

When Substances Become a Way to Cope

From emotional survival to a pattern that is hard to leave

Substance use can begin as a solution before it becomes a problem. It may quiet fear, soften grief, interrupt intrusive memories, make social situations bearable, reduce sensory overload or help someone sleep. The relief can be immediate and real. Understanding that function does not minimise risk; it helps us see why the pattern became so powerful.

Emotional survival is still survival

When the nervous system feels trapped in threat, it looks for the quickest available route to safety or relief. Alcohol, prescribed medication used outside its directions, over-the-counter medicines and illegal drugs can change sensation, thought, energy and emotion quickly. If a person has limited support, lives with trauma, shame, chronic stress, pain or isolation, that rapid shift may feel less like a choice and more like the only way through.

This is why judgement rarely helps. The more useful question is not simply “*Why are you using?*” but “*What becomes possible, quieter or more bearable when you use?*”

What the substance may be doing

Before	Immediate effect sought	What may follow
Anxiety, panic or racing thoughts	Slowing, numbness or confidence	Rebound anxiety, poor sleep, dependence
Trauma memories or hypervigilance	Distance from memories and the body	Lower mood, reduced safety, stronger triggers
Loneliness or social fear	Connection, ease or belonging	Conflict, withdrawal or shame
Exhaustion, ADHD or low mood	Energy, focus or motivation	Crash, agitation or depleted energy
Pain, grief or emotional overload	Relief, sleep or temporary absence	Tolerance, health effects, unresolved pain

Reflection: The substance helps me move away from _____. It helps me move towards _____. The effect lasts for _____. Afterwards I usually feel _____.

How a coping strategy becomes hard to leave

The change is often gradual. There may be no single moment when “coping” becomes “dependence.” Instead, repetition teaches the brain and body to expect the substance whenever a particular feeling, place, person or time of day appears.

The learning loop

Stage	What may happen
Trigger	A feeling, memory, conflict, sensory demand, pain, place, person or time of day activates distress.
Expectation	The mind remembers that the substance brought relief before: “I need this to get through.”
Use	The substance changes the internal state quickly. The person may feel calmer, energised, detached or able to sleep.
Relief	Immediate discomfort falls. This strengthens the link between distress and substance use.
After-effects	Sleep, mood, money, health, relationships or responsibilities may be affected. Withdrawal or shame can add new distress.

Return	The next trigger arrives while the person is more vulnerable, making use feel even more necessary.
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Signs that choice may be narrowing

- Using earlier in the day, more often, in larger amounts or for longer than intended.
- Planning life around supply, recovery time or opportunities to use; feeling preoccupied when it is unavailable.
- Needing more for the same effect, or using to avoid feeling unwell rather than to feel different.
- Trying to reduce or stop but returning repeatedly, especially around predictable emotional triggers.
- Hiding, minimising or changing the subject because honesty feels risky.
- Missing food, medication, sleep, work, relationships or activities that once mattered.
- Mixing substances, using alone, driving, or taking risks that would once have felt unacceptable.
- Feeling shaky, sweaty, nauseated, agitated, confused, low or physically unwell when cutting down.

Dependence is not a moral failure. It is a sign that the brain and body may have adapted. It deserves accurate assessment and a safe plan.

Moving towards change safely

Change does not have to begin with a dramatic promise. It can begin with noticing, telling one safe person, reducing risk, or asking for an assessment. The right starting point depends on the substance, pattern of use, physical dependence, health, circumstances and what the person feels ready to do.

Do not suddenly stop alcohol, benzodiazepines or another substance if physical dependence may be present. Withdrawal can be dangerous and sometimes life-threatening. Speak to a GP, NHS 111 or a specialist drug and alcohol service. Call 999 if someone is unconscious, having a seizure, severely confused, struggling to breathe, or in immediate danger.

A realistic change ladder

Step	A manageable action
Notice	Track what happens before, during and after use without demanding immediate perfection.
Make use safer	Avoid mixing substances, driving, using alone or taking unknown-strength supplies. Seek specialist harm-reduction advice.
Tell someone	Choose a person who can listen without shaming, or contact a confidential support service.
Get assessed	Discuss the substance, amount, frequency, physical symptoms, medicines, mental health and withdrawal concerns honestly.
Build alternatives	Match support to the need underneath: sleep, trauma, anxiety, pain, sensory regulation, connection, housing or money.
Plan for setbacks	Treat a lapse as information about triggers, access and support needs - not proof that change is impossible.

The 15-minute space

When an urge arrives, the first goal may be to create a little time rather than solve everything:

- Name the moment: "This is an urge and it has been triggered by something."
- Lower immediate risk: move away from access, do not drive, and be with someone safe if possible.
- Support the body: reduce noise and light, slow the exhale, eat or drink if safe, and change temperature or posture.
- Contact one person or service before deciding what to do next.
- After 15 minutes, rate the urge again from 0-10 and decide on the next safest step.

My strongest trigger: _____
My earliest warning sign: _____
The person/service I can contact: _____
The safest place I can go: _____
What helps my body settle: _____

Support, recovery and a message from me

Good support sees more than the substance. It looks at physical health, emotional pain, trauma, neurodivergence, sleep, relationships, practical pressures and the meaning the coping pattern has held. Treatment may include a keyworker, talking therapy, medication, medically supported withdrawal, rehabilitation, peer support, harm reduction and help with housing, debt or safeguarding.

What to say when asking for help

"I have been using _____ to cope with _____. I am using about _____ . When I reduce or stop, I experience _____. I need advice about withdrawal and support with what is underneath the use."

A message from me

If a substance has helped you survive feelings or experiences that seemed impossible to carry, I am not going to pretend that letting it go is simple. The substance may have become a shield, a pause button, a source of energy, a way to sleep or the only reliable comfort you knew.

We can acknowledge what it has done for you while also noticing what it is taking from you now. Those two truths can sit together. You do not need to be reduced to a label, and you do not need to reach a crisis before you deserve help.

Recovery is not about proving that you are strong enough to do everything alone. It is about building enough safety, support and choice that the substance no longer has to carry the whole weight of your emotional survival. One honest conversation can be the beginning.

Maggie Learoyd

Space to Breathe Therapy

UK support

Service	Support
GP or local drug and alcohol service	Assessment, withdrawal advice and a personalised treatment plan. Self-referral may be available.
FRANK	Confidential information and local services: 0300 123 6600; talktofrank.com.
NHS 111	Urgent health advice when it is not an immediate emergency.
Samaritans	Free emotional support at any time: 116 123.
Emergency	Call 999 for overdose, breathing difficulty, seizure, unconsciousness or immediate danger.

Clinical notes and sources

NHS, "Addiction: what is it?"; Berkshire Healthcare NHS Foundation Trust, "Substance misuse"; Avon and Wiltshire Mental Health Partnership NHS Trust, "Substance use and coping"; NICE CG115, alcohol-use disorders: diagnosis, assessment and management; NICE CG100, alcohol-use disorders: physical complications; FRANK treatment and emergency guidance. Accessed 16 September 2026.

This guide is educational. It does not diagnose dependence or replace individual medical advice. Drug strength and service details can change; check current official information.