

To Numb Emotional Pain

When alcohol, drugs or addictive behaviours become a way to switch feelings off

People rarely turn to substances or addictive behaviours for no reason. The behaviour may begin as curiosity, relief, belonging, stimulation, pain management or a way to survive difficult feelings. Understanding the reason does not excuse harm; it helps us work out what support and replacement coping strategies are actually needed.

Pain can feel physically overwhelming

Pain changes attention, sleep, mood and the body's stress response. A substance or addictive behaviour can offer a rapid shift in how somebody feels. That relief is real, but repeated reliance can gradually reduce other coping options and create additional physical, emotional, financial or relationship consequences.

Numbing can bring rapid short-term relief

The brain learns from what works quickly. If a behaviour repeatedly reduces distress or produces relief, stimulation or reward, it becomes easier to reach for it automatically the next time the same feeling appears. Understanding this learning loop helps replace shame with practical intervention.

Grief, shame, rejection and loneliness can sit underneath use

People usually have more than one reason for turning towards a substance or addictive behaviour. Curiosity about what happens before, during and after use can reveal the need underneath it and point towards safer ways of meeting that need.

Relief can teach the brain to repeat the behaviour

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Recovery needs somewhere safe for the feelings to go

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Questions to explore

What happens immediately before the urge? What changes while using? What feeling, sensation or situation becomes easier? What happens afterwards? What might offer even 10% of the same relief with less harm?

Moving from the reason to a safer response

Understanding the 'why' is most useful when it leads to a practical alternative.

If I need relief	Grounding, breathing, changing environment, talking to someone, professional support.
If I need stimulation	Movement, music, novelty, structured activity, ADHD-informed strategies where appropriate.
If I need connection	A trusted person, peer group, recovery community, shared activity or therapy.
If I need sleep	Sleep assessment, routine, reducing triggers and discussing persistent insomnia with a clinician.
If I need escape	Create immediate safety and stabilisation; trauma work should be paced and professionally supported.
If I am physically dependent	Seek medical or specialist substance-use advice; do not assume abrupt stopping is safe.

Books & places for support

Beyond Addiction

Jeffrey Foote, Carrie Wilkens, Nicole Kosanke & Stephanie Higgs

A compassionate evidence-informed book particularly useful for families who want to support change without confrontation.

The Biology of Desire

Marc Lewis

Explores addiction through learning, motivation and brain change and offers a useful alternative to moral explanations.

Changing for Good

James O. Prochaska, John C. Norcross & Carlo C. DiClemente

Helps explain stages of change and why motivation can fluctuate.

UK help

NHS / GP	A GP can discuss alcohol or drug concerns and local treatment. You can ask for help before things reach crisis point.
FRANK	Confidential drug information and local-service finder. Helpline: 0300 123 6600.
Adfam	Support for families affected by another person's drinking, drug use or gambling.
SMART Recovery	Practical meetings and tools supporting motivation, coping with urges, thoughts/behaviours and balanced living. Family & Friends support is also available.
Local drug & alcohol services	Community services can offer assessment, harm-reduction advice, psychological support, recovery groups and treatment pathways.
Emergency help	Call 999 for suspected overdose, collapse, seizure, severe breathing difficulty or immediate danger. Physical dependence on alcohol or benzodiazepines can make abrupt withdrawal dangerous.

Educational resource - not a substitute for individual medical, psychological or emergency care.