Relapse
Contents

1- Introduction .................................................................................................................. 1

2- Addiction & Relapse .................................................................................................. 3
   Natural & instinctive ...................................................................................................... 5
   Chronic disease ........................................................................................................... 5
   Distorted thinking ....................................................................................................... 7
   Elusive process ........................................................................................................... 7

3- Process of relapse ...................................................................................................... 9
   Phase 1 - Emotional Relapse ..................................................................................... 10
   Phase 2 - Mental Relapse ......................................................................................... 10
   Phase 3 - Physical Relapse ....................................................................................... 11

4- 11 steps to relapse .................................................................................................... 12
   Step 1: Unhealthy emotions ..................................................................................... 13
   Step 2: Denial ............................................................................................................ 13
   Step 3: Compulsive behaviours .............................................................................. 14
   Step 4: Triggers ......................................................................................................... 15
   Step 5: Interior chaos ............................................................................................... 15
   Step 6: Exterior turmoil ............................................................................................ 15
   Step 7: Loss of control ............................................................................................. 16
   Step 8: Addictive thinking ....................................................................................... 16
   Step 9: High-risk situations .................................................................................... 16
   Step 10: RELAPSE .................................................................................................. 17
   Step 11: Aftermath of relapse ............................................................................... 17

5- Warning Signs .......................................................................................................... 18
   Mental changes ......................................................................................................... 19
   Attitude changes ....................................................................................................... 21
   Behavior changes ...................................................................................................... 22

6- Prevention Tools ....................................................................................................... 23
   12 Steps recovery tools ........................................................................................... 23
   Fellowship tools ....................................................................................................... 26
   Health tools ............................................................................................................... 28

7- Prevention Plan ......................................................................................................... 30
   Identify recovery motive ............................................................................................ 31
   Identify relapse triggers ............................................................................................ 31
   Identify warning signs ............................................................................................... 32
   Identify wellbeing needs ............................................................................................ 34
   Put plan into action .................................................................................................... 36
8- After a relapse

Act immediately ___________________________________________ 37
Take responsibility ___________________________________________ 38
Use Fellowship support ________________________________________ 39
Take recovery actions _________________________________________ 40
Manage side effects __________________________________________ 41
Seek professional help _________________________________________ 42
Learn from the experience ____________________________________ 42

9- Letter from Addiction ______________________________________ 44

Figures & Tables ____________________________________ 46
1- Introduction

Relapse, which is a common occurrence amongst addicts in recovery, is defined as a return to addiction after a period of abstinence and recovery. This section describes why and how a relapse typically occurs so that you may become aware of its warning signs and use Fellowship and 12 Steps recovery tools to prevent one from happening.

The Relapse section is divided into the following:

1. Addiction & relapse
   The disease of addiction is known as a chronic and relapsing condition. This page describes how the nature of this disease makes addicts in recovery vulnerable to using drugs again.

2. Process of relapse
   This page describes why relapse is a process that typically goes through three key phases. Knowledge of this information aims to raise your awareness of where you may be in this process, so that you can use recovery tools to prevent yourself from falling prey to addiction again.

3. 11 steps to relapse
   Based on research evidence, this page provides you with information on the common changes that happen in our attitudes, feelings and behaviors before we finally get to a place where we think we have no choice but to use drugs again.

4. Warning signs
   This page provides a list of warning signs that commonly lead addicts in recovery into a relapse. By recognising these signs you will have a better chance to guard yourself against a relapse.

5. Prevention tools
   This page offers a list of general suggestions on how to use the support of your fellowship and apply recovery tools and principles to help you maintain your recovery.

6. Prevention plan
   Having learned that relapse is a process and the factors that commonly lead to it, this page provides you with information on how to create a personal relapse prevention plan. By answering the questions posed here, you can identify the signs and the pitfalls that have the potential to lead to your relapse.

7. After a relapse
   So you relapsed. What is your choice to be? You can view it as a learning experience and grow from it or you can view it as a failure and continue using drugs. Many of us forget that we have a choice after a relapse. In this page you will find suggestions for what to do after a relapse to get yourself back on the recovery path.
8. Letter from addiction
This is an imagined letter from the disease of addiction to us addicts in recovery. It serves as a sharp reminder of the cunning, baffling and powerful nature of our disease, which wants to sabotage our recovery. If you are ever tempted to use drugs again, read this letter first!

Bear in mind: the information provided in this section specifically relates to the phases of a relapse for substance addiction. Yet the information can be also useful for people suffering from behavioural addictions. As far as the process of relapse is concerned for any type of addiction, the emotional, mental and physical phases we go through are very similar in principle.
2- Addiction & Relapse

The disease of addiction is known as a chronic and relapsing condition. This page describes how the nature of this disease makes addicts in recovery vulnerable to using drugs again.

1. Natural & instinctive
2. Chronic disease
3. Distorted thinking
4. Elusive process

Relapse does not suddenly occur out of nowhere. It is a process that begins long before we finally pick up drugs again. Usually we relapse because we have let our thinking and attitude slip back into the negative shapes they took when we were in active addiction. And our behaviour changes too, as we revert back to our old ways of dealing with life, forgetting that we are suffering from a chronic and primary disease that we are never cured from and which needs our daily care and attention. Our disease is rooted in our minds, and our thinking is insane when it comes to our addiction. We cannot trust ourselves to make a rational and logical decision, when it comes to drugs. This is because after years of doing drugs the habit has become our second nature. It is something we do automatically without thought. On top of this, the very nature of addiction is elusive and baffling. If we are not vigilant in working our program and if we don't use the tools and support of our Fellowship, the disease can creep up on us in recovery, giving us seemingly no warning that the process of relapse has started. At the end we find ourselves using drugs again – and we don't know how it happened. But those of us who have relapsed and come back into recovery can see that we did in fact contribute to our relapse by letting down our guard, or failing to use recovery tools to address the changes in our thinking, attitudes and behaviours.

Our highest threat for a relapse is in our first year of recovery. This is the toughest period of recovery for most of us as our mind and body is adjusting without drugs and is restoring itself. It takes a while for the physical and psychological damages of addiction to get repaired and we are more likely to suffer from withdrawal symptoms, which are bound to tempt us to relapse. We are also on new grounds, experimenting with and learning a new and a better way to live. Statistics also show, the likelihood for a relapse for those of us in recovery for more than five years is significantly reduced. By then, having used the tools of our program, our way of life has dramatically changed and most of us don't feel the need to use drugs in order to cope with life. Yet regardless of the number of weeks, months, or years in recovery, the best way we can prevent a relapse is first to understand the ways in which our disease of addiction has affected us. Then we will know what we are dealing with and what we need to address to maintain our recovery. Above all we need to understand that as far as our disease is concerned, we are never cured of it. Regardless of the length of our sobriety, we suffer from a chronic condition and are forever vulnerable to get drawn back to addiction, to that familiar way of living our life. Thus if we hope to maintain our recovery, we need to take daily actions that combat the many facets of our disease and learn new ways to cope with life.
Addiction is sometimes referred to as a “bio-psycho-socio-spiritual disease”, because it affects these four facets of our lives:

4 Facets of Addiction

1. Mental facet - distorts and makes our way of thinking insane. We have a tendency to live in fantasy and denial.
2. Physical facet – our brain loses the ability to function normally and naturally without drugs.
3. Social facet – alienates all our relationships, except with drugs and so isolates us.
4. Spiritual facet – makes us believe we are in control and powerful, thereby disconnects us from a Higher Power that we can rely on. It leads us to lose our values, integrity and morals.

Below are some facts about the nature of the disease of addiction to help addicts in recovery understand the reasons why we are predisposed to relapse.

Factors leading to relapse

Chronic disease

Distorted thinking

Natural & instinctive

Elusive process
1- Natural & instinctive

- Because of the chronic nature of our disease and our learned and now instinctive way to live, as addicts, we are always at risk of going back to how we destructively coped with our lives. When we decide to get clean and pursue recovery, we realize recovery is much more than stopping our drug use. Recovery from addiction requires us to change our whole way of life, the way we cope with our emotions, the way we think, and the way we behave. Recovery is basically asking us to completely change our life around. This is not an easy task. Just ask someone to give up one of their usual habits – something as innocent as refraining from drinking tea in the mornings. They may do for a while, but chances are soon they will go back to what is familiar to them. Yet for us, recovery is asking us to change almost everything about ourselves, our way of thinking, our habits and our behaviour. As addicts, using drugs is the most natural thing in the world. We use drugs to deal with life and its inevitable problems. Addiction becomes embedded in us like a second nature. We don't question why we use drugs despite all the wreckage and misery they have brought us. We use drugs because this is what we do best, as chronic addicts. This is how we have coped with life. It is as if we are on automatic pilot and instinctively reach out to drugs without rhyme or reason and there is a truth in this. We have trained ourselves, often for years and decades, to reach automatically for the drug as the means to fix ourselves, to help us cope, to make us forget or to bring us relief and pleasure. Normal people have learned healthy ways of dealing with life, but our normal way is to use drugs. Our way of dealing with life was by escaping into drugs which then developed into the disease of addiction, and now we are forever vulnerable and at its mercy. If we hope to maintain our recovery, we need to work our program on a daily basis for otherwise we are bound to go back to our instinctive ways. Our way of thinking will go back to its insane and distorted ways and our brains having developed a dependence on drugs will produce cravings if triggered.

- It is not easy to give up a habit of a lifetime, and even more difficult to resist slipping back into a way of life that had become second nature. But recovery from the disease of addiction is possible. It is by aaplying the tools and principles of our program that guide us how to live a new life and the support of our fellowship, that slowly we learn how to live a new way of life. It is through our daily recovery actions that gradually our addictive thinking and behaviors change towards healthy ones. But it serves us well to remember that recovery from our chronic condition is a daily process. Regardless of how long we have been clean, in recovery we are on a journey, a journey where each day we need to work our program and use the support of our Fellowship. It is a journey filled with trials and errors, one where we are constantly at risk to return to our addiction. But it is a path where millions of us in recovery are travelling on and one, which has brought a new freedom and an incredible new way of life for us to live.

2- Chronic disease

- Every time we relapse we are gambling with our lives. As they say in the Fellowships, “it is not the last drug that kills us but the first”. The point is that once we pick up that drug we lose the power of control over it, thereby landing us back in the vicious cycle of addiction -- which we know is so difficult to get out of. Some of us make the fatal mistake when we relapse of using the same dose of drugs that we had become used to. After a period of abstinence, though, our tolerance is much
lower and the result is we can overdose. Many of us who have relapsed die as a result of accidents, suicide or medical problems.

- The irony is that once we have a taste of recovery most of us don't even enjoy using drugs again. We know how good life can be without them, but did so out of habit, our instinctive way to deal with life. But even if we do relapse, even if we go back to our natural old ways of dealing with life, it is important not to view it as a failure. Would a person suffering from diabetes give up on themselves if they had some sugar that day, or a person with a heart condition let their world fall to pieces if they forgot to take the daily precautions they needed to keep their disease in remission? Relapse is part and parcel of our recovery process. It is something that happens to many of us because of the chronic nature of our disease. In addition recovery requires us to change our whole way of thinking and way of life. This is not an easy task and is bound to have its ups and downs until we learn and adjust to this new way of living. What we are aiming for is progress and not perfection. If anything we should be compassionate with ourselves if we relapse instead of giving ourselves a hard time about it. Recovery requires us to change so much about ourselves, so what if we momentarily revert to our habitual ways, do we have to view it as a failure and reprimand ourselves?

