Thank you for my invitation to be part of this webinar. The complexities of working with people affected by substance abuse and addiction is complex and never simple. People bring a multitude of issues and needs alongside of their addiction.

When working with clients I work with the awareness that the inward issues of grief and loss, psychological trauma, mental illness and suicidal ideation is what underlies the outward symptoms and often anti-social behaviour of addiction. These enmeshed issues can take years to work through to achieve any semblance of wellness for the client. The physical detox of drug and alcohol addiction is just the first step to a long road of recovery and maintenance.

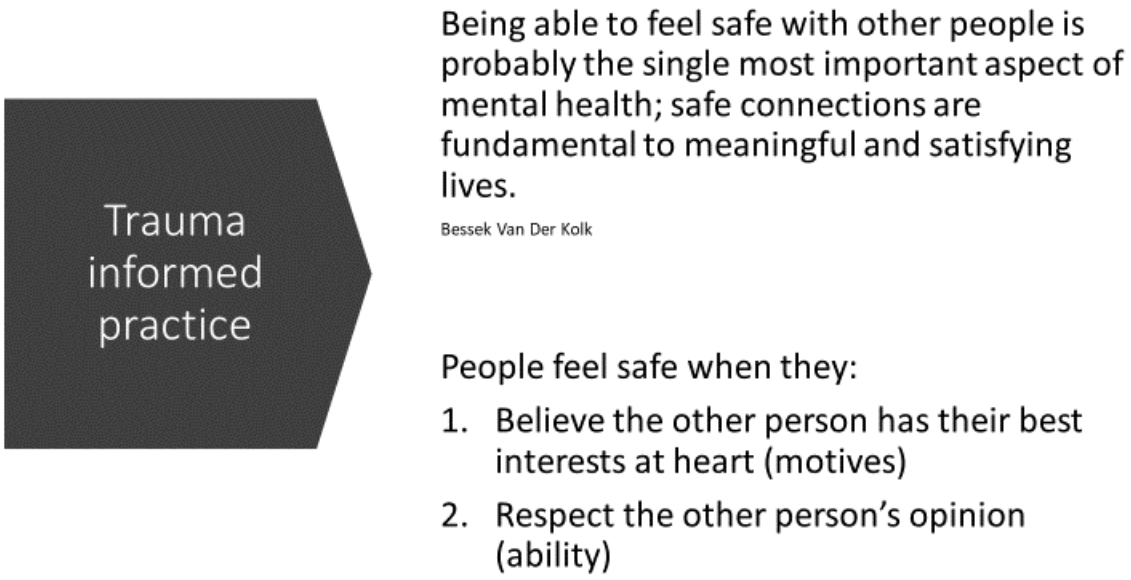
My work with addiction, grief and loss and suicide is from the perspective of relationship with self and others. I use 'Client focused/narrative therapy', which is listening with intent to hear the other person's story and trying to piece together the context that has brought this person to see me. Trauma-informed awareness over arches all my client interactions. This is where we do not to ask what is wrong with you, but what has a happened to you.

When genuine empathy is present people will risk piecing together the effects of past trauma and loss in their life, and not run away from this reality through addiction. The reality of past hurts, betrayals, and disappointments, in people and life can be faced where there is ongoing support that encourages, motivates, and gives hope.

If a client experiences genuine interaction with community services a psychological change can occur before the conversation has ended. Trauma-informed workplaces and workers can make a 'welcoming' difference if they assume 'all' people have been affected by trauma in some capacity.

Van Der Kolk who is a trauma specialist says:

