



Substance Abuse: What Line Leaders Need to Know



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What is Substance Abuse?

Substance abuse 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 abuse early. This will help prevent barriers to mission success, unit readiness, and service and family member fitness. The substantial negative consequences of substance abuse on mission accomplishment, duty performance, unit functioning, health and relationships are consistently documented in multiple DoD health-related surveys. As a result, substance abuse is a continued concern throughout DoD and the nation at large.

Commonly abused substances:

- Alcohol
- Prescription meds: narcotic 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 Abuse?

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

- Adults between 18-25 years of age
- Service members with repeated exposure to traumatic events or psychological stress while deployed
- People who engage in heavy substance use before adulthood
- People with a family history of substance abuse

Adverse Consequences to the Unit of Untreated Substance Abuse:

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

Loss of Personnel

Administrative Separation: Service members who use illegal substances, engage in misconduct due to substance use or fail substance use treatment are at risk of administrative separation.

Medical Separation: Substance abuse 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 abuse are at significantly higher risk of suicide and that many people who commit suicide engaged in substance use at the time of death.

Loss of Mission Capability

Attrition: Loss of manpower compromises mission capability. Substance abuse is a preventable loss that places extra burden and stress on other unit members who must make up for the loss if the mission is to be accomplished.

Low Productivity: Service members who suffer from substance abuse may not be able to perform at their best.

Safety: Service members who abuse substances or need to recover from abuse the night prior to duty are more likely to make errors in judgment. Errors affect the unit's ability to meet mission requirements and place unit members and equipment at risk.

What is a “Standard” Drink?

Very often people mistake what counts as a drink and are surprised to learn how much a “standard” drink really is. A standard drink is any drink that contains about 0.6 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.

12 fl oz of regular beer about 5% alcohol		<ul style="list-style-type: none">▪ 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		<ul style="list-style-type: none">▪ 12 oz. = 1.5▪ 16 oz. = 2▪ 22 oz. = 2.5▪ 40 oz. = 4.5
5 fl oz of table wine about 12% alcohol		<ul style="list-style-type: none">▪ 5 oz. = 1▪ a 750 mL (25 oz.) bottle = 5
1.5 fl oz shot of 80-proof spirits (hard liquor) about 40% alcohol		<ul style="list-style-type: none">▪ 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.**

Common Signs of Substance Abuse for Leaders to Recognize:

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

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

Why a Service Member May Not Seek Help on His or Her Own:

Service members are often reluctant to seek help because:

- They fail to realize they have a problem
- They fear negative impact on their career (e.g., loss of security clearance, opportunity for career-enhancing positions, promotions)
- They do not want to be labeled as “a problem,” “weak” or “broken”
- They are embarrassed
- Their unit obstructs or fails to encourage treatment-seeking efforts

What Can I Do as a Leader?

- Assess the unit's substance use culture:
 - Compare unit drug screening results, DWI/DUI rates or disciplinary infractions.
 - Assess unit leaders' formal and informal messaging about responsible use, to include cultural encouragement of substance-use-free activities.
 - Demonstrate and teach resilient ways of coping (e.g., exercise, talking, humor) and discourage substance use as a method for dealing with stress.
 - Encourage subordinates to maximize career enhancement through avoidance of irresponsible substance use.
- 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 deterioration.
- Encourage and be supportive:
 - Don't hesitate to engage with struggling service members.
 - Encourage all unit leaders to refrain from stigmatizing or negatively labeling the service member (e.g., broke, worthless, problem-child).
 - Acknowledge that recovery from substance abuse can be a considerable challenge, especially when substances are used to cope with other underlying problems, such as posttraumatic stress disorder.
 - Emphasize leadership's highest 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 problems underground, making dealing with unit substance abuse problems more difficult.
 - When possible, provide the service member with hope and a plan 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 abuse.
- Military regulations require leaders to refer service members who have substance abuse or drug-related incidents.
- Service members may be most open to referral when in crisis. Administrative action is not an effective substitute for substance abuse treatment.

Questions Leaders Can Ask:

While these questions do not substitute for a professionally qualified assessment, a unit leader may want to ask the following:

1. **Have there been times in the past year when you had more than three drinks (for women) or more than four drinks (for men) in a day?**
2. **How many days a week do you drink, and on a typical drinking day, how many drinks do you have?**
3. **In the past year, were there times when your drinking got you in trouble with your unit, former employers, family members, friends, legal authorities or others or caused you risk of bodily harm (e.g., drinking and driving)?**
4. **Have there been times in the past year when you kept drinking despite problems, spent a lot of time drinking or spent less time on other activities you may enjoy because of your drinking?**
5. **In the past year, were there times when you were not able to cut down or stop drinking, showed increased alcohol tolerance or showed signs of withdrawal?**

For more information on screening, please visit:

pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/Pocket.pdf

rethinkingdrinking.niaaa.nih.gov/IsYourDrinkingPatternRisky/WhatsYourPattern.asp

(Phone number for local substance abuse clinic)

When Should I Send My Service Member for Help?

Refer a service member when:

- A leader has a concern about substance abuse
- The service member screens positive on a drug test
- The service member has a negative incident possibly involving substance use (e.g., fighting, police involvement, DWI or DUI, failure to report to duty)

Conclusion:

- Educate yourself and your service members on the dangers and devastation that substance abuse can potentially cause in the short- and long-term, both personally and professionally.
- Provide your service members with behavioral 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 abuse.
- 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.

Service-specific Substance Abuse Policies and Regulations:

Army: AR 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

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





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