- The best attitude to assume if we do use drugs again is to view it as a learning experience, something that will teach us about ourselves and our disease, something that will help us grow towards long-term recovery. We have to remember that today we have a choice and our choice includes the attitude we take over a relapse. We can either use our relapse as an excuse to wallow in self-pity and feelings of failure, which gives us further excuse to continue using drugs. Or we can take a positive attitude towards the experience. “OK,” we can say, “I have slipped, I have used drugs again because that is what I know how best to do, but am not going to allow this slip take me to further drug use and despair. I will be mature about it and realize I am no longer a victim of my disease but that I have a choice today. I will find out what this relapse had to teach me about my recovery, and learn from it and start again”.

- Unfortunately many of us who relapse continue using drugs, even though we know it is destructive and will lead us to a living hell once again. Many of us may feel guilty after a relapse, as if we are weak or have somehow failed. Our disease may convince us the program is not working for us or our pride may prevent us from going back to our Fellowship, as if prizes are given to those who have never relapsed! We forget that what each one of us has is only 24 hours of recovery each day. We forget that all of us in the Fellowship are addicts with the same problems and difficulties in staying in clean. In fact we can take pride that by sharing our experience of a relapse we can help others in the meetings to learn from our experiences. We are human, after all, and suffering from a primary and chronic illness. Maybe that is what our relapse wanted to teach us about ourselves – not to forget what kind of a disease we are suffering from and to take better care of ourselves each day.

- For information and suggestions on how to get yourself back on the recovery track, please refer to: After a Relapse.
3- Distorted thinking

- Giving up drugs can be relatively easy. We suffer the withdrawals and somehow manage to stop using drugs for a while. But then for some reason or other we find ourselves back on them. Or we find another avenue to feed our addiction. For instance, we may turn for relief to alcohol, gambling or sex. In these cases the problem is that we have not addressed the real issue, which is that we are suffering from the disease of addiction regardless of how our disease manifests itself. So our addiction shows its ugly head through another avenue in our life and once again, we suffer the same powerlessness and unmanageability, only this time through another medium. It may be a lack of understanding about our disease that leads us to think our problems are over once we stop the drugs. We need to realize we suffer from a disease rooted in our minds, that our way of thinking is prone to distortion. Our thinking, if left unchecked, will lead us to look outside ourselves for relief. If it is no longer in a drug, then we can be prey to fantasy or obsessional thinking, and all the forms this kind of thinking can take, such as sex or gambling.

- Recovery from the disease of addiction is far more complicated than dealing with one main symptom, namely drug use. We must go further and address the root of it, specifically our whole way of thinking and the destructive ways we learned to cope with life. Our real challenge in recovery is not how to stop our drug use. The real question is how do we stop our disease of addiction and maintain recovery from all its manifestations. How do we maintain a healthy way of thinking and living against a way of life that has become destructive yet natural to us? That can only be done when we fully accept we suffer from a chronic disease that has many facets and one that has made our mind and body abnormal. In order for us to be able to maintain our recovery, we must address our disease and not just its symptoms. This can be done most effectively through working the 12 Steps and the support of our Fellowship. Remembering as far as our disease of addiction is concerned we cannot recover by ourselves alone. It is a disease much bigger than us and one, which we need to rely on a Power greater than ourselves, if we want our way of thinking to become healthy and sane.

4- Elusive process

- Relapse is a common occurrence amongst us addicts in recovery and must be taken seriously for it can lead to bigger problems and even to our death. We need to understand that we don't suddenly pick up drugs again for no reason. Relapse is an elusive process that happens typically through three stages: emotional, mental, and physical. An emotional relapse can occur in recovery under stress that is not well managed. We don't have the drugs to help us cope anymore, so we have to use the tools and principles of the program to deal with our emotions. When we fail to do this, we may revert back to our old and insane ways of thinking. Having fallen once again into addictive thinking, which is called a mental relapse, we put ourselves in high-risk situations and ignore warning signs that tell us something is wrong with our recovery. If this goes on for too long, our distorted thinking persuades us that our only choice is to use drugs again – the physical relapse. Yet this process of relapse can very easily be managed during its early stages. What is necessary is that we be aware of how we are coping with our emotions and what is happening to our thinking patterns, because it is then that we have the power to use our recovery tools to cope with and challenge them.
As previously pointed out, our disease of addiction is rooted in our minds, which means that our thinking must be checked on a daily basis. Keeping our thinking free of the addictive thought patterns that dominated it in our active lives is the first line of defence against a relapse. This mental disease of ours requires daily vigilance and care. Two great principles of the program that help us against our mental disease are: we are never cured of our disease and it is never safe for us to use drugs again. Just like a diabetes patient who needs to avoid sugar and take insulin each day, we in recovery need to take certain daily measures to keep our disease in remission. The truth is if we practise the first Three Steps on a daily basis, there is little likelihood we will fall victim to our obsession to use drugs again because these are the Steps that help us come to terms with the nature of our disease and help us find the solution.

12 Step programs are programs of action, this means we need to take daily actions that ensure our recovery and prevent a relapse. Almost every single person who returns to meetings after relapse has this commonality: they say “I stopped going to meetings and working my program”. We need to be mindful of the nature of our disease and the actions we need to take on a daily basis if we hope to maintain our recovery. 12 Step programs offer an amalgamation of tools to combat the many facets of this disease of ours on a daily basis. Our Fellowship offers us the environmental, social, emotional and cognitive support we need to challenge this disease of ours to recover, and, more importantly, to maintain our recovery. But fundamentally it is up to us to take responsibility and put into action our program and use the support of our fellowship if we want to avoid going back to our old ways. We need to keep our recovery as the number one priority in our life and look after ourselves one day at a time, if we want to prevent our disease from resurfacing and falling victim to a relapse.

There is extensive information on the different phases that lead to a relapse in: Process of relapse
This page describes why relapse is a process that typically goes through three key phases. Knowledge of this information aims to raise your awareness of where you may be in this process, so that you can use recovery tools to prevent yourself from falling prey to addiction again.

1. Emotional relapse
2. Mental relapse
3. Physical relapse

The potential to relapse is part of the nature of addiction, and statistics show that around 50% of those of us who enter recovery use drugs again in the first year. Recovery from the disease of addiction like other chronic illness is a daily affair. If we don't take the right measures to address our recovery on a daily basis, if we don't adjust our lifestyle in accordance with the requirements of our disease, then we are bound to go back to using drugs because that is how we have learned to cope with life.

In the case with the disease of addiction, a relapse begins before we physically use drugs again. Relapse is a process that goes through emotional and mental phases before we finally find ourselves in a place where we think we have no choice but to use drugs again. When we go back to our old attitudes, old feelings, and old behaviors, when we stop working our program and ignore the support of our Fellowship then we go back to doing what we have done for a lifetime -- we use drugs to deal with or escape from life. As they say in the Fellowship, by the time we pick up a drug, we have already relapsed in our minds! So it is our emotions and thinking patterns that require our vigilance, if we hope to maintain our recovery. If we become aware that our attitudes and feelings are slipping back to our old and destructive ways, we can then take healthy actions and employ coping mechanisms and recovery tools to stop the process from disintegrating into a final physical relapse. For these are the phases where we still have power of choice and control to stop our disease from sabotaging us into using drugs again.

Below is a description of the phases that lead us addicts in recovery towards a relapse. Through knowledge of what happens during each of these phases, you can use recovery tools to prevent yourself from using drugs again.

3 Phases of Relapse

1. Emotional relapse
2. Mental relapse
3. Physical relapse
Phase 1 - Emotional Relapse
Before you actually start using drugs again you have what is called an emotional relapse. In an emotional relapse, you're not thinking about using drugs, but your emotions and feelings are paving the way for you to do so. This is when in recovery; you are constantly feeling stressed and overwhelmed. When you find it difficult to process or manage your feeling and emotions and either disregard them or allow them to dominate your life. If you become aware that you are finding it difficult to cope with your emotions, then this is the time to take healthy actions by using recovery tools and principles to better manage these feelings. Failure to do so can increase your emotional stress and negative feelings, leading you to the next phase of the relapse process – Mental relapse. This is when your old addictive thinking patterns emerge to finally convince you the only way to cope with these feelings is to use drugs again. We can be in an Emotional relapse for weeks or even years and not regard them as warning signs. But as many bitter experiences has shown, if we don't manage our feelings in recovery, eventually we go back to our old and instinctive ways of coping or escaping from life.

Remember that we are more prone to Emotional relapse in our early days in recovery when we may be suffering from withdrawal symptoms that tend to make us feel super sensitive. Both our mind and body are adjusting to going without their chemical supply, and part of the healing process is for our emotions to be erratic and to experience physical discomfort. But recognizing that such things as mood swings or poor sleep patterns are part of withdrawal symptoms -- and therefore temporary -- will help you deal with them. Or if you see yourself getting anxious and defensive and tending to isolate, then you can use the tools of the program to deal with these feelings and behaviours.

There is extensive information and suggestions on how to cope with your withdrawal symptoms in Detox & withdrawal.

The signs of emotional relapse are:
- Feeling emotionally overwhelmed
- Unable to cope with feelings
- Feeling constantly stressed
- Anxiety
- Intolerance
- Anger and frustration
- Defensiveness
- Mood swings
- Isolation
- Not asking for help
- Not going to meetings
- Poor eating habits
- Poor sleep habits

Phase 2 - Mental Relapse
In Mental relapse there's a war going on in our mind. The “addict” part of you wants to use, but the “recovery” part doesn't. In the Fellowships they often refer to Mental relapse as our “stinking thinking”. This is when our thinking patterns revert to its familiar yet distorted and insane ways. This is when instead of using healthy and recovery tools and our support system, our addict way of thinking slowly eludes us to use drugs again. We may on the surface, be doing all the right recovery things, sitting in a meeting and doing service and all, but our head is elsewhere, fantasizing about how drugs will bring relief and escape. We
need to remember, our disease of addiction is fundamentally rooted in our minds, and this is how it tries to sabotage us by taking us back to our destructive yet natural ways of coping with life. But if we recognize that our thinking is reverting back to its old ways, then this is the time that we still have the power to take action by employing recovery measures to prevent a final relapse. This is when we need to ask for help and use the tools and the support our Fellowship offers to draw us back into recovery mode. At times the disease of addiction is likened to the devil, for it plays such subtle games on our minds that half the time we are not even aware of what is going on before it is too late. This is why when it comes to breaking free from addiction we can never rely on our thinking. We learn that we must rely on a Higher Power to relieve us of our obsessions, and that we must seek the support of our Fellowship. It is imperative that we take the right recovery actions during the mental relapse. The alternative is that we give in to our addictive thinking, which leads to the final stage – physically using drugs again.

There is extensive information on the types of feelings and thinking that dominate us during this phase of a relapse in: Warning signs.

