STRESS AND SUBSTANCE ABUSE

Stress - What is It?
* Stress is a term we all know and use often, but what does it really mean? It is hard to define because it means different things to different people. Stress is a normal reaction to life for people of all ages. It is caused by our body's instinct to protect itself from emotional or physical pressure or, in extreme situations, from danger.
* Stressors differ for each of us. What is stressful for one person may or may not be stressful for another; each of us responds to stress in an entirely different way. How a person copes with stress - by reaching for a beer or cigarette or by heading to the gym - also plays an important role in the impact that stress will have on our bodies.
* By using their own support systems, some people are able to cope effectively with the emotional and physical demands brought on by stressful and traumatic experiences. However, individuals who experience prolonged reactions to stress that disrupt their daily functioning may benefit from consulting with a trained and experienced mental health professional.

The Body's Response to Stress
* The stress response is mediated by a highly complex, integrated network that involves the central nervous system, the adrenal system, the immune system, and the cardiovascular system.
* Stress activates adaptive responses. It releases the neurotransmitter norepinephrine, which is involved with memory. This may be why people remember stressful events more clearly than they do non-stressful situations.
* Stress also increases the production of a hormone in the body known as corticotropin releasing factor (CRF). CRF is found throughout the brain and initiates our biological response to stressors. During all negative experiences, certain regions of the brain show increased levels of CRF. Interestingly, almost all drugs of abuse have also been found to increase CRF levels, which suggests a neurobiological connection between stress and drug abuse.
* Mild stress may cause changes that are useful. For example, stress can actually improve our attention and increase our capacity to store and integrate important and life-protecting information. But if stress is prolonged or chronic, those changes can become harmful.

Stress and Drug Abuse
* Stressful events may profoundly influence the use of alcohol or other drugs. Stress is a major contributor to the initiation and continuation of addiction to alcohol or other drugs, as well as to relapse or return to drug use after periods of abstinence.
* Stress is one of the major factors known to cause relapse to smoking, even after prolonged periods of abstinence.
* Children exposed to severe stress may be more vulnerable to drug use. A number of clinical and epidemiological studies show a strong association between psychosocial stressors early in life (e.g., parental loss, child abuse) and an increased risk for depression, anxiety, impulsive behavior, and substance abuse in adulthood.
Stress and Substance Abuse

Stress, Drugs, and Vulnerable Populations
* Stressful experiences increase the vulnerability of an individual to relapse to drugs even after prolonged abstinence.
* Individuals who have achieved abstinence from drugs must continue to sustain their abstinence - avoiding environmental triggers, recognizing their psychosocial and emotional triggers, and developing healthy behaviors to handle life's stresses.
* A number of relapse prevention approaches have been developed to help clinicians address relapse. Treatment techniques that foster coping skills, problem-solving skills, and social support play a role in successful treatment.
* Physicians should be aware of what medications their patients are taking but should not discourage the use of medical prescriptions to help alleviate stress. Some people may need medications for stress-related symptoms or for treatment of depression and anxiety.

What is PTSD?
* Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop in some people after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.
* Generally, PTSD has been associated with the violence of modern combat. However, many people other than combat soldiers are susceptible. PTSD can result from many kinds of tragic incidents in which the patient was a witness, victim, or survivor, including violent or personal attacks, natural or human-caused disasters, or accidents.
* Symptoms of PTSD can include re-experience of the trauma; emotional numbness; avoidance of people, places, and thoughts connected to the event; and arousal, which may include trouble sleeping, exaggerated startle response, and hypervigilance.
* PTSD can occur in people of any age, including children and adolescents.

PTSD and Substance Abuse
* An emerging body of research has documented a very strong association between PTSD and substance abuse. In most cases, substance use begins after the exposure to trauma and the development of PTSD, thus making PTSD a risk factor for drug abuse.
* Early intervention to help children and adolescents who have suffered trauma from violence or a disaster is critical. Children who witness or are exposed to a traumatic event and are clinically diagnosed with PTSD have a greater likelihood for developing later drug and/or alcohol use disorders.
* Of individuals with substance use disorders, 30 to 60 percent meet the criteria for comorbid PTSD.
* Patients with substance abuse disorders tend to suffer from more severe PTSD symptoms than do PTSD patients without substance use disorders.

Helping Those Who Suffer from PTSD and Drug Abuse
* Health care professionals must be alert to the fact that PTSD frequently co-occurs with depression, anxiety disorders, and alcohol or other substance abuse. Patients who are experiencing the symptoms of PTSD need support from physicians and health care providers.
* The likelihood of treatment success increases when these concurrent disorders are appropriately identified and treated as well.
* In some cases, medications such as the antidepressant sertraline (Zoloft™), have been shown to be helpful in treating patients who suffer from PTSD and substance use disorders.
* Some reports suggest that successful detoxification of these comorbid patients will likely require inpatient admission to permit vigorous control of withdrawal and PTSD-related arousal symptoms.
* Although there is no standardized, effective treatment developed for individuals with this disorder, studies show that patients who suffer from PTSD can improve with cognitive behavioral therapy, group therapy, or exposure therapy, in which the patient gradually and repeatedly relives the frightening experience under controlled conditions to help him or her work through the trauma.
* Exposure therapy is thought to be one of the most effective ways to manage PTSD when it is conducted by a trained therapist. It has not yet been widely used with comorbid disorders, but recent studies suggest that some individuals with PTSD and comorbid cocaine addiction can be successfully treated with exposure therapy. Patients in a recent study who suffered from both disorders showed significant reductions in all PTSD symptoms and in overall cocaine use.
* Finally, support from family and friends can play an important role in recovery.
USEFUL LINKS

The following is list of internet links to assist in coping with disaster for adults, teens and children. All sites are provided by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, unless otherwise noted.

