Substance Use Disorder: What Line Leaders Need to Know

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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.).
- Feeling easily overwhelmed and experiencing negative emotions persistently to include anger, anxiety, and depression.
- 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).

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.

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")

Facts:

- In 2019, approximately 20.4 million Americans met criteria for substance use disorder. Of those, 14.5 million had alcohol use disorder, and 8.3 million had an illicit drug use disorder.[1]
- Although roughly 5.3% of Americans over the age of 12 suffer from alcohol use disorder (AUD), it is estimated that only about 12.2% actually receive SUD specialty care.[1]
- One in every four Americans will develop a non-nicotine- or tobacco-related substance use disorder during their lifetime.[2,3]
- Alcohol abuse is one of the leading preventable causes of death in the United States, with over 95,000 annual deaths attributable to alcohol involving acute (e.g., motor vehicle crashes) and chronic conditions (e.g., liver disease, cancer, heart disease).[4]
- Substance use disorders (including tobacco) are among the leading causes of death in the United States.[5]
- While SUD rates peak in late adolescence and early adulthood, this begins to decrease after age 26.[6]

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.[7]
- Males tend to suffer from nearly double the rate of SUD in comparison to females.[6]
- Individuals who identify as white or Native American.[8]
- A history of substance use prior to adulthood.[9]
- Exposure to others (e.g., family or friends) with a history of substance abuse/dependence.[10]
- Recent patient focus group research indicates that individuals may relate their SUD to life events or other mental health concerns (e.g., loss of a loved one, experiencing repeated traumatic events or psychological stress that may result in excessive anger, anxiety, depression, or PTSD).[11]

Untreated Substance Use Disorder: Adverse Consequences to the Unit

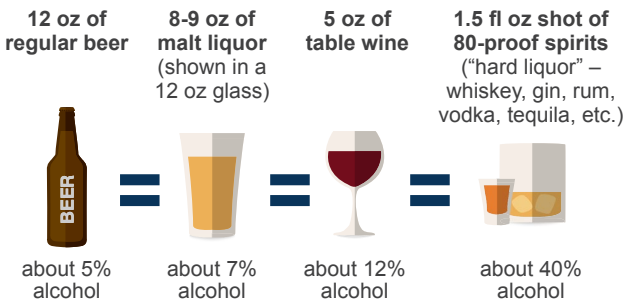
The following table provides a summary of some of the many potential adverse consequences of substance abuse/dependence mentioned earlier.

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.



Risky Drinking

Risk levels for drinking are determined by the amount you drink during the week and on any single occasion. Use the chart below to determine your level of drinking.

Level of Drinking	Number of Drinks	
	Male 65 and Below	Male 65 and Above & Female 65 and Below
Low risk	No more than 4 per day or 14 per week	No more than 3 per day or 7 per week
Heavy	More than 14 per week	More than 7 per week
Binge	5 or more per single occasion	4 or more per single occasion

Note: Depending on factors like 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 biological sex – Research shows that females tend to be more vulnerable to the adverse effects of drinking the equivalent amounts of alcohol in comparison to males, as females achieve higher blood alcohol concentrations as a result of having less water in their bodies pound for pound and because they store and metabolize alcohol differently than their male counterparts due to biological differences.[12]

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.

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 appropriate place to refer.

Air Force: Air Force Instruction 44-121(2014): Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

Army: Army Regulation 600-85 (2012): The Army Substance Abuse Program

Marine Corps: Marine Corps Order 5300.17 (2018): Marine Corps Substance Abuse Program

Navy: SECNAV Instruction 5300.28E (2011): 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. Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. Retrieved November 18, 2021, from https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf#:~:text=Key20Substance%20Use%20and%20Mental%20Health%20Indicators%20in,Services%20%28HHS%29%2C%20under20Contract%20No.%20HHSS283201700002C%20-with%20RTI

2. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62*(6), 593. doi.org/10.1001/archpsyc.62.6.593

3. Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., Pickering, R. P., & Kaplan, K. (2004). Prevalence and co-occurrence of substance use disorders and Independent mood and anxiety disorders. *Archives of General Psychiatry, 61*(8), 807. doi.org/10.1001/archpsyc.61.8.807

4. Esser, B. F., Sherk A., Liu, Y., Naimi, T. S., Stockwell, T., Stahre, M., Kanny, D., Landen, M., Saitz, R., & Brewer, R. D. (2020). Deaths and years of potential life lose from excessive alcohol use- United States, 2011-2015. *Morbidity and Mortality Weekly Report, 69*(39), 981-987. doi.org/10.15585/mmwr.mm6930a1

5. Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *JAMA, 291*(10), 1238-1245. doi.org/10.3389/fpubh.2020.00279

6. Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of Substance Use Disorders. *Human Genetics, 131*(6), 779–789. doi.org/10.1007/s00439-012-1168-0

7. Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Substance Misuse Prevention for Young Adults*. Retrieved November 18, 2021, from https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1?referer=from_search_result

8. Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., Pickering, R. P., Ruan, W. J., Smith, S. M., Huang, B., & Hasin, D. S. (2015). Epidemiology of DSM-5 Alcohol Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA psychiatry, 72*(8), 757–766. doi.org/10.1001/jamapsychiatry.2015.0584

9. Substance Abuse and Mental Health Services Administration. (2014). *The TEDS report: Age of substance use initiation among treatment admissions aged 18 to 30*. U.S. Department of Health and Human Services. Retrieved November 18, 2021, from https://www.samhsa.gov/data/sites/default/files/WebFiles_TEDS_SR142_AgeatInit_07-10-14/TEDS-SR142-AgeatInit-2014.htm

10. National Institute on Drug Abuse. (2021). *Understanding Drug Use and Addiction DrugFacts*. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved November 18, 2021, from https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

11. Department of Veterans Affairs & Department of Defense. (2021). *VA/DoD clinical practice guidelines for the management of substance use disorders*. Retrieved November 18, 2021, from https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPG.pdf

12. National Institute on Alcohol Abuse and Alcoholism. (2021). *Women and Alcohol*. Retrieved November 19, 2021, from https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/women-and-alcohol

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