

# Understanding and Addressing the Intersection of Substance Use and Child Trauma: Introduction



Trauma exposure, traumatic stress, and substance use disorders all impact the overall health and well-being of youth and their family members. The effects of trauma can include emotional distress, behavioral changes, problems regulating emotions, social difficulties, attention and memory challenges, and physical concerns like aches, pains, and difficulty sleeping. People may use opioids or other substances to cope with traumatic stress reactions.

## Substance Use Disparities: Race, Ethnicity, and Socioeconomic Conditions

Opioid addiction can also result in exposure to traumatic events, such as the loss of a loved one to overdose or incarceration, which often results in family separation and reorganization. Opioid addiction may also lead to direct or witnessed victimization while an individual is seeking, or under the influence, of drugs or alcohol, as well as increase the risk for adversities like homelessness or chronic health conditions that are often the result of substance use disorders. The burden of opioid use is not evenly distributed. Differences are observed across geographic regions, race and ethnic groups, and socioeconomic circumstances in rates and severity of use, opioid-related deaths, and access to treatment. Economic hardship, exposure to violence, and other traumatic events are associated with increased risk for substance use, while substance use may further increase the risk of violence, trauma, and community instability.

When examining geographic disparities, both rural and urban areas have been impacted by problems with opioids; however, the highest rates of heroin-related deaths have occurred in larger urban areas. Evidence also suggests that families experiencing economic hardship and enrolled in Medicaid, particularly in Southern states, are more likely to be prescribed opioid painkillers and more likely to die from opioid-related overdose. Differences in opioid use and overdose deaths are also observed across population groups. In recent years, the largest increases in non-medical opioid use have occurred among Non-Hispanic White individuals, and rates of deaths involving non-heroin opioids are higher among individuals who are White, American Indian, and Alaska Native.

Exposure to childhood trauma and adversity is associated with:

Opioid use beginning at a younger age

Chronic, impairing pain symptoms that may result in higher prescription rates for opioid pain medications

Increased misuse of prescription pain medication and use of injection drugs

Higher rates of opioid use disorder

Greater likelihood of experiencing overdose

## Addressing Barriers to Treatment Engagement

There are many factors associated with reduced access to treatment for substance use problems. For instance, individuals struggling with substance use may be less likely to be identified, and substance use problems may be less likely to be addressed in a timely manner. Another circumstance could be that people may not have as much information about effective treatments. Additionally, prevention programs that could benefit underserved populations may be underfunded or unavailable in many communities.

Even when services are available to families, programs and organizations may face challenges in engaging and retaining individuals in care. There are several reasons that may reduce the chances of individuals and families seeking or remaining in treatment, such as:

- Stigma about help-seeking
- Beliefs that involvement in treatment may impact jobs or will cause others to judge them
- Concerns about confidentiality
- Beliefs that problems can be best addressed without treatment
- Lack of knowledge about effective behavioral treatment options

Rates of substance abuse treatment have not increased over the years; however, many families continue to lack access.

Families may also be less likely to remain in care when organizations are not sensitive to—or responsive to—their experiences, culture, and/or linguistic needs. Specific cultural and socioeconomic needs, resources, and strengths of different communities can help inform optimal strategies for reducing barriers to engagement in treatment.

**Groups with reduced involvement in treatment include:**

- Families in poverty
- Households without private or public insurance
- Communities with few behavioral and health care professionals
- Adolescents
- African Americans, and Asian American/Native Hawaiian/ Pacific Islanders

**What You Can Do:**

- Hold conversations about substance use and mental health in ways that normalize behavioral care, reduce stigma, and provide information about the process of treatment, such as confidentiality.
- Provide screenings and information in areas of the community that are particularly affected by, or at increased risk for, opioid use, and collaborate with local services (e.g., health care workers, primary care providers) that have gained the trust of the local population.
- Describe involvement in mental health and substance use services as a compassionate, non-threatening process that emphasizes strengths, avoids blame, conveys hope and empowerment, honors culture and language, and is respectful of concerns brought up by the caregiver, youth, and family.
- Train all clinical and administrative staff in approaches that are sensitive to the needs of youth and families who have experienced trauma. Training can help staff foster a supportive atmosphere, respond sensitively to traumatic stress reactions, and increase awareness of the culture and needs of the populations being served.
- Provide linguistically appropriate services, materials, and signs, and translations that meet the populations' literacy needs.
- Provide extensive information about services prior to treatment as well as its outset, extend the period of orientation if needed, increase flexibility around scheduling, offer case management support, and make sure to address any matters that families identify as high needs or priorities.
- Recognize that missed appointments can be common. Strategies to reduce missed appointments may include reminder calls, offering home visits when feasible, fostering a welcoming and culturally responsive environment, engaging family members and other support systems as appropriate, and working collaboratively find solutions to practical challenges of receiving treatment, such as transportation, scheduling, and childcare.
- Increase cross-system collaboration, communication, and multidisciplinary care for youth and families who are involved in multiple service systems (i.e., child welfare, justice, mental health care, schools).

**Importance of Integrated Care and Making Referrals**

Families impacted by trauma and substance use are often dealing with a wide range of challenges and can have difficulty accessing comprehensive services. Service providers across systems of care should recognize the need for more comprehensive treatment approaches and provide integrated care. Understanding family and social context is key in knowing how substance use problems develop, are maintained, and what can positively or negatively influence the treatment of the disorder.

Additionally, addressing ongoing risk to minimize future trauma exposure and increasing available support to maximize emotional and behavioral regulation are key elements of integrated care for youth and families struggling with substance use. For this reason, providers must “look beyond symptoms” and ascertain an individual’s and family’s history and context for using substances as they plan the most appropriate intervention.

Families impacted by trauma and substance use can recover with proper support. Referral for an integrated collaborative approach to mental health and substance use treatment that uses trauma-informed interventions is recommended. Opioid and other substance use by an individual impacts the entire family. In addition to treatment for the individual, providers should consider referrals for family-based treatment, and mental health and substance use treatment for individual family members.

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