

# **Anxiety, Depression, and Substance Use – How They're Connected**

## **Introduction: The Intertwined Challenges**

When someone experiences anxiety or depression alongside substance use, they're not facing two separate issues—they're navigating a complex relationship where each condition can influence, intensify, and perpetuate the other. This interconnection, known clinically as co-occurring disorders or dual diagnosis, affects millions of Americans and presents unique challenges for recovery.

At Aspire Impact Network, we recognize that understanding these connections is essential for effective treatment, sustainable recovery, and compassionate support. This article explores how anxiety, depression, and substance use relate to each other, why they so often occur together, and what approaches offer the most promising paths forward.

## **The Prevalence: More Common Than You Might Think**

The co-occurrence of mental health conditions and substance use disorders is remarkably common:

- Approximately 50% of individuals with substance use disorders will experience a mental health condition during their lifetime
- About 25-30% of people with anxiety or depression have a co-occurring substance use disorder
- Among those seeking treatment for either condition, rates of co-occurrence are even higher
- The relationship works in both directions—mental health conditions increase risk for substance use disorders, and substance use increases risk for mental health conditions

These statistics highlight that co-occurring disorders represent the rule rather than the exception. Yet many treatment approaches still address these conditions separately, missing their fundamental interconnection.

# Understanding the Relationship: Three Primary Pathways

The relationship between anxiety, depression, and substance use typically follows one of three pathways:

## 1. Self-Medication: Mental Health → Substance Use

Many individuals turn to substances to alleviate symptoms of anxiety or depression. This "self-medication" can include:

- Using alcohol or cannabis to reduce anxiety or social discomfort
- Taking stimulants to counter depression's fatigue and low motivation
- Using opioids to numb emotional pain or trauma responses
- Drinking to fall asleep despite racing thoughts or worry

As one client at Alcohol and Drug Solutions shared: *"I didn't realize I was self-medicating my anxiety until treatment. I just knew that after three beers, the world didn't feel so overwhelming anymore."*

While substances may provide temporary relief, they ultimately worsen mental health symptoms over time, creating a destructive cycle.

## 2. Substance-Induced: Substance Use → Mental Health

Substance use can directly trigger or worsen mental health symptoms through:

- Chemical effects on brain structure and function
- Disruption of neurotransmitter systems that regulate mood
- Interference with sleep, nutrition, and other foundations of mental wellbeing
- Increased stress due to relationship conflicts, financial problems, or legal issues related to substance use

Examples include:

- Cannabis-induced anxiety or paranoia
- Alcohol's depressant effects worsening depression
- Stimulant crash leading to severe depression
- Withdrawal symptoms mimicking anxiety disorders

As a participant in our recovery program noted: *"The cocaine made my anxiety skyrocket. When I was high, I felt confident, but the crashes got worse each time, leaving me more anxious than before."*

## 3. Shared Vulnerability: Common Underlying Factors

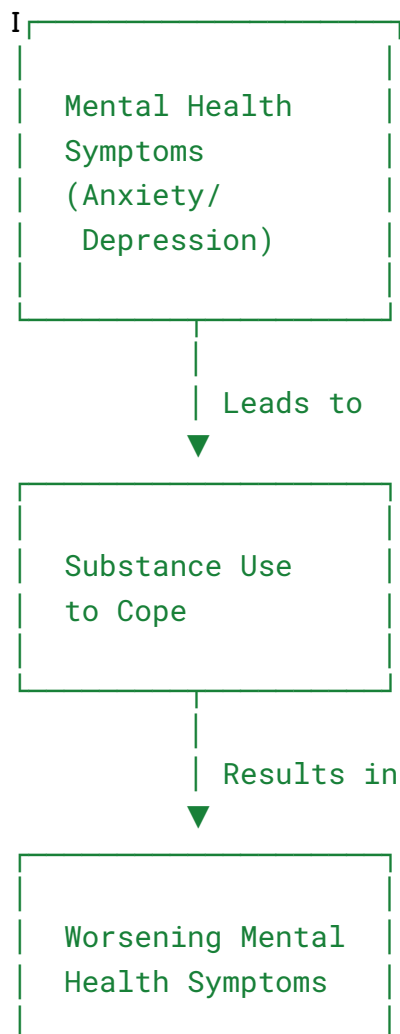
Often, both conditions stem from common underlying factors:

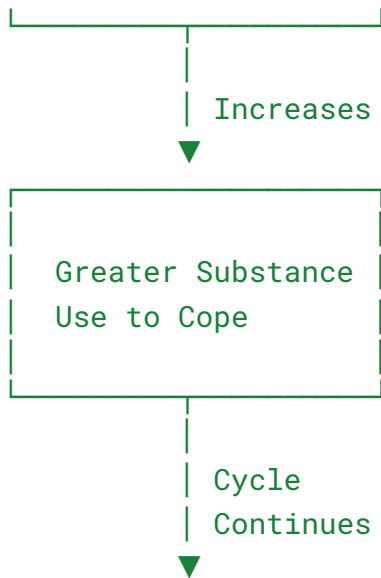
- **Genetic predispositions** that increase vulnerability to both mental health conditions and addiction
- **Neurobiological factors** affecting brain regions involved in both mood regulation and reward processing
- **Trauma history** creating vulnerability for both conditions
- **Environmental stressors** like poverty, discrimination, or family dysfunction
- **Early developmental experiences** shaping stress response systems

This shared vulnerability explains why treating just one condition often proves insufficient for long-term recovery.

