



WHY PEOPLE TURN TO ADDICTION

From Use to Dependence

How repeated exposure can lead to tolerance, withdrawal and a changing pattern of use

The key idea

Dependence can develop when the body adapts to repeated exposure to some substances or medicines. Tolerance and withdrawal may become part of the pattern, but dependence is not identical to addiction. Understanding the difference helps explain why stopping can become difficult without labelling every dependent person as addicted.

Use does not automatically become dependence

People can use a substance occasionally, regularly or harmfully without necessarily becoming physically dependent. Whether dependence develops is influenced by the substance, dose, frequency, duration, route of use and individual biology. There is no single timetable that applies to everyone.

Keep the terms separate

Frequent use, harmful use, dependence and addiction overlap, but they are not interchangeable. A person may experience harm without dependence, or physical dependence without the broader loss of control associated with addiction.

The body can adapt to repeated exposure

With repeated exposure to some substances or medicines, the nervous system adjusts to their continued presence. These adaptations can change how strongly a dose is felt and how the body responds when the substance is reduced or removed.

Tolerance means the same dose may have less effect

Tolerance describes a reduced response after repeated exposure. A person may need a larger amount to produce an effect previously achieved with less. Tolerance does not develop equally to every effect, and increasing a dose can increase risk.

Important nuance

Tolerance is one possible sign of adaptation, not proof of addiction. NICE notes that dependence can be an expected effect of medicines such as opioids, benzodiazepines, gabapentinoids and Z-drugs and is not, by itself, a reason to assume problematic behaviour.

Dependence becomes especially visible when use changes

A person may not realise how much their body has adapted until a dose is delayed, reduced or stopped. Withdrawal symptoms occur because the system has adjusted to regular exposure and now has to readjust to its absence.

Withdrawal can be physical and psychological

Symptoms vary by substance and person. They may include anxiety, sleep disturbance, sweating, tremor, nausea, agitation, changes in mood or other physical symptoms. The timing, severity and duration depend on what has been used, how much, for how long and individual factors.

Safety matters

Withdrawal is not always something to manage alone. NHS guidance warns that abruptly stopping alcohol can be dangerous when a person is dependent; severe withdrawal can include confusion, hallucinations and seizures. Medical advice should be sought before stopping if withdrawal symptoms occur.

Relief from withdrawal can reinforce further use

If taking the substance again rapidly reduces withdrawal, use is negatively reinforced: an unpleasant state disappears. The person's motivation may therefore shift from seeking pleasure or intoxication toward avoiding sickness, anxiety, shaking, insomnia or other withdrawal effects.

This can change the rhythm of use

As dependence develops, intervals between doses may become increasingly shaped by the onset of withdrawal. A pattern that once centred on particular social situations or desired effects may become more regular because the body now expects repeated exposure.

In everyday language

At first, someone may use because they want an effect. Later, part of the reason for using may be that not using feels physically or psychologically difficult. Both can be true at the same time.

Dependence is not the same as addiction

NICE distinguishes dependence from addiction. Addiction includes a wider pattern that can involve craving, impaired control, overuse and continued use despite harm. Physical dependence can occur during appropriate prescribed treatment without those additional features.

Prescribed medicines can also produce withdrawal

Dependence and withdrawal are not limited to illicit drugs. NICE guidance covers opioids, benzodiazepines, gabapentinoids and Z-drugs as dependence-forming medicines, while antidepressants can also produce withdrawal symptoms even though NICE does not classify them as dependence-forming.

Abrupt stopping is not always safe

NICE advises that dependence-forming medicines and antidepressants should not usually be stopped abruptly. Withdrawal plans should be individualised, with the rate adjusted according to the medicine, dose, duration, previous withdrawal experiences, current circumstances and the person's response.

For professionals

Avoid interpreting withdrawal symptoms as evidence that a person is 'drug-seeking'. NICE specifically recommends sensitive language and recognises that dependence can be an expected physiological effect. Assessment should distinguish therapeutic dependence, problematic use and addiction rather than collapsing them together.

Withdrawal can resemble the original problem

Anxiety, insomnia, pain or low mood may appear during withdrawal and can be difficult to distinguish from the return of the condition for which a medicine was originally taken. NICE recommends considering timing, new symptoms and whether symptoms feel qualitatively different or more intense.

Reducing slowly can make withdrawal more manageable

For several prescribed medicines, NICE recommends slow, stepwise dose reduction rather than abrupt cessation, with flexibility to pause or make smaller reductions if symptoms become difficult. The goal and pace should be agreed collaboratively wherever possible.

Different substances need different approaches

There is no universal detox or taper. Alcohol dependence may require medically supported withdrawal; prescribed medicines may require gradual dose reduction; and some substance-use disorders have specific medication options. Assessment determines what is appropriate.

Dependence can be treated without shame

Needing help to reduce or stop a substance does not mean someone has failed. Treatment can address withdrawal, craving, physical health, mental health, routines and the wider circumstances that maintain use. NHS drug and alcohol services can assess what level of support is needed.

Understanding dependence helps explain behaviour

When withdrawal, tolerance and reinforcement are recognised, apparently puzzling behaviour can become more understandable. This does not remove responsibility or choice; it identifies additional pressures acting on those choices and helps make support safer and more realistic.

Reflection

Has tolerance developed? What happens when use is delayed or reduced? Is the person using to obtain an effect, prevent withdrawal, or both? Is abrupt stopping medically risky? Which parts of the pattern suggest dependence, and which suggest a broader addictive pattern?

References & Further Resources

These UK sources provide current information on dependence, withdrawal and safe treatment. Withdrawal can carry medical risk, so individual assessment is important when physical dependence is suspected.

NHS - Alcohol-use disorder	Current information on alcohol dependence, withdrawal symptoms, treatment and the risks of abruptly stopping when withdrawal is present.
NHS - Drug addiction: getting help	Information on assessment, treatment, detoxification, medicines and psychological support through NHS and community drug services.
NICE - Medicines associated with dependence or withdrawal symptoms (NG215)	Guidance on opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants, including dependence, withdrawal and safe dose reduction.
NICE - Alcohol-use disorders: diagnosis and management (CG115)	Guidance on assessment, medically assisted withdrawal and treatment for harmful drinking and alcohol dependence.
NICE - Drug misuse in over 16s: opioid detoxification (CG52)	Guidance on assessment and medically assisted withdrawal for opioid dependence.

A note on language

Dependence describes adaptation and withdrawal; addiction describes a broader pattern of impaired control and continued behaviour despite harm. The distinction is particularly important with prescribed medicines, where physiological dependence can develop during appropriate treatment without addiction.