



Substance Use Disorder: What Unit Leaders Need to Know

What are Substance Use Disorders?

Substance use disorders (SUDs) are one of the leading health problems in the United States. Abuse or dependence on alcohol, prescription medications and illegal drugs are all examples of SUDs. Untreated SUDs can severely damage someone's career; for example, driving under the influence (DUI) can be career ending for some career fields. It's critically important for leaders to recognize SUDs and get service members help. The following graphic can assist leaders in better understanding some of the signs members may show at work and also provides an understanding of some of the issues that might be under the surface.

Facts about SUDs:

- Substance use disorders are common in the United States and are also fairly common in the military
- Anyone can develop a SUD—from the newest recruit to the commander in chief
- Substance use disorders commonly occur with other psychological health conditions (e.g., post-traumatic stress disorder, depression) and complicate the treatment of these conditions
- There are a number of effective treatments available for SUDs, including several types of counseling and some medications for certain types of substance abuse

TIP OF THE ICEBERG

- Late for work
- Disheveled appearance
- Often sick or injured

BELOW THE SURFACE

- Tolerance to effects of substance
- Compulsive use despite negative consequences
- Unable to fulfill roles (parent, spouse, etc.) due to use
- Unable to cut down or quit using substance
- Withdrawal effects if the member doesn't have access to substance

It's easy to assume that a service member who is often late to formations and has an unkempt uniform has a bad attitude. A good leader will know to look "below the surface" and find out if there are other possible reasons for the service member's behavior change.

Service members who are struggling with a substance abuse or dependency problem often see their lives spiraling out of their control. They very often know they have a problem but have been unable to get their use under control. They often find themselves unable to control how much of a substance they use and need to use more and more to get the same effect. Due to the stigma associated with SUDs, many service members will hide any signs of problems from others and fail to or avoid seeking help.



What can you do to help your service members?

- Know your service members so that you recognize when their behaviors change dramatically
- Give your service members the benefit of the doubt—if you do notice dramatic changes, inquire about the changes rather than make assumptions
- Know the signs of someone with problematic substance use, and don't be afraid to ask questions about how much and how often they are using substances
- Try to encourage service members who need care to go in for help; if they are worried about privacy, recommend that they look into off-base or online resources

Things to avoid when it comes to helping

- Don't try to act as a counselor or therapist—if service members need help, encourage them to see a professional
- Don't make excuses for the substance abuse—"Sgt. Ski is only drinking a lot because he's going through a divorce" is ignoring a potentially deadly problem
- Don't remove them from leadership positions simply because they have SUD
- Do NOT leave a service member who is suicidal alone—immediately get him or her to a professional qualified to do a medical evaluation
- Do not discuss the service member's issues with others in the unit

Example: Sgt. Guzinski

Sergeant Guzinski is a military policeman with a stellar service record, including serving multiple deployments, which led to his being selected as a recruiter. Sergeant Guzinski tried tackling the job of a recruiter while he had other assignments; however, he found himself unable to meet his monthly quotas. He began working more and more hours, including both weekend days, in order to try to keep up.

The sergeant and his wife argued more and more about his spending so much time away from home especially after his having to be away on so many deployments. Sergeant Guzinski has always been a social drinker who handled his alcohol and never had an alcohol-related incident. As his stress in the new job increased, so did his drinking. He went from drinking every other weekend or so to drinking every night. His wife saw this pattern and strongly disapproved, which led to arguments. Sergeant Guzinski spent more time away from home due to the arguments and started stopping off at a bar on the way home. The sergeant's wife became convinced he was becoming an alcoholic and also started accusing him of having an affair. After getting home late on a Friday night, he and his wife had their worst argument yet, which escalated to his pushing her down. The installation police were called to their home due to the disturbance, and the sergeant was arrested and later referred to family advocacy. Sergeant Guzinski didn't remember touching his wife because he blacked out during this argument.

In the months preceding this incident, his chain of command had noticed that his behavior was different, his uniform unkempt and he was missing deadlines. The master sergeant had even smelled alcohol on Sgt. Guzinski's breath on a few occasions but didn't refer the sergeant's to medical clinic because he "didn't want to hurt the Marine's career."

Why Every Unit Leader Needs to Care About Psychological Health Conditions

Psychological health of service members and units is directly related to readiness. Leaders at all levels need to know the realities of how psychological health conditions affect the unit's ability to perform its mission. Untreated psychological health conditions can lead to a loss of personnel or a loss of mission capability.

Loss of Personnel

- **Administrative Separation**—Service members who have unrecognized psychological health conditions are at risk of separation for patterns of misconduct (driving under the influence, insubordination, unauthorized absence (UA)/absent without leave (AWOL))
- **Medical Separation**—When service members delay care too long, psychological conditions may worsen and increase the likelihood of a medical separation
- **Suicide**—Service members who feel trapped with no options may turn to suicide

Loss of Mission Capability

- **Attrition**—Units that lose too many people because no one recognizes the problems or delay in getting help may not meet their mission requirements
- **Low Productivity**—Service members who suffer from SUDs or other conditions aren't able to perform at their best
- **Mistakes**—Service members who are abusing substances or recovering from using them the night before are more likely to make errors, which can affect a unit's ability to meet requirements