Some signs of mental relapse are:
- Thinking about people, places, and things you used drugs with
- Glamorizing your past drug use
- Lying to yourself and others
- Hanging out with old using friends
- Fantasizing about using drugs
- Thinking about relapsing
- Planning your relapse

Phase 3 - Physical Relapse
When you fail to manage your emotional stresses and are once again wrapped in your old insane thinking patterns, you will eventually fall victim to a physical relapse. In other words, you will use drugs again because your disease – thinking has convinced you there is no other way to cope with life. This is a general pattern amongst most of us who relapse and one that may take weeks, months or years. But the truth is, recovery is about changing our whole way thinking, our attitudes and our behaviours. If we don't learn how to feel and deal with life in healthy ways, eventually we are bound to go back to what is familiar.
We have had a relapse and used drugs again. So what do you do now? Do we use it as an excuse and continue using drugs or do we pick ourselves up again and start again. The great danger is that once we start using drugs again we set into motion the vicious cycle of our disease. Mentally and physically activated, our obsession to use drugs and our cravings come back, making it ever more difficult to restart our recovery. But what we have to remember is that we have a choice. A physical relapse does not mean we are doomed to continue using drugs. Instead we can remind ourselves as people suffering from a chronic disease we have momentarily lapsed in recovery and have gone back to our old ways because this is what we are most familiar with. It is our choice then to make the decision to pick ourselves up again and continue in our journey towards daily recovery. Remember relapse can be your biggest friend because it can teach us about our character and help us grow in life and recovery.

- For information and suggestions on how to take healthy actions and get yourself back into recovery, please refer to: After a Relapse
4- 11 steps to relapse

Based on research evidence, this page provides you with information on the common changes that happen in our attitudes, feelings and behaviors before we finally get to a place where we think we have no choice but to use drugs again.

- Step 1: Unhealthy emotions
- Step 2: Denial
- Step 3: Compulsive behaviours
- Step 4: Triggers
- Step 5: Interior chaos
- Step 6: Exterior turmoil
- Step 7: Loss of control
- Step 8: Addictive thinking
- Step 9: High-risk situations
- Step 10: RELAPSE
- Step 11: Aftermath of relapse

Researchers Terence T. Gorski and Merlene Miller identified a set of warning signs or steps that typically lead down to a relapse. Over the years, additional research has confirmed that the steps described in the Gorski and Miller study are "reliable and valid" predictors that commonly cause many of us in recovery to relapse. If you are trying to maintain your recovery and avoid having a relapse, it is important to recognize the warning signs and take action to avoid the physical relapse that is the final step in this downward progression. Below is an adapted summarized version of this study that aims to help you just do this. For the full version of this research study, please refer to:

http://www.tgorski.com/gorski_articles/understanding_relapse.htm

Relapse is more than just using drugs again. It is the process of becoming so dysfunctional in recovery that going back to our old ways of dealing with life seems like a reasonable choice. The relapse process is a lot like knocking over a line of dominoes. The first domino hits the second, which hits the third, and soon a chain reaction starts that throws us in the vicious cycle of addiction. We need to be aware of the first domino that hits us, the first problem that is usually our inability to cope or manage our emotions in recovery. If we are not aware and fail to use the program to address these initial problems, by the time the last domino falls our problems have accumulated and naturally we revert to our habitual way to deal with them - that is we use drugs.

The progression of problems that lead to relapse is called the relapse process. Each individual problem in the sequence is called a relapse warning sign. The entire sequence of problems is called a relapse warning sign list. The situations that we put ourselves in that cause or complicate the problems are caused high-risk situations. It's important to remember that we don't relapse because of the last problem in the sequence. We start using drugs because the cumulative weight of the problems that we failed to address becomes so unbearable, that as addicts we are bound to go back to our instinctive ways of dealing with them – namely we use drugs.
Here are the 11 stages that addicts in recovery commonly go through in sequential order, before they finally find themselves in a place where they think they have no choice but to use drugs again.

**11 Steps Towards Relapse**

1. Unhealthy emotions
2. Denial
3. Compulsive behaviours
4. Triggers
5. Interior chaos
6. Exterior turmoil
7. Loss of control
8. Addictive thinking
9. High-risk situations
10. RELAPSE
11. Aftermath of relapse

**Step 1: Unhealthy emotions**
- We stop using drugs and put together some kind of a recovery plan to help us stay clean. Initially we do fine. At some point in recovery, though, we hit a problem that we are unwilling or unable to cope with emotionally. We feel stuck in recovery and don’t know what to do. Then we begin to change our attitude towards recovery and decide that working our program is just not as important as it was. We begin to return to what is referred to in Fellowships as "stinking thinking", namely, insane addictive thinking. We know something is wrong, but can’t identify exactly what it is because we cannot identify our emotions and have not developed healthy ways of processing or expressing them.

**Step 2: Denial**
- Instead of recognizing that we’re emotionally stressed or unable to cope with our emotions and that we should be asking for help from others in the Fellowship, we use denial to convince ourselves that everything is OK, that we have no problems. It's a mechanism familiar to us, one we used when in active addiction when confronted with uncomfortable feelings. This is not the type of denial that we have a drug problem, its denial that we are experiencing emotional stress and that we are feeling overwhelmed. Our instinctive way is to convince ourselves that everything is OK, that we haven’t picked up drugs so our recovery is fine. We disregard how we are feeling and don’t use recovery tools to get ourselves back on solid recovery. Recovery tools such as sharing about how we honestly feel with our sponsor or at our meetings. Then, we may suddenly get hit with a major problem in our life, or
maybe begin to feel overwhelmed and out of control because of our inability to cope with our emotional problems. We may begin to over react or concentrate on our internal issues and loose sight of the things we need to do to keep ourselves clean on a daily basis. The result is we begin to distance ourselves from our support system, our Fellowship and working our program becoming more and more confused and angry at the quality of our recovery.

- It is important to bear in mind as well, in the early days of recovery a great majority of us suffer from withdrawal symptoms, which plays havoc on our emotions and makes us vulnerable to a relapse. Anxiety, depression, sleeplessness and memory loss are some of its symptoms. It feels to us like we are on a roller coaster of emotions going from one extreme to another. We need to recognize that these extremes, these ups and downs, are a normal part of our healing process in recovery. That they are temporary and will pass with time. We need to be careful not to become impatient and use our uncomfortable feelings as an excuse to use drugs.

**Step 3: Compulsive behaviours**

- The next step in the downward progression to using drugs again is that we try to cope with our problems and emotional stresses by engaging in compulsive behaviours as opposed to using recovery tools to manage them. Our thinking goes back to its old, insane yet familiar ways of dealing with life and we begin to engage in external activities as our means to escape or feel relief. We know that we do not want to use drugs again but we are also not using the tools of our program to cope with life’s problems in a healthy way. So we may start overworking, over-eating, dieting, or over-exercising. We may get involved in addictive relationships or use sex as a way to deny our feelings. In our meetings and with our family and friends, we may become overbearing and controlling in the unconscious hope that by exerting power over others we can control or ease our emotional stress. Though these behaviours offer temporary relief by distracting us from our real stress, they do nothing to resolve them. We may be feeling and acting “in good recovery” on the surface, but we are angry and frustrated inside.

- Behaving differently from what we are feeling inside is a sure symptom of an emotional relapse. This is when we need to remember that honesty is the one essential criterion that will help us maintain our recovery. But when we become dishonest with ourselves and start resorting to compulsive behaviours to fix ourselves, we slowly abandon our recovery program and support system and do what comes naturally to us – namely use drugs to cope with our problems. During this phase of the process towards a full relapse, we may start making irrational choices and use poor judgment. We may become defensive or argumentative, if people try to warn us of our behaviour or try to help us. We may give up on our daily recovery routine and go back to our old habits. Habits such as isolating ourselves, sleeping late or ignoring our personal hygiene, etc. We may make plans of the things we need to do in order to feel good about recovery again, but then our distorted thinking, having come back in full force, makes a thousand excuses not to implement them. We may get angry with others and blame them for why our life is not working out the way we want it to. We may get ourselves caught up in trivial matters, exaggerate them in our minds and spend all our time and energy obsessing about them. By now, our compulsive behaviours create more and more problems and we feel evermore angry and frustrated as a result of their consequences. Whilst all this mayhem is building up in our life, we slowly loose
sight of what should be our primary focus in life and we abandon the things we need to do to maintain our recovery.

**Step 4: Triggers**
- Then something happens that triggers us. Our triggers tend to be people, places or situations that remind or prompt us to use drugs. When we are in solid recovery and using the tools of our program, we can usually manage our triggers. We go to a meeting, talk to our sponsor or we pray to our Higher Power to remove our obsession with using drugs. But now that we are already experiencing an emotional relapse, a trigger snaps us and sets us off. For example, we may see someone on TV using drugs, or go to a place that reminds us of our using days, and suddenly we feel out of control and unable to deal with life in recovery.

**Step 5: Interior chaos**
- When we get triggered our stress level jumps up and our erratic emotions take control of our thinking. This leads us to the next phase, the mental relapse. During the mental phase our thinking patterns become insane and distorted again. This is the time when our obsession to use drugs comes back and the reality of our condition is overridden by denial and our fantasies of the “good old days”. It is during these times that we need to remind ourselves who we are and why we wanted to get clean - work a Step 1 again. We need to remember that we are people suffering from a disease that has rendered both our mind and body abnormal. We need to remember that we no longer have the luxury to use drugs again and that we should stay focused on working our program if we hope to maintain our recovery.
- Remember that relapse almost always grows from the inside out. It’s not external problems that make us use drugs again; it’s our inability to cope with our emotions and our distorted thinking that finally convince us we have no choice but to use drugs. We may think we have no way of resolving a problem and that the only way to cope with life is to revert to our old and familiar ways. When we get triggered during the mental phase of a relapse, we have most probably distanced ourselves from the support of our Fellowship. We have allowed ourselves once again to get locked in the confines of our addict minds and have abandoned using the tools of our Steps to help us deal with life.

**Step 6: Exterior turmoil**
- We can stay in a state of mental relapse for some time, convinced there are no problems. We haven’t picked up drugs, so we tell ourselves there is nothing to worry about. Yet by this point, at some level we know something is wrong with our state of mind. We know the quality of our recovery is not good, but we keep it a secret out of fear, shame or pride. Eventually our addictive ways of thinking lead to problems to our outside world. We may start having fights with family members; we may get into arguments with our co-workers or we may become bitter towards our program or Fellowship. Yet all the time, our problems are accumulating and we have rejected all those who can help us.
Step 7: Loss of control
- As we try to handle each problem on our own, they begin to overwhelm us and finally, we simply give up. We seek release in other ways, trying to forget our problems by getting involved in compulsive activities that will somehow magically fix us. This approach works for a while, but eventually things start getting out of control. As soon as we solve one problem, two new ones pop up. Life becomes one problem after another, an apparently endless sequence of crises that we try in vain to manage. Finally we recognize that we're out of control. We get scared, angry and feel frustrated. We say to ourselves, “yes I am clean, am not using drugs and trying to work my program but I feel out of control and just as miserable as before. If this is recovery, who needs it?”

