PTSD and **Problems** with Alcohol Use

A National Center for PTSD Fact Sheet

PTSD does not automatically cause problems with alcohol use; there are many people with PTSD who do not have problems with alcohol. However, PTSD and alcohol together can be serious trouble for the trauma survivor and his or her family.

How do PTSD and alcohol use affect each other and make problems worse?

PTSD and alcohol problems often occur together.

People with PTSD are more likely than others with similar backgrounds to have alcohol use disorders both before and after being diagnosed with PTSD, and people with alcohol use disorders often also have PTSD.

Being diagnosed with PTSD increases the risk of developing an alcohol use disorder.

Women exposed to trauma show an increased risk for an alcohol use disorder even if they are not experiencing PTSD. Women with problematic alcohol use are more likely than other women to have been sexually abused at some point in their lives.

Men and women reporting sexual abuse have higher rates of alcohol and drug use disorders than other men and women.

Twenty-five to seventy-five percent of those who have survived abusive or violent trauma also report problems with alcohol use.

Ten to thirty-three percent of survivors of accidental, illness, or disaster trauma report problematic alcohol use, especially if they are troubled by persistent health problems or pain.

Sixty to eighty percent of Vietnam veterans seeking PTSD treatment have alcohol use disorders. Veterans over the age of 65 with PTSD are at increased risk for attempted suicide if they also experience problematic alcohol use or depression. War veterans diagnosed with PTSD and alcohol use tend to be binge drinkers. Binges may be in reaction to memories or reminders of trauma.

Alcohol problems often lead to trauma and disrupt relationships.

Persons with alcohol use disorders are more likely than others with similar backgrounds to experience psychological trauma. They also experience problems with conflict and intimacy in relationships.

Problematic alcohol use is associated with a chaotic lifestyle, which reduces family emotional closeness, increases family conflict, and reduces parenting abilities.

PTSD symptoms often are worsened by alcohol use.

Although alcohol can provide a temporary feeling of distraction and relief, it also reduces the ability to concentrate, enjoy life, and be productive.

Excessive alcohol use can impair one's ability to sleep restfully and to cope with trauma memories and stress.

Alcohol use and intoxication also increase emotional numbing, social isolation, anger and irritability, depression, and the feeling of needing to be on guard (hypervigilance).

Alcohol use disorders reduce the effectiveness of PTSD treatment.

Many individuals with PTSD experience sleep disturbances (trouble falling asleep or problems with waking up frequently after falling asleep). When a person with PTSD experiences sleep disturbances, using alcohol as a way to self-medicate becomes a double-edged sword. Alcohol use may appear to help symptoms of PTSD because the alcohol may decrease the severity and number of frightening nightmares commonly experienced in PTSD. However, alcohol use may, on the other hand, continue the cycle of avoidance found in PTSD, making it ultimately much more difficult to treat PTSD because the client's avoidance behavior prolongs the problems being addressed in treatment. Also, when a person withdraws from alcohol, nightmares often increase.

Individuals with a combination of PTSD and alcohol use problems often have additional mental or physical health problems. As many as 10-50% of adults with alcohol use disorders and PTSD also have one or more of the following serious disorders:

Anxiety disorders (such as panic attacks, phobias, incapacitating worry, or compulsions)

Mood disorders (such as major depression or a dysthymic disorder)

Disruptive behavior disorders (such as attention deficit or antisocial personality disorder)

Addictive disorders (such as addiction to or abuse of street or prescription drugs)

Chronic physical illness (such as diabetes, heart disease, or liver disease)

Chronic physical pain due to physical injury/illness or due to no clear physical cause

What are the most effective treatment patterns?

Because the existence of both PTSD and an alcohol use disorder in an individual makes both problems worse, alcohol use problems often must be addressed in PTSD treatment. When alcohol use is (or has been) a problem in addition to PTSD, it is best to seek treatment from a PTSD specialist who also has expertise in treating alcohol (addictive) disorders. In any PTSD treatment, several precautions related to alcohol use and alcohol disorders are advised:

The initial interview and questionnaire assessment should include questions that sensitively and thoroughly identify patterns of past and current alcohol and drug use.

Treatment planning should include a discussion between the professional and the client about the possible effects of alcohol use problems on PTSD, sleep, anger and irritability, anxiety, depression, and work or relationship difficulties.

Treatment should include education, therapy, and support groups that help the client address alcohol use problems in a manner acceptable to the client.

Treatment for PTSD and alcohol use problems should be designed as a single consistent plan that addresses both sources of difficulty together. Although there may be separate meetings or clinicians devoted primarily to PTSD or to alcohol problems, PTSD issues should be included in alcohol treatment, and alcohol use ("addiction" or "sobriety") issues should be included in PTSD treatment.

Relapse prevention must prepare the newly sober individual to cope with PTSD symptoms, which often seem to worsen or become more pronounced with abstinence.

Where can you get help?

For a listing of professionals in the USA and Canada who treat alcohol disorders and PTSD, we suggest consulting the membership directories of the International Society for Traumatic Stress Studies or the Association of Traumatic Stress Specialists. For veterans experiencing problems with PTSD and alcohol use, the Department of Veterans Affairs has a network of specialized PTSD and substance use treatment programs. For information on these programs, contact the local VA Vet Center or the Psychiatry Service at a VA Medical Center. (For addresses and telephone numbers, look under the "United States Government" listings in the telephone directory.)

Related Fact Sheets

Coping with PTSD

Provides information for PTSD survivors on positive techniques for dealing with PTSD

Related Disorders

Disorders that commonly co-occur with PTSD

Substance use and PTSD

A fact sheet about substance use following disasters

References

Evans, K. & Sullivan, J. M. (1995). *Treating addicted survivors of trauma*. New York: Guilford Press.

Kofoed, L., Friedman, M.J., & Peck, R. (Summer 1993). Alcoholism and drug abuse in patients with PTSD. *Psychiatric Quarterly*, *64(2)*, 151-171.

Matsakis, A. (1992). *I can't get over it: A handbook for trauma survivors.* Oakland, CA: New Harbinger Publications.

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