



Dispelling the Myths About Substance Use Disorders

Substance use disorders (SUDs) are one of the leading health problems in the United States and are also common in the military. Alcohol, certain prescription medications and illegal drugs are all common examples of substances and a substance use disorder occurs when someone abuses or becomes dependent on one or more of these substances. Service members who experience SUDs can benefit from treatment and support, but only a portion of these service members seek care. Many of the negative ideas that people have about SUDs and psychological health care are simply not true. But, these myths perpetuate the stigma and concerns that keep people with a SUD from reaching out for the help they need. It's critical that our service members understand the facts about SUDs and seeking care.

MYTH: "SUDS ARE NOT REAL DISORDERS; IT IS JUST PEOPLE OVERINDULGING"

Fact: The medical community and scientists widely recognize that SUDs are real medical conditions. Substance use disorders are a major cause of death and disability and are recognized as one of the largest public health problems in the U.S.

MYTH: "PEOPLE WHO OVERUSE SUBSTANCES JUST LACK WILLPOWER"

Fact: Willpower is simply not enough to stop the biochemical forces and associated compulsions that accompany SUDs. While some people can simply stop using certain substances, (sometimes called going "cold turkey"), many others will require more than simple willpower to recover from substance abuse or dependence. After prolonged use of some substances, the brain changes the chemical balance of the body, which can contribute to compulsions and cravings for the substance. These changes make it difficult or impossible for some people to simply stop using a substance without the support of treatment, which attempts to restore the body to a natural state.

MYTH: "PEOPLE HAVE TO HIT ROCK-BOTTOM BEFORE THEY WILL BENEFIT FROM TREATMENT"

Fact: The truth is that people can interrupt the progression of a SUD at any point in the process. While some people may lose their relationships and jobs, the majority of people do not need to experience such drastic events before they get help and get better. Counseling for SUD actually works better if the person in treatment still has "something to lose," such as a job or marriage, which can help motivate them to resist the cravings and compulsions to use.



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MYTH: “TREATMENT DOES NOT WORK”

Fact: There are many effective treatments for SUDs supported by decades of research. Several forms of counseling have been proven to help people recover from SUDs, such as cognitive behavioral therapy (CBT), contingency management (CM) and motivational enhancement therapy (MET). Several types of medications have also been shown to help with certain SUDs, whether by reducing cravings or minimizing withdrawal symptoms.

MYTH: “IF I SEEK CARE, EVERYONE IN MY UNIT WILL KNOW”

Fact: Maintaining patient confidentiality at military treatment facilities is strictly adhered to, including for behavioral health issues. Providers can break confidentiality only in extreme cases such as, when a service member is suicidal or homicidal and needs to be hospitalized, has some duty restriction (e.g., cannot carry a weapon) that the command needs to be informed of or in cases of child abuse. If you are still somewhat hesitant to seek medical care, you can get information and counseling through the chaplain’s office or from off-base/online resources. See the handout “Resources for Psychological Health Care.”

MYTH: “GETTING CARE WILL HURT MY CAREER”

Fact: Seeking care can actually strengthen and protect your career by minimizing the impact of symptoms on your job performance. A failure to seek care tends to worsen your health and increases the likelihood of an adverse event, (e.g., driving while intoxicated (DWI), having a positive drug screen, being late to work, etc.), which will surely negatively impact your career. These events could lead to loss of rank, personal relationships, leadership positions, etc.

MYTH: “I WILL LOSE MY SECURITY CLEARANCE IF I WERE TO SEEK HELP”

Fact: Most psychological health conditions will not result in a loss of clearance. In fact, nearly 99.98 percent of all cases concerning psychological health status result in the individual obtaining or retaining security clearance eligibility. Additionally, a new regulation allows service members who receive treatment for deployment-related psychological health conditions and other conditions like marital counseling to answer “No” on the security-screening questionnaire asking if they have ever “consulted with a health care professional.”

MYTH: “I WILL BE ADMINISTRATIVELY SEPARATED IF I WERE TO SEEK CARE”

Fact: Substance use disorders are treatable conditions; therefore, for conditions like alcohol abuse or dependence, a full recovery and return to duty is expected. There are some circumstances where a person can be administratively separated, such as if they are using illegal drugs, abusing prescription medications or if they fail a treatment or aftercare program. Some service members who come forward voluntarily to get treatment for an illegal drug abuse issue may be allowed to remain in the service, if they were to complete treatment and recover.

MYTH: “I WILL LOSE LEADERSHIP ROLES AND THE TRUST OF MY UNIT, ETC.”

Fact: You are much more likely to lose a leadership role if you have a SUD-related event, like driving under the influence (DUI), being late for work or engaging in violence due to a SUD. Seeking care is less likely to have a negative impact on your life than not seeking care. A service member with an untreated SUD may diminish unit readiness and mission completion, and may also be a problem for his/her unit due to frequent absences from work, increased risk for DUIs and mistakes made due to intoxication or withdrawal from the substance. Getting SUDs under control is a way to gain the trust of your unit and your leadership.