## The Cyclical Nature: How Each Reinforces the Other

Once both conditions exist, they typically reinforce each other in a cyclical pattern:





▫ This cycle explains why addressing both conditions simultaneously is essential for breaking the pattern.

## Specific Connections: Anxiety, Depression, and Common Substances

### Anxiety and Substance Use

#### How anxiety contributes to substance use:

- Social anxiety may lead to alcohol use before social situations
- Generalized anxiety may drive regular substance use to manage chronic worry
- Panic attacks may lead to benzodiazepine misuse
- PTSD symptoms may prompt substance use to numb intrusive memories or hypervigilance

#### How substances affect anxiety:

- **Alcohol:** Initially reduces anxiety by enhancing GABA (an inhibitory neurotransmitter), but withdrawal increases anxiety; long-term use worsens anxiety overall
- **Cannabis:** Can reduce anxiety short-term for some users but increase it for others; may trigger panic attacks or paranoia in vulnerable individuals
- **Stimulants:** Generally increase anxiety, especially during withdrawal
- **Benzodiazepines:** Provide short-term anxiety relief but lead to tolerance, dependence, and rebound anxiety
- **Opioids:** May temporarily reduce anxiety but create significant withdrawal anxiety

## Depression and Substance Use

### How depression contributes to substance use:

- Using substances to escape feelings of emptiness or hopelessness
- Attempting to enhance motivation and energy with stimulants
- Using substances to numb emotional pain
- Self-medicating insomnia or other physical symptoms of depression

### How substances affect depression:

- **Alcohol:** Acts as a central nervous system depressant, directly worsening depression; disrupts sleep quality and quantity
- **Cannabis:** May temporarily improve mood for some but can reduce motivation and worsen depression with chronic use
- **Stimulants:** Produce temporary mood elevation followed by crashes that worsen depression
- **Opioids:** Create artificial euphoria followed by emotional flattening and anhedonia (inability to feel pleasure)
- **Hallucinogens:** Effects vary widely; some research shows potential benefits for treatment-resistant depression when used in controlled settings

## The Challenges of Diagnosis: Chicken or Egg?

Determining which came first—the mental health condition or the substance use—can be challenging for several reasons:

- Substance use can mask underlying mental health symptoms
- Withdrawal symptoms mimic anxiety and depression
- Many individuals have used substances for so long they don't know what their "baseline" mental health is like
- Some have never experienced adulthood without substances

This diagnostic challenge requires:

- Comprehensive assessment
- Period of abstinence when possible
- Detailed history gathering
- Patience in the treatment process

At Aspire Impact Network and partnering programs like Alcohol and Drug Solutions, we emphasize thorough assessment before determining treatment approaches, recognizing that accurate understanding of these interrelationships is essential for effective care.

## The ASPIRE Approach to Co-Occurring Disorders

Using our ASPIRE framework, we've developed a comprehensive approach to addressing co-occurring anxiety, depression, and substance use:

## **A - Assess Comprehensively**

Effective treatment begins with thorough assessment of:

- Mental health symptom history (before, during, and after substance use)
- Substance use patterns and their relationship to symptoms
- Family history of both conditions
- Trauma history and its impacts
- Current coping strategies and their effectiveness
- Treatment history and response
- Personal strengths and resources

## **S - Support Stabilization**

Initial stabilization focuses on:

- Physical safety during withdrawal if needed
- Crisis intervention for severe anxiety, depression, or suicidal thoughts
- Establishing basic structure and routine
- Beginning medication evaluation when appropriate
- Building initial coping skills for both conditions
- Creating a healing environment

## **P - Plan Integrated Treatment**

Effective treatment planning for co-occurring disorders includes:

- Addressing both conditions simultaneously
- Coordinating between mental health and substance use treatment providers
- Involving the individual in setting meaningful goals
- Creating a realistic timeline for recovery
- Identifying potential barriers and solutions
- Establishing measures for progress

## **I - Implement Evidence-Based Interventions**

Research supports several approaches for co-occurring disorders:

- **Cognitive-Behavioral Therapy (CBT):** Addresses thought patterns underlying both conditions
- **Dialectical Behavior Therapy (DBT):** Develops emotional regulation and distress tolerance skills
- **Trauma-Focused Therapies:** Process underlying trauma when present

- **Mindfulness-Based Interventions:** Build awareness and non-judgmental acceptance
- **Medication-Assisted Treatment:** When appropriate for either condition
- **Peer Support:** Connects with others who understand both challenges

## **R - Review and Adjust**

Recovery from co-occurring disorders rarely follows a straight path:

- Regular assessment of symptoms of both conditions
- Adjustment of treatment approaches based on response
- Recognition that recovery timelines may differ from single-diagnosis recovery
- Ongoing medication evaluation when applicable
- Flexibility to intensify support during challenging periods

