



WHY PEOPLE TURN TO ADDICTION

Why Stopping Can Be So Difficult

Understanding craving, withdrawal, cues, habits and the pressures that can maintain addiction

The key idea

Stopping can mean facing several pressures at once: craving, withdrawal, learned cues, habit, stress, untreated needs, changes in relationships and the loss of something that provided reward or relief. Difficulty stopping is therefore not evidence that a person does not care. Effective support works with the factors maintaining the pattern.

Wanting to stop and finding it difficult can coexist

A person can understand the harm, genuinely want change and still struggle to stop. Addiction can involve craving, impaired control, learned routines, dependence and powerful short-term reinforcement. Motivation matters, but it is only one part of the picture.

Avoid the willpower explanation

Repeated unsuccessful attempts do not prove that someone is weak or unmotivated. A more useful question is: what happens immediately before, during and after use that makes the pattern difficult to interrupt?

Craving can feel urgent

Craving may involve thoughts, physical sensations, emotional tension, anticipation or a strong pull toward a substance or behaviour. It can be triggered by withdrawal, stress or learned cues and may narrow attention toward immediate relief or reward.

Cues can activate old expectations

Places, people, emotions, times of day and routines can become associated with use. Encountering them can bring the expected effect to mind automatically. Avoiding every cue is rarely possible, so recovery often includes learning new responses as well as changing the environment where practical.

In everyday language

A person may have decided not to use while calm, then experience a very different level of pressure when a familiar cue, argument, payday, evening routine or withdrawal symptom appears.

Habits reduce the need for deliberate thought

Repeated sequences can become increasingly automatic. The person may find themselves beginning a familiar routine before fully noticing the decision point. Making the sequence less automatic - by changing routines, access or responses to cues - can create more space for choice.

Withdrawal can add a physical pressure to continue

When dependence is present, reducing or stopping can cause withdrawal. Using again may quickly relieve symptoms, strongly reinforcing continued use. For some substances, withdrawal also carries medical risk and needs professional assessment.

Safety note

NHS guidance warns that suddenly stopping alcohol can be dangerous for someone who is physically dependent. Severe withdrawal can include hallucinations, severe tremor and seizures. Medical advice should be sought before stopping if withdrawal symptoms occur.

The behaviour may still be meeting a real need

Substances or addictive behaviours may provide relief from anxiety, pain, loneliness, boredom, traumatic memories, sensory overload or sleep problems. Removing the behaviour without addressing the need can leave the person with fewer ways to cope.

Consequences can create new reasons to use

Debt, conflict, shame, poor sleep, work problems and deteriorating health may result from addiction but also create additional distress. The person can become caught in a feedback loop in which the consequences of use increase the desire for temporary escape.

This is why 'just stop' is incomplete

Stopping is a behaviour. Sustaining change may require treatment for withdrawal, different coping strategies, safer housing, mental-health support, pain management, changes in relationships, meaningful activity or access to practical resources.

Relationships can complicate change

A person's social life may be organised around drinking, drug use or gambling. Reducing use can mean renegotiating friendships, setting boundaries or losing a familiar source of belonging. Supportive relationships can help, but change may initially feel socially isolating.

Access and environment matter

Recovery is harder when substances remain readily available, gambling is constantly accessible, housing is unstable or the person repeatedly encounters the same cues. Environmental change cannot solve addiction alone, but it can reduce unnecessary pressure on new behaviours.

A lapse does not erase previous change

A return to use can happen after a period of reduction or abstinence. It may reveal a cue, stressor, withdrawal problem or unmet need that requires attention. Treating a lapse as total failure can increase shame and make it harder to re-engage with support.

Important safety point

After a period of abstinence or reduced opioid use, tolerance can fall. Returning to a previously tolerated dose can increase overdose risk. NHS and NICE guidance support overdose prevention and access to naloxone for people at risk from opioid overdose.

Treatment can reduce the pressures maintaining use

Depending on the substance and person, treatment may include psychological therapies, medication, medically supported withdrawal, opioid substitution treatment, relapse-prevention medication, harm reduction and help with mental health, housing or other needs.

Change can begin before abstinence

For some people, the immediate goal is stopping completely. For others, reducing harm, engaging with treatment, stabilising use or changing a high-risk pattern may be an important first step. Goals should reflect safety, clinical need and the person's circumstances.

For professionals

Explore what maintains the behaviour rather than repeatedly increasing pressure to stop. Ask about craving, withdrawal, cues, reinforcement, mental health, pain, sleep, relationships, housing, finances and previous attempts. A failed strategy is information about the formulation, not a character judgement.

Recovery involves building something as well as removing something

Sustainable change is easier when the person has alternative sources of reward, regulation, connection and purpose. Treatment can help reduce immediate risk while new routines, relationships and coping strategies become established.

Support can be re-entered

NHS drug and alcohol services can reassess treatment when circumstances change or previous approaches have not worked. Recovery is not required to follow a straight line, and people can return to support after setbacks.

Reflection

What makes stopping hardest for this person right now? Which pressures are biological, psychological, social or practical? What has happened during previous attempts? What could reduce immediate risk while making the next choice easier to sustain?

References & Further Resources

These UK sources provide current information on withdrawal, treatment, relapse prevention, overdose risk and support. The safest approach depends on the substance, dependence, physical health and individual circumstances.

NHS - Addiction: what is it?

Overview of addiction, loss of control, withdrawal, harmful consequences and routes to support.

NHS - Drug addiction: getting help

Information on assessment, psychological treatment, medicines, detoxification, harm reduction and ongoing support.

NHS - Alcohol-use disorder

Information on alcohol dependence, withdrawal, treatment and urgent warning signs associated with severe withdrawal.

NICE - Drug misuse: psychosocial interventions (CG51)

Guidance on evidence-based psychosocial treatment, including motivational and reinforcement-based approaches.

NICE - Opioid detoxification (CG52)

Guidance on assessment, detoxification and the increased overdose risk associated with loss of opioid tolerance.

NICE - Naloxone (QS23 / related guidance)

NICE quality standards and guidance support access to naloxone for people at risk of opioid overdose and those who may witness one.

A note on setbacks

A lapse or return to use should prompt reassessment of risk and what was maintaining the pattern. It does not make previous progress meaningless. Particular care is needed where tolerance may have fallen, because overdose risk can increase after a period of reduced or stopped opioid use.