



WHY PEOPLE TURN TO ADDICTION

Why Do People Develop Addictions?

Understanding the interacting factors
behind addiction

The key idea

Addiction rarely develops because of one cause. Biology, learning, mental health, stress, environment, availability, relationships and the effects of a substance or behaviour can interact over time. Understanding these pathways helps replace blame with more accurate, individualised support.

Addiction is more than frequent use

The NHS describes addiction as losing control over doing, taking or using something to the point that it could be harmful. Frequency alone does not tell the whole story. Clinically, patterns such as impaired control, craving, prioritising use and continuing despite significant harm are more informative than simply asking how often something happens.

In everyday language

Addiction is not just 'liking something a lot'. The behaviour or substance begins to take on a powerful role that can become difficult to control even when the person can see serious consequences.

There is rarely one cause

Addiction develops through interacting biological, psychological and social influences. Genetics may affect vulnerability; substances and rewarding behaviours can reinforce repetition; mental-health difficulties or pain may increase the value of immediate relief; and social or environmental circumstances can influence exposure, opportunity and stress.

Key distinction

A risk factor increases the possibility of a problem across groups. It does not tell us that a particular individual will develop an addiction. Protective factors and changing circumstances matter too.

The effect itself can encourage repetition

Alcohol, nicotine and other drugs can produce changes that feel rewarding, relieving or useful. Gambling and some behaviours can also generate excitement, anticipation or relief. When an effect is valued, the brain learns that repeating the behaviour may produce it again.

Reinforcement helps explain why patterns grow

Positive reinforcement strengthens behaviour because it adds something wanted, such as pleasure, stimulation or connection. Negative reinforcement strengthens it because it reduces something unpleasant, such as anxiety, pain, boredom or withdrawal. Neither process means the person consciously decided to become addicted.

Important clinical point

Reinforcement is a normal learning process. Addiction involves these learning systems becoming part of a wider pattern that can include craving, impaired control, habit, dependence and continued behaviour despite harm.

Biology and genetics can influence vulnerability

Family and genetic factors contribute to addiction risk, but there is no single 'addiction gene'. Biological differences can affect traits and processes such as reward sensitivity, impulsivity, stress responses and how substances are metabolised. Biology influences probability rather than destiny.

Mental health can interact with addiction

Anxiety, depression and other mental-health difficulties may make rapid relief or escape especially valuable. Substance use can also worsen mental health through intoxication, withdrawal, disrupted sleep, physical effects or consequences. The relationship can run in both directions.

What this might look like

Someone may initially drink because social anxiety feels easier after alcohol. Repeated relief strengthens the pattern. Later, poor sleep, rebound anxiety and relationship difficulties caused by drinking create additional distress - giving the person more reasons to drink.

Stress, adversity and trauma can matter

Chronic stress, poverty, unsafe environments, discrimination, loss, trauma and other difficult experiences can increase vulnerability for some people. They can reduce access to safer sources of regulation and make immediate relief more valuable. Trauma is an important possible pathway, but it is not present in every addiction.

Neurodevelopment can be relevant

ADHD is associated at population level with increased risk of substance-use disorders. Impulsivity, reward processing, emotional regulation, sleep and co-occurring difficulties may contribute in different ways. Neurodivergence does not make addiction inevitable, and substance use should never be treated as proof of ADHD or another diagnosis.

Avoid one-size-fits-all explanations

One person may be strongly influenced by genetic vulnerability, another by chronic pain, another by social environment, and another by several factors at once. Asking what happened in this person's life and what the behaviour provides is more useful than searching for one universal cause.

Environment shapes opportunity and risk

Availability, price, peer groups, family patterns, housing, employment, advertising, social norms and local environments can all influence what people encounter and how easy it is to repeat a behaviour. Addiction is therefore not something that exists only 'inside' an individual's brain.

Social connection can influence both risk and protection

Belonging can shape behaviour. Some substance use develops within relationships or groups where use is normalised or provides social connection. Conversely, supportive relationships, meaningful activity and stable communities can help protect against escalating harm and support recovery.

In everyday language

People make choices within circumstances. Understanding those circumstances does not remove agency - it helps explain why some choices are much easier, more available or more immediately rewarding than others.

Dependence can add another reason to continue

With repeated exposure to some substances, physical dependence can develop. Withdrawal symptoms can make stopping uncomfortable or medically risky, and using again may rapidly relieve them. At that point, a person may be using both to seek an effect and to avoid withdrawal.

Dependence and addiction are related but not identical

A person can become physically dependent on some prescribed medicines without developing addiction. Addiction involves a broader pattern of impaired control and continued behaviour despite harm. Distinguishing the two helps avoid stigma and supports safer treatment.

Safety note

Alcohol withdrawal can be dangerous in physical dependence. NHS guidance advises getting medical help before stopping if withdrawal symptoms occur. Some prescribed medicines also require planned, gradual reduction rather than abrupt stopping.

Consequences can feed the cycle

As addiction develops, consequences such as poor sleep, financial pressure, conflict, shame, work difficulties or worsening health can create additional distress. The behaviour may then be used to cope with problems partly produced by the behaviour itself, making the cycle harder to interrupt.

Why 'just stop' can miss the problem

Stopping may mean facing craving, withdrawal, untreated pain, anxiety, loneliness, boredom, environmental cues or the loss of an important social group. Effective support therefore looks at what maintains the pattern and what the person would need in order for change to become sustainable.

For professionals

NICE guidance supports individual assessment that considers substance use alongside physical health, psychological needs and social circumstances. Treatment planning should be collaborative rather than based on a single assumed cause.

Addiction is treatable

People can and do recover. NHS drug treatment can include psychological therapies, medicines for some forms of dependence, detoxification where appropriate, harm reduction and support with wider needs. Alcohol treatment can similarly include psychological treatment, medically supported withdrawal and relapse-prevention approaches.

Recovery can involve several kinds of change

For some people the goal is abstinence; for others an early goal may be reducing harm or stabilising use while other needs are addressed. Housing, relationships, mental health, physical health, neurodevelopmental support, meaningful activity and social connection may all form part of recovery.

Reflection

Rather than asking only 'Why did this person become addicted?', consider: What first made the behaviour rewarding or useful? What strengthened it? What now keeps it going? Which biological, psychological and social factors increase risk - and which could support change?

References & Further Resources

Addiction is complex and individual. These resources provide NHS and NICE information about addiction, assessment and treatment; they should be used alongside individual clinical assessment where dependence, withdrawal or significant harm is present.

NHS - Addiction: what is it?

Overview of addiction, possible contributing factors, withdrawal, harm and routes to support.

NHS - Drug addiction: getting help

Information about NHS and community drug treatment, assessment, talking therapies, medicines, detoxification and harm reduction.

NHS - Alcohol-use disorder

Information about harmful drinking, alcohol dependence, withdrawal, treatment and urgent withdrawal risks.

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

Guidance on assessment and evidence-based psychosocial interventions for drug misuse.

NICE - Alcohol-use disorders: diagnosis, assessment and management (CG115)

Guidance supporting comprehensive assessment of alcohol use alongside physical, psychological and social needs.

How to use these resources

A GP or local drug and alcohol service can help assess substance use, dependence and treatment options. Support can be tailored to the person's circumstances.