- *Trauma informed practice slide (black writing)*



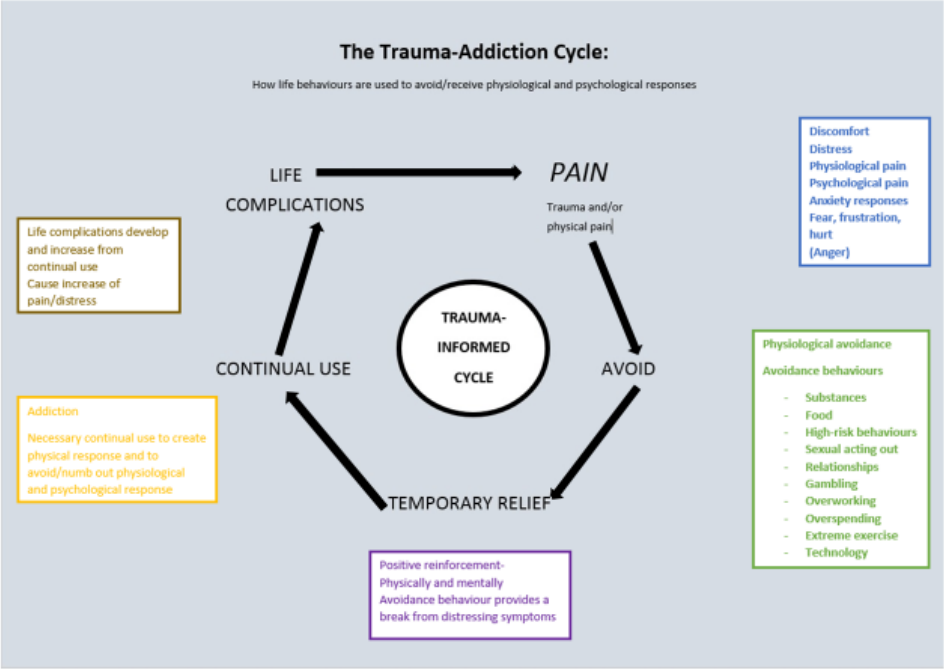
It seems surprising to many people that individuals simply do not stop using drugs when you consider that drug addiction causes so many problems for themselves and their families.

So let me tell you about Bill.

He came to see me fresh out of jail. He had no further court issues and *chose* to come for substance abuse counselling. He had been in and out of jail for decades. He was sceptical and negative about asking for help but also sincere and incredibly honest in each session.

To help better understand Bill's situation I will use the trauma-addiction cycle.

- *Slide 'The trauma-addiction cycle'*



With the trauma-addiction cycle we start with the 'pain event'. This can include distress, emotional and physical pain, fear, trauma and anger. This pain often starts in childhood.

The pain event/s can be overwhelming, and most people will do all they can to avoid it. Avoidance can include substance abuse, food for comfort, high-risk behaviour, sexual acting out, gambling, technology addiction, extreme exercise and many other examples.

This temporary relief or coping mechanism through avoidance becomes a positive reinforcement as it gives the person in pain a break from the distressing symptoms like memories and intrusive thoughts.

Continued use of the 'pain relief' becomes necessary as the physical and psychological response becomes an addiction.

Life gets even more complicated with addiction issues which then compounds and adds to the original pain and distress.

Bill's drug use and defensive behaviour covered up severe childhood abuse and neglect (pain in the cycle). His drug use was a form of self-preservation. No family member had stepped in and 'saved' Bill from dysfunctional foster homes he was sent to and there was no caring adult to come alongside and guide him towards healthy life choices. The world of drugs (avoidance in the cycle) is how Bill survived the shocking childhood of chronic abuse and neglect he had endured. The drug community was a world he understood and felt he belonged in.

Bill's addiction almost certainly saved his life. *Each time he used drugs it gave him short-term relief from nightmares, physical triggers, and the knowledge that he had been abandoned as a child.* He would have been overwhelmed with strong emotions and intrusive thoughts that probably would have led to suicide if he had completely stopped his drug use. Bill did what he knew to survive.

Middle age and years of drug use caught up with him. He had a choice - stop using drugs, live a healthier life or die. He also now had the incentive of a caring partner in his life to help him find a different way ahead. He chose to stop using drugs. This meant facing his internal pain and trauma without the anaesthetic of avoidance…

After our first appointment Bill made a commitment to see me weekly at the small village hospital where everyone knew all that entered the building and what my role was a Drug and Alcohol counsellor.

Each session I listened.

As I listened it was with intent to give hope and motivation towards change. I neither endorsed nor judged his behaviour of the past. It was what it was. I voiced no expectations but gave genuine compassion and belief in his ability to change.

I reframed some of what he said, gave empathy of loss, and 'normalised' his symptoms and emotions that had laid dormant from his trauma and abuse from the past. We talked about how to regulate his emotions when he was tempted to use again and when was getting all too hard.

