

Why People Relapse—and What That Means

ASPIRE Impact Network Recovery Resource

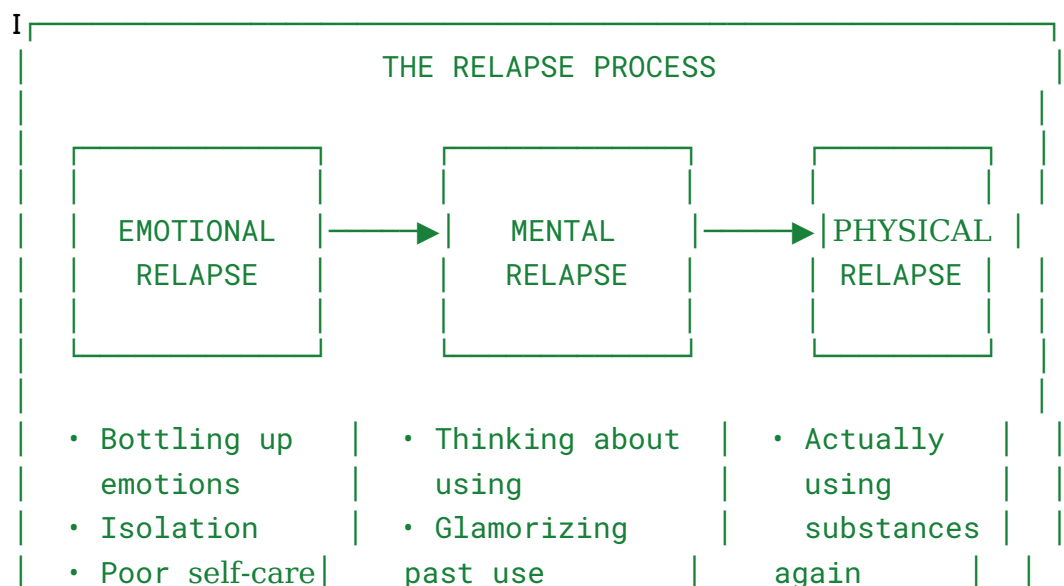
INTRODUCTION

Relapse is one of the most misunderstood aspects of recovery. Often viewed as a failure or moral weakness, relapse is actually a common part of the recovery process for many people. Understanding the nature of relapse—why it happens, how it develops, and what it truly means—can transform how we approach recovery and reduce the shame that often accompanies setbacks.

This packet explores the science of relapse, the warning signs that typically precede it, and strategies for both preventing relapse and responding effectively when it occurs. Whether you're in recovery yourself, supporting someone who is, or working professionally in the field, this information provides a foundation for a more compassionate and effective approach to the recovery journey.

WHAT IS RELAPSE?

Relapse refers to a return to substance use after a period of abstinence or reduced use. However, understanding relapse as a process rather than a single event is crucial:



• Denial of warning signs	• Bargaining		
	• Planning		

□ Important Facts About Relapse:

- **Common occurrence:** Studies show that 40-60% of people in recovery experience at least one relapse
 - **Medical comparison:** Similar to chronic conditions like diabetes or hypertension where symptom recurrence is expected
 - **Process not event:** Usually begins weeks or months before actual substance use
 - **Learning opportunity:** Each relapse contains valuable information about triggers and vulnerabilities
 - **Not inevitable:** Many people achieve long-term recovery without relapse
 - **Not a moral failure:** Reflects the complex nature of addiction, not personal weakness
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THE SCIENCE OF RELAPSE

Understanding the brain science behind relapse can reduce shame and guide more effective approaches:

1. Neurological Changes

- Addiction creates lasting changes in brain structure and function
- The brain's reward and stress systems remain altered even after substance use stops
- These changes can persist for months or years, creating ongoing vulnerability

2. Triggers and Cues

- The brain forms strong associations between substances and environmental cues
- These associations create powerful automatic responses
- Cues can trigger cravings through unconscious brain processes
- Common cues include people, places, emotions, stress, and sensory experiences

3. Stress and Relapse

- Stress activates the brain's threat response system
- This system becomes hypersensitive during addiction
- Stress hormones can trigger intense cravings
- Stress reduces prefrontal cortex function (decision-making area)

4. The "Abstinence Violation Effect"

- One lapse often leads to full relapse due to thoughts like:
 - "I've already ruined my recovery, so I might as well keep using"
 - "This proves I can't do this"
 - "I'm a failure at recovery"

