**What is the Definition of Relapse?**

**A relapse is when a person returns to using drugs or alcohol after a period of sobriety.** While a lapse is a brief “slip” where a person may drink or use, but then immediately stop again, **a relapse is when a person makes a full blown return to drinking and/or using drugs.** Many people recovering from addiction face a consistently high risk of relapse because chronic substance use can result in certain structural and functional brain alterations that persist well beyond the period that sobriety was first obtained.1

**Types & Stages of Relapse**

What is most often considered a **“traditional” relapse** occurs when someone makes a conscious decision to drink or use drugs. For example, they may choose to smoke marijuana to relieve stress after a year of sobriety or have a glass of wine with friends because they feel like they can manage it without going overboard. A**“freelapse”**, on the other hand, is the colloquial term for an accidental relapse that happens when a person unintentionally uses drugs or alcohol. This could happen when they mistakenly drink alcohol thinking they were being given a non-alcoholic beverage at a party.

Sometimes, you unknowingly begin taking steps toward a relapse weeks or months before actually drinking or using drugs. Certain thoughts, feelings, and events may trigger cravings and urges for drugs and alcohol, and, if not properly dealt with, may increase your chances of relapsing.

**Relapse Risk Factors**

People who relapse often face risk factors in the days, weeks, or months leading up to the actual act of relapsing. These usually come in the form of difficult feelings or experiences that challenge their ability to cope with their addictions without their substance of choice. And, the greater the number of risk factors, the higher your risk for relapse.3

Some of the most **common risk factors for relapse include**:1,3–5

* **Exposure to triggers**.1 Triggers can involve social and environmental cues that remind you of drugs and alcohol. Social cues—such as seeing a drug dealer or friend who uses drugs—and environmental cues—like coming in contact with objects, smells, or places that you associate with drugs and alcohol—can produce intense cravings that may lead to a relapse.
* **Stress**. 1,3 If you have high levels of stress and poor coping skills, you may turn to drugs and alcohol for relief. Negative emotions, such as anger, anxiety, depression, and boredom, sometimes increase your risk for relapse. Work and marital stress, in particular, have been known to contribute to relapse.4
* **Interpersonal problems**.5 Conflict with family and friends can lead to negative feelings, including anger, sadness, and frustration. If these emotions are not properly managed, they can lead to a relapse. In fact, conflict with others has been found to be involved in more than 50% of all relapses.5
* **Peer pressure**.3,5 Family or friends who use drugs and alcohol may put pressure on you to use too. Other times, simply being around other people who are using drugs or drinking can stir up strong urges and make you more prone to a relapse. As a result, this makes having family members or friends who use drugs a strong predictor of relapse.3
* **Lack of social support**.4 Having a limited or negative support system (similar to the one described above) can make it more difficult to cope effectively without using drugs or alcohol.
* **Pain** due to injuries, accidents, or medical issues.1 Doctors often prescribe narcotics to pain patients, or people may seek out these types of drugs illegally to alleviate acute or chronic pain on their own. While taking pain medications under the careful supervision of a medical professional can be safe, people with a history of addiction problems may have a difficult time controlling their use of them, particularly since most are opioids, which carry a high addiction potential.
* **Low self-efficacy**.3,5 Self-efficacy is confidence in your ability to succeed in a certain area. Studies have shown that people with low self-efficacy in their abilities to stay sober have a higher risk of relapsing, while those with a sense of mastery over their sobriety are more likely to cope effectively.
* **Positive moods**.4,5 You might be surprised to learn that positive emotions—not just negative ones—are also risk factors for relapse. This is true because when you are happy, you may want to enhance those feelings by using drugs and alcohol. Also, celebrations, such as anniversaries and birthdays, can also lead to relapse since these events are often associated with alcohol.

Many different philosophies about recovery and relapse exist, often with opposing tenets, which can leave you confused about which is correct. For some, relapse is viewed in a negative light and indicates weakness. But this view is considered harmful since it fosters feelings of guilt and shame that can hinder your ability to recover from a setback. For others, recovery is a personal growth process that usually involves a couple setbacks.2 Rather than viewing a relapse as shameful, this perspective looks at it as a learning experience.