Step 8: Addictive thinking
- At this stage all our addict defence mechanisms come back in full force. Our disease convinces us that recovery is not working; that it is simply not what we want. We feel miserable and think nobody in the Fellowship understands or can help us. We begin to contemplate seeing our old using friends, deluding ourselves by telling ourselves that we have no intention of using drugs, but want to see them because they are fun. Our thinking convinces us that recovery is too much hard work that we are not enjoying it. Our obsession to use drugs slowly comes back as we give in to denial and fantasize about the good old times. Our disease may start telling us that people at the meetings are against us, and that they don't understand us. We begin to think that maybe we are not addicts after all, that our drug use wasn't as bad as what we had thought. Our mind only remembers the “good days” of using drugs and we forget where our disease had taken us. Or we may think that maybe we can use drugs socially or that we can control other types of drugs. Maybe our insane thinking convinces us that after all drugs are not our real problem and that we need to take care of other issues in our life. We prioritize and put our focus on our marital state, our depression, the divorce or our job, believing if these problems were addressed then we will be all right.

Step 9: High-risk situations
- By this step our emotional state is in such turmoil and our thinking is so distorted that we disregard all our recovery tools and suggestions. We put ourselves in high-risk situations, convinced that we are not going to use drugs. We may believe it is ok to see our using friends, or to visit places where we used to use drugs. Our insanity has reached the point where we believe it perfectly justifiable to do things that we know will bring about our cravings and trigger us to want to use drugs. Examples such as going to our dealer’s house just to have a chat. Or going to a party where there’s drugs around. By now, our disease has sabotaged us into thinking that we can manage being around drugs or people using drugs and that we don’t have a problem.
Step 10: RELAPSE

- Having reverted to our old ways of feeling, thinking, attitudes and behaving. Having abandoned all recovery tools and support and putting ourselves in high-risk situations that trigger us, eventually we pick up drugs again - have a physical relapse. The way we see it, our choice was to collapse, commit suicide or use drugs. We could collapse from all the physical and emotional stress of our problems. We could try to end our misery by killing ourselves, or we could go back to our old ways of dealing with our problems. As an addict, if you had these three choices, which one would you pick out? Most naturally, we will pick up drugs. We will reach out for the thing that we know will kill the pain and help us cope or escape. The tragedy as we have all experienced is, using drugs does not solve our problems but increases them.

Step 11: Aftermath of relapse

- Once we have a physical relapse, we tend to follow one of two paths. Some of us have a low-consequence relapse. We realize we have made a mistake by reverting to our old ways of dealing with life, so we reach out for help and get back into recovery. Others continue using drugs, feeling such guilt and shame that they refuse to seek further help. Most of us on the second path develop progressive health and life problems and commit suicide, or die from drug-related medical complications, accidents, or violence.
5- Warning Signs

This page provides a list of warning signs that commonly lead addicts in recovery into a relapse. By recognising these signs you will have a better chance to guard yourself against a relapse.

1. Mental changes
2. Attitude changes
3. Behavior changes

In the previous pages we learned that relapse is a process consisting of three disintegrating phases: emotional, mental, and, finally, physical -- the point at which we use drugs again. But throughout these phases there are plenty of warning signs that something is wrong with our recovery. Warning signs reveal themselves as our inability to cope with our emotions and changes in our thinking, attitudes and behaviours in recovery that -- if left unaddressed -- lead us to use drugs again.

Commonly amongst us, we relapse because we ignore these warning signs and make believe the quality of our recovery is not suffering. Based on the fact that we are not using drugs, we delude ourselves that we have nothing to worry about. But if we become aware to what is happening to us through recognizing these warning signs, we can make healthy choices and take recovery measures to stop the process developing into a full blown relapse.

For your awareness and vigilance, below is a summary of the common changes that happen to our thinking, attitudes and behaviour in recovery that has led many of us in recovery to use drugs again.

![Relapse Warning Signs](image)

**Relapse Warning Signs**

1. Emotional confusion
2. Extreme thinking
3. Return to denial
4. Defensive behaviours
5. Pessimism & escape
6. Compulsive & impulsive
7. Obsessions
8. Addictive thinking
9. Withdrawal symptoms

1. Self reliance
2. Pride
3. Denial
4. Self-defeating attitude
5. Rationalisation

1. Mental changes
2. Attitudes changes
3. Behavior changes
1- Mental changes
List of common distorted and insane thinking patterns that have the potential to lead us into a relapse:

1. Emotional confusion: When we find ourselves emotionally at a loss on how to cope with the stress of everyday problems.
   - Not keeping our recovery as your number one priority in our life and allow other issues to take precedence
   - When we don't practise the principle of “just for today” in recovery life and wallow in the past or worry about the future
   - When we don't practise acceptance and tolerance in our daily affairs and start letting grievances fill our head
   - When we stop applying the principles and slogans of recovery to your daily affairs
   - When we ignore problems, allowing them to build up

2. Extreme thinking: When our thinking takes us to the extremes and we start to believe the program is not working for us. When we start to think drugs are the only way out and believe there is nowhere to turn and no way to solve your problems. These may be times when we:
   - Think no one in recovery understands or can help us
   - Think our problems are too bad and too big, and that they will never get sorted out
   - Think our problems are different from others in the Fellowship and that we cannot identify or get support from them
   - Think the 12 Step program is not working for us
   - Expect to get rewarded for our recovery by our family, friends, co-workers or Fellowship

3. Return to denial: When we stop sharing honestly about our feelings and thoughts to others. When we ignore our deteriorating emotional and mental state and pretend everything is ok with our life and recovery when, in fact, it’s not. Examples such as:
   - Lying about how we really feel
   - Pretending our life in recovery is great
   - Not asking for help
   - Not sharing honestly in meetings or with our sponsor
   - Trying to please or impress others, as opposed to being true to how we really feel
   - Remembering only the good days when we used drugs
   - Denying or minimising the magnitude of our addiction and all the harm and damage it brought to our life
4. **Defensive behaviours:** When we become defensive if anyone tries to help us or tell us the truth about the state of our recovery. Examples such as:
When we refuse Fellowship support and suggestions and start relying on ourselves for solutions to our problems
   - Stop going to meetings, seeing our sponsor, working our Steps.
   - Becoming angry and resentful at anyone who tries to help us
   - Isolating ourselves
   - Blaming our family, work, Fellowship for our problems in order to use them as excuses to use drugs again
   - Thinking “my problem is not addiction, I have other major life issues I first need to deal with”

5. **Pessimism & escape:** when we start feeling depressed and have very low energy. When we are feeling so down that we are either contemplating suicide or thinking about using drugs to escape or find some relief. We might:
   - Perceive every emotion as bad and want to escape from it
   - Have a negative and dark view of life in recovery; have no hope and are unable to imagine a good future ahead
   - Have unrealistically high expectations of our recovery and want the miracles to come true for you right away
   - Expect life in recovery to be always good and not have plans for the bad day

6. **Compulsive & impulsive:** when we start to use compulsive behaviours or cross addictions to escape or cope with our feelings and problems. When we start becoming too controlling of others around us and want to exert power and authority over them as a way to ease our pain and frustration. We may not even be aware that we are using these compulsive behaviours as the means to escape from our real issues. We might:
   - Switch to behaviour addictions such as sex, work or gambling as our means to cope or escape life
   - Try to exert power or authority over others in a vain attempt to control our own feelings and problems
   - Misuse prescription drugs as a way to get high, justifying it as acceptable because they are either over the counter medication or prescribed by our doctor

7. **Obsessions:** When we start to obsess about using drugs, convincing ourselves it is the only way out of our misery and troubles. When our thinking convinces us that we have no choice but to use drugs to experience relief, comfort or joy. When we put ourselves in high-risk situations to experience the rush of a high, which in turn activates our cravings to use drugs. Examples such as:
   - Visiting our old using friends or places where we used drugs
   - Listening to war stories and fantasizing about getting high
   - Experimenting with controlled drug use
   - Switching to another type of substance under the illusion that only one particular drug was our problem
   - Convincing ourselves that we are now cured or that we can now manage or control our drug use
   - Thinking that it is OK to use drugs if this or that happens -- i.e., if a family member dies, if I lose my job, if my wife leaves me
   - Thinking an occasion entitles us to use drugs, i.e. our birthday, New Year.
- Becoming jealous of people around us who can use drugs
- Making excuses for taking drugs - blaming it on people, places and things that “forced” you to use drugs

8. **Addictive thinking:** when our thinking convinces us that we have no option but to use drugs, that the other options are to go crazy or commit suicide and so we pick up drugs again. Our addictive thinking now back in full force, we rationalise using more since we have relapsed and think we might as well enjoy it for a while. The reality of course is that drugs never relieve our problems but compound them, making life ever more difficult.

9. **Withdrawal symptoms:** For some of us in the early days of recovery, when we have reduced or stopped using drugs, we experience withdrawal symptoms. These withdrawal symptoms are naturally difficult to deal with and our thinking can very well convince us the only way to find relief is to use drugs again. During this early tumultuous phase of recovery we experience difficulties in thinking logically. We are also highly emotional, and may experience sleep disturbances, memory difficulties, or become accident-prone. We are also not yet able to manage our emotions in a healthy manner. All of which makes us vulnerable and tempted to use drugs as a way to find relief or escape.

To help you cope with withdrawal symptoms and learn recovery tools to manage them so as not to relapse, there is extensive information in Detox & withdrawal.

2- **Attitude changes**

List of common destructive attitudes in recovery that have the potential to lead you into a relapse:

1. **Self-reliance**
   - I can recover by myself, I don't need the help of the Fellowship
   - I can control or manage my drug use
   - The program is not working for me - there has to be another way to recover
   - This is a religious program, I don't like all this God stuff

2. **Pride**
   - My way is the best and only way. I don't need a higher Power
   - My problems are special and different from others in the Fellowship, I cannot relate to them nor can anybody understand or help me
   - I can recover by myself; I don't need the Fellowship

3. **Denial**
   - Addiction is not a disease, I just need to learn how to stop or manage it
   - Recovery is boring, I will never have fun again
   - I am cured, I will never use drugs again
   - I'm not as bad as this or that person in the meeting, I can manage my drug use
   - My problem is this specific drug, I can use other types of substances
   - I enjoyed it when I was using drugs, I had fun friends
   - I don't know what my family or Fellowship are talking about, my recovery is fine
4. Self-defeating attitude
   - I will never be happy
   - I feel hopeless
   - Why try to recover, I am bound to use drugs again
   - I don't care to recover. If nobody else cares, why should I?
   - Nobody needs to know how I feel, why should I trust anyone or ask for help
   - If I hide behind everyone else's problems and try to help them, I won't need to work on my own issues

5. Rationalisation
   - When my life gets sorted out, when my family, work, finances get sorted out, then I can celebrate and use drugs again
   - I have been good in recovery, I deserve a break
   - My problems are too bad and big; they will never get resolved so I might as well use again
   - I can't change the way I think
   - If I move, change my job, etc. etc., then I can manage my drug use
   - I'm depressed and drugs will make me feel better

3- Behavior changes
In addition to changes in our thinking and attitudes in recovery that can lead us down to a relapse, there are certain changes in our behaviours we need to be aware of. We are suffering from a chronic disease that requires our daily care and attention. If we don't use the support of our Fellowship and work our program on a daily basis, we are bound to go back to our old behaviours and habits, which for us means using drugs again.

List of common behaviours that have the potential to lead you into a relapse:

   - Reducing our meeting attendance
   - Not meeting with our sponsor
   - Not working our program
   - Taking up high-risk behaviours such as being around people, places and situations that trigger us to use drugs
   - Neglecting personal hygiene
   - Neglecting our healthy eating and sleeping habits
   - Procrastinating in our daily affairs
   - Impulsivity, compulsivity in our behaviour and conduct

There is a list of general suggestions on how to apply recovery tools and principles to maintain your recovery and ward off a relapse in: Prevention tools.
6- Prevention Tools

This page offers a list of general suggestions on how to use the support of your fellowship and apply recovery tools and principles to help you maintain your recovery.