- These thoughts create a self-fulfilling prophecy
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COMMON RELAPSE TRIGGERS

Instructions: Check the triggers that you've experienced or might be vulnerable to:

External Triggers:

- Being around people who use substances
- Visiting places associated with past use
- Seeing drug/alcohol paraphernalia
- Attending celebrations or events with substances
- Exposure to media glorifying substance use
- Having access or availability to substances
- Certain music, smells, or sensory experiences
- Other: _____

Internal Triggers:

- Stress or feeling overwhelmed
- Negative emotions (anger, sadness, loneliness)
- Positive emotions (excitement, celebration)
- Boredom or feeling empty
- Physical discomfort or pain
- Relationship conflicts
- Feeling socially awkward
- Exhaustion or poor sleep
- Other: _____

Situational Triggers:

- Major life transitions (job, relationship, housing)
- Financial problems
- Health challenges
- Legal issues
- Family conflicts
- Work pressure or job loss
- Anniversary dates or holidays
- Other: _____

My top three most powerful triggers are:

1. _____
2. _____
3. _____

WARNING SIGNS OF RELAPSE

Recognizing early warning signs allows for intervention before physical relapse occurs:

Emotional Warning Signs:

- Isolating from supporters
- Bottling up emotions
- Irritability or mood swings
- Defensiveness when asked about recovery
- Anxiety or depression symptoms
- Overconfidence or complacency
- Feeling increasingly stressed
- Other: _____

Behavioral Warning Signs:

- Stopping recovery activities (meetings, therapy)
- Reconnecting with using friends
- Poor self-care (sleep, nutrition, hygiene)
- Glamorizing past use
- Lying or being secretive
- Impulsive or reckless behavior
- Stopping medications
- Other: _____

Cognitive Warning Signs:

- Thinking "I can use just once"
- Believing "I'm cured" or "I can control it now"
- Bargaining about controlled use
- Planning how/when you could use
- All-or-nothing thinking
- Focusing on others' problems
- Looking for loopholes in recovery plan
- Other: _____

My personal early warning signs:

WHY PEOPLE RELAPSE: ROOT CAUSES

Relapse typically stems from underlying factors that must be addressed for stable recovery:

Inadequate Coping Skills

- Substances often served as primary coping mechanism
- New stress management skills take time to develop
- Recovery requires learning new responses to old triggers

Unaddressed Mental Health Issues

- Many people use substances to self-medicate
- Depression, anxiety, trauma, and other conditions need treatment
- Mental health symptoms can intensify during early recovery

Relationship and Social Factors

- Recovery changes relationship dynamics
- Social isolation increases relapse risk
- Continued relationships with users creates pressure
- Lack of sober support network

Incomplete Treatment

- Insufficient length or intensity of treatment
- Focus on abstinence without addressing root causes
- Failure to develop comprehensive recovery plan

Environmental Factors

- Returning to high-risk environments
- Ongoing exposure to triggers
- Lack of safe, stable housing
- Limited access to recovery resources

Physical Factors

- Post-acute withdrawal symptoms
- Chronic pain or health issues
- Sleep disturbances
- Nutritional deficiencies

The factors that have contributed to my past relapses or could in the future:

THE ROLE OF SHAME IN RELAPSE

Shame plays a powerful role in driving relapse and preventing recovery after a lapse:

How Shame Contributes to Relapse:

- Creates isolation when connection is needed
- Triggers self-destructive thoughts

- Increases stress, which triggers cravings
- Makes reaching out for help harder
- Reinforces negative self-image

Breaking the Shame Cycle:

1. Recognize shame thoughts ("I'm a failure" vs. "I had a setback")
2. Practice self-compassion and understanding
3. Share honestly with trusted supports
4. Remember that setbacks are part of the recovery process
5. Focus on learning rather than blame

How shame has affected my recovery journey:

CREATING A PERSONALIZED RELAPSE PREVENTION PLAN

Instructions: Complete this plan to strengthen your recovery and prepare for high-risk situations.

My Daily Recovery Practices:

- Support group attendance
- Therapy/counseling
- Meditation/mindfulness
- Exercise/movement
- Proper nutrition
- Adequate sleep
- Connection with supportive people
- Medication management
- Journaling/reflection
- Other: _____

My High-Risk Situations and Plans:

Situation 1: _____ Warning signs: _____
 _____ Plan: _____

Situation 2: _____ Warning signs: _____
 _____ Plan: _____

Situation 3: _____ Warning signs: _____
 _____ Plan: _____

People I Can Call When Struggling:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

My Emergency Plan If Cravings Become Overwhelming:

IF RELAPSE OCCURS: RESPONSE PLAN

Instructions: Create a plan for responding effectively if relapse occurs.

