



SELF-MEDICATION & EMOTIONAL PAIN

When Emotional Pain Feels Unmanageable

Understanding substance use as an attempt to cope with overwhelming feelings

The key idea

Substances can become a way of changing emotional pain quickly when grief, anxiety, shame, loneliness, depression, rejection or traumatic distress feels difficult to tolerate. Understanding the function of use does not remove its risks — it helps us understand what needs support.

When feelings become difficult to carry

Emotional pain can be as consuming as physical pain. Grief, loneliness, shame, anxiety, depression, rejection, traumatic memories and chronic stress can affect sleep, concentration, appetite, relationships and the ability to get through ordinary tasks. A substance may offer a rapid change when slower forms of support feel unavailable, inaccessible or insufficient.

In everyday language

Sometimes the aim is not to feel good. It is simply to feel less bad, to stop thinking for a while, to get through the evening, to sleep, to feel able to speak to people, or to make an unbearable feeling feel more distant.

Relief can reinforce the behaviour

When alcohol or another drug quickly reduces an unpleasant emotional state, using it again can become more likely. In behavioural psychology this is called negative reinforcement: a behaviour is strengthened because something distressing is temporarily reduced or removed. The relief can be meaningful even when it is short-lived.

Anxiety and fear

Some substances can temporarily reduce inhibition, physical tension or awareness of anxiety. This can make social situations, panic sensations or persistent worry feel easier to tolerate. Over time, however, repeated use can interfere with learning other ways to manage anxiety and some substances can worsen anxiety during intoxication, rebound effects or withdrawal.

What this might look like

Someone who feels intensely anxious around other people may begin drinking before social events. The immediate reduction in self-consciousness makes drinking feel useful, so the brain increasingly links social contact with needing alcohol first.

Depression and emotional numbness

Depression does not always feel like sadness. It can involve emptiness, hopelessness, agitation, exhaustion, loss of pleasure or feeling emotionally disconnected. Some people use substances to numb painful feelings; others use them in an attempt to feel something, increase energy or briefly experience pleasure.

Grief and loss

Bereavement and other forms of loss can bring waves of sadness, anger, guilt, yearning, disbelief and disrupted sleep. Substance use may provide temporary respite, particularly when evenings, anniversaries or reminders feel difficult. Grief itself is not an illness, but prolonged or overwhelming distress still deserves support.

Shame, guilt and self-criticism

Shame can create a particularly painful cycle. A person may use a substance to escape harsh thoughts about themselves, then feel ashamed about using, its consequences or things that happened while intoxicated. That additional shame can become another trigger for further use.

A difficult cycle

Emotional pain → use for relief → temporary distance from the feeling → consequences or rebound distress → guilt, shame or worsening mood → stronger need for relief. Understanding the cycle creates opportunities to intervene at more than one point.

Rejection, loneliness and belonging

Humans are strongly affected by connection and exclusion. Relationship breakdown, rejection, bullying, discrimination, isolation or feeling that we do not belong can produce intense distress. Substance use may reduce awareness of loneliness, make social interaction feel easier or provide access to a group where someone feels accepted.

Trauma can be part of the picture — but not the whole picture

Traumatic experiences can increase vulnerability to later substance-use difficulties for some people. Substances may be used to manage intrusive memories, hyperarousal, nightmares, dissociation or intense emotion. However, not everyone who uses substances has experienced trauma, and not everyone who experiences trauma develops substance-use problems.

Key distinction

Trauma-informed care means being sensitive to the possibility and effects of trauma without assuming that trauma explains every behaviour. A person should not have to disclose traumatic experiences before receiving respectful, safe and effective substance-use support.

Chronic stress and having no room to recover

Financial pressure, insecure housing, caring responsibilities, discrimination, unsafe relationships, work stress and other ongoing pressures can keep distress high. When the stressor cannot simply be removed, substances may become a predictable way of creating a temporary pause. Support that ignores the person's circumstances may therefore miss an important part of the problem.

Why emotional pain can return more strongly

The effect of a substance wears off. Some substances can produce rebound anxiety, low mood, disrupted sleep or withdrawal symptoms. Problems that were temporarily avoided may still be present. As tolerance develops, a person may need more of the substance for the same perceived effect, increasing risk while the original emotional difficulty remains.

Important clinical point Substance use and mental-health difficulties can influence one another in both directions. It is not always possible — or useful — to assume that one clearly caused the other. Assessment should consider both and look at how they interact over time.

Emotional pain is not a moral failing

Coping strategies often develop because they work in some way, at least initially. Recognising that function is different from saying the strategy is harmless. Compassionate care can acknowledge why someone uses while also being clear about health, dependence, overdose, withdrawal and other risks.

What might help?

Useful support may include psychological therapy, grief support, treatment for anxiety or depression, social connection, practical help with housing or finances, domestic-abuse support, neurodevelopmental assessment, pain or sleep treatment, harm reduction and specialist drug or alcohol services. The right combination depends on the person.

What to ask What feeling is hardest to sit with? When is it strongest? What does using change immediately? What happens later? What support would be needed if the substance were no longer doing that job? These questions can help identify the need underneath the behaviour.

Change does not have to begin with perfect coping

Someone may not yet have an alternative that works as quickly or reliably as the substance. Building change can involve reducing immediate risk while gradually increasing other sources of regulation, support, treatment and connection. Harm reduction and recovery are not opposites; reducing harm can be an important part of keeping someone safe while change develops.

Safety note If emotional pain includes thoughts of suicide, self-harm, overdose or feeling unable to stay safe, seek urgent support. In England, NHS 111 can provide urgent mental-health help; call 999 or attend A&E; if there is immediate danger. Alcohol withdrawal can also be medically dangerous in physical dependence and should not be stopped abruptly without appropriate advice.

A compassionate starting point

The question is not simply 'Why won't this person stop?' A more useful starting point can be: 'What becomes harder when they do not use, what need is the substance meeting, and what would make another way of coping possible?' That does not make substance use risk-free. It gives support somewhere meaningful to begin.

Reflection Think about the period before use rather than only the use itself. Is there a particular feeling, memory, time of day, interaction or situation that repeatedly appears? What might that pattern be telling you about the support that is missing?

References & Further Resources

Emotional distress and substance use can interact in complex ways. These resources provide further information and routes to support; they do not replace individual assessment where mental health, dependence or immediate safety is a concern.

NHS - Drug addiction: getting help	Information on local drug treatment services, assessment, talking therapies, medicines, detoxification and support for reducing harm.
NHS - Alcohol-use disorder	Information about harmful drinking, dependence, withdrawal, treatment and the risks of suddenly stopping alcohol when physically dependent.
NICE - Coexisting mental illness and substance misuse	Clinical guidance supporting coordinated care when severe mental-health difficulties and substance misuse occur together.
NICE - Alcohol-use disorders	Guidance covering identification, assessment and management of harmful drinking and alcohol dependence.
NHS - Urgent mental-health help	NHS information on obtaining urgent help for a mental-health crisis, including NHS 111 and emergency services where there is immediate danger.
Samaritans	Confidential emotional support for people who are struggling to cope or experiencing distress. Available by telephone on 116 123 in the UK and Ireland.

How to use these resources

A GP, local NHS or community drug and alcohol service, mental-health service or relevant specialist support can help explore both the emotional difficulty and the substance use. Where several needs coexist, coordinated support is often more useful than requiring one problem to be completely resolved before the other can be addressed.