Substance Use Disorder: What Line Leaders Need to Know

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What is Substance Use Disorder?

Substance use disorder is the misuse or abuse of legal or illegal mood-altering substances. Successful leaders educate their service members and address any problems associated with substance misuse early. This will help prevent barriers to mission success, unit readiness and service and family member fitness.

The substantial negative consequences of substance misuse on mission accomplishment, duty performance, unit functioning, individual health, and relationships are consistently documented in multiple Defense Department health-related surveys. As a result, substance use disorder is a continued concern throughout the military and the nation at large.

Commonly misused substances:

- Alcohol
- Prescription medications: Opioid painkillers, sedatives and stimulants
- Marijuana
- Over-the-counter medications
- Steroids
- Dietary supplements
- Inhalants
- Designer drugs: Synthetic marijuana (“spice”) and synthetic stimulants (“bath salts”)

Who is at Risk for Substance Use Disorder?

Although no one is immune from risk, recent research shows that some groups are at higher risk. Some of these high-risk groups include:

- Adults aged 18-25
- Service members with repeated exposure to traumatic events or psychological stress while deployed
- People who engage in heavy substance misuse before adulthood
- People with a family history of substance abuse/dependence

Untreated Substance Use Disorder: Adverse Consequences to the Unit

The following table provides a summary of some of the many potential adverse consequences of substance abuse/dependence mentioned earlier.

Loss of Personnel
Administrative Separation: Service members who use illegal substances, engage in misconduct due to substance misuse, or fail substance abuse/dependence treatment are at risk of administrative separation.
Medical Separation: Substance abuse/dependence can increase the likelihood that treatment for other health problems will be ineffective. As a result, likelihood of medical separation from military service may increase.
Suicide: Research demonstrates that people who engage in chronic substance misuse are at significantly higher risk of death, including death by suicide, overdose, withdrawal or medical consequences.

Loss of Mission Capability
Attrition: Loss of manpower compromises mission capability. Substance abuse/dependence may create a preventable loss that places extra burden and stress on other unit members.
Low Productivity: Service members who suffer from substance use may not be able to perform at their best.
Safety: Service members who misuse substances, or need to recover from misuse the night prior to duty are more likely to make errors in judgment. Errors often affect the unit's ability to meet mission requirements and are likely to place unit members and equipment at risk.

What is a “Standard” Drink?

People often mistake what is considered one drink and are surprised to learn how much a “standard” drink really is. A standard drink is any drink that contains about .6 fluid ounces or 14 grams of pure alcohol. Take notice of the different sizes of the drinks below. Each contains about the same amount of alcohol and counts as a single standard drink.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
12 fl oz of regular beer about 5% alcohol	▪ 12 oz. = 1 ▪ 16 oz. = 1.3 ▪ 22 oz. = 2 ▪ 40 oz. = 3.3
8 9 fl oz of malt liquor (shown in a 12 oz glass) about 7% alcohol	▪ 12 oz. = 1.5 ▪ 16 oz. = 2 ▪ 22 oz. = 2.5 ▪ 40 oz. = 4.5
5 fl oz of table wine about 12% alcohol	▪ 5 oz. = 1 ▪ a 750 mL (25 oz.) bottle = 5
1.5 fl oz shot of 80 proof spirits (hard liquor) about 40% alcohol	▪ a mixed drink = 1 or more* ▪ a pint (16 oz.) = 11 ▪ a fifth (25 oz.) = 17 ▪ 1.75 L (59 oz.) = 39

*** Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.**

Alcohol's effects vary from person to person, depending on a variety of factors, including:

- How much they drink
- How often they drink
- Their age
- Their health status
- Their family history
- Their gender – pound for pound, women have less water in their bodies than men do, and alcohol resides predominantly in body water[1]

Common Signs of Substance Abuse/Dependence for Leaders to Recognize

Some common signs or behaviors a service member may exhibit are:

