

# MYTHS OF ADDICTION

Much of our scientific understanding of addiction is relatively new, and since so much about drug and alcohol use is tied up in belief systems, it's not surprising that myths about this brain disease abound.

## **MYTH 1: Addicts and alcoholics need to reach rock bottom before they can accept help.**

FACT: There is no evidence that that's true. In fact, quite the contrary, "the earlier in the addiction process that you can intervene and get someone help, the more they have to live for. The more they have to get better for." - Dr. Kathleen Brady, a professor at the Medical University of South Carolina. Every step can bring about necessary intervention in the life of an addict.



*Addiction may be present...but it is often ignored.*

## **MYTH 2: Addiction is a willpower problem. People can stop, if they really want to.**

FACT: Virtually no one wants alcohol/drug treatment. A person starts out as an occasional drug user, and that is a voluntary decision. But as time passes, something happens, and that person goes from being a voluntary drug user to being a compulsive drug user. Over time, continued use of addictive drugs changes your brain -- some times in dramatic, toxic ways, at other times in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable use.

*Brain chemistry changes cause alcohol or other drugs to become the single most powerful motivator in their existence. He or she will do almost anything in order to keep using.*

## **MYTH 3: Addicts are bad, crazy, or stupid. These people just have a character flaw.**

FACT: Addiction is a brain disease. Evolving research shows that addicts are not bad people who need to get good, crazy people who need to get sane, or stupid people who need education. Addicts have a brain disease that goes beyond their use of drugs.

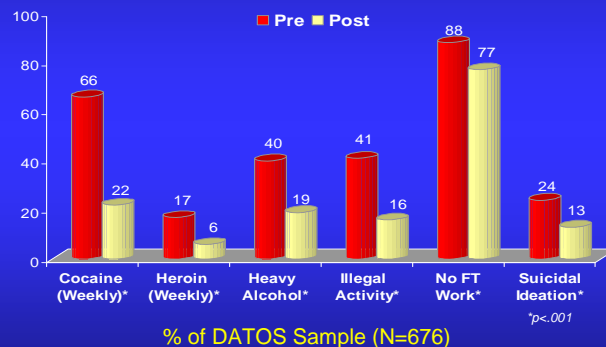
## **MYTH 4: Addicts should be punished, not treated, for using drugs.**

FACT: Science is demonstrating that addicts have a brain disease that causes them to have impaired control over their use. Addicts need treatment for their changed brain chemistry, to learn to cope with triggers, and to learn to re-socialize without chemicals. Some people get into cycles of criminal behavior precisely because they must sustain their drug or alcohol use. Their bodies and brain tell them they will not survive without the substance.

## **MYTH 5: People don't need treatment. They can stop using if they really want to.**

FACT: It is extremely difficult for people addicted to drugs to achieve and maintain long-term abstinence. Research shows that long-term alcohol and other drug use actually changes a person's brain function, causing them to crave the drug even more, making it increasingly difficult for the person to quit.

## **Long-Term Residential (LTR) Treatment Changes from Before to After Treatment**



Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997 (PAB)

**MYTH 6: Treatment just doesn't work.**

FACT: Treatment can help people. Studies show drug treatment reduces drug use by 40 to 60 percent and can significantly decrease criminal activity during and after treatment. Treatment reduces the risk of HIV infection and improves the prospects for employment, with gains of up to 40 percent after treatment.

**MYTH 7: People have to want treatment in order for it to be effective.**

FACT: People who are forced into treatment do recover. Addicted people may be pushed to enter a treatment program in a number of ways. Employers may threaten to fire a person unless treated; a spouse may threaten to leave the relationship, or the court may offer treatment in lieu of prison. In fact, research has shown that the outcomes for those who are legally mandated to enter treatment can be as good as the outcomes for those who entered treatment voluntarily.

**MYTH 8: Addicts who continue to abuse alcohol/drugs after treatment are hopeless.**

FACT: Addiction is a chronic disorder; occasional relapse does not mean failure. Stress from work or family problems, social cues (i.e. meeting individuals from one's drug-using past), or their environment (i.e. encountering streets, objects, or even smells associated with alcohol or other drug use) can easily trigger a relapse. Addicts are most vulnerable to drug use during the few months immediately following their release from treatment.

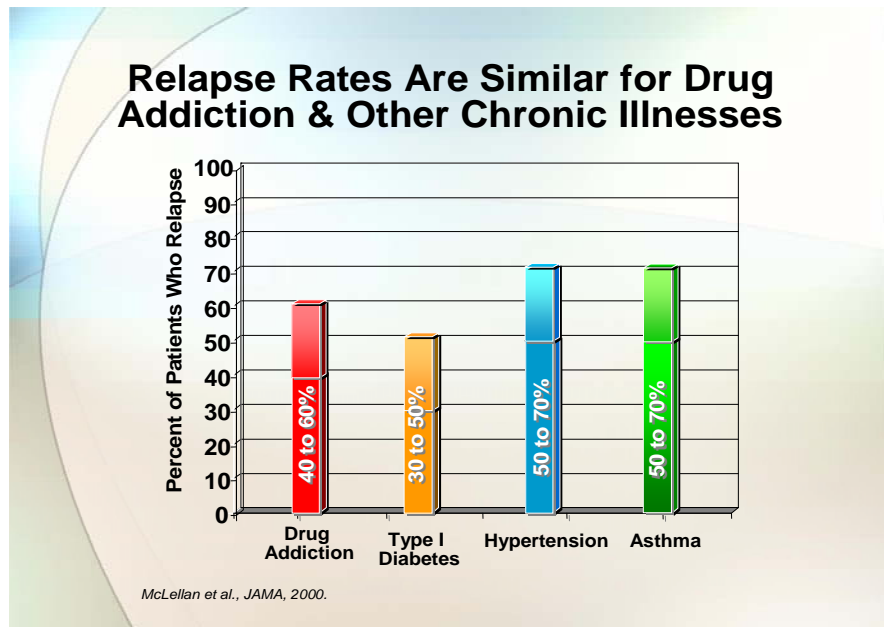
*Children are especially at risk for relapse when forced to return to family and environmental situations that initially led them to abuse substances. Recovery is a long process and frequently requires multiple treatment attempts before complete and consistent sobriety can be achieved.*

**MYTH 9: Addiction is treated behaviorally, so it must be a behavioral problem.**

FACT: Addiction is a brain disease that can be treated by changing brain function, through several types of treatment. New brain scan studies are showing that behavioral treatments, counseling, and medications work similarly in changing brain function. New medications are being developed to help patients who have already become abstinent to further curb their craving for addicting drug and alcohol. These medications reduce the chances of relapse and enhance the effectiveness of existing therapies.

**MYTH 10: Addicts can stop using/drinking simply by attending twelve step meetings or other clean and sober support, so they can't have a brain disease.**

FACT: For most people, working a twelve step program is a life-long commitment. Twelve steps meetings don't work for everyone, even for many people who truly want to stop drinking/using. Some people require more structure in their work and living environments. On the basis of research, we know that a support system of people with a common experience is one of the active ingredients of recovery.



\*Adapted from the following: Myths of Addiction. Carlton K. Erickson, Ph.D., University of Texas Addiction Science, SAMHSA, NIDA and JoinTogether, Partnership for a Drug Free America 2006 -SOURCES (unless otherwise noted): Principles of Drug Addiction Treatment: A Research-Based Guide. (October 1999). National Institute on Drug Abuse, National Institute of Health; Alan I. Leshner, Ph.D., former Director of the National Institute on Drug Abuse (2001)