## **E - Empower Through Skills and Connection**

Long-term recovery builds on:

- Developing sustainable coping skills for both conditions
- Building a supportive recovery community
- Reconnecting with personal values and meaningful activities
- Learning to distinguish between mental health symptoms and normal emotions
- Establishing healthy routines for sleep, nutrition, exercise, and stress management
- Creating purpose and meaning beyond symptom management

## **Signs That Someone May Be Experiencing Co-Occurring Disorders**

Recognizing when someone might be dealing with both conditions can help in seeking appropriate support:

### **Warning Signs:**

- Substances are used specifically in response to anxiety or depression symptoms
- Mental health symptoms persist or worsen during periods of sobriety
- Treatment for either condition alone has been unsuccessful
- Family history of both mental health conditions and substance use disorders
- Using substances in a pattern that differs from social or recreational use
- Experiencing withdrawal symptoms that mirror anxiety or depression

- Requiring increasing amounts of substances to manage emotional states

If you recognize these patterns in yourself or someone you care about, integrated treatment addressing both conditions simultaneously offers the best hope for recovery.

## **Recovery Stories: Finding Hope in Healing Both Conditions**

*Names and details have been changed to protect privacy*

**Sarah's Journey:** Sarah came to Alcohol and Drug Solutions after years of using alcohol to manage her social anxiety. "I couldn't imagine facing a social situation without a drink first," she recalls. Through integrated treatment, she learned that her anxiety actually worsened between drinking episodes due to alcohol's effects on her brain chemistry. With the support of both anxiety-focused therapy and substance use treatment, Sarah developed healthy coping strategies for social situations and has maintained recovery for over two years.

**Marcus's Path:** When Marcus entered our reentry program, he was struggling with depression that had been masked by methamphetamine use for years. "The meth made me feel alive when depression made me feel dead inside," he explains. His recovery journey involved medication for depression, therapy to address underlying trauma, and peer support for his substance use disorder. Today, Marcus works as a peer support specialist helping others navigate similar challenges.

**Jamie's Experience:** Jamie discovered in treatment that cannabis was actually increasing her anxiety rather than helping it. "I thought I was treating my anxiety, but I was feeding it," she says. Through mindfulness training and CBT, Jamie learned to recognize anxiety triggers and respond with effective coping skills rather than substance use. She now facilitates a support group for others with co-occurring disorders.

These stories illustrate that recovery from co-occurring disorders is challenging but absolutely possible with the right support and integrated approach.

## **Supporting Someone with Co-Occurring Disorders**

If someone you care about is struggling with both mental health and substance use challenges:

**Do:**

- Encourage integrated treatment addressing both conditions
- Learn about both conditions and how they interact
- Recognize that recovery may take time and include setbacks
- Support their self-care and healthy coping efforts
- Maintain appropriate boundaries around behavior
- Take care of your own wellbeing
- Connect with support resources for families

**Avoid:**

- Suggesting they focus on "just getting sober first"
- Minimizing either the mental health or substance use aspects
- Setting unrealistic expectations for recovery timelines
- Enabling substance use out of sympathy for mental health struggles
- Taking responsibility for their recovery
- Neglecting your own needs

Remember that both conditions are health issues, not moral failings or character flaws, and both respond to appropriate treatment and support.

## **Finding Help: Resources for Co-Occurring Disorders**

### **Local Resources in Nebraska:**

- **Aspire Impact Network:** Offers case management, referrals, and support for individuals with co-occurring disorders. Contact: (402) 759-2210
- **Alcohol and Drug Solutions:** Provides integrated treatment for substance use and mental health conditions in Lincoln
- **Region 5 Systems:** Coordinates behavioral health services across Southeast Nebraska
- **Community Mental Health Centers:** Offer assessment and treatment for co-occurring disorders
- **Nebraska Family Helpline:** 1-888-866-8660, provides information and referral

### **National Resources:**

- **SAMHSA's National Helpline:** 1-800-662-HELP (4357)
- **National Alliance on Mental Illness (NAMI):** 1-800-950-NAMI (6264)
- **Dual Recovery Anonymous:** Support groups specifically for co-occurring disorders
- **Mental Health America:** Information and resources at [mentalhealthamerica.net](http://mentalhealthamerica.net)

## Conclusion: A Path Forward

Understanding the connections between anxiety, depression, and substance use opens the door to more effective treatment and sustainable recovery. By recognizing these conditions as interrelated rather than separate challenges, we can address the whole person and the complete picture of their experience.

At Aspire Impact Network, we believe that everyone deserves compassionate, integrated care that acknowledges these connections and provides pathways to healing both conditions. Recovery from co-occurring disorders is not only possible but happens every day when people receive the right support.

If you or someone you care about is struggling with these intertwined challenges, reach out for help that addresses the full spectrum of your experience. The journey may not be simple or linear, but with appropriate support, it leads to a life where both mental health and substance use challenges no longer define your days or limit your potential.

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*This article is for educational purposes and is not a substitute for professional medical or mental health advice, diagnosis, or treatment. Always seek the advice of qualified health providers with questions you may have regarding medical conditions.*

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