

Wired Differently

When ADHD & addiction share the same brain

Printable worksheet · 6 parts

Name _____ Date _____

When ADHD & Addiction Share the Same Brain

ADHDSUDOVERLAPSOLUTIONS

Two Conditions, One Brain

If you have ADHD and a substance use disorder, you're not dealing with two separate problems living in two separate rooms. You're dealing with two conditions wired into the same brain, sharing the same neural pathways, fighting over the same neurotransmitters, and making each other worse in ways that are almost impossible to untangle — until now.

Research shows that people with ADHD are 2-3x more likely to develop a substance use disorder. Not because of moral failure, but because of neurology.

This exercise maps four domains where ADHD and addiction intertwine. For each one, you'll see the ADHD symptoms, the substance use parallel, where they overlap — and most importantly, what recovery looks like when you treat both.

of adults with SUD have ADHD

2-3x

higher risk of addiction with ADHD

50%+

of ADHD adults self-medicated before diagnosis

Domains Explored 0/4

The Recovery Files

Embrace • Empower • Evolve

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PART 1 OF 6

Sensory Overload

When the world is too loud, too bright, too much

THE ADHD EXPERIENCE

The ADHD brain struggles to filter sensory input. Sounds, lights, textures, crowds, and environmental stimuli that neurotypical people barely notice can feel overwhelming, exhausting, and even painful. This isn't being "sensitive" — it's neurological wiring that processes everything at full volume with no dimmer switch.

Overwhelmed by crowds, noise, bright lights

The brain can't filter — everything comes in at equal intensity

Physical discomfort from textures, temperatures, sounds

Sensory processing differences make ordinary stimuli unbearable

Need to escape overstimulating environments

Fight-or-flight response triggers in situations others find normal

Mental exhaustion from "normal" daily activities

Processing everything at full volume drains cognitive reserves

Difficulty focusing when multiple stimuli compete

Can't tune out background noise, movement, or distractions

THE CONNECTION

THE SUBSTANCE CONNECTION

Substances become a volume knob for a world that's too loud. Alcohol dulls sensory input. Opioids create a cocoon of numbness. Stimulants paradoxically organize the chaos. Cannabis slows the barrage. The substance doesn't fix the wiring — it temporarily turns down the noise. Then it makes everything louder.

HOW THEY INTERTWINE

ADHD

Overwhelmed by stimulation

SUD

Used substances to "turn down the volume"

OVERLAP

Both create a desperate need to escape the current state

Can't filter sensory input

Substances provided artificial filtering

The brain seeks regulation it can't produce naturally

Exhaustion from overstimulation

Used substances to restore energy/calm

Both involve running on empty and seeking external fuel

Avoidance of triggering environments

Avoidance of situations without substances

Avoidance becomes the primary coping strategy

SELF-ASSESSMENT

How much does each statement resonate with your experience?

1. I often feel overwhelmed by noise, lights, or busy environments

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

2. I used substances specifically to cope with sensory overload

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

3. Without substances, everyday environments feel more intense

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

4. I avoid social situations because they're overstimulating

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

5. I used substances before events I knew would be overwhelming

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

SENSORY PROFILE VISUALIZATION

Rate your sensitivity to each sensory channel (1=No issue, 5=Extreme sensitivity/trigger)

Auditory— Sounds, noise levels, music, voices

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Visual— Lights, colors, movement, visual clutter

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Tactile— Textures, temperatures, touch

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Olfactory— Smells, scents, air quality

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Social— Crowds, proximity, social demands

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Interoceptive— Internal body sensations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXPERIENCE

Be specific — this is YOUR wiring, not a textbook case

Describe YOUR experience with sensory overload. How has it shown up in your life? How did substances "help" — and how did they make it worse?

The 'aha moment' — what just clicked?

INTEGRATED SOLUTIONS

Recovery that addresses BOTH conditions simultaneously.