Tips for Teachers
* Questions to Help Children Talk About a Disaster provides examples of "open-ended" questions to encourage children to talk about their feelings and experiences following a disaster. [http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/questions.asp](http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/questions.asp)
* When Talking Doesn't Help: Other Ways to Help Children Express Their Feelings Following a Disaster provides ideas for helping children express themselves in ways other than talking to help them through the recovery process following a disaster. [http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/otherways.asp](http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/otherways.asp)
* The Role of Culture in Helping Children Recover from a Disaster offers words of advice and guidance for teachers helping children from diverse cultural and ethnic backgrounds through the recovery process following a disaster. ([http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/culture.asp](http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/culture.asp))

Related to Children and Adolescents
* How To Help Children After a Disaster offers tips to parents on how to talk to children about catastrophic events. [http://www.aacap.org/publications/factsfam/disaster.htm](http://www.aacap.org/publications/factsfam/disaster.htm) From the American Academy of Child and Adolescent Psychiatry.
* After a Disaster: What Teens Can Do provides information for teens to help understand some of their reactions as well as others, to traumatic events. Suggestions are also provided to help ease the unfamiliar feelings related to the event. [http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0082/default.asp](http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0082/default.asp)
* After a Disaster: A Guide for Parents and Teachers explains how preschool age, early childhood, and adolescent children may respond to disasters. The link is intended for parents and teachers to be informed, recognize problems, and respond appropriately to the needs of children. [http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0093/default.asp](http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0093/default.asp)

Español
* Como Ayudar a los Niños a Verselas con el Miedo y la Ansiedad [http://www.mentalhealth.org/publications/allpubs/KEN-01-0099/default.asp](http://www.mentalhealth.org/publications/allpubs/KEN-01-0099/default.asp)

For Adults

For Families
* Age-specific Interventions at Home for Children in Trauma: From Preschool to Adolescence suggests activities arranged by age group to help children share recovery feelings and experiences at home. Includes activities for preschoolers, elementary age children, and pre-adolescents and adolescents. [http://www.mentalhealth.samhsa.gov/publications/allpubs/NMH02-0138/default.asp](http://www.mentalhealth.samhsa.gov/publications/allpubs/NMH02-0138/default.asp)

Tips for Emergency and Disaster Response Workers
* Stress Prevention and Management Approaches for Rescue Workers in the Aftermath of Terrorist Acts suggests techniques that can be used by both organizations and individuals to minimize the effects of stress on rescue workers which are applicable to most disasters. [http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN01-0112/default.asp](http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN01-0112/default.asp) (If the materials from this link are used, care should be taken to avoid using the information specifically citing terrorist events, in order not to increase or create unwarranted fears.)
* Communicating in a Crisis: Risk Communications Guidelines for Public Officials is a brief, readable primer that can help you do just that. It describes basic skills and techniques for clear, effective crisis communications and information dissemination, and provides some of the tools of the trade for media relations. It can help you prepare for meeting the important responsibility of communicating with the public both directly and successfully during a crisis. [http://www.riskcommunication.samhsa.gov/index.htm](http://www.riskcommunication.samhsa.gov/index.htm)

The opinions, findings, and conclusions herein stated are those of the authors and not necessarily those of the State of California, Department of Alcohol and Drug Programs

Featured Website of this Special Edition:
United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration
Mental Health Links for Stress and Anxiety

Gives useful links to the sites referenced above, and also many other resources related to coping with stress. [http://www.mentalhealth.org/link/default2.asp?ID=Stress+and+Anxiety&Topic=Stress+and+Anxiety](http://www.mentalhealth.org/link/default2.asp?ID=Stress+and+Anxiety&Topic=Stress+and+Anxiety)
WHO WE ARE

REGIONS AND REGIONAL TRAINERS

REGION I A
Counties: Del Norte, Humboldt, Trinity, Shasta, Butte, Plumas
 Trainer: REBECCA BERNER, rberner2@csochico.edu

REGION I B
Counties: Siskiyou, Modoc, Lassen, Glenn, Sutter, Yuba, Nevada, Sierra, Tehama
 Trainer: DANIELLE CAMPBELL, kidccampbell@msn.com

REGION II
Counties: Mendocino, Lake, Colusa, Yolo, Sonoma, Contra Costa, Napa, Marin, Solano, Sacramento
 Trainer: MELINDA MOORE, mkassocts@aol.com

REGION III
Counties: San Francisco, San Mateo, Alameda, Santa Clara, San Benito, Monterey, Santa Cruz
 Trainer: STEPHEN PURSER, spurser@uclink.berkeley.edu

REGION IV
Counties: Placer, El Dorado, San Joaquin, Stanislaus, Mariposa, Merced
 Trainer: GALEN EL-ASKARI, galen@waltonelaskari.com

REGION V
Counties: Alpine, Mono, Inyo, Calaveras, Amador, Tuolumne, Fresno, Madera, Tulare, Kings, Kern
 Trainer: RANDY DAVIS, rad19@csufresno.edu
 Trainer: JOLENE EDWARDS, jolene@mindinfo.com

REGION VI
Counties: San Luis Obispo, Santa Barbara, Ventura
 Trainer: LAWRENCE MESSERMAN, larrym@education.ucsb.edu

REGION VII
Counties: Los Angeles, Orange, Riverside, San Bernardino
 Trainer: LOUISE GODBOLD, lgodbold@worldnet.att.net
 Trainer: MICHAEL BROWNING, mikebrowning@alumni.usc.edu

REGION VIII
Counties: San Diego, Imperial, Orange
 Trainer: RICHARD BURHENNE, rburhenne@yahoo.com

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