

4 Persistent Addiction and Recovery Misconceptions Debunked

by Rita Milios

In June 1971, then-President Richard Nixon declared a “war on drugs.” He proclaimed drug abuse in America to be “enemy number one” and initiated a number of programs to fight the abuse, including the first significant federal funding of drug treatment programs.

At that time, misconceptions and myths surrounding addiction and recovery contributed mainly to shame-based associations, many of which still persist today. Below are four persistent addiction and recovery misconceptions and the truth about them.

Misconception #1: Overcoming substance dependency is a matter of willpower and morality.

In the early days of recovery programs, it was assumed that addiction was a moral problem. Despite scientific and medical evidence to the contrary, many people still believe this today. According to the “moral model,” addiction is a matter of character weakness and requires a reorientation of personal values and willingness to accept personal responsibility for one’s choices.

However, recent scientific research shows that addiction is a multi-faceted and complex issue that cannot be easily resolved by upgrading one’s character and choices. According to Richard Soper, MD, Editor-in-Chief of the American Society of Addiction Medicine’s *ASAM Weekly* online magazine:

Each individual has a unique tolerance to drugs and alcohol; the effects of drugs and/or alcohol are individually specific. Individuals may have genetic predispositions and different brain inhibitory circuits. Addiction is a disease, just like asthma, diabetes, and heart disease.

A new book by Maia Szalavitz, *Unbroken Brain: A Revolutionary New Way of Understanding Addiction* (2016; St. Martin’s Press), debunks the myth of addiction as a moral issue, as well as other persistent misconceptions. Szalavitz says:

[Addiction] should be seen not as a disease or a moral or personality shortcoming, but rather a learning disorder. Addiction doesn’t just happen to people because they come across a particular chemical and begin taking it regularly ... Rather, it is learned and has a history rooted in [an individual’s] social and cultural developments.

Neuroscientists, using modern brain imaging techniques, have identified that addiction results when drugs “hijack” the brain’s natural “reward” system. A National Institute on Drug Abuse report, *Drugs, Brains and Behavior: The Science of Addiction* (drugabuse.gov; July 2014), states that:

Brain imaging studies of people with addiction show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control ... Scientists believe that these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of addiction.

Perhaps the reason that many people today still believe that drug addiction is a moral issue is because the *initial* decision to use drugs does involve a free-will choice. However, once addiction sets in, brain changes that affect judgment, decision-making, and self-control seriously impair a person’s ability to make free-will choices regarding continued usage.

Misconception #2: Substance abusers must hit rock bottom before they are ready to accept treatment.

Alcoholics Anonymous (AA) popularized this idea, and it persists because, for many people, it may be true; “hitting bottom” is generally a strong motivator. But it is definitely not necessary and is, in actuality, a dangerous belief. Motivation to seek recovery can come from many influences—family intervention, awareness and concern regarding losses associated with substance abuse (loss of job, friends, etc.).

In *Unbroken Brain: A Revolutionary New Way of Understanding Addiction*, Szalavitz states:

Few people will sincerely try to practice the A.A. program unless they have hit bottom [because this requires] the adoption of attitudes and actions that almost no alcoholic who is still drinking can dream of taking ... unless he has to do these things in order to stay alive.

Misconception #3: Going into a recovery program means signing up for deprivation, shame, and uncomfortable situations.

In the early days of alcohol and drug addiction treatment programs, addicted individuals often faced social stigma and punishment, rather than receiving the support and guidance they needed. During the 1960s and 70s, the use of aggressive and confrontational strategies was the norm in many treatment programs. Counselors used a variety of confrontational strategies, ranging from verbal challenges to the use of profanity and personal attacks, to achieve the goal of “breaking down” the addict’s ego so that it could theoretically be “built back up again.”

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—*Rita Milios*

Thankfully, today’s modern treatments are more enlightened and have key components that focus on respect, personal comfort, and empowerment vs. shame and blame. They are based on scientific research, and typically involve a combination of drug and behavioral therapy.

Studies reinforce the current belief that a confrontational style of therapy is not necessary or fruitful. Confrontational techniques used in a study with prison inmates were shown to produce no better outcomes than less aggressive, more positively-focused treatment approaches. In fact, some inmates—especially those with low self-esteem—exhibited higher rates of recidivism when confrontational techniques were used.

Most addiction counselors today believe that a safe, empathic, supportive, and nonjudgmental environment supports the goals of treatment better than an environment that provokes resistance and defensiveness. Still, many people—especially those who have had experience with the older, more confrontational types of treatment programs—may be skeptical and wary of re-entering a treatment program because of their prior negative experiences.

Misconception #4: When substance abusers who have been in a treatment program relapse, they lose all the gains they made in treatment.

Because people are not “cured” of their addiction following rehab, and statistics confirm that relapse is often part of the recovery process, many people assume that relapse equals failure of the recovery program. But this is not the case.

Relapse is often associated with personal problems or issues that exert excessive pressure on the recovering person’s fragile mental state and internal resources. While it cannot be denied that relapse is a setback, the strategies and tools learned during treatment are still available to the person, and when their ego strength becomes more substantial and they return to sobriety, they can call forth and use the resources they have stored within them.

Although misconceptions and myths about addiction treatment remain persistent, for those who look deeper, the truth offers much hope and encouragement.