

Top 10 Addiction Myths — and Myth Busters

Myth 1: Drug addiction is voluntary behavior. You start out occasionally using alcohol or other drugs, and that is a voluntary decision. But as time passes, something happens, and you become a compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain — in dramatic, toxic ways at times, more subtly at others, but virtually always in ways that result in compulsive and even uncontrollable drug use.

Myth 2: Drug addiction is a character flaw. Drug addiction is a brain disease. Every type of drug — from alcohol to heroin — has its own mechanism for changing how the brain functions. But regardless of the addiction, the effects on the brain are similar, ranging from changes in the molecules and cells that make up the brain to mood and memory processes — even on motor skills such as walking and talking. The drug becomes the single most powerful motivator in your life.

Myth 3: You can't force someone into treatment. Treatment does not have to be voluntary. Those coerced into treatment by the legal system can be just as successful as those who enter treatment voluntarily. Sometimes they do better, as they are more likely to remain in treatment longer and to complete the program. In 1999, over half of adolescents admitted into treatment were directed to do so by the criminal justice system.

Myth 4: Treatment for drug addiction should be a one-shot deal. Like many other illnesses, drug addiction typically is a chronic disorder. Some people can quit drug use “cold turkey,” or they can stop after receiving treatment just one time at a rehabilitation facility. But most people who abuse drugs require longer-term treatment and, in many instances, repeated treatments.

Myth 5: We should strive to find a "magic bullet" to treat all forms of drug abuse. There is no “one size fits all” form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems. And they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs. Finding an approach that is personally effective can mean trying out several different doctors or treatment centers before a “match” is found between patient and program.

Myth 6: People don't need treatment. They can stop using drugs if they really want to. It is extremely hard for people addicted to drugs to achieve and maintain long-term abstinence. Research shows that when long-term drug use actually changes a person's brain function, it causes them to crave the drug even more, making it increasingly difficult to quit without effective treatment. Intervening and stopping substance abuse early is important, as children become addicted to drugs much faster than adults and risk greater physical, mental and psychological harm.

Myth 7: Treatment just doesn't work. Studies show drug treatment reduces drug use by 40 to 60 percent and can significantly decrease criminal activity during and after treatment. There is also evidence that drug addiction treatment reduces the risk of infectious disease, Hepatitis C and HIV infection — intravenous-drug users who enter and stay in treatment are up to six times less likely to become infected with HIV — and improves the prospects for getting and keeping a job up to 40 percent.

Myth 8: No one voluntarily seeks treatment until they hit rock bottom. There are many things that can motivate a person to enter and complete treatment before that happens. Pressure from family members and employers, as well as personal recognition that they have a problem, can be powerful motivators. For teens, parents and school administrators are often driving forces in getting them into treatment before situations become dire.

Myth 9: People can successfully finish drug abuse treatment in a couple of weeks if they're truly motivated. For treatment to have an effect, research indicates a minimum of 90 days of treatment for outpatient drug-free programs, and 21 days for short-term inpatient programs. Follow-up supervision and support are essential. In all recovery programs, the best predictor of success is the length of treatment. Patients who are treated for at least a year are more than twice as likely to remain drug free, and a recent study showed adolescents who met or exceeded the minimum treatment time were over one and a half times more likely to stay away from drugs and alcohol.

Myth 10: People who continue to abuse drugs after treatment are hopeless. Completing a treatment program is merely the first step in the struggle for recovery that can last a lifetime. Drug addiction is a chronic disorder; occasional relapses do not mean failure. Psychological stress from work or family problems, social cues — meeting some from the drug-using past — or the environment — encountering streets, objects or even smells associated with drug use — can easily trigger a relapse. Addicts are most vulnerable to drug use during the few months immediately following their release from treatment. Recovery is a long process and frequently requires multiple treatment attempts before complete and consistent sobriety can be achieved.

(Sources: National Institute on Drug Abuse, National Institute of Health; Dr. Alan I. Leshner, former director of the National Institute on Drug Abuse; “The Principles of Drug Addiction Treatment: A Research-Based Guide” (October 1999); The Partnership for a Drug-Free America) Retrieved at <http://www.sacdhs.com/article.asp?ContentID=1601>