As Bill's psychache was being witnessed and validated this seemed to soothe and ground him to think outside of his comfort zone. Bill has made incredible changes in his life with the courage and strength that is way beyond most people. He is now making plans on how he can give back to his community.

Recognising the need to change and understanding how to change, doesn't happen all at once. It takes a lot of time and persistence from both the addict and those supporting them. The person who has an addiction knows they have a problem and what needs to be done. When a client feels valued, and is given support and guidance we make an investment into our communities.

Addiction is a disease of loneliness. It entraps human souls that sees no value and purpose in their existence. *The key to helping those in addiction to change and become motivated is through genuine connections of relationships.*

Understanding that psychological trauma and grief and loss go hand in hand with addiction helps to manage our judgement towards the addict. Emotional pain encroaches every aspect of the person's thoughts, feelings, and behaviour.

Emotional trauma can be from a single event such as a car crash or ongoing events such as neglect. Trauma makes the person's world feel unsafe and unpredictable. Trauma that has involved other human beings which was intentionally inflicted on someone, such as sexual abuse or violence, is particularly debilitating. Trust was stolen, innocence shattered, and choice violated.

When the brain switches off in a traumatic event, memories are not formed in the usual way due to the survival mechanism of fight, flight, or freeze. The painful memories are still there and can be triggered through sound, sight, smell, taste, or physical sensation. These 'triggers' can activate anti-social behaviour as the individual usually does not have skills to regulate their feelings of being overwhelmed and feeling unsafe.

Another client I will call Dave had 'trauma pile up' when he was referred to me. He had had a difficult childhood and used alcohol and drugs to numb the pain. After 10 years of this 'pain relief' he was starting to manage his substance abuse when tragedy struck. His boss who he admired and looked up to was late to work. Dave knocked on his boss' door to see what was going on. There was no answer and so he went in. His boss had ended his life and Dave stumbled on the horror blasted before him. The trauma and the following grief and loss saw Dave back on alcohol and drugs.

Dave took up the 'pain relief' of the past to cope with the enormity of the trauma that plagued him ceaselessly after the loss of his boss and friend. To take away drugs from Dave at this point could have seen him take his own life, as is often the case of those left behind from suicide loss. Those who grieve someone from suicide are often overwhelmed with emotion and unanswered questions that can lead to their own death as an option of pain relief.

Short of putting a guard on the door to his home, the only working option to keep Dave alive was *harm minimisation*. Any medication the doctor gave him he either abused or did not take as directed.

When I first entered AOD counselling I came with the idea that abstinence was the only way to overcome addiction. Now I believe that *change through awareness and choice* must come from the client in their own time. Before a client can stop using drugs, *they must see other alternatives* that will bring them pleasure and equip them to deal with emotional pain and shame that is brutally exposed when drugs are no longer being used.

The reality is recovering from either (addiction and trauma) requires recovering from both.

John Hari says, 'the opposite of addiction isn't sobriety but connection with people'. In the end that's all that will help. If we do not have human bonds or connection in our world we will bond with porn, gambling, sleep, eating; whatever it takes to fill the inner void. Addiction is a disease of isolation. Healing begins with safe people who will sit in another's pain and they are often in short supply in our modern world.

One of the biggest hurdles to cross for addicts is when they stop using. Bill often says to me: ‘Do you know how scary your world is? I simply don’t know what the rules are, and I know I don’t belong’.

If we can understand and validate the life context of the client, healing and change can commence. If we are able to see the addict as someone who needs support, we break down barriers for the client to come back again either through relapse or ongoing needs.

Harm minimisation, relapse prevention, and the understanding and practice of alternative coping mechanisms gives the addict choices. As health workers if we view the trauma system as a ‘pressure cooker’ we will work with the client to reduce the pressure and not increase it by making demands or inducing guilt that they already have in spades.

A person’s positive perception of how likely it is that they can succeed in making a change to stop using drugs or other addictions will go a long way towards making real change. A doctor’s, counsellor’s or worker’s beliefs in the person can become self-fulfilling prophecies.

We are all capable of giving hope and motivation – it costs nothing and is an incredible investment into society.