1. 12 Steps recovery tools
2. Fellowship tools
3. Health tools

1- 12 Steps recovery tools

1. Never cured
   Fundamentally we need to accept that it will never be safe for us to use any mind-altering substances again. Our addict thinking may try to convince us that we are cured or that our problem was with only one substance and that we therefore can safely use or control other types of drugs. But as people suffering from the disease of addiction, we have forever lost the power of choice and control over all drugs. Once we have honesty accepted this fact about ourselves, then there is less likelihood to fall victim to our addict ways of thinking.

2. Primary disease
   Our recovery must be our number one priority if we hope to keep it. We need to always remember we are in recovery from a chronic and primary illness and that we need to work our program on a daily basis if we hope to maintain it. Placing anything or anyone above our recovery can ultimately lead us to use drugs again and loose everything, which might include our very lives.
3. Distorted thinking
As addicts we suffer from a type of insanity. Even in recovery, our distorted thinking can play games with us and is not to be trusted when it comes to our addiction. We may at times remember only the “good” days and forget all the misery and chaos our addiction put us thorough. But this is our disease trying to sabotage us. In recovery we need to confront and challenge our distorted thinking. We can best do this when we work our program on a daily basis and when we use the support of our Fellowship.

4. Acceptance vs. denial
Addiction is a disease of denial. It will try to convince you that you are now cured or have recovered enough to handle situations that in reality will put your recovery at risk. We need to have the humility to accept we suffer from a powerful disease and that there are limits to the things we can and cannot do. For example our humility towards our disease will help us accept it will never be safe for us to use any mind-altering drugs again. We also need to accept that our disease is primarily rooted in our minds and that we are forever susceptible to distorted thinking. We need to be aware of the insidious nature of our disease and the ways in which we will always be vulnerable to it. Above all, we need to realize that we cannot rely on our own thinking and that we need the help and support of our Fellowship and our recovery friends to combat this disease of ours and be able to maintain our recovery.

5. Obsessions & cravings
When some of us experience intense obsession and cravings, we practice staying clean for only for 5 or 10 minutes at a time. Sometimes that is all we can manage, since the thought of the next few hours may be overwhelming and lead us to give up and use drugs again. But by pursuing our recovery in bite size bits, we can overcome even the most tempting times. At these times, you can divert your mind to other activities and do something good and nurturing for yourself. These temptations can best get surpassed if you use the tools and the support of your fellowship. Call your sponsor, talk to a recovery friend, and share how you are feeling or help another suffering addict. Above all remember that even the most intense urge to use drugs will pass. They are just thoughts and symptoms and we do not have to act on them.

6. Withdrawal symptoms
Going through withdrawal symptoms or having cravings are when we are most vulnerable to a relapse. Physically and mentally we are strongly tempted to use drugs in order to find some relief. At these times our addict thinking can convince us that the only way to cope is through drugs. This is how we have learned to handle life and so naturally and instinctively our first reaction when we experience pain is to want to numb it out by using drugs. But remember that withdrawals are temporary and that they are the unfortunate ways our mind and body are restoring themselves. Persevere and push through these difficult times. Soon they will fade away.

For information on how to use recovery tools to cope with withdrawal symptoms, please refer to: Detox & Withdrawals.
7. Daily recovery
Regardless of the length of our clean time, all we have in recovery is just one day. Keeping this fact in mind helps us avoid becoming complacent or arrogant about our recovery and so wards off a relapse. Each one of us can only maintain our recovery if we work our program and use the principles and support of our Fellowship on a daily basis. Thinking we have a rock solid recovery or that we no longer need to work our program is a sure sign that our disease is getting a hold on us and is letting our egos to get the upper hand.

8. High-risk situations
Putting ourselves in the presence of drugs, drug users, or places where we used or bought drugs is bound to trigger us and activate our cravings. We need to be responsible for our condition, and this means prioritizing and taking care our recovery needs and refraining from certain activities. This includes avoiding situations where we may be emotionally vulnerable. For example, if it is emotionally stressful for you to go to a family gathering because of your history as an addict -- and the anger and heartache that has caused -- then think hard about whether you should go. Think about the risk to your recovery to be in a place where people are unlikely to understand the disease of addiction and where you are bound to feel shame and guilt. Or if attending a party where there are going to be drugs to tempt you, then ask yourself why you are putting yourself in a high risk situation. A time will come in our recovery when we can handle any person, place, or situation, but that means always being mindful of our condition and not tempting fate. At the same time, remember that no one can make you relapse. Nor is there is any situation you may find yourself in that can be used as an excuse to use drugs. There may be people, places or situations that may trigger you, but remember that today you have a choice and the decision to use drugs is up to you.

9. Courage & choice
Our disease wants us back using drugs, back to our habitual and familiar yet miserable existence. There will come times in our recovery when our thinking will try to convince us the only way to cope with life is to use drugs. It will make a thousand excuses to justify us doing it. But remember that today you have a choice and you can choose not to get fooled and fall victim to your disease. Your belief in your decision to stay clean and the power of conviction that comes from this will enable you to challenge your addictive thinking. You may need to remind yourself of the courage you showed to come out of denial and to get clean. We may have forgotten what strong people we are and how determined we can be when we put our mind to things. Just remember the lengths you went to get drugs and put that same energy and determination to maintain your recovery.

10. Prevention plan
Be alert to signs that your thinking is becoming distorted and setting you up for a relapse. Among the signs that this may be occurring are the following: Becoming discontented about the state or the progress of your recovery; having unrealistic expectations or ambitions about your life in recovery; judging your recovery against others in the Fellowship; unwillingness to accept that we will have some bad days in recovery.
An effective strategy to maintain your recovery is to devise a personal relapse prevention plan. Then if you see the quality of your recovery starting to deteriorate, you will have a plan of action to take healthy and recovery measures against it. For information on how to create your personal relapse plan, please refer to: Relapse Prevention Plan.

11. Decision after relapse
There is a saying in the Fellowships that says relapse is not important, but what you do after it is. This refers to the attitude we take towards having a relapse. The choice is whether to view it as a failure and continue using drugs, or to view it as a learning experience, start again and as a result ultimately improve the quality of your recovery. For further information on what to do after a relapse and how to use recovery tools and principles to get back on track, please refer to: After a Relapse.

2- Fellowship tools

![Fellowship Tools Diagram]

1. Utilize Fellowship support
Recovery is about changing our thinking, attitudes, and behaviors – basically our whole way of life. This is a hard task but one that we can achieve with time as we work our program and use the support of our Fellowship. The truth is if in recovery we don’t change our living habits, and ourselves we are destined to go back to how we have always lived – use drugs to cope with life. The most useful resource that empowers us to makes these changes is our program and our Fellowship. It is here that we will find an amalgamation of tools and support that will help us change and learn to live a new way of life. We are amongst likeminded fellows who are on the same path as us which provides us with the encouragement and the incentive to move forward in our recovery. Here we will find the love and support we need in order to live free from our addiction. And it’s something we could seldom do on our own. There is a saying in the Fellowship that says, “We will love you until you learn to love yourself.” Many of us have found that
by being amongst recovering addicts and the love and support we receive from our fellowship, we are able to change and lead a much better way of life.

**For information on how Fellowships provide you with the tools and support necessary to help you change, maintain and grow in your recovery, please refer to:** Anonymous Fellowships

**2. Work your Steps**
The 12 Steps provide the solution for us to recover. It is through their working knowledge and daily practice that we can change and experience a life free from addiction. The Steps offer us a template, a design on how to live a new way of life. They provide us with a set of tools that address and rectify each aspect of our disease and its consequences. We need to work them not only to recovery but more importantly to maintain our recovery.

**For extensive information on how the Steps provide you with the tools to maintain your recovery, please refer to:** Recovery 12 Steps.

**3. Focus on today**
Thinking about whether you can stay clean forever is a paralyzing thought for any of us and a way our disease is trying to trap us. All of us in recovery have only 24 hours -- and that is where our focus and energy should be. Thinking about the future or the past only diverts us from what we can do today to stay clean. And today is the only time we have any power over anyway. Regretting the past or worrying about the future is pointless and counter-productive to keeping ourselves clean just for today. Guilt and regret about the past, along with fear of the future are the places where our disease thrives to get us back in its grasp.

**4. Practice recovery slogans**
Don't get too hungry, angry, lonely, or tired, because under these conditions you are most vulnerable to the idea of using drugs again. In recovery, we have to learn how take care of ourselves. We need to act as mature adults who are responsible and capable of taking care of their physical and mental wellbeing. Self-care is one of the fundamental principles that ensures our ongoing recovery.

**5. Challenge your disease**
This is a saying suggested in the Fellowship rooms to challenge our addictive thinking process. If your obsession to use drugs becomes intense, imagine you have them. It may bring you some relief or help you escape for a while, but then what? Will it actually solve your problems or make them worse? Ask yourself where will you end up again as a result?

**6. Live in gratitude**
A useful way to prevent a relapse and maintain our recovery is by practicing gratitude. By writing down those things for which we are grateful, we remind ourselves of all that we have been able to achieve and the gifts we have received because of our recovery. We are less likely to fall victim to our disease, if we have a realistic view of what our addiction did to us and where we are now. If your disease is trying to sabotage you into using drugs again, try writing a gratitude list for a while. This will not only take you out
7. Do Fellowship service
Doing service in our Fellowship is one of the best ways of maintaining our recovery. It is proven to be the most effective strategy to prevent a relapse, passed down to us by our Fellowship co-founders. When we do things like help set up the chairs at a meeting or make the coffee or act as the chairperson, we are keeping ourselves clean. Service keeps us connected to our Fellowship, it takes us out of isolation, the breeding ground for our disease. Doing service is part of working our program, and it also helps keep us in the present. It is difficult to relapse if you are sharing your experiences and supporting another stay clean. When we do any kind of service, we feel good about ourselves and building our self-esteem is a big part of recovery. When we do service, we no longer feel as outsiders but as valuable members of our Fellowship.

3- Health tools

1. Physical health
We may enter recovery suffering from any number of physical ailments as the result of years of drug abuse and neglecting our health. These ailments might include infections due to dirty needles, liver diseases, vitamin deficiency, hepatitis, AIDS, and so on. Left untreated, these conditions may lead us back to using drugs as our habitual way to cope with pain and suffering. Part of our recovery is to act responsibly and seek treatment for our health problems whenever needed. So getting a thorough medical check-up and blood screening is a good idea early in recovery. First this will help us realize if there are other diseases and subsequent symptoms we may be suffering from. Second under professional care and the right medication, we can manage these and as a result better pursue our recovery. Remember also that taking medication under the supervision of a doctor does not count as a relapse so long as you don't
misuse it. As a safety measure, though, make sure your doctor is aware that you are an addict in recovery and cannot take mind-altering drugs.

