



SELF-MEDICATION & EMOTIONAL PAIN

Finding Other Ways to Meet the Need

Building safer alternatives around
what the substance was doing

The key idea

Change is more realistic when support understands what the substance is providing. Safer alternatives may involve treatment, practical support, harm reduction, relationships, environmental changes and new ways to regulate the body or mind — not simply replacing use with a generic coping activity.

Start with the need, not only the substance

If a substance helps someone sleep, tolerate pain, quiet intrusive thoughts, feel less socially anxious, increase stimulation or create emotional distance, stopping it removes more than a behaviour. It removes a strategy. Lasting change is more likely when the function it served is understood and addressed.

The central question

Instead of beginning with 'What should you do instead?', begin with 'What is the substance doing for you?' The answer helps determine what kind of alternative, treatment or support might actually be useful.

An alternative has to fit the function

A calming strategy may be useful for anxiety but frustrating for understimulation. Exercise may help some forms of restlessness but may be unrealistic during a pain flare. Social contact may help loneliness but worsen sensory overload. There is no universal replacement because there is no universal reason for use.

If the need is emotional relief

Useful support might include psychological therapy, treatment for anxiety or depression, grief support, trauma-specific treatment where appropriate, emotional-regulation skills, crisis planning, supportive relationships or practical changes that reduce ongoing stress. The aim is not to insist that distress disappears before change is possible.

What this might look like

If alcohol is being used to reduce social anxiety, the plan might combine anxiety treatment, gradual exposure, choosing less overwhelming settings, having an exit plan, supportive company and harm reduction while those skills develop.

If the need is stimulation or concentration

For someone using nicotine, stimulants or other substances to alter alertness or focus, assessment for ADHD, sleep problems, depression, medication effects or other causes may be important. Planned stimulation, movement, task design, breaks, novelty and appropriate clinical treatment may address parts of the same need.

If the need is sensory regulation

Reducing noise, light, crowding or unpredictable demands; using sensory aids; planning recovery time; and making environments more accessible may reduce the need to chemically alter sensory experience. For some neurodivergent people, environmental adjustment is as important as an individual coping technique.

Key distinction

A coping strategy changes how a person manages a difficult environment. A reasonable adjustment can change the environment itself. Sometimes the problem should not be placed entirely on the person to tolerate.

If the need is sleep

Sleep support may involve consistent routines, addressing anxiety, reviewing medicines and caffeine, treating pain, assessing possible sleep disorders and using evidence-based treatment for insomnia where appropriate. A substance that causes sedation may feel effective without resolving the reason sleep is difficult.

If the need is pain or physical comfort

Pain deserves assessment rather than being dismissed because substance use is present. Depending on the cause, treatment may involve medication review, physiotherapy, pacing, movement, psychological approaches to persistent pain, occupational changes or specialist services. Reducing harm and treating pain can happen together.

For professionals

Avoid making access to every form of treatment conditional on perfect abstinence unless there is a clear clinical reason. Coordinated care can be especially important when substance use coexists with pain, ADHD, mental-health difficulties or other health needs.

Harm reduction can be part of change

Not everyone is ready or able to stop immediately, and abrupt stopping can be unsafe with some substances. Harm reduction aims to reduce preventable injury, illness and death while keeping the person engaged with support. It can sit alongside goals of reduction, abstinence or recovery.

Examples of harm reduction

Approaches depend on the substance and person. They may include avoiding dangerous combinations, using sterile injecting equipment, carrying naloxone where opioid overdose is a risk, seeking testing or treatment for blood-borne viruses, planning safer quantities or situations, and obtaining medical support for withdrawal.

Important clinical point Harm reduction is not the same as saying substance use is harmless. It recognises that safety matters at every stage of change, including before someone is ready to stop.

Withdrawal may need treatment, not willpower

If physical dependence has developed, withdrawal symptoms can drive continued use. Alcohol withdrawal can be dangerous, and some prescribed medicines require gradual reduction. A medically supported withdrawal plan may therefore be one of the things needed before other strategies have a fair chance to work.

Make the safer option easier to reach

A strategy that takes an hour, costs money or requires an appointment may not compete well with a substance that is available in seconds. Practical planning can reduce this gap: preparing sensory tools, arranging someone to call, changing access to money or substances, keeping treatment contacts visible, or planning for predictable high-risk times.

