

SUBSTANCE USE, TRAUMA & RECOVERY

UNDERSTAND THE CONNECTION. REDUCE SHAME. BUILD CHOICE.

* TRAUMA AND SUBSTANCE USE

- After trauma, alcohol or other drugs may seem to quiet fear, numb memories, help with sleep, increase energy, or create short-term distance from emotional pain.
- The relief may be real and temporary. Over time, substance use can create new health, relationship, safety, legal, or financial problems.
- Understanding what the substance has been doing for you can help you build safer ways to meet the same need.

* IT IS NOT A MORAL FAILURE

- Substance use disorder is a treatable health condition - not proof that someone is weak, selfish, or bad.
- Trauma reactions and cravings can involve the brain, body, learned cues, survival habits, relationships, and environment.
- Accountability and compassion can exist together: I can take responsibility for my choices without shaming myself.

* THE SHORT-TERM RELIEF CYCLE

- Pain, stress, a reminder, loneliness, or body discomfort appears.
- A person uses a substance and feels temporary relief, energy, confidence, sleep, or numbness.
- Afterward, consequences or withdrawal may increase distress.
- The brain remembers the short-term relief, which can strengthen the urge to use again.

* TREAT BOTH - NOT JUST ONE

- Recovery may be harder when trauma symptoms are ignored.
- Trauma healing may be harder when substance use creates instability or danger.
- A trauma-informed plan addresses safety, sleep, emotions, cravings, relationships, medical needs, and substance use together.
- A licensed professional can help decide what type and level of care fit your needs.

SUBSTANCE USE, TRAUMA & RECOVERY

NOTICE CUES WITHOUT JUDGING YOURSELF.

* EXTERNAL CUES

- People you used with, dealers, parties, bars, neighborhoods, routes, paydays, certain rooms, music, smells, paraphernalia, social media, or seeing a substance.
- Conflict, contact with an unsafe person, anniversaries, court dates, medical procedures, news, or places connected with trauma can also activate urges.
- A cue is information. Noticing it early gives you more choices.

* INTERNAL CUES

- Emotions: fear, anger, shame, grief, loneliness, boredom, excitement, or feeling rejected.
- Thoughts: "I cannot handle this," "One time will not matter," or remembering only the relief and not the consequences.
- Body states: pain, tension, poor sleep, hunger, fatigue, panic, numbness, or feeling disconnected.

* TRAUMA REMINDERS

- A trauma reminder may be a sound, smell, date, tone of voice, body sensation, location, conflict, or feeling of being trapped or powerless.
- The body may react before the mind understands why. This can feel like danger is happening now.
- Try: "This is a reminder. I am in the present. I can check what is safe now and choose my next step."

* CHECK BASIC NEEDS: HALT +

- Am I hungry, angry, lonely, tired, in pain, overstimulated, sick, or unsafe?
- Do I need food, water, sleep, medication as prescribed, quiet, movement, connection, or medical care?
- Meeting a basic need may not erase an urge, but it can lower its intensity and make the next safe choice easier.

SUBSTANCE USE, TRAUMA & RECOVERY

AN URGE IS A SIGNAL - NOT A COMMAND.

* PAUSE AND NAME IT

- Say: "I am having an urge. I do not have to act on it right now."
- Rate the urge from 0 to 10. Notice where you feel it in your body.
- Ask what happened just before the urge and what need may be underneath it.

* CREATE TIME AND DISTANCE

- Delay the decision for 10 minutes, then repeat. Leave the place, end the conversation, block a contact, or move away from money or substances.
- Go to a safer public place or stay near a supportive person.
- Do not drive if you are impaired or feel unable to focus safely.

* GROUND THE NERVOUS SYSTEM

- Press your feet into the floor. Name five things you see, four you feel, three you hear, two you smell, and one you taste.
- Use cool water, slow breathing, stretching, walking, music, prayer, cultural practice, or a comforting object.
- Choose skills that help you feel present without making you feel trapped.

* CONNECT AND REDIRECT

- Call or text a support person. Attend a recovery meeting. Contact a clinician, peer supporter, sponsor, or recovery coach.
- Choose one absorbing activity: shower, meal, game, cleaning one area, exercise, art, pet care, or a safe television show.
- Review your reasons for change and the full story - both the short relief and the longer consequences.

SUBSTANCE USE, TRAUMA & RECOVERY

CATCH THE PATTERN EARLY. RESPOND WITH SUPPORT.

* EARLY WARNING SIGNS

- Skipping appointments, medication, meals, sleep, routines, or recovery supports.
- Withdrawing, keeping secrets, contacting people linked with use, carrying extra cash, or returning to high-risk places.
- Romanticizing past use, minimizing consequences, feeling hopeless, or believing you should be able to manage alone.

* EMOTIONAL WARNING SIGNS

- Increasing irritability, shame, anxiety, depression, numbness, resentment, grief, or feeling trapped.
- More trauma memories, nightmares, startle reactions, panic, or feeling disconnected from the present.
- A strong desire to escape rather than solve the problem.

* IF I NOTICE WARNING SIGNS

- Tell one safe person the truth before the situation grows.
- Increase support: appointments, groups, check-ins, medication review, transportation, meals, sleep, or a safer place to stay.
- Reduce access to substances, cash, contacts, and high-risk settings. Ask for help doing this when needed.