2. Mental health
Some of us in recovery suffer from mental disorders apart from our common one of addiction. Depression, anxiety, and bipolar disorder are some of the other mental diseases that we may be afflicted by. Yet it is important to be aware that for some of us certain psychological issues fade away as we journey into recovery, as they had originated because of our drug abuse. For example we may have thought we suffered from depression or panic attacks, but once in recovery realize it was the drug abuse that brought about these conditions and that we are no longer afflicted by them. We may need to wait a while in recovery to find out if these ailments have their own entity. Having said this, it is always advisable, as we would with a physical ailment, to take responsibility for our care and go to the right professionals to seek appropriate help when required. Seeing a psychiatrist and taking the right medication can help us become more focused on our recovery and will likely enhance it. For example, if you were suffering from depression or bipolar disorder, you may not be able to fully concentrate to work your program or participate in the Fellowship. But with the right medication and under the right professional care, you can better manage these whilst fully pursuing your recovery.

3. Psychological health
Many of us started using drugs to cope with our psychological issues. But then the drugs turned on us, becoming our main problem. After we come into recovery and address our drug addiction, we will then need to slowly deal with any psychological issues that might initially have driven us to abuse drugs. These psychological issues may be rooted in our childhood or in things that happened to us later in life. Physical, mental, or emotional abuse, or sexual issues are reasons some of us got into drugs in the first place. Others of us may have been victims of war, or torture and using drugs was our only way to cope. What is important for us to realize is if we hope to maintain our recovery, there will come a time when we need to face our other problems to start the process of healing. Rest assured that we don't have to deal with such matters right away in our recovery. As we say in the Fellowship, our Higher Power will never give us more than we can handle. But eventually, when our God sees us ready, we would need to face our deep-seated issues. If we ignore or resist to process these, they have the potential to lead us to use drugs again as our usual way to deny or escape facing them. Though our Fellowship provides an indispensable and effective support structure for recovery from addiction, it may not be the safest place for us to deal with our deep-seated psychological issues. We may need to find a therapist or other resources to help us process and heal from such matters. This is a highly important step, one that we cannot risk skipping over if we want to maintain our recovery. Dealing with all our physical and mental health related issues is part and parcel of our recovery process and shows our willingness to go to any length to live a new way of life in freedom.
7- Prevention Plan

Having learned that relapse is a process and the factors that commonly lead to it, this page provides you with information on how to create a personal relapse prevention plan. By answering the questions posed here, you can identify the signs and the pitfalls that have the potential to lead to your relapse.

1. Identify recovery motive
2. Identify relapse triggers
3. Identify warning signs
4. Identify wellbeing needs
5. Put plan into action

Each one of us in recovery should have a relapse prevention plan. The disease of addiction is cunning, baffling and powerful, and if we hope to maintain our recovery and prevent a relapse we need a strategy to keep us on the alert and safe. As mentioned earlier, relapse is a very common occurrence, taking more than 50% of us by surprise in our first year of recovery. This is because most of us are still struggling with accepting our disease and are learning a new way of life. In addition, the chronic nature of the disease of addiction and the habitual yet destructive ways we have learned to live makes us prone to use drugs as its our instinctive way to deal with life. Recovery from addiction requires us to change our whole way of life -- the way we cope with our emotions, the way we think, and the way we behave. 12 Step programs provide us with the means and the tools to do this, but this is not an easy task and one that requires time and our daily care and efforts.

Having a relapse prevention plan in recovery helps us stay on the alert. This way if our disease tries to sabotage us into using drugs again, we can take the right measures to go back to solid recovery. A prevention plan helps us become aware of our warning signs and triggers. It will help us avoid pitfalls that can cause us to relapse, and it provides us with a strategy to implement if we find ourselves slipping into a relapse.

Many of us had to suffer a relapse before realizing the importance of having a relapse prevention plan. But we don't need to wait for this to happen, we can devise a personal strategy plan now to make sure we don't fall victim to a relapse. Our 12 Step program is one of action. We need to take certain steps and implement healthy actions to recover and to maintain our recovery. Our relapse prevention plan is yet another action in our effort to keep our recovery and enjoy our new way of life.

- Answer the following questions to devise your personal relapse prevention plan. You can have a read through the Prevention Tools for ideas on how to write your personal prevention plan.

- For the Word version of this page that you can adapt according to your personal needs, please clicks here: Prevention Plan- Word
Relapse Prevention Plan

1- Identify recovery motive
Before starting to compose your prevention plan, answer the following questions to determine your motive for recovery. This will help you acknowledge its importance in your life and encourage you to implement your prevention plan in order to maintain it.

1. Why do you want to recover?
2. Is your recovery the number one priority in your life? Describe what this means to you and the lengths you are willing to go to maintain your recovery?
3. What were the consequences of your addiction and what will happen if you go back to using drugs?

2- Identify relapse triggers
To develop an effective relapse prevention plan, you need to understand your patterns of drug use and find out what is most likely to lead you to a relapse. This will help you identify high-risk situations in terms of people, places and circumstances that can trigger your obsession and cravings to use drugs again. Answer the following questions to determine your strategy on avoiding or dealing with these high-risk situations or triggers.

1. From whom and where did you get your drugs? How can you avoid these persons and places?
2. At what times and in which situations did you usually use drugs? How are you planning to deal with these high-risk using times and situations?
3. Who did you use drugs with? How can you avoid these high-risk persons?
4. What activities do you associate with using drugs? How can you avoid these activities and what healthy alternative activities can you do to replace them?
For example: say that you bought your drugs from the dealer at his home and used them on weekends, usually with your cousin at his house as a way of passing the time. Your strategy then would be to avoid going anywhere near the vicinity of your dealer’s home, by going to a meeting on weekends, by not seeing your cousin, and by spending time with your Fellowship friends or going to a meeting.

3- Identify warning signs
As mentioned in the previous pages, relapse is a process that generally happens through 3 phases. When we are unable to cope with our emotions, when our way of thinking, our attitudes and our behaviours change and we go back to our old addictive ways, then we find ourselves in a place, where we think we have no choice but to use drugs. Remember that by the time we have picked up drugs, we have already been on the path to the relapse for some time in that our thinking and our behaviour has changed towards our life in recovery. So it is during the lead-up to a relapse that it is vital we put in a plan of action and use recovery tools and strategies to get ourselves back to solid recovery.

a) Coping with Emotions
If you have already experienced a relapse, write 5 specific examples about how your inability to cope with your emotions led to it. If you have not relapsed, write examples based on your observation of someone else’s relapse – or what they have shared about after coming back from a slip. Also write down how you are currently coping with your emotions. Is it different from how it was when experiencing good and solid recovery? Then next to each example, write down recovery tools and principles you can apply to bring you back to healthy and recovery ways of coping with your emotions.

For example:
Potential Relapse: I was feeling emotionally overwhelmed and was constantly restless and anxious about the problems I had to deal with. Finally gave up and used drugs again hoping I would feel calm and relaxed.
Plan of action: My recovery is my number one priority in life. No other problem is as important, and none of them are worth my using drugs again. Whenever I feel overwhelmed or anxious about life’s problems, I need to remember my priority in life and keep my focus and energy on staying clean for the next 24 hours. I will handle other problems the best I can and leave the results to my God.

1. 
2. 
3. 
4. 
5. 

b) Changes in your Thinking
If you have already experienced a relapse, write 5 specific examples of how your way of thinking changed. If you have not relapsed, write examples based on your observation of someone else’s relapse – or what they have shared about after coming back from a slip. Also write down how your way of thinking may be changing now as opposed to when you enjoyed a good and solid recovery. Then next to each example, write down recovery tools and principles you can apply to bring you back to healthy and recovery thinking.
For example:

**Potential Relapse**: I started thinking my problem was not that bad and it with only with heroin; I can control and use other types of drugs. So I started drinking occasionally and before long was back on the heroin.

**Plan of action**: I suffer from the disease of addiction and am powerless over all mind-altering substances. I need to remember and honestly accept my Step.

1. 
2. 
3. 
4. 
5. 

**c) Changes in your Attitude**

Write 5 specific examples of how your attitudes towards recovery changed before your last relapse, or your observation of someone else's relapse. Also, write down how your attitude towards recovery may be changing now as opposed to when you were experiencing a good and solid recovery. Then next to each example, write down recovery tools and principles you can apply to bring you back to healthy and recovery attitudes.

For example:

**Potential Relapse**: I started avoiding my Fellowship and took the attitude that it is a religious program and that they my problems are different from theirs. They cannot help me and I can recover on my own.

**Plan of action**: I suffer from a disease that is much bigger than me. I cannot rely on myself to recover and need the help of my Fellowship. I will practise humility and keep an open mind, honesty and willingness to try what is suggested.

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2. 
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4. 
5. 

**d) Changes in your Behaviour**

In addition to identifying any changes in your emotions, thinking and attitudes, it is a good idea to look at your behaviour and habits. Whereas when we were in solid recovery, we had let go of our addictive habits and had created a structured daily recovery routine for ourselves, we may find ourselves slipping back into our old destructive ways of living. If you see this occurring, write 5 specific examples of how your behaviour and habits have changed, or your observation of what happened to someone else who relapsed. Also, write down how your behaviour and habits may be changing now as opposed to when you were experiencing a good and solid recovery. Then next to each example, write down recovery tools and principles you can apply to bring you back to healthy and recovery behaviours and habits.
For example:

**Potential Relapse:** I spent most of my day in bed and stopped going to meetings. Instead I started hanging around with my using friends.

**Plan of action:** I need to avoid high-risk situations and people, places and situations that trigger me to use drugs again. Meetings are like the medication against my disease of addiction. I need to attend them if I want to maintain my recovery.

1. 
2. 
3. 
4. 
5. 

4- Identify wellbeing needs

Part of our recovery process is to look after our physical and psychological health needs. When we were using drugs, we abandoned all our needs except our need to get high! Some of us developed other diseases as a consequence of our disease of addiction. HIV, infections and liver problems are some of the problems common amongst us and a direct consequence of our drug abuse. Now that we are in recovery and wishing to maintain it, we need to care for any other ailments we may have. Failing to do so can lead us to use drugs as our way to cope or find relief from our mental or physical problems.

A- Medical needs

In recovery we may be suffering from other illness that we need to act mature and responsible for and look after. This means going to the doctor and getting treatment, including taking prescribed medication if our illness calls for it. Remember that taking prescribed medication under the supervision of a doctor does not count as a relapse so long as it is not abused and it is under the supervision of our doctor. When we look after our medical problems in recovery, there is less likelihood for us to return to using drugs as our way to cope with the symptoms of other illnesses we may be suffering from.

Answer the following questions to find out if you are looking after your medical needs. Then write down next to each response the actions you need to take in recovery to look after your medical problems.

1. Have you had a thorough medical check-up, including blood work to screen for HIV, Hepatitis and other infections or diseases?
2. Are you taking the right medication for any illness you may be suffering from?
3. Are you complying with the guidelines for any medications prescribed by your doctor? Are you taking the right amount and not abusing or stopping it suddenly?
4. Are you aware of the effects of this illness on your mind and body, and how are you taking care of your other ailments in your recovery?
B- Physical needs
Lack of care for our physical needs in recovery can alter our body’s chemistry and makes us vulnerable to a relapse. Taking care of our physical needs in recovery not only demonstrated respect for ourselves but also ensures the maintenance of our recovery.
Answer the following questions to find out if you are looking after your physical needs. Then write down next to each response the actions you need to take in recovery to look after your physical needs.

