

When You're Using Alcohol to Cope

A practical, non-judgemental guide to understanding what alcohol may be doing for you, recognising when coping becomes a cycle, and building safer ways to meet the need underneath.

Start with the reason, not the label

People may use alcohol to quiet a busy mind, reduce social anxiety, numb difficult feelings, sleep, switch off after work, soften loneliness, feel more confident, manage sensory overload or create a temporary break from responsibility. Understanding the function matters because removing alcohol without replacing what it was providing can leave the original need untouched.

This guide is not about shaming drinking or demanding a label. It is about noticing patterns, widening choices and knowing when medical or specialist support matters.

When coping becomes a cycle

- **Trigger:** stress, conflict, loneliness, overwhelm, boredom, rejection, pain or exhaustion.
- **Urge:** alcohol starts to feel like the quickest or only route to relief.
- **Short-term effect:** tension reduces, thoughts slow, confidence rises or feelings become less intense.
- **After-effect:** sleep, mood, anxiety, relationships, money or physical wellbeing may be affected.
- **Regret/distress:** consequences create more difficult feelings, which can trigger another urge.

A more useful question

Instead of only asking, 'Why am I doing this?', try: 'What is alcohol helping me not feel, not think about, or not have to manage for a while?' The answer may point towards the support you actually need.

Carl Rogers: change without self-rejection

Person-centred practice creates room for honesty without humiliation. Acceptance is not approval of harmful consequences; it is a way of seeing yourself clearly enough to make choices from understanding rather than shame.

"The curious paradox is that when I accept myself just as I am, then I can change." - Carl R. Rogers, On Becoming a Person (1961).

Important withdrawal safety

If you drink heavily or regularly, do not assume it is safe to stop suddenly. Alcohol withdrawal can be medically dangerous for some people. Speak to a GP, NHS service or specialist alcohol service about safe reduction or withdrawal. Seizures, hallucinations, severe confusion, collapse or severe withdrawal symptoms require urgent medical help.

Notice the early signs

- Drinking earlier, more often or more than intended.
- Needing alcohol to relax, sleep, socialise or feel normal.
- Planning life around when you can drink.
- Hiding or minimising how much you drink.
- Needing more alcohol for the same effect.
- Repeated regret, memory gaps, arguments or risky situations.
- Trying to cut down but finding it difficult.
- Feeling shaky, sweaty, anxious, nauseated or unwell when alcohol wears off.

Build More Ways to Cope

Meet the need underneath

The most useful alternative depends on what alcohol is doing for you. A breathing exercise will not solve loneliness; a bath will not fix an unsafe workplace. Match the coping strategy to the need.

If you need to switch off

Create a clear end-of-day transition, reduce demands, use movement, showering, audio, sensory regulation or another low-demand activity.

If you need relief from anxiety

Grounding, paced breathing, preparation, therapy, graded exposure or a medication review with a clinician may be relevant.

If you are using alcohol for sleep

Address sleep routines and possible medical contributors. Alcohol may make you sleepy initially but can disrupt sleep quality later.

If you need connection

Contact a safe person, peer group or community rather than relying on alcohol as the only route to social ease.

If you are numbing pain or overload

Emotional and physical pain deserve direct support. Reduce sensory and practical demands, use boundaries and seek appropriate therapy, GP or specialist support.

The 5R pause

- **Recognise:** notice the urge without immediately acting.
- **Respond:** create a short pause - change rooms, choose a non-alcoholic drink, breathe or contact someone safe.
- **Reflect:** what happened just before the urge and what do I need?
- **Replace:** choose one alternative matched to that need.
- **Review:** what helped, what did not, and what needs to be in place earlier next time?

Neurodivergence and alcohol

Some autistic and ADHD people describe using alcohol to reduce masking pressure, social anxiety, sensory intensity, racing thoughts or emotional overwhelm. ADHD impulsivity can also make a planned limit harder to maintain once drinking begins. These factors do not remove risk, but they can make generic advice less effective.