Immediate Steps:

1. Get to a safe environment
2. Contact support person: _____
3. Avoid making major decisions in the moment
4. Focus on the present moment, not shame about the past
5. Remember: One lapse doesn't have to become a full relapse

Next-Day Steps:

1. Contact counselor/treatment provider: _____
2. Attend a support meeting
3. Be honest with key support people
4. Evaluate what led to the relapse
5. Adjust recovery plan based on what was learned

What to Remember If Relapse Occurs:

- A lapse doesn't erase your progress
 - The goal is to minimize the length and severity
 - Each recovery attempt increases chances of long-term success
 - Most people require multiple attempts before achieving stable recovery
 - What matters most is what you do next
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SUPPORTING SOMEONE AFTER RELAPSE

If someone you care about experiences relapse, these approaches can help:

Helpful Responses:

- [] Express care and concern without judgment
- [] Listen to understand their experience
- [] Acknowledge the courage it takes to return to recovery
- [] Focus on solutions rather than past mistakes

- Maintain appropriate boundaries
- Encourage professional help when needed
- Recognize that recovery is still possible
- Other: _____

Unhelpful Responses:

- Shaming or criticizing
- Expressing disappointment or "I told you so"
- Making decisions for them
- Enabling continued use
- Threatening or ultimatums
- Ignoring warning signs
- Giving up hope
- Other: _____

If supporting someone else, my plan is:

LEARNING FROM RELAPSE

If relapse occurs, extracting the lessons can strengthen future recovery:

Relapse Analysis Questions:

1. What emotions, thoughts, or situations preceded the relapse?

2. What warning signs did I miss or ignore?

3. What coping skills could I have used instead?

4. What parts of my recovery plan weren't working?

5. What additional support or treatment might I need?

6. What can I do differently next time I face similar triggers?

BUILDING RESILIENCE IN RECOVERY

Long-term recovery requires building resilience—the ability to bounce back from challenges:

Resilience-Building Strategies:

1. Develop Healthy Connections

- Build a diverse support network
- Be honest with trusted people
- Help others when possible
- Participate in community activities

2. Create Meaning and Purpose

- Identify values that guide your choices
- Set meaningful goals beyond "not using"
- Engage in activities that provide fulfillment
- Find ways to contribute to others

3. Cultivate Emotional Intelligence

- Learn to identify and name feelings
- Develop healthy expression of emotions
- Practice mindfulness of thoughts and feelings
- Build tolerance for uncomfortable emotions

4. Strengthen Problem-Solving Skills

- Break challenges into manageable steps
- Learn from others' experiences
- Develop contingency plans for setbacks
- Practice flexible thinking

5. Foster Self-Compassion

- Speak to yourself with kindness
- Recognize common humanity in struggles
- View setbacks as opportunities for growth
- Practice self-care consistently

Resilience strategies I want to strengthen:

RECOVERY IS A JOURNEY, NOT AN EVENT

Key Takeaways About Relapse:

- Relapse is common but not inevitable
- Recovery skills develop over time with practice
- Each attempt increases chances of long-term success
- Addressing underlying issues is essential
- Support and connection reduce relapse risk
- Shame is counterproductive to recovery
- Learning from setbacks strengthens resilience
- Recovery is possible despite relapse

Recovery Affirmations:

- "I am more than my worst day in recovery."
 - "Each day of recovery teaches me something valuable."
 - "Setbacks don't define me; how I respond does."
 - "I deserve compassion as I navigate this journey."
 - "My recovery strengthens with each challenge I face."
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RESOURCES

Support Groups:

- Alcoholics Anonymous: aa.org
- Narcotics Anonymous: na.org
- SMART Recovery: smartrecovery.org
- Refuge Recovery: refugerecovery.org
- LifeRing: lifering.org

Crisis Resources:

- SAMHSA National Helpline: 1-800-662-HELP (4357)
- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text HOME to 741741

Additional Learning:

- "The Gifts of Imperfection" by Brené Brown
 - "In the Realm of Hungry Ghosts" by Gabor Maté
 - "Recovery: Freedom from Our Addictions" by Russell Brand
 - "Rewired: A Bold New Approach to Addiction and Recovery" by Erica Spiegelman
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