play a key role in emotional healing and with accountability. Compassion and understanding are essential. Being open-minded about addiction as a medical condition rather than a choice or personal failure helps reduce stigma. Many people avoid seeking help because they feel shame or fear judgment from those they care about.

Peer support networks like AA can offer deeper connections with traumatized and substance-using people and their families because participants generously share their lived experiences. Public figures can also help inspire others and reduce stigma. Sharing their stories helps introduce conversation and ideas about how this can happen to anyone, regardless of circumstances.¹²

How to build a path toward long-term healing

Consider these four possibilities in your approach:

1. Be realistic. Healing is an ongoing process and takes time and effort.
2. Professional programs, like those at Homewood Health, offer specialized care.

Trauma & PTSD program <https://homewoodhealthcentre.com/our-expertise/trauma-ptsd/>

Addiction Medicine program – Substance Use
<https://homewoodhealthcentre.com/treatment-programs/addiction-medicine-program-amp-su/>

There is hope beyond the struggle

While the past may have left deep wounds, healing from the grip of PTSD and addiction is within reach with proper support, treatment and determination. It's not easy, but every small step – from therapy to joining a support group – helps with reclaiming control. A brighter future is possible, no matter how difficult it has been.

References:

1. Maté, G. M.D., (2018). In the Realm of Hungry Ghosts – Close Encounters with Addiction. Vintage Canada. [Part I: Hellbound Train, 2. The Lethal Hold of Drugs, p. 72]
2. Van der Kolk, B. Dr., (2014). The Body Keeps The Score: Brain, Mind and Body In the Healing of Trauma. Penguin Books. [Chapter 1, Lessons from Vietnam Veterans, page 21]
3. Van der Kolk, B. Dr., (2014). The Body Keeps The Score: Brain, Mind and Body In the Healing of Trauma. Penguin Books. [Chapter 1, Lessons from Vietnam Veterans, page 17]
4. ibid.
5. Maté, G. M.D., (2018). In the Realm of Hungry Ghosts – Close Encounters with Addiction. Vintage Canada. [Part I: Hellbound Train, 3. The Keys to Paradise, p. 81]
6. Maté, G. M.D., (2018). In the Realm of Hungry Ghosts – Close Encounters with Addiction. Vintage Canada. [Part I: Hellbound Train, 2. The Lethal Hold of Drugs, p. 76]
7. Martens, T. (medically reviewed by Kelley, R). (2024 Nov 3). Post-Traumatic Stress Disorder (PTSD) and Substance Abuse. AmericanAddictionCentres, DrugAbuse.com. Retrieved March 18, 2025, from <https://drugabuse.com/mental-health-drug-abuse/ptsd-addiction/>
8. PESI, I. (Producer), &. (2020). The Seven Myths of Addiction. [Video/DVD] PESI Inc. <https://video.alexanderstreet.com/watch/the-seven-myths-of-addiction>
9. Maté, G. M.D., (2018). In the Realm of Hungry Ghosts – Close Encounters with Addiction. Vintage Canada. [Part I: Hellbound Train, 3. The Keys to Paradise, p. 86]
10. Giordano, A.L. Ph.D. (medically reviewed by Lancaster, V.). (2021 September 25). Why Trauma Can Lead to Addiction: Childhood trauma increases the risk of addiction in adulthood, but why? Psychology Today. Retrieved March 18, 2025, from <https://www.psychologytoday.com/ca/blog/understanding-addiction/202109/why-trauma-can-lead-to-addiction>
11. Van der Kolk, B. Dr., (2014). The Body Keeps The Score: Brain, Mind and Body In the Healing of Trauma. Penguin Books. [Chapter 6, Losing Your Body Losing Yourself, page 103]
12. Oberlin, L. (medically reviewed by Woods, T.) (2021 August 1). Celebrities Who Share Their Mental Health and Addictions. Psychology Today. Retrieved March 18, 2025 from <https://www.psychologytoday.com/ca/blog/the-full-picture/202108/celebrities-who-share-their-mental-health-and-addictions>

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