Sensory dietBoth

Work with a therapist to identify your sensory triggers and create a daily plan that balances stimulation

Environment engineeringADHD

Noise-canceling headphones, sunglasses, choosing seating positions, controlling lighting

Grounding techniquesBoth

5-4-3-2-1 method, weighted blankets, deep pressure, long slow exhales

Planned decompressionBoth

Schedule recovery time after stimulating events. Leave parties early without guilt

PART 2 OF 6

Emotional Dysregulation

Feelings at 11 when others are at 4

THE ADHD EXPERIENCE

ADHD isn't just about attention — it's fundamentally an emotion regulation disorder. The ADHD brain experiences emotions more intensely, more suddenly, and with less ability to modulate them. Joy is euphoria. Frustration is rage. Rejection is devastation. This isn't immaturity — it's neurochemistry.

Emotions hit harder and faster than expected

The ADHD brain has less "buffer" between stimulus and emotional response

Rejection Sensitive Dysphoria (RSD)

Perceived rejection or criticism triggers intense emotional pain

Difficulty calming down once emotionally activated

The emotional brake system is impaired

Emotional flooding in conflict

Arguments or stressful conversations overwhelm cognitive processing

Rapid mood shifts throughout the day

Emotional states change quickly and intensely

Low frustration tolerance

Small obstacles trigger disproportionate emotional responses

THE CONNECTION

THE SUBSTANCE CONNECTION

When your emotional thermostat is broken, substances become the manual override. Alcohol numbs the intensity. Stimulants provide focus that cuts through emotional fog. Opioids create emotional warmth when the world feels cold. The tragedy is that substances eventually make emotional dysregulation exponentially worse.

HOW THEY INTERTWINE

ADHD

Emotions too intense to tolerate

SUD

Substances dulled unbearable emotional intensity

OVERLAP

Both involve inability to sit with difficult feelings
Rejection Sensitive Dysphoria
Used substances after perceived rejection/criticism
Emotional pain drives desperate attempts at relief
Can't self-soothe or regulate
Substances became the only regulation tool
External regulation replaces internal capacity
Rapid emotional shifts
Substances created predictable emotional states
Both involve seeking control over uncontrollable inner states

SELF-ASSESSMENT

1. My emotions feel more intense than what others seem to experience

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

2. I used substances specifically to manage overwhelming feelings

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

3. Rejection or criticism triggers intense emotional pain for me

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

4. In sobriety, I struggle with mood swings throughout the day

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

5. I used substances to create a predictable emotional baseline

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

YOUR EXPERIENCE

Describe YOUR experience with emotional dysregulation. How has it shown up in your life? How did substances "help" — and how did they make it worse?

The 'aha moment' — what just clicked?

INTEGRATED SOLUTIONS

DBT skills (Distress Tolerance)Both

TIPP, radical acceptance, opposite action — designed for emotional dysregulation

Emotional labeling practiceBoth

Name the emotion specifically. Research shows naming emotions reduces their intensity

RSD awareness planADHD

Create a "pause protocol" — when rejection sensitivity activates, delay all responses by 24 hours

Body-based regulationBoth

Cold exposure, intense exercise, bilateral stimulation, yoga

PART 3 OF 6

Executive Dysfunction

Knowing what to do but being unable to do it

THE ADHD EXPERIENCE

Executive function is the brain's CEO — planning, organizing, prioritizing, initiating tasks, managing time, and following through. In ADHD, this CEO is perpetually understaffed. The result isn't laziness or lack of caring — it's a genuine neurological inability to translate intention into action.

Can't start tasks despite wanting to

Task initiation failure — the gap between knowing and doing feels insurmountable

Time blindness — can't feel time passing

Time doesn't exist as a felt sense; deadlines are abstract until they're emergencies

Chronic disorganization despite effort

Systems collapse because maintaining them requires executive function you don't have

Decision paralysis

Too many options or unclear priorities freeze the decision-making system

Working memory failures

Information vanishes from consciousness seconds after receiving it

Inability to prioritize

Everything feels equally urgent or equally unimportant

THE CONNECTION

THE SUBSTANCE CONNECTION

Executive dysfunction creates a life that feels perpetually out of control. Substances offer two escapes: stimulants temporarily activate the executive system, while depressants make the chaos stop mattering. Either way, substances become a shortcut for a brain that can't find the on-ramp.