1. Are you eating in a healthy manner?
2. Are your sleep habits regular?
3. Do you rest when you feel tired?
4. Are you getting exercise?

C- Psychological needs
Many of us suffer from mental illness in recovery that we need to tend to if we hope to maintain and grow in our recovery. Failure to look after our psychological issues can lead us away from working our program and result in a relapse.
Answer the following questions to find out if you are looking after your psychological needs. Then write down next to each response the actions you need to take in recovery to look after your psychological needs.

1. Do you suffer from any psychological illnesses or issues, such as depression, bipolar, etc.?
2. Have you seen a doctor or psychiatrist to be diagnosed for this condition?
3. Are you taking the medication prescribed under supervision and as prescribed -- or are you abusing it or have suddenly stopped it?
4. Have you sought out other means of support to help you with your non addiction related psychological issues? Where can you go to find support for such issues?

D- Social needs
Boredom and isolation have been identified consistently as contributing factors to a relapse. In order to maintain our recovery we want to feel good and enjoy our new life. This is, after all, why we decided to become clean! Our life in recovery needs to be balanced, with equal measures of working our program, participating in our Fellowship and enjoying our life and its relationships. If we go to extremes or deny ourselves the freedom and gifts that our program offers, sooner or later we might think recovery is boring and return to using drugs under the illusion to have fun.
Answer the following questions to ensure your life in recovery is fun and worthwhile.

1. Does your life in recovery have equal measures of working your program, participating in your Fellowship and enjoying your life and its relationships?
2. Are you allowing yourself to have fun and enjoy life in recovery?
3. Write 5 activities that are fun or bring you joy, and include them in your recovery life.
5- Put plan into action

Once you finish answering the questions above and devising your plan, it is now time to put it into action. You may want to do the following to reinforce your relapse prevention strategy:

1. Review your prevention plan with your sponsor or a good recovery friend. Ask them to share their experiences of what tools they use and what has helped them maintain their recovery. Then add these ideas to your prevention plan if they appeal to you.

2. Give a copy of your prevention plan to them or even to family members who are supportive of your recovery. Many times family members we live with are the first people to notice that we are slipping away towards a relapse. Then ask them to act as your “guardian angels”. They can remind you of the actions you have promised to take if you start to wander from the path of recovery. Let them know you will not get offended and that you need their honest feedback and reminders for the maintenance of your recovery.

3. From time to time refer to your prevention plan to remind yourself of the things you need to be on the alert for in your recovery. Remind yourself of your warning sings, your triggers and high risk situations so that you can avoid them or take recovery measures to combat them. The disease of addiction is cunning, baffling and powerful, you may be unconsciously or inadvertently returning to your old ways as this was our natural and habitual way of living for a long time. Review your prevention plan every once in a while to be on the alert on how you are coping with your feelings in recovery or if you are engaging in addictive thinking, attitudes and behaviours.

4. Finally, and most importantly, take the actions spelled out in your plan if you find yourself drifting back to your old ways of living. Remember that you have a program of ACTION today. In order to prevent a relapse you have to use the set of tools and the means of support from your Fellowship to ensure the maintenance of your recovery.
8- After a relapse

So you relapsed. What is your choice to be? You can view it as a learning experience and grow from it or you can view it as a failure and continue using drugs. Many of us forget that we have a choice after a relapse. In this page you will find suggestions for what to do after a relapse to get yourself back on the recovery path.

1. Act immediately
2. Take responsibility
3. Use Fellowship support
4. Take recovery actions
5. Manage side effects
6. Seek professional help
7. Learn from the experience

One of the greatest tragedies for those of us who have relapsed is to take the attitude that we are failures and use this as an excuse to continue using drugs. We forget that even after a relapse we have a choice. Just because we have started using drugs again does not mean we are doomed to continue. We have to say to ourselves, ‘OK, so I have used drugs again’, and then remind ourselves that setbacks happen. A relapse does not spell the end of our life in recovery. We’re drug addicts, so it should not be surprising – or an occasion for despair – if we have picked up again after some time in recovery. For us, doing drugs is the most natural thing in the world. So we have resorted to our old ways of dealing with life. The question now is: does this mean we have to continue down the destructive path?

As the saying goes in the Fellowship, “relapse is not important but what you do after it is.” The point is that one slip is not the end of our recovery. In fact it may be the very thing we needed to learn about our disease and how we are working our program. Though no one would advise anyone to go have a relapse, the truth is many of us grow stronger and more knowledgeable in our recovery after the painful lessons using drugs again taught us. Our relapse may drive us back to recovery with increased vigour and determination, which lead us to grow and have a better and more fulfilling life in recovery. But if after a relapse we allow our disease to further sabotage us by continuing to use drugs, we are setting ourselves up for horrendous consequences. Back in the grip of our addiction we face the same painful risks that drove us to recovery in the first place, namely: overdose, accidents, medical, legal, and marital problems to name a few of the things that can happen. Then there is the final risk we run when doing drugs -- the loss of our life.
Below are suggestions to help you take a healthy attitude towards your relapse and constructive actions so that you can restart your recovery and turn the experience into an asset for a better life in recovery.

**After a Relapse**

1. **Act immediately**
   - Once you have had a relapse, it is imperative that you act immediately to take the right actions to get back on the recovery path. Don't take the attitude, “oh I have had a relapse, so I might as well make it a good one and use some more.” This is your disease trying to sabotage you, to get you to suffer more. Nor is it helpful to say to yourself, “Oh, this is it. I've messed up and am now doomed. There's nothing I can do about it.” This kind of self-defeating attitude only gives more power to your disease. In fact all such negative thinking as blaming yourself, reprimanding yourself, self-pity, seeing yourself as weak, a failure or bad are fundamentally rooted in your lack of understanding that you are suffering from disease and that you have temporarily reverted to your old and familiar ways of living life. But if you take a realistic attitude towards your disease and view relapse as a common and even natural occurrence, then you can act immediately and use recovery tools to get back to recovery.

   - Two recovery actions you can take right away after a relapse are to phone or meet with your sponsor, and to go to a meeting and say you have had a relapse. Such healthy, positive steps will lessen the hold your disease has taken over you. Doing these things will also help with shame you will experience at having a relapse and motivate you to restart your recovery. Sitting in isolation with self-pity or keeping your relapse a secret are ways your disease is trying to keep you in its prison. Remember that our disease of addiction is bigger than any one of us and we need the strength and support of our Fellowship to confront and challenge it.

2. **Take responsibility**

3. **Use Fellowship support**

4. **Take recovery actions**

5. **Manage after effects**

6. **Seek professional help**

7. **Learn from the experience**
2- Take responsibility

- As we have seen, relapse is a process that occurs in successive stages. The same is true with coming to terms with a relapse. After we have used drugs again, we go through an amalgamation of emotions before we finally accept what has happened. Hearing that relapse is a common and natural occurrence may not be enough to console us. We may feel devastated for the days, months, or years of clean time we think we have thrown away. We may need to grieve, to feel sadness or anger before we can come to terms with what has happened. It is once we have been able to process all these emotions that we slowly realize the lessons our relapse had to teach us and so grow in our recovery.

- Many of us who relapse feel resentment towards those who did not support, alert or stop us! But the fact is that no one is responsible another person’s relapse, just as no one is responsible for another’s recovery. We need to be mature and take responsibility for using drugs again and not blame others or circumstances for our relapse. Blaming our relapse on our family, our job, or our Fellowship is giving them control and power over ourselves and our recovery. The truth is no one and nothing can make us use drugs again. Ultimately it is a choice we made irrelevant of causes or pressures. The more you can be honest and take responsibility for your relapse, the quicker you can come to terms with it, feel empowered to take healthy actions and restart your journey.

3- Use Fellowship support

- 12 Step programs and Fellowships offer us the most effective tools and resources to make the necessary changes to our life and so to live free from addiction. They provide us with the indispensable means to live in recovery one day at a time. So after a relapse, the most important thing is to use these tools and resources. You will need to restart working your Steps so that you may gain a better understanding of them this time around. The reason for you relapse most probably lies in your lack of working knowledge of one or some of the Steps. You may have been struggling over acceptance of powerlessness over your disease – Step 1 and so used drugs again thinking you could manage them. Or you may have started to rely on your own thinking and dismissed faith and belief in your God to remove your obsession with drugs – Step 2. Most defiantly by working your Steps again, you will find out what led to your using drugs again. You may also want to change your sponsor if you believe the guidance or the support has not been sufficient for you. Remember we need to be selfish about our recovery and be willing to go to any length for it. So take whatever measures you believe necessary to get yourself back on the recovery path.

- Following a relapse, you need to get back into using the support of your Fellowship. Try attending as many meetings as you can and share about your experience of what led you to use drugs again. This way you lessen the shame you most probably feel and gather strength from the support of your fellow members to restart your recovery. Listen to their experience and what tools they used to get back into recovery. Or just attend meeting as a way to confront your disease and come out of isolation. After a relapse our disease becomes active again and it is bound to play games on our minds to convince us to continue using drugs. But by attending meetings we place ourselves in a safe environment where there is care and support, which will encourage and empower us to think straight and take positive actions. Some of us attend two meetings a day after a relapse until our obsession...
and cravings have subsided. The choice of how many meetings you attend and how you use the suggestions and the support of your Fellowship is up to you. But experience demonstrates beyond any doubt that immersing ourselves in the program and the Fellowship is the surest way to get back on track after a relapse.

- You may want to get involved in some sort of service right away. This will help you get connected to your Fellowship again and will encourage you to take action for your recovery. Also keep yourself surrounded with recovery people, meet with them for coffee, call them regularly. The point is after a relapse, we have gone back to our old ways of living and our disease has become alive again. Our way of thinking and behaving has gone back into being insane and destructive and we need the help of our program and our Fellowship to combat a disease that is much bigger than us.

- There is extensive information on how to utilize and gain maximum benefit from the support of your Fellowship in the section: Anonymous Fellowships.

4- Take recovery actions

Below are suggested actions to take right after you have had a relapse that will motivate you to get back on the recovery track:

1) Immediately call your sponsor and tell him or her what has happened.
2) Go to your Fellowship meeting and share honestly about what has happened and ask for help and support.
3) Remember that we all have only 24 hours a day in recovery. Accept you are an addict in daily recovery, have momentarily reverted to your old ways, and then start a new day in recovery.
4) Accept that you will go through an emotional process before you come to terms with your relapse. You are bound to feel a range of emotions and be vulnerable and sensitive. Allow yourself to feel your feelings, remembering that they are just feelings and that you don’t have to act on them by using more drugs.
5) Let go of any self-defeating or negative emotions that allow your disease to further sabotage you. This includes letting go of shame and guilt. Remember that we are sick people trying to get well, not bad people trying to get better.
6) Do your recovery in manageable bits. Don’t allow yourself to wallow in what has happened and don’t worry about how you are going to stay clean tomorrow. Keep yourself focused on how you can stay clean right now.
7) Write down a relapse prevention plan. This will help you understand why you resorted to using drugs again to cope with life. What triggered you to do so? What were the warning signs you ignored – the changes in your emotions, thinking and behaviours that led you to relapse? How did you let your recovery slip as the number one priority in your life? What were the recovery actions and suggestions you disregarded? Then go over this list with your sponsor to see the things you need to learn about yourself in recovery and your disease. Click here for information on how to create your relapse prevention plan.
8) Consider whether you should seek professional help for other psychological issues you may have or which may have led to you to using drugs as a way to cope.
9) Pay attention and take care of your physical health. This includes eating 3 meals a day. Sleeping and resting as much your mind and body needs to restore itself, after this shock to its system. You may want to take some exercise to help your system clean itself of the poison you have put in it again, and to bring you healthy energy.