- Failure to fulfill major duties at work or home (missing formations, falling asleep on the job, etc.)
- Engagement in physically-risky behaviors while intoxicated (picking fights with others, driving while under the influence or underage drinking)
- Repeated substance-related legal problems (DWIs/DUIs, arrests, domestic violence or fines)
- Continued use despite persistent or recurrent negative consequences caused or aggravated by the effects of use (social isolation, ongoing spouse or relationship problems)
- Withdrawal symptoms (severe nausea, vomiting, dizziness or chills with sweat) or tolerance (drinking more or using substances more often to feel the same effects)
- Symptoms of alcohol and/or drug intoxication or over-use (slurred speech, nodding off, blackouts, hangovers or vomiting)

Why a Service Member May Not Seek Help

Service members are often reluctant to seek help for substance use/dependence because they:

- Fail to realize they have a problem
- Fear negative impact on their career (loss of security clearance, opportunity for career-enhancing positions or promotions)
- Do not want to be labeled as “a problem,” “weak” or “broken”
- Feel embarrassed
- Feel leadership obstructs or fails to encourage treatment-seeking efforts

What Can I Do as a Leader?

- Assess the unit’s substance misuse culture:
  - Compare unit drug screening results, DWI/DUI rates or disciplinary infractions to other units
  - Assess your unit leaders’ formal and informal messaging about responsible use, to include cultural encouragement of substance-use-free activities, and behaviors that may send mixed messages
  - Demonstrate and teach resilient ways of coping (e.g., exercise, talking, or humor) and discourage substance misuse as a method for dealing with stress
  - Encourage subordinates to maximize career enhancement through avoidance of irresponsible substance misuse
- Know your service members:
  - Leaders who know their service members well enough to recognize changes in behaviors and attitudes may be able to refer their service members early and prevent further problems
  - Service members who feel understood by their leaders may feel supported enough to seek help and acknowledge problems before they worsen

- Encourage and support:
  - Engage with struggling service members
  - Refrain from stigmatizing or negatively labeling the service member (as broke, worthless or problem-child, etc.)
  - Acknowledge that recovery from substance use disorder(s) can be a considerable challenge, especially when substances are used to cope with other underlying problems, such as traumatic events
  - Emphasize commitment to the service member's treatment through word and deed
  - Remember that leaders who are overly negative or continually punitive may drive substance abuse/dependence problems underground – this makes identifying unit substance misuse problems more difficult
  - When possible, provide the service member with hope and a plan to begin to repair any negative career impact

Refer Service Members as Appropriate as Soon as You Have a Concern

- Early referral maximizes the opportunity to prevent adverse outcomes related to substance misuse
- Military regulations require leaders to refer service members who misuse substances or drug-related incidents–leaders fail their warriors by not referring them for treatment
- Service members may be most open to referral when in crisis–administrative action is not an effective substitute for substance abuse/dependence treatment, nor is treatment a substitute for administrative action when appropriate
- Emphasize to the service member that the referral and evaluation are not punitive in nature, but intended to provide support

Service-specific Substance Use Disorder Policies and Regulations

Consult the Service-specific policies and regulations for approrpriate place to refer.

Air Force: Air Force Instruction 44-121 - Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

Army: Army Regulation 600-85 - The Army Substance Abuse Program

Marine Corps: Marine Corps Order 5300.17 - Marine Corps Substance Abuse Program

Navy: SECNAV Instruction 5300.28E - Military Substance Abuse Prevention and Control

When Should I Send My Service Member for Help?

Refer a service member when:

- You suspect or know the service member may be misusing substances
- The service member screens positive on a drug test
- The service member has a negative incident possibly involving substance use (fighting, police involvement, DWI or DUI or failure to report to duty)

Conclusion

- Educate yourself and your service members on the dangers and devastation that substance misuse can potentially cause in the short- and long-term, both personally and professionally
- Provide your service members with mental health resources within your community
- Service members who suffer from untreated psychological disorders, such as posttraumatic stress disorder or traumatic brain injury, may turn to alcohol and drugs to cope with stress, which can lead to substance use disorder
- Consistently execute random drug testing programs in your unit–randomized drug testing is a positive preventive measure proven to deter service members from partaking in illegal substance use
- Reduce stigma and provide resiliency training
- Take care of your service members on and off the battlefield–overall unit readiness can suffer as a result of undetected and untreated substance abuse/dependence

References

1 www.niaaa.nih.gov/alcohol-health

Updated September 2016 by Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury