

## Making the Connection Between Trauma and Substance Use

In 2020, Community Prevention Initiative (CPI) hosted the *Trauma-Informed Care: Research to Practice* virtual conference for California's prevention community. This 5 Bites brief offers five "sound bites" from the *Making the Connection Between Trauma and Substance Use* presentation by Wanda Boone, DTh. Each sound bite is explained and unpacked for quick learning.

What is a trauma-informed approach? Why is it necessary? How can we bring a trauma-informed approach to our work with individuals, communities, youth, families?

For a deeper dive, [watch Wanda's presentation](#) or [access recordings of all sessions](#).

*The ideas, information, and opinions in this "5 Bites" brief derive from Wanda Boone's presentation. They are reproduced here as an alternative learning modality, with appreciation to Wanda.*

# 1

**"When we talk about trauma, and how someone experiences trauma, it doesn't have to be four (ACEs). It can be one thing that puts you in a place where you are immobile, that you (seem unable to) get over it, and it's almost like an anchor from your soul to the very depth of experience."**

The trauma of adverse childhood experiences (ACEs) can lead to increased risk for various negative activities and outcomes, such as smoking, alcoholism, and drug use. Many individuals who experience one or more ACEs internalize these behaviors as their fault, and they are unable to understand why they act the way that they do. Helping them recognize the role that trauma has played in their lives can decrease their burden and let the healing process begin.

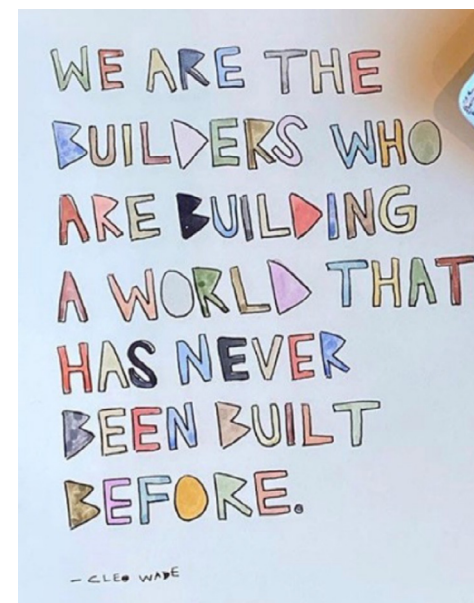
Learn more about ACEs: [The Role of Prevention in a Trauma-Informed Approach to Wellness](#) (Community Prevention Initiative)

# 2

**"Adverse experiences are inside (of us) and outside among us. And we have to broaden our viewpoint to understand how we are addressing and how we label what's going on in other communities."**

People experience adverse events "inside" of themselves, at an individual level. However, individuals—and their emotional, physical, and financial health and wellness—are shaped by the communities or built environments within which they live. If an area lacks sidewalks or streetlights, for example, residents are less likely to practice healthy behaviors such as exercise. These communities, which often do not have medical offices, also tend to have higher concentrations of alcohol and tobacco shops. Similarly, individuals in communities without banks are less likely to be financially healthy. Instead of placing the blame on individuals, as preventionists, we need to recognize the important structural role that the community plays.

Learn more about the relationship between individual trauma, community trauma, and physical or built environments: [Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma](#) (Prevention Institute and Kaiser Permanente)



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**Going into communities: “(Instead of looking down on them or trying to school them about prevention, have) a conversation to find out what they love about their community—they may talk about food; they may talk about music—and then as a prevention specialist, then what you do is take what they say, recognize it as being a positive, and build on it.”**

Prevention providers should authentically communicate, not try to educate or “school,” the communities in which they work. In her talk, Dr. Boone gave the example of a community that loves spaghetti and meatballs. A community-wide spaghetti dinner is one example of an opportunity to learn firsthand about a community you engage and serve through prevention programs and activities. Prevention work depends on having strong relationships with the people you are supporting. By learning more about the interests and needs of the community in authentic ways, you can begin to move the conversation forward to ensure inclusivity and empowerment to create community change.

Importantly, these relationships work both ways: if you are interested in spending time in the homes and communities of the people you serve, you should also invite them into your own home or community. This is an important practice that develops social integration (discussed below).

Learn more about [Building Community Relationships](#) (Minnesota State Department of Health) and tips for [Strong Community Relationships](#) (American Journal of Managed Care)

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**“Social integration means that individuals have access to people that are not like them.”**

An important social determinant of health, social integration measures the degree to which people of ethnic and/or racial minorities in a community are able to leverage relationships with people who experience privilege. Social integration is about moving beyond superficial interactions and toward a dynamic where individuals have supportive relationships with other people who “do not look like them.” People in positions of privilege can leverage their privilege to be a better ally. For example, if a person in a position of privilege is hiring, they should consider filling that position with someone who is less privileged than themselves. “Social integration is really the way that most people get ahead in life,” Dr. Wanda Boone explained in her talk.

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**“We need to shift our perspective to a resilience-informed model.”**

People who have had a negative outcome in life—a substance use disorder or justice system involvement, for example—are often considered “bad.” This approach, however, does not help with healing or recovery. We can change our approach from “What is wrong with you?” to the trauma-informed approach question, “What happened to you?” This approach acknowledges the role that trauma plays in shaping individual lives, and it can help individuals begin to recover from their past traumas. As preventionists, it is important to take this approach one step further and ask, “What is right with you?” and “What are your strengths?” This approach fosters individual resilience to help people respond to and recover from future events that may be traumatic.

Learn more about this shift: [Trauma and Trauma-Informed Schools for Students](#) (Greater Good in Education)

Take a deeper dive into the “how” of trauma-informed services in Wanda’s second presentation: [Transformative Prevention](#).