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MYTHS IN DRUG USE

SUPPORTING FAMILIES OF PERSONS TRYING TO GET RID OF DRUG ADDICTION

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MYTHS IN DRUG USE

One of the biggest obstacles in fighting substance addiction is the set of false beliefs held by both the user and the family. These “myths” play a major role in the initiation and continuation of addiction.

1. User Myths: Minimizing and Normalizing

People who use substances often try to portray them as harmless in order to justify incorporating them into their lives.

“There’s no difference between cannabis and cigarettes—it’s just a plant.”

Reality: Cannabis contains far more potent psychoactive substances (such as THC) than cigarettes. It directly affects brain regions responsible for learning, memory, and emotion. It leaves more tar in the lungs than tobacco and carries a significant risk of triggering psychotic disorders.

“There’s no such thing as a gateway drug—drugs are just drugs.”

Reality: So-called “lighter” substances disrupt the brain’s reward system. Over time, the same dose stops producing pleasure, increasing the likelihood of turning to stronger substances (e.g., heroin, cocaine).

“Cannabis and cocaine are basically the same.”

Reality: Each substance has a different chemical structure and causes different types of damage. Cannabis typically has a depressant-like effect, while cocaine overstimulates the central nervous system and can cause heart attacks and sudden death. Each substance harms the body in its own way.

“It’s just paper/tissue—nothing harmful.”

Reality: Synthetic cannabinoids (e.g., “spice,” “bonzai”) are sometimes sprayed onto paper or tissues to appear harmless. However, even first use can cause paralysis, cardiac arrest, or permanent brain damage.

“It opens my mind, makes me happy, it’s good for my health.”

Reality: Substances do not create real happiness; they temporarily numb the brain and disconnect it from reality. The exaggerated pleasure fades quickly and is replaced by deeper unhappiness. When something exceeds natural limits, it eventually produces the opposite effect. After the artificial "high," people often feel more depressed than before.

"If I don't use, I get sick."

Reality: This is not a sign of health—it is clear evidence of dependence (withdrawal). The body has adapted to function only with the substance.

"My immune system is strong—stronger than any medicine."

Reality: Drugs are not medicine; they are toxins. Rather than strengthening immunity, they weaken the body's defenses and increase vulnerability to infections.

"Nothing will happen to me / One time won't hurt."

Reality: Addiction is a process—but it begins with "one time." No one can predict how quickly biological dependence will develop. Sometimes that "one time" opens the door to lifelong enslavement.

The Dopamine System Reality

Drugs hijack the brain's reward center. Normally, activities like eating or receiving affection release dopamine. Drugs can trigger up to ten times that amount at once, causing a kind of neurological "short circuit." To protect itself, the brain reduces dopamine receptors. As a result, when not using, the person may no longer feel pleasure from ordinary life. This is not about willpower—it reflects biological changes in the brain.

2. Family Myths: Denial and Misguided Solutions

Addiction is not only an individual illness; it affects the entire family and social environment. As the African proverb says, "It takes a village to raise a child." Likewise, it takes a village (community) to help someone recover from addiction.

Family denial often deepens the crisis.

Denial and Blame

"My child wouldn't do that."
"Friends led them into it."
"They had problems with their spouse."

These statements shift responsibility outward. Avoiding responsibility becomes an obstacle to recovery.

Reality: Addiction is a biopsychosocial condition; it cannot be explained by environment or relationships alone.

Myths About Solutions

"If we stop giving money, they can't use—and they'll recover."
Cutting off money alone is not a solution and may push the person toward crime. Professional treatment and social support are essential.

"Let me give money so they don't get involved in crime."
Providing money often facilitates access to substances and reinforces the addiction.

"If we don't pressure them, they'll quit."
Ignoring addiction does not lead to recovery—it allows it to progress.

"Talking about drugs will spark curiosity."
On the contrary, accurate, non-sensational information is protective. Silence increases curiosity and misinformation.

"If they get married, they'll straighten out."
A major misconception. Taking on responsibility does not cure addiction; it may create new victims (spouse and children).

"Once someone starts, they can never quit."
False. Addiction is chronic, but treatable. Recovery and a substance-free life are possible.

"Let's throw them out and be done with it."
Exclusion pushes people further into substance use. The healthier approach is to set clear boundaries while encouraging treatment.

"Only medication can fix it / Medication won't fix it at all."
Medication can ease withdrawal symptoms, but full recovery requires psychological support and lifestyle change.

3. Myths About the Addicted Person

"They were always rebellious / Nothing good would come of them / It was obvious since childhood."
Using past mistakes or personality traits to justify addiction eliminates hope and undermines treatment.

“Only weak-willed people use drugs.”
Willpower can protect to a degree, but once addiction develops and brain chemistry changes, it is no longer simply a matter of will.

4. Societal Perception Myths

“People with high socioeconomic status don’t become addicted.”
Addiction does not discriminate by class. However, the consequences may appear more visible and severe among lower socioeconomic groups due to limited social and symbolic capital.

“If the family had been more understanding / If they hadn’t let them run wild…”
Addiction is not solely about family discipline; genetic vulnerability and social factors also play roles.

“Older people don’t become addicted.”
Addiction can occur at any age; substances and reasons for use may differ.

“It’s just youthful experimentation—it’ll pass.”
Addiction is not a phase. Without intervention, it can cause permanent brain damage.

“You can tell by looking at someone.”
Not always true. Different substances produce different signs, and many individuals can conceal their use for long periods. Relying only on visible symptoms is misleading.

“Happy people don’t use drugs.”
Substance use does not begin only from unhappiness; curiosity, thrill-seeking, or peer influence can also initiate use.

“No one should find out (fear of stigma).”
Hiding addiction out of fear of shame or “what people will say” can lead silently to tragedy. Treatment—not shame—must come first.