HOW THEY INTERTWINE

ADHD

Can't initiate important tasks

SUD

Used stimulants to force activation

OVERLAP

Both involve desperate attempts to make the brain perform

Time blindness / missed deadlines

Substance use destroys time management further

The concept of "later" enables both conditions

Chronic disorganization

Addiction creates life chaos

Both produce unmanageable external circumstances

Can't follow through on commitments

Broken promises to quit

The gap between intention and action defines both

SELF-ASSESSMENT

1. I struggle to start tasks even when they're important to me

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

2. I used stimulants (including caffeine, nicotine) to "get going" or focus

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

3. My life often feels chaotically disorganized despite my best efforts

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

4. I lose track of time easily — hours disappear without my noticing

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

5. I have a history of broken commitments, not from lack of caring but inability to follow through

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

EXECUTIVE FUNCTION WIRING MAP

Rate how each executive function impacts your daily life and recovery (1=No issue, 5=Major challenge)

Task Initiation— Starting tasks

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Working Memory— Holding info in mind

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Planning— Creating roadmaps

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Time Management— Perceiving time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Impulse Control— Response inhibition

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Emotional Regulation— Managing feelings

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXPERIENCE

Describe YOUR experience with executive dysfunction. How has it shown up in your life? How did substances "help" — and how did they make it worse?

The 'aha moment' — what just clicked?

INTEGRATED SOLUTIONS

External scaffolding systemsADHD

Timers, alarms, visual schedules, body doubling, accountability partners

Recovery structure as executive supportBoth

12-step programs provide the external framework that ADHD brains desperately need

The 2-minute ruleADHD

If a task takes less than 2 minutes, do it immediately

Task decompositionBoth

Break everything into the smallest possible next step

PART 4 OF 6

Impulsivity

Acting before the thought is finished

THE ADHD EXPERIENCE

Impulsivity in ADHD isn't a choice — it's a brake failure. The prefrontal cortex is supposed to provide a pause between impulse and action. In ADHD, that pause is shortened or absent. You say things before thinking, buy things you don't need, make decisions you immediately regret.

Speaking without thinking — interrupting

Words leave your mouth before the filter engages

Impulsive spending / decisions

Dopamine-seeking brain latches onto immediate rewards

Difficulty waiting or delaying gratification

The ADHD brain heavily discounts future rewards — NOW is all that registers

Novelty-seeking and risk-taking

The dopamine-starved brain craves new, exciting, stimulating experiences

Emotional impulsivity — reacting before processing

Anger, excitement, or hurt bypass the thinking brain

Difficulty stopping a behavior once started

Hyperfocus on pleasurable activities, inability to disengage

THE CONNECTION

THE SUBSTANCE CONNECTION

Impulsivity is the superhighway between ADHD and addiction. A brain that can't delay gratification, that craves dopamine, that acts before thinking — this is a brain that is neurologically primed for substance use. The first use is impulsive. And the impulsivity that ADHD creates makes every relapse risk exponentially higher.

HOW THEY INTERTWINE

ADHD

Can't delay gratification

SUD

Substances provide instant gratification

OVERLAP

The dopamine system demands NOW, not later

Novelty-seeking / risk-taking

Substance use is the ultimate novelty/risk

Both behaviors activate the same reward pathways

Difficulty stopping pleasurable behavior

Can't stop using once started

The off-switch is broken in both conditions

Acts before consequences register

Uses despite knowing consequences

The gap between knowing and doing is neurological, not moral

SELF-ASSESSMENT

1. I frequently act on impulse and regret it later

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

2. The impulsive urge to use felt neurological — not just a "choice"

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

3. I crave novelty, excitement, and stimulation constantly

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

4. I have difficulty stopping pleasurable behaviors once I start them

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

5. I often do things I know are harmful because I can't stop myself in the moment

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

YOUR EXPERIENCE

Describe YOUR experience with impulsivity. How has it shown up in your life? How did substances "help" — and how did they make it worse?

The 'aha moment' — what just clicked?

INTEGRATED SOLUTIONS

The pause protocol Both

STOP → name the impulse → count to 10 → ask "is this aligned with my values?" → then choose

Urge surfingSUD

Don't fight the impulse — observe it. Cravings peak and fade like waves (15-30 minutes)

Dopamine menuBoth

Create a list of healthy dopamine sources: exercise, cold showers, music, creative projects

Environmental controlsSUD

Remove the ability to act impulsively: no cash, no alcohol in house, delete contacts

PART 5 OF 6

Hyperactivity & Restlessness

A motor that won't stop running

THE ADHD EXPERIENCE

Hyperactivity in adults often looks different than the stereotypical bouncing child. It's an internal restlessness — a motor that won't turn off, a mind that races at 3 AM, fidgeting that never stops, an inability to sit still. It's also mental hyperactivity: thousands of thoughts competing for attention simultaneously.

