



SELF-MEDICATION & EMOTIONAL PAIN

Understanding Self-Medication

Understanding the need beneath
substance use

The key idea

Self-medication can be an attempt to change an uncomfortable internal state — not only emotional pain or trauma, but also restlessness, understimulation, anxiety, sleeplessness, physical pain or difficulty regulating attention, energy and emotion.

What do we mean by self-medication?

Self-medication describes using a substance to try to change how we feel, function or cope without that use necessarily being part of an agreed treatment plan. This can include alcohol, illicit drugs, nicotine, or non-medical use of prescription medicines. The reasons behind it can be very different from one person to another.

In everyday language

The useful question is often not simply 'Why are you taking this?' but 'What is this doing for you right now?' The answer might be helping someone slow down, wake up, focus, sleep, socialise, feel less, feel more, reduce pain or get temporary distance from distress.

It is not always about trauma

Trauma can be one pathway into substance use, but it is not the only one. People may be trying to manage anxiety, depression, grief, loneliness, chronic stress, physical pain, insomnia, fatigue, sensory overwhelm, boredom, restlessness or difficulties with attention and emotional regulation. Biological vulnerability, genetics, neurodevelopment, environment and learning can also influence risk.

Short-term relief can be real

A substance can genuinely change someone's immediate experience. Alcohol may temporarily reduce inhibition or anxiety; nicotine can alter alertness and attention; sedating substances may feel as though they quieten thoughts or help sleep; stimulants can increase wakefulness or perceived focus. Recognising the short-term effect does not mean the substance is a safe or effective treatment for the underlying difficulty.

Key distinction

Understanding the function of substance use is not the same as endorsing it. A behaviour can make sense as an attempt to cope and still carry significant physical, psychological or social risk.

ADHD and neurodevelopment

ADHD is associated with differences in attention regulation, impulse control, reward processing and motivation, and some people with ADHD experience strong restlessness, understimulation or emotional dysregulation. ADHD is also associated with increased risk of substance-use problems. This does not mean everyone with ADHD will develop an addiction, or that substance use is evidence that someone has ADHD.

Important clinical point

It is more accurate to talk about differences in brain systems involving dopamine and noradrenaline than to say an ADHD brain simply 'doesn't have enough dopamine'. ADHD biology is more complex than a single chemical deficiency.

Prescribed ADHD medication is different from self-medication

Taking ADHD medication as prescribed within appropriate clinical care is treatment, not self-medication. NICE recommends assessment, monitoring and consideration of substance-misuse and diversion risk when prescribing. Having ADHD or a history of substance use does not automatically mean someone cannot receive evidence-based ADHD treatment; individual assessment matters.

A predisposition is not destiny

Genetics and individual differences can influence vulnerability to addiction, while stress, mental health, availability, social environment and previous learning can also shape risk. Vulnerability means increased likelihood under some circumstances — not an inevitable outcome.

What this might look like

Two people may use the same substance for completely different reasons. One might be trying to quieten intrusive thoughts; another may be trying to overcome exhaustion or understimulation. Understanding that difference changes what useful support might look like.

How does something become reinforcing?

If using a substance quickly changes an unwanted state, the brain can learn an association between the substance and relief or reward. Positive reinforcement means a behaviour becomes more likely because it produces something experienced as rewarding. Negative reinforcement means it becomes more likely because it removes or reduces something unpleasant, such as anxiety, distress or withdrawal.

Self-medication does not automatically mean addiction

Someone can use a substance to cope without having an addiction. Substance use exists on a spectrum. Patterns can become more concerning when use becomes difficult to control, continues despite harm, takes increasing priority, or is accompanied by craving, tolerance or withdrawal. Physical dependence and addiction are related concepts but are not identical.

Key distinction

Tolerance means needing more of a substance to achieve a similar effect. Physical dependence means the body has adapted and withdrawal can occur when use is reduced or stopped. Addiction involves a broader pattern of impaired control and continued use despite significant harm or consequences.

When the coping strategy begins creating the problem

The original reason for using may still exist while the substance starts adding new difficulties. Sleep can become more disrupted, mood or anxiety can rebound, relationships and finances can be affected, and tolerance or withdrawal can make stopping harder. The person may then use again partly to relieve problems repeated use is now contributing to.

The self-medication cycle

Difficult internal state → substance use → short-term change or relief → the brain learns the association → repeated use → possible rebound effects, consequences, tolerance or dependence → greater distress or discomfort → stronger reason to use again.

Why 'just stop' can miss the point

Removing a coping behaviour without understanding its function can leave the original need untouched. If someone was using to sleep, regulate overwhelming emotion, reduce pain, tolerate social situations or manage severe restlessness, useful support needs to address that need as well as the substance use.

A more useful starting question

Ask: What happens before the urge? What changes after using? What need is being met? What does the person fear would happen without it? Are there untreated physical, mental-health or neurodevelopmental needs? Curiosity can support a more individualised plan.

For professionals

Avoid assuming all substance use is trauma-driven, attention-seeking or simply recreational. Explore function, pattern, context, co-occurring conditions, prescribed medicines, physical health, sleep, pain, neurodevelopment and the person's own explanation of what the substance provides.

Support does not have to begin with abstinence

NHS drug and alcohol services can support people who want to stop, but can also provide treatment and harm-reduction support. The appropriate goal depends on the substance, level of dependence, risks and the person's circumstances. Some forms of withdrawal require medical assessment and should not be attempted abruptly.

Safety note

Stopping alcohol suddenly can be dangerous for someone who is physically dependent; severe withdrawal can cause seizures, hallucinations and confusion. Anyone experiencing withdrawal symptoms or worried about dependence should seek medical advice before abruptly stopping. Other substances and medicines can also require planned withdrawal.

What comes next in this series

The remaining guides explore neurodivergence and ADHD, emotional pain, numbing and stimulation, physical pain and sleep, the self-medication cycle, vulnerability to addiction, and ways of meeting the underlying need more safely. The aim is understanding rather than judgement.

Reflection

What does the substance change for you? What feeling, sensation, thought or difficulty tends to come before it? What is better immediately afterwards? What becomes harder later? These questions can reveal the need beneath the behaviour.

References & Further Resources

Self-medication is a useful explanatory concept, but it should not be treated as a diagnosis or assumed to explain every person's substance use. Individual assessment remains important.

NHS - Addiction: what is it?

Overview of addiction, including physical and psychological effects, withdrawal, environmental and genetic vulnerability, and difficult experiences as one possible pathway into substance use.

NHS - Drug addiction: getting help

Explains routes into NHS and community drug treatment, talking therapies, medicines, detoxification and harm-reduction support.

NHS - Alcohol-use disorder

Current information on harmful drinking, dependence, withdrawal, treatment and when withdrawal requires urgent medical help.

NICE - ADHD (NG87)

Clinical guidance on ADHD assessment and management, including substance-misuse and diversion risk when considering medication.

NICE - Coexisting mental illness and substance misuse

Guidance supporting assessment and coordinated care when mental-health difficulties and substance misuse occur together.

NHS Every Mind Matters

Explains the two-way relationship between mental health and smoking, alcohol, drug use and addictive behaviours.

How to use these resources

Use these sources alongside individual clinical advice where substance use, dependence, mental health or prescribed medication is a concern. In England, people can approach a GP or local drug and alcohol service, and many services accept self-referrals.