Understanding how a relapse happens is an important prevention strategy because you learn to recognize the [signs](https://americanaddictioncenters.org/adult-addiction-treatment-programs/signs-of-relapse) and course-correct before you start using again. According to the model developed by Marlatt and Gordon, **a relapse begins with a high-risk situation that is followed by a poor coping response**. When this happens, you experience decreased self-efficacy and are more prone to a lapse, or initial one-time use of drugs or alcohol.5 For some people, a lapse is followed by a sense of guilt and failure about using again. Then, they might believe that drugs and alcohol will feel good and alleviate these negative feelings, and this chain of events can lead to a full-blown relapse where a person returns to uncontrolled use.

Whether or not you relapse is closely tied to your sense of self-efficacy. If you feel confident that you can cope with triggers and cravings, you are less likely to relapse in the face of stress.6 Remaining aware of your triggers and learning coping strategies can help enhance your confidence in your ability to remain sober and are vital to preventing and coping with relapse.

**What to Do Right After a Relapse**

Whether you have experienced a relapse in the past or not, knowing how to deal with one can help you prevent future setbacks and recover if one should happen. Remember, no relapse is too big to recover from. If you or a loved one have suffered a relapse, consider taking action as soon as you can by:

* **Reach out for help**. Seeking support from family, friends, and other sober people can help you cope with a relapse. Surrounding yourself with positive influences can remind you that you are not alone, and sober friends may also provide advice and guidance about how to recover from a relapse.
* **Attend a self-help group**. Twelve-step groups, such as Alcoholics Anonymous and Narcotics Anonymous, and SMART Recovery, an alternative science-based mutual-help group, can provide a nonjudgmental place to talk about your relapse and an opportunity to learn about how other people have coped with similar situations in the past. There are usually meetings every day, so you should be able to find one the same day as your relapse or within 24 hours.
* **Avoid triggers**. Being around triggers shortly after a relapse can increase your cravings for drugs or alcohol. To prevent a relapse from continuing, it is helpful to remove yourself from as many triggers as you can, including people, places, and things that remind you of substance use. If some of your triggers cannot be avoided, consider minimizing contact with the trigger immediately after the relapse or at least until you feel more confident in your ability to cope without using.
* **Set healthy boundaries**. Boundaries are limits that we set for ourselves to protect us from harm. Having weak or poor boundaries can lead to negative emotions, such as anger and resentment, and may pose dangers to your sobriety. Examples of setting healthy boundaries can include refraining from having contact with negative or abusive people and avoiding harmful situations. You can begin by setting boundaries with people who pressure you to use drugs or alcohol.
* **Engage in self-care**. Taking care of yourself emotionally and physically is important after a relapse. Self-care can help you recover from a relapse by reducing tension and stress and can be any activity that brings you pleasure and does not cause harm, such as yoga, meditation, exercise, reading, journaling, and eating healthy foods.
* **Reflect on the relapse**. Rather than viewing a relapse as a failure, consider it a learning experience. Take some time to think about how the relapse happened. What took place before the relapse? Did you try to cope in other ways before using? What could you have done instead of using or drinking? The answers to these questions will help you see what you could have done differently and what changes you can make in the future.
* **Develop a relapse prevention plan**. This will serve as a guide for helping you stay sober. Consider writing a detailed plan that outlines your triggers for drug use, at least 3 coping skills you know help you deal with stress and urges to use, and a list of people in your support system who you can contact for help. You might also include a list of local addiction support groups. It is helpful to refer to your plan regularly and make adjustments over time to keep it relevant to your current life experience.

The sooner you take steps to intervene following a relapse, the easier it is to get back on track. However, it is never too late to recover from a relapse, so don’t be discouraged if you think you’ve gone too far back into your addiction. It is not uncommon to need professional help to stop using after a relapse; many people benefit from the added support of an addiction treatment program a second and even third time (or more, in some cases).