Internal restlessness — feeling "driven by a motor"

Even when sitting still, the inside feels like it's vibrating

Racing thoughts, especially at night

The brain won't quiet down; sleep becomes a battle

Need for constant movement or fidgeting

Leg bouncing, pen clicking, nail biting — the body seeks stimulation

Difficulty relaxing or "doing nothing"

Relaxation feels like torture; stillness creates anxiety

Talking excessively or at rapid speed

Verbal hyperactivity — the words tumble out at the speed of thought

Chronic sleep difficulties

The hyperactive brain resists shutdown

THE CONNECTION

THE SUBSTANCE CONNECTION

Alcohol slows the motor. Cannabis quiets the mind. Opioids create the stillness that's never naturally available. Benzodiazepines finally make sleep possible. For the hyperactive ADHD brain, depressant substances feel like the OFF button they've been searching for their entire life.

HOW THEY INTERTWINE

ADHD

Internal motor won't turn off

SUD

Depressants became the off switch

OVERLAP

Both involve desperate pursuit of internal stillness

Racing thoughts, mental hyperactivity

Substances silenced the mental noise

The brain demands quiet it can't produce naturally

Substances used specifically to sleep

The nightly battle with consciousness drives both

Can't relax or sit still

Substances created artificial relaxation

Rest is only accessible through external means

SELF-ASSESSMENT

1. I feel an internal restlessness that rarely quiets down naturally

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

2. I used depressants (alcohol, opioids, benzos, cannabis) specifically to feel calm

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

3. Sleep has always been a struggle — my brain won't shut off at night

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

4. Sitting still or relaxing without doing something feels genuinely uncomfortable

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

5. I used substances to feel "normal" rather than to get high

☐ Not at all ☐ A little ☐ Moderately ☐ Very much ☐ Exactly me

YOUR EXPERIENCE

Describe YOUR experience with hyperactivity & restlessness. How has it shown up in your life? How did substances "help" — and how did they make it worse?

The 'aha moment' — what just clicked?

INTEGRATED SOLUTIONS

Vigorous daily exercise Both

30+ minutes of intense exercise rivals medication for ADHD symptom reduction

Sleep hygiene protocolADHD

Same bedtime, no screens 1 hour before, cool dark room, weighted blanket, white noise

Fidget tools & movement breaksADHD

Fidget devices, standing desks, walking meetings, movement breaks every 25 minutes

Evening wind-down ritualSUD

Replace substance-based shutdown with structured decompression

PART 6 OF 6

Wiring Map

Your Wiring Map

A portrait of how YOUR ADHD and addiction are connected

CONNECTION STRENGTH BY DOMAIN

Sensory Overload

Emotional Dysregulation

Executive Dysfunction

Impulsivity

Hyperactivity & Restlessness

Wiring Map Visualization

- Connection Strength
- Connection Strength : 0

Your Unique Wiring: This radar chart shows which domains have the strongest connection between your ADHD and substance use. Larger areas indicate where targeted interventions will have the most impact.

YOUR KEY INSIGHTS

YOUR CHOSEN SOLUTIONS

INTEGRATED RECOVERY PLAN

The pattern that explains the most

Looking at your entire wiring map, what is the single biggest connection between your ADHD and your substance use?

What was labeled as moral failure that was actually neurological?

What have other people (or even you) misunderstood about your addiction that actually has roots in ADHD?

Untreated ADHD significantly increases relapse risk

Have you discussed ADHD treatment with your prescriber as part of your recovery plan?

What would change if they truly understood your wiring?

What do you want your treatment team, sponsor, or support system to understand about how your ADHD affects your recovery?

THREE COMMITMENTS

Based on everything you've mapped, name three specific things you will do to address both your ADHD and your recovery simultaneously.

Something concrete for THIS WEEK

Commitment #1...

Something to discuss with your treatment team

Commitment #2...

A long-term change in how you approach recovery

Commitment #3...
