



WHY PEOPLE TURN TO ADDICTION

Environment, Relationships & Social Factors

How circumstances can shape exposure, risk,
reinforcement and recovery

The key idea

Addiction develops within a social world. Availability, relationships, housing, work, money, community, discrimination and local norms can influence what people encounter, what a behaviour provides and how easy change becomes. Social factors affect risk and protection without removing individual agency or determining an outcome.

Addiction does not develop in isolation

NHS information recognises environmental influences alongside biological vulnerability. The people around us, what is available, financial and occupational pressures and wider living conditions can all affect exposure to substances or behaviours and the reasons they are repeated.

Context is not destiny

Social circumstances can increase or reduce risk, but they do not predict an individual's outcome. People living in similar environments may respond differently because biology, learning, mental health, relationships, resources and protective factors also differ.

Availability changes opportunity

A substance or behaviour that is easy to access creates more opportunities for exposure and repetition. Availability can be physical, financial, social or digital. What is common in a workplace, household, friendship group or neighbourhood may therefore shape what feels ordinary or readily accessible.

Social norms can influence what feels acceptable

People learn partly by observing others. If heavy drinking, drug use or gambling is normalised within a group, early warning signs may be less visible. In other settings, strong expectations against use may reduce exposure or encourage earlier help-seeking.

In everyday language

The question is not only 'Why did this person use?' It can also be useful to ask: What was around them? What was normal in that setting? What alternatives were available, affordable and socially possible?

Belonging can reinforce behaviour

Substance use can be connected with friendship, identity, celebration, intimacy or membership of a group. Changing use may therefore involve more than giving up a substance: a person may fear losing routines, relationships or a place where they feel accepted.

Relationships can increase risk or provide protection

Relationships may expose someone to substances, pressure or conflict, but they can also provide stability, practical help and encouragement. NHS guidance notes that families often play an important role in supporting someone who is reducing or stopping drug use, while families themselves may also need support.

Keep consent central

NICE recommends discussing whether a person wants family or carers involved in assessment and treatment while respecting confidentiality. Family involvement can be valuable, but it should not be assumed to be safe, wanted or appropriate in every situation.

Poverty and financial pressure can affect vulnerability

The NHS identifies unemployment, poverty and stress as factors that can contribute to addiction. Financial insecurity can increase chronic stress, restrict access to healthier sources of reward or support and make day-to-day survival take priority over longer-term change.

Housing can shape both risk and recovery

Unstable or unsafe housing can expose people to stress, disrupted sleep, exploitation and environments where substance use is difficult to avoid. England's drug strategy recognises secure housing as part of recovery support rather than treating accommodation as separate from addiction treatment.

Avoid reversing cause and effect

Social disadvantage may contribute to vulnerability, but addiction can also damage finances, employment, housing and relationships. Often the relationship runs in both directions, creating a cycle rather than a single starting cause.

Work can be protective, stressful or both

Employment may provide income, routine, purpose and social connection. It can also involve insecurity, injury, long hours, workplace cultures around alcohol or drugs, or intense stress. Recent UK evidence also supports integrating employment help with wider support for people experiencing substance misuse and other disadvantages.

Stigma can make support harder to reach

Fear of judgement can discourage disclosure and help-seeking. Treating addiction as a moral failure can also obscure practical barriers such as housing, transport, service access or caring responsibilities. Respectful, non-stigmatising care makes it easier to discuss what is actually happening.

Recovery is wider than treatment alone

Government evidence reviews have found that social factors influence treatment outcomes. Stable housing, employment and supportive social networks can help sustain recovery, while housing problems, unemployment and social deprivation can create additional barriers.

Community can provide alternatives

Recovery communities, peer support, hobbies, education, volunteering, faith or cultural groups and other meaningful activities can provide connection and reward outside the addictive pattern. The important factor is not one prescribed activity but access to something safe, valued and sustainable.

For professionals

Assessment should include work, family and housing rather than treating these as background details. NHS drug treatment services routinely ask about these areas because they can affect treatment planning, risk and the practical possibility of change.

Structural barriers require structural responses

Someone cannot think their way out of homelessness, unsafe housing or lack of access to treatment. Psychological support may still be valuable, but practical problems may need practical interventions. Joined-up services can reduce the burden of navigating multiple systems while unwell or in crisis.

Supportive relationships need boundaries too

Family and friends can be important sources of care, but supporting someone with addiction can be exhausting and frightening. NHS guidance encourages families to seek help for themselves. Support does not require taking responsibility for another person's recovery or tolerating unsafe behaviour.

A broader formulation

Consider the individual and their environment together: availability, relationships, housing, income, work, discrimination, community, service access, routines and sources of belonging. Then ask which factors increase exposure, reinforce use, obstruct change or protect recovery.

Changing the environment can support new learning

Reducing exposure to high-risk situations, building safer routines and increasing access to rewarding alternatives can make change easier to sustain. This does not eliminate craving or dependence, but it can reduce how often old cues are activated and create more opportunities for different choices.

Reflection

What in the person's environment makes the behaviour easier to start or continue? What would make change practically easier? Which relationships support recovery? Which social needs require action alongside psychological or medical treatment?

References & Further Resources

These UK sources support a biopsychosocial understanding of addiction in which housing, work, family, social networks and access to support can influence both vulnerability and recovery.

NHS - Addiction: what is it?

Overview of addiction that recognises environmental influences, stress, unemployment and poverty alongside other contributing factors.

NHS - Drug addiction: getting help

Explains assessment and treatment in England, including discussion of work, family and housing circumstances and access to local drug services.

NHS - Advice for families of people who use drugs

Information for families and carers, including the role of family support and routes to help for relatives themselves.

NICE - Drug misuse: psychosocial interventions (CG51)

Guidance on person-centred psychosocial care, confidentiality and involving families and carers where appropriate.

GOV.UK - From harm to hope

England's 10-year drugs plan, including treatment, recovery, accommodation, employment and integration with wider services.

GOV.UK - Drug treatment outcomes evidence review

Evidence review examining housing, unemployment, social deprivation and social networks in relation to treatment and recovery outcomes.

A note on social factors

Social explanations should not be used to stereotype communities or imply that disadvantage causes addiction. Their value is in identifying modifiable conditions, barriers and protective resources that may be clinically relevant for a particular person.