10) Prioritize your recovery above all else in your life. Every other problem and decision can wait for the time being. What is important is for you to come back into recovery. For us, it can be a matter of life and death.

11) Use the support of your Fellowship and become extra active in it.

12) Work your Steps and follow all its suggestions and principles.

13) Above all, remember your relapse was not a failure, but a valuable experience and lesson. What is important is that you are able to make healthy choices today – and that you have taken responsibility and have shown great strength and courage in getting up and starting again.

5- Manage side effects

- Many of us who have relapsed go through a period of physical and emotional upheaval, which is perfectly natural. We have put drugs in to our system, a kind of poison and this means we will have to go through a period of detox before our mind and body becomes clean and can function normally again. This means for a while we will feel vulnerable and sensitive. We have to accept the after effects of drugs in to our system and ride the waves of withdrawal symptoms until they fade away.

- A relapse is also bound to be a hard knock on our sense of self. We may experience an intense sense of shame, guilt and resentment. But it is important to acknowledge these feeling as natural and to allow ourselves to experience them. What we do not want to use them as excuses to carry on using drugs. We may feel devastated not knowing why we resorted to drugs again. Our pride and ego may be so bashed that we may see ourselves as failures. We may stop going to Fellowship meetings, which of course is where we need to be so that we can get the support we need. We may feel angry because we think we have lost some kind of standing or stature in front of our family, our community or our Fellowship. Perhaps we had made it a habit of helping others in the Fellowship and doing service -- and now we wonder if: ‘I have a good recovery and what kind of a message can I carry now?’ But these are baseless and destructive thinking that will lead us to use more drugs. If we believe what our 12 Step program tells us, which is that we suffer from a chronic disease from which each of us has a daily reprieve, then we should not allow these addictive thoughts to deter us from seeking recovery again. If we believe Fellowships are places for addicts such as ourselves, suffering from the same trials and tribulations in recovery, then we should go to a meeting to share with humility our experience. We will then see how that experience can be useful to others. We will see that we have been able to carry a powerful message by being an example of how our disease can sabotage us and how we confronted it by taking courage and using the support of our Fellowship to come back into recovery again.

- Remember that guilt, shame and resentment are what we feel when we believe addiction is a moral issue. But why should we feel ashamed of a relapse, if we believe we suffer from a chronic disease from which we are in recovery on a daily basis only? Negative, shame-based feelings are exactly the kind that will interfere with our ability to restart our recovery, to heal from it and enjoy our life of freedom from addiction. So we reverted to our old and familiar ways to live for a while, we all
deserve the right to make mistakes and learn from them. We are not perfect and neither is recovery meant to be perfect but journey filled with trials and errors.

6- Seek professional help

- If after you have had a relapse, you find yourself in a prolonged depression that saps you of the motivation to carry on with life, then it may be a good idea to seek professional help. If you are feeling suicidal or experiencing severe mental problems, you may need other types of support than what your Fellowship has to offer. In such cases seeing a therapist may help you come out of a deep depression and help you resolve and process the feelings that a relapse has brought up.

- Each of us has their own reasons as to why we relapsed. This is something we each need to find out in order to learn from and restart our recovery. The truth is many of us started using drugs as our way to cope with our deep emotional issues such as violence, abuse, abandonment or trauma in our lives. Our reluctance or inability to process these issues in recovery may be the very thing that caused us to use drugs again as a way to escape or cope. But if we hope to restart our recovery and maintain it we need to become willing and ready to deal with the root emotional causes that led to our addiction in the first place. We may need to face certain painful truths about our lives in order to process them and finally get healed. When we are ready to do so, it may not be safe talking about such deep matters in our Fellowship meetings or with our recovery friends. The fact is that they may not have a similar experience nor know how to support us. If you believe you used drugs again as a way to cope with your deep psychological issues, then it is best to see a professional who can help and guide you process these. Some of us may also be suffering from other mental or physical illnesses that we are not fully aware of but which inadvertently led us to use drugs again as our way to cope. Seeking the appropriate professional after a relapse is a healthy, mature and responsible action as it can help you identify and resolve your non-drug related issues. For many of us having such external support has been the key to the maintenance of our recovery.

7- Learn from the experience

- The truth is there is a reason you relapsed, even if you do not know exactly why. Given the way a relapse almost always occurs, you went through the 3 phases of relapse and were either unaware of the warning signs or ignored them. Remember that recovery essentially requires us to manage our emotions and find a healthier ways of thinking and behaving. Most likely you went back to your old ways of coping with life because you did not effectively use the tools and principles of the program to manage your feelings, thinking and behaviour. Maybe you lacked the knowledge of how the application of the Steps provides you with the means to live a new way of life. But this in itself is ok as recovery is a journey filled with trials and errors until we get settled into a life free from addiction. Yet this is where our relapse can turn into an asset as it can show us the Steps we need to work in order to change our ways and not fall victim to our disease again. Our relapse can be our greatest teacher in that it will point out to us the changes we need to make to our life, and ourselves if we hope to maintain recovery. Did we forget to keep our recovery as the number one priority in our life? Did we allow our disease to sabotage our thinking, telling us that we were "cured" and could now safely use substances? Did we put ourselves in high-risk situations, feeling overconfident or complacent about the kind of disease we suffer from. These are some of the things that our relapse
can remind of us and though painful, we may even feel grateful for it as it made us experience the errors of our ways and ultimately served to help us grow in our recovery.

- **12 Step programs of recovery** require us to completely change our way of life. This is not an easy task and given the nature of our chronic disease, our natural way is to use drugs and live destructively. It is unrealistic to expect that we can suddenly give up a habit of a lifetime the day we make the decision to become clean. It takes time, and sometimes it involves painful experiences such as a relapse to make us realize the work we need to do in order to pursue our new way of life. Our relapse can be the pivotal factor that will lead us to work our Steps with more honesty and determination. It can help us realize why we cannot rely on our own thinking and how we have to use the support of our Fellowship if we hope to maintain our recovery.

- One thing for sure, a relapse is a definite sign that something was wrong with our recovery and that we should now be prepared to make some big changes in how we live our life. First and foremost if we want to live free from addiction, we need to take responsibility for our recovery and become mature adults. We may need to change our belief system and say goodbye to the fantasy of how others should take care of us. We may need to accept the reality of our life circumstances, and live our life for what it is and not what we dream it to be. We may need to be “selfish” in the good sense of the word by putting our own needs and wellbeing above all else. We may need to distance ourselves from our lifelong using friends or our dysfunctional family if they trigger us to use drugs again. These are some of the tough decisions we may need to make if we don’t want to have another relapse. Though making such major changes in our life can be painful and filled with heartache, they are part of the recovery process in helping us face reality and become mature and responsible adults.
9- Letter from Addiction

This is an imagined letter from the disease of addiction to us addicts in recovery. It serves as a sharp reminder of the cunning, baffling and powerful nature of our disease, which wants to sabotage our recovery. If you are ever tempted to use drugs again, read this letter first!

Hi,
I think you will remember me, or have forgotten already.
I’m the one who hates GOD, and that HIGHER POWER you believe in now.
I’m the one that loathes those meetings and that programme you’re on,
To all of you that deal with me, you will suffer MENTALLY, PHYSICALLY and SPIRITUALLY or perhaps you will DIE slowly if you’re lucky.
Remember me now.

I’m the disease of ADDICTION, the CUNNING, BAFFLING and POWERFUL one.
I have killed many of you; I’ve made them suffer that’s what I do.
And that’s what I want from you.
I love catching you by surprise.
I love pretending that I love you and I’m your friend.
I’ve given you lots of comfort haven’t I?
Wasn’t I there for you when you where all alone.
When you wanted to DIE, BEING SICK when you where CRYING didn’t you call me.
I was always there for you, WASN’T I?

O, I love to see you TREMBLING in PAIN not knowing what to do.
I love to see you CRYING and SOBING.
Better still, I love to make you so NUMB you can neither HURT nor CRY.
When you can’t feel anything at all, I’m so happy and satisfied then.
All I ask is you SUFFER for a long time.

I’ve always been there for you
When things went well you invited me in
When you said you didn’t deserve it, I was the only one that agreed with you.
Together we had a great time DESTROYING all the good things you had in your LIFE.

Some people don’t take me SERIOUSLY, I love them people.
HEART ATTACKS, DIABETES, LUNG CANCER, and LIVER CANCER these take me seriously.
I am such an EVIL, APPALLING, DIRTY DESEASE and yet I do not come uninvited.
You may choose me, as so many have and still do.

Please choose me over that HIGHER POWER, FAMILY and FRIENDS.
Don’t let that GOD thing; PEACE And LOVE comes between us.
I hate all of you that do that 12 step programme
I hate your GOD those PRAYERS and that HIGHER POWER.
All them dear FRIENDS that love and help you.
All these things weaken me.
I can’t function properly, the worse thing is
I can’t get close to you, to do my work.

For now I must lie here QUIETLY and PATIENTLY.
You won’t see me but I’m here.
So, until we meet again, if we meet again.
Next time it will be different worse, REAL PAIN and SUFFERING.
Like you’ve never experienced before
Remember I’m WAITING for you ALWAYS’S.

Your DISEASE OF ADDICTION
# Figures & Tables

## Figures

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Facets of addiction</td>
<td>4</td>
</tr>
<tr>
<td>Factors leading to relapse</td>
<td>4</td>
</tr>
<tr>
<td>3 Phases of relapse</td>
<td>9</td>
</tr>
<tr>
<td>11 Steps towards relapse</td>
<td>13</td>
</tr>
<tr>
<td>Relapse warning signs</td>
<td>18</td>
</tr>
<tr>
<td>12 Steps recovery tools</td>
<td>23</td>
</tr>
<tr>
<td>Fellowship tools</td>
<td>26</td>
</tr>
<tr>
<td>Health tools</td>
<td>28</td>
</tr>
<tr>
<td>Relapse prevention plan</td>
<td>31</td>
</tr>
<tr>
<td>After a relapse</td>
<td>38</td>
</tr>
<tr>
<td>Letter from addiction</td>
<td>45</td>
</tr>
</tbody>
</table>
About Hamrah

Given that addiction is scientifically proven to be a disease, and the effectiveness of 12 Step programs towards recovery from it, Hamrah has been established to provide information on the disease of addiction, its various manifestations and its effects on family members.

Our hope is to empower you with information about 12 Step programs and Fellowships so that you may find the means and the support to recover and live a new way of life free from addiction.

The information provided, aims to empower:

1- People suffering from addiction, be it to substances or behaviours.

2- Addicts in recovery wishing to enhance their knowledge of 12 Step programs and Fellowships.

3- Family members and or friends seeking to recover from the effects of a loved one's addiction on their lives.

4- Community members interested to learn about the disease of addiction and recovery with 12 Step programs.

5- Professionals interested in enhancing their knowledge of 12 Step programs and Fellowships so as to support their addicted clients towards recovery.
Our Journey from Addiction to Recovery

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