Center for Community Engagement at Chestnut Health Systems

Addiction Myths vs. Facts

Most of what the average American knows about addiction is rooted in stereotypes. Substance Use Disorders are some of the most highly stigmatized health conditions, often carrying greater social judgment than many other chronic diseases.

Stereotypes can show up anywhere: in movies and on the TV news, in our classrooms and workplaces, even in our homes. Stereotypes aren't just hurtful and untrue; they directly contribute to the stigma that prevents people in need from getting treatment.

Below are some common myths about addiction accompanied with facts that can be used to increase education and awareness.

Myth: "Until a person hits 'rock bottom', they won't get help"

Fact: The myth of waiting for "rock bottom" is a particularly dangerous one. This is often brought up by very well-meaning individuals who say things like, "He (or she) just needs to bottom out; they need to lose everything. Then they will finally "get it" and stop using". While this may be well-meaning, it is NOT based in fact. The truth is that there really is no bottom. There is always something worse that can happen. Hitting "Rock Bottom" is not necessary for recovery to be possible. People can be successful in recovery without "losing everything" or experiencing a major crisis. This myth is also dangerous because it can prevent loved ones from intervening or offering support due to a mistaken belief that their loved one needs to "hit rock bottom" first.

Myth: "Addiction is a choice."

Fact: No one, whether they are a teen or an adult, chooses how their brain will react to substances. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. Addiction changes how the brain works, especially the part designed to keep us alive. Normally, that survival system drives us to seek things like food, safety, and connection. Addiction takes over that system, tricking the brain into treating alcohol or drugs as if they are necessary for survival. Over time, the brain gets rewired…and the result is that the drive to use the substance can come to feel as urgent and compelling as the drive to breathe, eat, or stay safe.

Myth: "People with addiction are beyond help."

Fact: People recover from addiction every single day. In fact, millions of Americans are thriving in recovery right now. We just don't hear their stories as often. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 48.4 million Americans aged 12 or older (16.8%) experienced a substance use disorder (SUD) in the past year. Meanwhile, approximately 23.5 million adults consider themselves to be in recovery or to have fully recovered from a drug or alcohol problem. Recovery means that they are no longer active in their addiction – they have improved health, wellness, and quality of life. Once treatment begins, someone with a substance use disorder can move on to manage their disease just as they would any other chronic disease. With the right support, recovery is possible for everyone.

Myth: "When a person returns home from residential treatment, they are cured and should be back to normal."

Fact: Residential treatment is often relatively short, sometimes only a few weeks depending on insurance coverage and individual needs So, while a person with a substance use disorder will get much better while in treatment and will learn critical recovery skills, those few weeks are not long enough to begin healing the damage caused by the disease of addiction and to learn how to fully manage the disease. We all wish it could happen quickly, but the reality is that the disease of substance use disorder is complicated and complex, and repairing the brain and building recovery capital takes time. It takes way longer than a few weeks to address the full scope of behavioral changes and skills needed to recover. Recovery can and does happen…but it does not happen quickly.

Myth: "Addiction medications are just replacing one addiction with another."

Fact: Medication-Assisted Recovery (MAR), especially for opioid use disorder (OUD), has been proven to save lives and substantially improve recovery rates. For people in treatment for substance use disorders, medications reduce withdrawal symptoms, decrease cravings, lower overdose risk, and help stabilize people during their recovery. Medications allow people to work, drive, care for their families, and live full lives.

Myth: "Addiction only happens to certain kinds of people."

Fact: No matter a person's race, upbringing, personality type, grade point average, or family income, there are genetic, social, and psychological risk factors that can put some people at greater risk of developing an addiction (or substance use disorder).

Addiction is not a choice, and it's not due to a lack of willpower. Addiction is a disease, and it happens in every community…every demographic group…every income bracket…and every type of family. Understanding this can help to de-stigmatize addiction and encourage individuals and families to reach out for support.

Myth: "People with addiction need tough love."

Fact: Showing love and support are never bad things. Boundaries and self-care are important, but research shows that positive support from family and friends promotes better outcomes for individuals with a substance use disorder. Showing compassion is not accepting or rewarding the behavior. It is showing that you care for them and are ready to help them find what they need in order to get better.

***Myth*:** "Naloxone is enabling a person with an addiction to keep using drugs."

Fact: Naloxone is a medication used to reverse an opioid overdose. The notion that having it available will allow a person to continue to use opioids because they know they can be revived is simply not true. Addiction is a disease, and a person with an opioid addiction is compelled to keep using because addiction is driven by changes in the brain - not by the availability of naloxone. The only thing naloxone enables is LIFE. It allows a person to live, and they have to be alive to have any chance of finding recovery.

Myth: "A person who relapses is just weak."

Fact: There is a common misconception that people who return to use do so because they want to use drugs and have stopped caring about their recovery. This is simply not the case. Substance use disorder is a powerful disease and recovery often takes more than one approach and more than one try. A return to use should not be seen as a failure, but rather as a sign that the current approach is no longer working. Research suggests that it takes an average of 5-8 serious attempts for a person to achieve recovery. Someone who keeps trying is actually showing remarkable resilience. We can show support by NOT judging them, by acknowledging how hard they have worked, and by asking what they need today to help get them where they want to be.
Dispelling myths, and replacing them with facts, will go a long way toward reducing stigma in our communities. The fact is…recovery is possible. There is hope.

The Center for Community Engagement is funded in full or in part through a State Opioid Response Grant (TI085769) to the Illinois Department of Human Services, Division of Behavioral Health and Recovery, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.