What this might look like If the strongest urge happens immediately after work, the plan needs to exist at that time — not only in a therapy session three days later. Changing the journey home, arranging contact, eating beforehand or having another transition ritual may interrupt an established cue-and-use routine.

Build more than one source of relief or reward

Relying on a single replacement can recreate the same vulnerability if that strategy becomes unavailable. A wider toolkit may include relationships, meaningful activity, treatment, sensory regulation, rest, movement, creativity, practical support, medication where clinically appropriate and opportunities for pleasure or achievement.

Connection can be a treatment ingredient

Isolation can make both distress and substance use harder to change. Peer support, mutual-aid groups, family or friends, community activities and professional relationships can provide accountability, belonging and practical help. The right type of connection differs between people; group settings are not comfortable or suitable for everyone.

Important to remember Recovery does not have one correct appearance. Some people define it as abstinence, others as reduced harm, greater stability, improved health or freedom from compulsive use. Clinical safety still matters, but goals work best when they are developed with the person rather than imposed as a moral test.

Plan for difficult moments, not only good ones

A plan made when someone feels calm should account for what happens when they are exhausted, distressed, in pain, intoxicated, overwhelmed or craving. Make the next safe step simple and specific: who to contact, where to go, what to remove, what to delay and what requires urgent medical help.

A lapse does not cancel progress

Returning to use after a period of change can be discouraging, but it does not erase what was learned. Reviewing the episode can identify a trigger, missing support or unrealistic part of the plan. Shame can strengthen the cycle; curiosity can help refine it.

After a lapse, ask What happened beforehand? Was there a new trigger or old cue? Which need became stronger? Was the alternative actually available? Did withdrawal, pain, sleep or mental health change? What would make the next similar situation safer?

Measure more than abstinence

Progress can include fewer high-risk situations, reduced quantity or frequency, attending appointments, carrying naloxone, safer medication use, improved sleep, treating ADHD or depression, reconnecting with others, better nutrition, fewer overdoses, more stable housing or asking for help sooner.

When specialist support can help

Local drug and alcohol services can assess substance use, dependence, withdrawal and treatment options. Depending on need, support may include psychosocial interventions, opioid substitution treatment, relapse-prevention medication, detoxification, harm reduction and links with mental-health or physical-health care.

Safety note

Call 999 for suspected overdose, severe breathing difficulty, unconsciousness or immediate danger. If alcohol dependence is possible, do not suddenly stop drinking without appropriate medical advice. Changes to dependence-forming prescribed medicines should also be discussed with the prescriber.

The aim is not to remove coping and leave a gap

The strongest plan is not simply a list of things someone is no longer allowed to do. It builds a life in which the original need is recognised, safer responses are genuinely accessible, underlying conditions are treated and support remains available when things become difficult.

Final reflection

What does the substance currently provide? Which parts could be met through treatment, environment, relationships, practical support or safer regulation? What is one change that could reduce harm now, and one longer-term change that could make the substance less necessary?

References & Further Resources

Support should be tailored to the substance, level of risk, physical dependence, co-occurring needs and the person's own goals. Harm reduction, treatment and recovery support can overlap rather than functioning as competing approaches.

NHS - Drug addiction: getting help

Information on local drug treatment services, talking therapies, medicines, detoxification and ongoing support.

NHS - Alcohol-use disorder

Information about harmful drinking, alcohol dependence, withdrawal and treatment, including why abrupt withdrawal can be dangerous.

NICE - Drug misuse in over 16s: psychosocial interventions (CG51)

Guidance on evidence-based psychosocial treatment and care planning for people who misuse drugs.

NICE - Drug misuse in over 16s: opioid detoxification (CG52)

Guidance on assessment and safe detoxification for opioid dependence.

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

Guidance on safe prescribing and withdrawal management for dependence-forming medicines and antidepressants.

NHS - Naloxone

Information about naloxone, an emergency medicine that can temporarily reverse the effects of an opioid overdose while emergency help is obtained.

How to use these resources

A GP, pharmacist, mental-health service, pain or sleep service, ADHD service or local drug and alcohol service may all have a role depending on the need beneath the substance use. Coordinated support is particularly important where several conditions or risks overlap. The aim is not merely to remove a behaviour, but to help the person become safer while building sustainable ways to meet the needs that behaviour was serving.