Neurodivergent-friendly support

- Plan social exits and recovery time before events.
- Use non-alcoholic rituals that still mark the transition out of work mode.
- Reduce sensory overload rather than asking yourself to tolerate it.
- Use visible plans, reminders and pre-decided strategies where medically appropriate.
- Tell a trusted person what support actually helps.
- Seek neurodivergent-affirming therapy or alcohol support when possible.

After a difficult drinking episode

Attend first to safety and physical wellbeing. Do not drive. Seek medical advice if you are unwell or concerned. When settled, write down what happened before drinking, what you were needing and what could be placed earlier in the chain next time.

Relationships and repair

If somebody has been hurt, repair may include acknowledging what happened, listening without defensiveness, making practical changes and respecting boundaries. If a relationship is unsafe or abusive, seek specialist support rather than treating it only as a communication problem.

Your Alcohol & Coping Toolkit

What is alcohol doing for me?

PROMPT	YOUR NOTES
My common trigger	_____
What I feel before drinking	_____
What alcohol gives me short term	_____
What it costs me afterwards	_____
What need is underneath?	_____
One alternative to test	_____
Who can support me?	_____

Build your coping menu

- When I need calm: _____
- When I need connection: _____
- When I need stimulation: _____
- When I need to switch off: _____
- When I am overloaded: _____
- When the urge feels strong: _____

A plan for a high-risk moment

- Where can I move to that is safer or less triggering?
- Who can I contact without explaining everything?
- What can I remove or delay for the next hour?
- What non-alcoholic drink, food or sensory support can I access?
- Do I need medical or specialist advice?
- What support could make alcohol less central without creating withdrawal risk?

Track patterns, not perfection

For one week, note the time, situation, emotion, urge strength, whether you drank, what you hoped alcohol would change, and how you felt afterwards. The aim is not a 'good' score. It is to find predictable points where support can be placed earlier.

When to seek professional support

Consider speaking with your GP or a specialist alcohol service if you are worried about your drinking, repeatedly drink more than intended, have withdrawal symptoms, experience blackouts, find cutting down difficult, or alcohol is affecting work, relationships, health or safety. Treatment can include medical assessment, psychosocial support and medication where appropriate.

UK support routes

NHS and your GP can advise on local alcohol services. Alcohol Change UK and Drinkaware provide information. SMART Recovery and Alcoholics Anonymous offer peer-support routes with different approaches. Seek clinical advice when dependence or withdrawal may be present.

Emergency

Call 999 or attend A&E; for a medical emergency, severe withdrawal symptoms, seizures, severe confusion, loss of consciousness, serious injury or immediate danger. If you cannot keep yourself safe because of your mental health, seek urgent crisis support.

A Message From Maggie, Books & Resources

A message from Maggie

If alcohol has become one of the ways you cope, I want this resource to help you look underneath it rather than simply judge yourself for it. There is usually a reason a coping strategy becomes important. It may be helping you switch off, quiet anxiety, tolerate social situations, sleep, numb something painful or get through an overloaded nervous system.

Understanding that reason does not mean ignoring the consequences. It gives us somewhere useful to begin. If we know what alcohol is providing, we can start building more ways to meet that need and bring in the right support.

You do not have to wait until everything has fallen apart before asking for help. Concern is enough. Wanting more choice is enough. And if your body may be dependent on alcohol, please get medical advice rather than trying to prove you can stop suddenly on your own.

Change can begin with one honest conversation, one safer decision or one moment where you notice the urge and understand what is underneath it.

Recommended reading

William R. Miller & Stephen Rollnick - *Motivational Interviewing*. An evidence-based, compassionate approach to conversations about change and ambivalence.

Carl R. Rogers - *On Becoming a Person*. Person-centred foundations of acceptance, empathy and growth.

Russ Harris - *The Happiness Trap*. ACT-informed approaches to urges, difficult emotions and values-led action.

Clinical notes & references

NICE CG115: *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. • NICE PH24: *Alcohol-use disorders: prevention*. • NHS guidance on alcohol support and alcohol misuse. • Rogers, C. R. (1961). *On Becoming a Person*. • Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing*, 4th ed.

Important: This coaching resource is educational and supportive. It does not diagnose alcohol dependence and does not replace medical assessment, supervised withdrawal, addiction treatment or emergency care.