



A Novel Approach to the Treatment of PTSD and Addiction

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Homewood Health – Addiction Medicine Service

- Residential treatment program - Abstinence based – 12 Step Facilitated
- 105 beds – over 1 000 admissions per year
- Interdisciplinary team - Highest Addiction Physician to patient ratio in Canada – ABAM Certified
- Addiction Only Stream – 5 weeks
- Integrated Addiction-PTSD Stream – 8 weeks
- Occupational Groups:
 - Health Care Professionals
 - Uniformed Professional



PTSD & Addiction Prevalence

- **Najavitis et al (1997):** 30% - 51% of female substance abusers meet criteria for PTSD
- **Review article, Jacobsen, Southwick & Kosten (2001)**
 - alcohol dependence or abuse in 75% of US combat vets with lifetime PTSD
 - 21.6%-43.0% civilians with PTSD have substance use disorders
 - rate of PTSD in substance dependent adolescents = 19.2%
- **Mueser et al. (2008):** 35%-50% in addiction programs have lifetime diagnosis of PTSD...25%-42% meet current criteria
- **Woo & Vedelago (2011):** More than 90% of in-patients report having experienced some form of trauma in their lifetime, with 50.83% screening positive for PTSD during intake week.



Addiction Treatment Programs:

- PTSD symptoms seen as “defocusing”
- Achieve 3 months clean and sober before starting PTSD work
- Cycle of repeated relapse back to use despite negative consequences



PTSD Treatment Programs:

- Addiction seen as “self-medicating”
- Skills & Trauma processing eliminates need to self-medicate
- Cycle of repeated relapse back to use despite negative consequences



Treatment Options

- Sequential Treatment Models
- Trauma Informed Care
- Integrated Treatment Model

Unifying Principle that links Addiction & PTSD?

The Craving Narrative



PTSD and Addiction -Shared Characteristics

- twin studies (Koenen et al., 2008)
- family clusters (Nugent et al., 2008)
- first-degree relatives with PTSD (Yehuda et al., 2008)
- high rate of relapse to PTSD (Solomon & Mikulinear, 2006)
- epigenetic, genetic, neural plastic recalibration of brain circuitry (Wong et al., 2011; Yehuda et al., 2009)



Definitions

- Abuse - a time specific behaviour
- Dependence – normal physiological response to an external substance
- Addiction – altered state of sobriety characterized by the ***craving narrative***



For Addiction

- Hallmark of addiction is the craving narrative
- Craving is a narrative that ensures the preservation of the addictive process – it is the story that one tells oneself that makes it absolutely make sense to pick up yet another drink or more of a drug, despite all the negative consequences in doing so.



For PTSD

- Hallmark of PTSD is the phenomenon of re-experiencing
- For the addict who also has PTSD, intrusive recollections, nightmares, flashbacks, along with trauma based beliefs, can provide material for the craving narrative that preserves the addictive process



The Addiction - PTSD Entity

- With time, the addiction and PTSD may become interwoven, to the point where they essentially morph into a unified entity, driven by a rich narrative known as an “intrusive recollection” by a trauma therapist, or a “craving” by the addiction specialist
- The 2 disorders become so entwined that it becomes impossible to deal with one without the other. Attempts to do so merely lead to a spike in the disorder that is not being attended to, followed by a rebound of the other.

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Drug use / Traumatic Event

Epigenetic Changes

Gene Modification

Stable Memory
Incorporation

Adapted from Wong et al., 2011



Concluding Remarks

- Treatment needs to be integrated – both disorders should be addressed simultaneously
- In order for treatment to be truly integrated, a unifying principle for the 2 disorders needs to be identified
- In the case of co-occurring Addiction and PTSD, that unifying principle is the **craving narrative**, the aspects of the trauma story that makes it make sense for the alcoholic/addict to pick up that next drink or drug, despite all the negative consequences



Questions?

