



SELF-MEDICATION & EMOTIONAL PAIN

Numbing, Escaping, Stimulating & Switching Off

The different functions substance use
can serve

The key idea

People do not always use substances to numb pain. Some are trying to feel more, wake up, concentrate, become sociable, reduce inhibition, quiet mental activity, tolerate sensory input or sleep. Understanding the function of use helps us understand what a safer alternative must replace.

Substance use can have a function

The phrase 'using to cope' can sound as though everyone is trying to do the same thing. They are not. A person may be trying to reduce an experience, increase one, escape it temporarily or change how their body and mind are functioning. The same substance can even serve different functions at different times.

In everyday language

A useful question is: 'What are you trying to make more of, less of, faster, slower, quieter or easier?' That often tells us more than the name of the substance alone.

Numbing

Numbing can mean trying to reduce awareness of sadness, fear, shame, intrusive memories, physical sensations or overwhelming emotion. Alcohol, sedating drugs and other substances may create temporary emotional distance. The difficulty is that the original feeling usually remains, while repeated use can introduce tolerance, dependence, rebound distress and additional consequences.

Escaping

Escape is not always the same as numbness. Someone may want a temporary break from thoughts, responsibilities, memories, conflict or circumstances they cannot currently change. Intoxication can narrow attention and alter perception, creating a sense of distance from ordinary life.

What this might look like

Someone caring for others under relentless pressure may describe drinking at night as the only point at which they are 'off duty'. The alcohol is not solving the pressure; it has become the person's most reliable signal that the day has stopped.

Switching off

Some people describe being unable to slow their thoughts, settle their body or transition into rest. A substance may be used as an external 'off switch'. This can occur with anxiety, ADHD, stress, insomnia and other difficulties. Feeling sedated is not necessarily the same as getting restorative sleep, and repeated use may eventually worsen sleep.

Reducing inhibition

Alcohol and some other substances can reduce self-consciousness and inhibition. For someone who experiences social anxiety, masking, fear of judgement or difficulty initiating interaction, this may feel like becoming more socially capable. The perceived social benefit can become a powerful reason to repeat use.

Key distinction

The effect someone is seeking and the overall effect on their health are different questions. A substance may successfully produce the immediate change a person wants while making the underlying difficulty worse over time.

Stimulating and waking up

Not everyone is trying to slow down. Stimulants, nicotine and high-caffeine products may be used to increase alertness, energy, drive or concentration. Fatigue, shift work, ADHD-related difficulties, low mood or demanding circumstances may all contribute to wanting a rapid increase in activation.

Trying to concentrate

Some people report using nicotine, stimulants or other substances because they feel temporarily more focused. This can be particularly relevant where ADHD or another difficulty has not been recognised or adequately treated. The perceived improvement does not establish a diagnosis and non-medical substance use is not a safe substitute for assessment and evidence-based treatment.

Important clinical point

A person's response to a stimulant cannot diagnose ADHD. People with and without ADHD can experience changes in alertness, concentration or energy after stimulant exposure. ADHD diagnosis requires a developmental and clinical assessment, not a 'substance response test'.

Trying to feel something

Low mood, anhedonia and emotional numbness can leave a person feeling flat or disconnected. Some substance use is sensation-seeking rather than avoidance: the person may be trying to experience pleasure, excitement, connection or intensity. This is another reason that 'they are trying to numb themselves' can be an inaccurate assumption.

Changing sensory experience

For some neurodivergent people, sensory experiences can be unusually intense, distracting or exhausting. A substance may appear to dampen sensory input, reduce awareness of discomfort or make a busy environment feel more tolerable. Others may seek stronger stimulation when understimulated. Neither pattern is universal.

What this might look like

One person may use cannabis because they feel less overwhelmed by sound and internal tension. Another may seek loud environments, nicotine or stimulants when they feel painfully understimulated. Both are attempts to alter arousal, but they require very different support.

Pain and bodily discomfort

Physical pain, gastrointestinal symptoms, headaches, muscle tension and other bodily discomfort can also drive self-medication. Substance use may begin with a straightforward attempt to reduce symptoms rather than to change mood. If the underlying health problem remains untreated, repeated relief can become increasingly important.

More than one function can coexist

A person might drink to feel more confident socially, then continue drinking later to avoid thinking about an upsetting interaction, and use again at bedtime because they believe they cannot sleep without it. Asking only for one reason can therefore miss how the function changes across a day or situation.

A functional approach

Look at what happens before use, the effect the person expects, what actually changes, how quickly it changes, how long the effect lasts and what happens afterwards. This is sometimes described as understanding the function of the behaviour.

Why alternatives need to match the need

Telling someone to take a bath, go for a walk or distract themselves may be well intended but ineffective if it does not reproduce the function they rely on. Someone seeking stimulation needs a different alternative from someone seeking sleep; someone using for pain needs pain assessment; someone drinking to tolerate social anxiety may need support with anxiety and social safety.

The fastest strategy often wins

Substances can act quickly and predictably. Many healthier strategies require practice, access, time or another person's support. That difference matters. An alternative may be theoretically safer but still fail in practice if it is unavailable at the moment the urge appears.

Important to remember

A safer coping strategy does not need to feel identical to the substance to be useful, but it does need to address the actual need. Support becomes more realistic when it asks what function must be replaced rather than simply what behaviour must stop.

Building a wider toolkit

Support might involve appropriate treatment for ADHD, anxiety or depression; sleep or pain assessment; sensory adjustments; social support; planned stimulation; emotional-regulation work; psychological therapy; harm reduction; or specialist substance-use treatment. Often several approaches are needed.

Reflection

Complete the sentence: 'When I use this, I am usually trying to...' Then ask: 'What changes immediately?', 'What does it cost me later?' and 'What else could meet even part of that need?' The answers may be different for different situations.

References & Further Resources

Understanding the function of substance use can support more individualised care. It does not mean assuming that every pattern of use is self-medication or overlooking intoxication, dependence, overdose, interactions or withdrawal risks.

NHS - Drug addiction: getting help

Information on assessment, local treatment services, talking therapies, medicines, detoxification and harm-reduction support.

NHS - Alcohol-use disorder

Information on harmful drinking, dependence, withdrawal and treatment, including the risks of abrupt withdrawal when physically dependent.

NICE - Coexisting mental illness and substance misuse

Clinical guidance supporting coordinated assessment and care where mental-health difficulties and substance misuse coexist.

NICE - ADHD (NG87)

Clinical guidance on ADHD assessment and treatment, including substance-misuse and diversion considerations when prescribing medication.

NICE - Medicines associated with dependence or withdrawal symptoms (NG215)

Guidance on safe prescribing and withdrawal management for medicines including opioids, benzodiazepines, gabapentinoids, antidepressants and Z-drugs.

NHS - Insomnia

Information about sleep difficulties, possible causes and treatment approaches, including when to seek healthcare advice.

How to use these resources

Where substance use is serving several functions, support may need to address several needs at once. A GP, relevant specialist service, mental-health service or local drug and alcohol service can help assess underlying difficulties and substance-related risks. Do not abruptly stop a substance or prescribed medicine where physical dependence or withdrawal risk may be present without appropriate advice.