* A LAPSE IS A SAFETY SIGNAL

- A lapse does not erase previous progress. It does mean the plan needs immediate attention.
- Stop and seek support as soon as possible. Do not let shame turn one episode into continued use.
- Review what happened: cues, access, thoughts, emotions, body needs, and missing supports. Update the plan without punishment.

SUBSTANCE USE, TRAUMA & RECOVERY

MY PLAN: NOTICE WHAT RAISES OR LOWERS RISK.

MY REASONS FOR CHANGE

The people, values, goals, health, freedom, or future I want to protect:

What substance use has cost me or placed at risk:

What recovery or safer choices make possible:

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MY PLAN: KNOW THE SIGNALS AND NEXT STEPS.

MY CUES AND WARNING SIGNS

People, places, situations, trauma reminders, feelings, thoughts, or body states that raise my risk:

WHAT I WILL DO FIRST

Three actions I can take during the first 10 minutes of an urge:

WHAT HELPS ME FEEL PRESENT

Grounding, coping, cultural, spiritual, creative, movement, or comfort practices that work for me:

SAFER ENVIRONMENT

What I will remove, avoid, block, change, lock up, or ask someone else to manage:

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MY PLAN: PEOPLE, TREATMENT, AND RAPID RESPONSE.

MY SUPPORT PEOPLE

Name / role / phone:

Name / role / phone:

Name / role / phone:

MY CARE AND RECOVERY SUPPORTS

Clinician, program, group, peer support, medication provider, transportation, or meeting plan:

IF A LAPSE HAPPENS

Who I will contact, where I will go, and how I will reduce immediate risk:

WHAT I WANT SUPPORTERS TO DO

Helpful words, actions, boundaries, and things that do not help:

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SAFETY FIRST. RECOVERY SUPPORT IS AVAILABLE.

* WITHDRAWAL CAN NEED MEDICAL CARE

- Do not abruptly stop heavy or long-term alcohol use without medical advice. Alcohol withdrawal can cause seizures or become life-threatening.
- Stopping benzodiazepines suddenly can also be dangerous. A medical professional can plan a safer taper or level of care.
- Call 911 or go to an emergency department for a seizure, hallucinations, severe confusion, chest pain, trouble breathing, or another medical emergency.

* OVERDOSE SAFETY

- After a period of reduced use or abstinence, tolerance can drop. Returning to a previous amount can cause overdose.
- For possible opioid exposure: keep naloxone available, make sure others know where it is, and avoid using alone. Call 911 for a suspected overdose.
- Naloxone can reverse an opioid overdose and may require more than one dose.

* MEDICATION CAN SUPPORT RECOVERY

- Evidence-based medications are available for opioid and alcohol use disorders. Medication is treatment - not a failure or shortcut.
- Talk with a qualified prescriber about benefits, risks, interactions, withdrawal, pregnancy, pain, and your health history.
- Never change or stop prescribed medication without medical guidance.

* FIND HELP

- SAMHSA National Helpline: 1-800-662-HELP (4357). Treatment locator: [FindTreatment.gov](https://www.findtreatment.gov).
- Call or text 988 for emotional distress, suicidal thoughts, or a mental health or substance-use crisis. Call 911 for immediate danger or a medical emergency.
- This guide supports education and planning. It does not replace medical care, diagnosis, detoxification, or individualized treatment.

SUBSTANCE USE, TRAUMA & RECOVERY

SOURCES AND CLINICAL NOTES.

* KEY SOURCES

- National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction; and The Science of Drug Use: A Resource for the Justice Sector.
- Substance Abuse and Mental Health Services Administration. TIP 57: Trauma-Informed Care in Behavioral Health Services; National Helpline and FindTreatment.gov.
- National Center for PTSD, U.S. Department of Veterans Affairs. PTSD and substance-use resources.
- National Institute on Alcohol Abuse and Alcoholism. Rethinking Drinking: Should You Cut Down or Quit?
- Centers for Disease Control and Prevention. Overdose Prevention and naloxone information. Accessed September 2026.

* LANGUAGE MATTERS

- This guide uses "return to use" and "lapse" when helpful. Some people and programs use "relapse." Use the language that supports honesty, dignity, and action.
- Recovery may include abstinence, medication, harm reduction, treatment, peer support, cultural healing, or other evidence-informed paths.
- A plan should fit the person's culture, identity, disability, health, safety, family role, community, and goals.

* FOR HELPERS AND LOVED ONES

- Use calm, direct language. Ask what happened and what is needed now.
- Support accountability without humiliation. Do not threaten, lecture, or demand a trauma story.
- Offer concrete help such as transportation, food, child care, naloxone, a safe place, or help contacting treatment.
- Keep boundaries. Supporting recovery does not require accepting threats, violence, theft, impaired driving, or unsafe behavior.

* REMEMBER

- Cravings rise and fall. A cue is not a command. A setback does not erase learning.
- The earlier a person notices the pattern and reaches for support, the more choices become available.
- Recovery is not a test of perfection. It is the repeated practice of safety, honesty, connection, care, and returning to the next helpful step.