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Short communication: Beyond protective and risk factors: Trauma and gender in drug use prevention

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ABSTRACT

Trauma is widely recognized as a core determinant of substance use disorders, yet it is addressed almost exclusively within treatment and rehabilitation settings. This short communication argues that trauma must be integrated into drug use prevention, not as a clinical add-on but as a lens through which vulnerability, risk, and protective factors are understood from the beginning. Existing prevention frameworks operate on the assumption that information and skills are sufficient to protect young people from substance use. However, for children and youth carrying unaddressed trauma, this assumption fails.

Keywords: *Drug use prevention, trauma-informed, gender-responsive, adverse childhood experiences, substance use disorders, prevention interventions*

INTRODUCTION

Drug use prevention is an evidence-based approach designed to help children and young people avoid, delay, or prevent the development of substance use disorders (UNODC, 2018). It operates along a continuum of care from universal programs targeting general populations to selective interventions for at-risk groups to indicated approaches for those already showing early signs of use (Gordon, 1987; UNODC, 2018).

Drug use prevention focuses on protective and risk factors by identifying the conditions that increase or reduce a young person's likelihood of using substances, and designing interventions. This framework has a blind spot. Trauma is one of the most consistent precursors to substance use disorders (Najavits, 2002; van der Kolk, 2014) and is largely absent in prevention interventions. In addition, adverse childhood experiences (ACEs) are among the most significant contributors to substance use disorders (Felitti et al., 1998; Sebalo et al., 2023).

Trauma as a Prevention Issue

The relationship between ACEs and substance use is well established. Felitti et al.'s (1998) study demonstrated a close-response relationship between the number of ACEs and the likelihood of developing substance use disorders in adulthood. A more recent systematic review of 88 studies confirmed that exposure to multiple ACEs is a robust risk factor for alcohol, cannabis, and other drug use among young adults, with poor self-regulation and maladaptive coping identified as the key mechanisms linking adversity to substance use (Sebalo et al., 2023).

These experiences, including physical, emotional, and sexual abuse; neglect; domestic violence; and household dysfunction, are not random. Most child maltreatment is perpetrated by family caregivers (WHO, 2020). The pathways are also gendered: women in caregiving roles are more frequently implicated in physical abuse and neglect, while men account for more cases of severe, fatal, and sexual abuse (WHO, 2020). In both cases, substance use frequently emerges as a coping mechanism for unresolved stress, anger, and exposure to violence (Khoury et al., 2010).

Trauma can also be transgenerational. Yehuda and Lehrner (2018) provide evidence that stress and dysregulation transmitted across generations create conditions in which vulnerability to addiction is, in effect, inherited. By the time a young person presents for treatment, the generational roots of their vulnerability may stretch back decades. The developmental consequences of untreated childhood trauma compound this risk further. Children who experience it demonstrate poorer emotional regulation, reduced empathy, fewer social skills, lower academic performance, and elevated behavioral problems, all established risk factors for early substance use initiation (Cook et al., 2005; Grummitt et al., 2020).

Life skills curricula, school-based campaigns, and community prevention events operate on the assumption that knowledge and skills are sufficient. For children carrying unaddressed trauma, this assumption fails. The argument here is that prevention must be designed with an honest understanding of what drives vulnerability. A trauma-informed prevention approach does not displace existing frameworks; it strengthens them by ensuring that the conditions that make young people susceptible are recognized and not inadvertently compounded by the systems meant to protect them (SAMHSA, 2014).

The Gender Dimension

Trauma does not affect all young people equally, and gender shapes both exposure to trauma and the pathways through which it leads to substance use (Brady & Randall, 1999).

Boys face higher rates of alcohol and drug use overall, driven in part by norms of emotional suppression, risk-taking behaviour, and social pressure to appear strong (Courtenay, 2000). These norms make boys less likely to seek help and more likely to use substances as a coping mechanism. On the other hand, girls face higher exposure to sexual and gender-based violence, stigma around substance use, and minimal access to prevention and intervention services (Brady & Randall, 1999; UNODC, 2018). For girls, the pathway from trauma to substance use often runs through relationships, through attempts to cope with abuse, coercion, or silencing within families and communities.

Gender-specific prevention remains narrowly applied. Where it exists, it tends to concentrate on reproductive health outcomes such as teenage pregnancy. The connections between gender, trauma, and substance use remain largely unaddressed in drug use prevention.

More Responsive Prevention Frameworks

Systems and interventions must shift from asking, *"What is wrong with this young person?"* to asking, *"What has happened to this young person?*" (SAMHSA, 2014). This reflects a fundamentally different understanding of why people become vulnerable to substance use, and it changes the design of every intervention that follows.

Schools, community health platforms, and youth-facing services are prevention settings where traumatized children are present daily. Non-invasive tools such as the Screening to Brief Intervention (S2BI) instrument can be embedded in routine check-ups without requiring clinical infrastructure, enabling early identification before substance use becomes an established coping strategy (Levy et al., 2014).

Frontline prevention workers are not therapists, but they require sufficient trauma literacy to recognize trauma responses, respond with empathy, and refer appropriately (SAMHSA, 2014). Grummitt et al. (2020) note that the mechanisms linking ACEs to substance use are vital targets for prevention efforts, and understanding these mechanisms must inform workforce training, not only clinical protocols.

Evidence points to different protective mechanisms for boys and girls. Family bonding, mentorship, and safe spaces carry particular weight for girls. For boys, safe neighborhoods, positive male role models, and a clear sense of purpose and belonging are more predictive of resilience (Hawkins et al., 1992; Resnick et al., 1997).

Stigma around both trauma and substance use prevents young people from seeking help or engaging with prevention services (Room, 2005). Tackling it through community dialogue, awareness, and empathy-driven institutional responses is prevention work.

For many young people, particularly survivors of violence or abuse, the absence of a safe physical or digital environment is itself a barrier to engagement. Safe spaces for dialogue and service access are foundational to trauma-responsive prevention, not supplementary (UNODC, 2018).

Policy and Research Implications

Prevention policy must formally integrate trauma and gender as design principles that are funded and evaluated. In Kenya, a study of patients with substance use disorders at a national referral psychiatric hospital found a high prevalence of adverse childhood experiences and concluded that ACE screening and management should be incorporated into substance abuse prevention programs and policies (Kinyanjui & Atwoli, 2013).

CONCLUSION

Drug use prevention has identified key risk and protective factors. Yet trauma remains persistent, gendered, often passed across generations, and continues to operate at a deeper level than most current prevention frameworks address. Drug use prevention must incorporate systems that address trauma and gender as core determinants of substance use. Only then can we avoid or delay the onset and escalation of substance abuse.

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