



808



808



#### iv. Strengthening Social Support

The counselor needs to make special efforts to increase the support the client receives from his/her family and friends. By providing a supportive family environment and helping him/her to become aware of the warning signs, family members can be of valuable assistance in preventing relapses.

Introducing the clients to self-help groups is very helpful. Apart from providing a readymade support base of non-drug using peers he/she also gets to meet appropriate role models who cope with life without drugs or alcohol.

#### Conclusion

It is not possible to treat alcohol and drug problems without addressing relapse issues. The counselor plays a key role in helping clients recover from relapse and reestablish their sobriety. The early period of sobriety can be difficult and the counselor needs to appreciate every progress made and support him/her through difficult times with messages of hope and optimism. In a way the counselor walks with the client as a guide, identifying pitfalls - some evident and some hidden - and teaching him/her much needed coping skills to overcome or sidestep each of them.



## Relapse Management

Treatment for addiction is seen as an end to all problems that the client faces. Family and society now expect the addict to live like any other individual, little realizing that recovery brings with it problems which can be as difficult and complex as those encountered during the days of addiction.

- Recovery means a new way of life for the client. The transition from a drug-using world to one that is drug-free calls for numerous adjustments. This may mean a lot of struggle and the period can be very stressful. Even issues that seem trivial to others, like finding ways to fill one's time or conversing with people, can appear difficult.
- The outside world continues to bombard the client with alcohol/drug related situations that he/she needs to guard against all the time. Brightly lit bars, peddlers and drug taking peers can tempt him/her to try drugs again.
- Though the physiological withdrawal symptoms are no longer present, psychological craving to use the drug again may set in suddenly, even weeks or months after the client has quit.

When he/she is unable to cope with the demands of change, resist drug related cues or handle the craving, relapse follows.

#### What is a Relapse?

Relapse needs to be viewed as a process - as a series of maladaptive responses that eventually lead to the act of taking drugs or alcohol. Changes at the levels

#### Developing Community Drug Rehabilitation and Workplace Prevention Programme

(AD/IND/94/808)

##### Ministry of Social Justice and Empowerment

Shastri Bhawan, New Delhi - 110 001  
Tel : 3388580 Fax : 3384918

##### United Nations International Drug Control Programme, Regional Office for South Asia

EP 16/17, Chandragupt Marg, Chanakyapuri, New Delhi - 110 021  
Tel : 4104970, 71, 72, 73 Fax : 4104962, 63 E-mail : undcp@undcp.ernet.in

##### International Labour Organization

Core 4B, 11th Floor, India Habitat Centre, Lodi Road, New Delhi - 110 003  
Tel : 4602101 Fax : 4602111 E-mail : delhi@ilodel.org.in

##### European Commission

65 Golf Links, New Delhi - 110 003  
Tel : 4629237, 38 Fax : 4629206 Email : eu@delind.cec.eu.int

##### National Centre for Drug Abuse Prevention

Ground Floor, West Block 1, Wing 7, Rama Krishna Puram, New Delhi - 110 066  
Tel : 6173257 Fax : 6173257 E-mail : nc\_dap@excite.com

#### Acknowledgements

Principal Author : Dr. Shanthy Ranganathan, TT Ranganathan Clinical Research Foundation  
Scientific Editor : Dr. Pratima Murthy  
Coordinated by : UNDCP, Regional Office for South Asia  
Design : Lopez Design

*The opinions expressed in this publication do not necessarily represent the official policy of the United Nations International Drug Control Programme, Ministry of Social Justice and Empowerment, ILO and the European Commission.*

Relapse Management





of thought and feeling, shifts in attitudes and behavior patterns can be noticed before the client actually takes alcohol/drugs again.

Relapses vary in intensity. Some may reach out for help after a single incident of drug or alcohol use while others may go back to regular drug use, with some or all the drug related problems of the past. Irrespective of the intensity of the relapse, specialized intervention is called for.

### Misconceptions about Relapse

- Relapse is **not a sign of poor motivation** as is generally believed. Most clients in treatment are motivated to give up drugs and alcohol and are willing to make changes in lifestyle to support their recovery. Yet, when they are unable to cope with the demands and challenges this entails, many relapse. We need to remember that relapses are equally if not more emotionally painful for the addict, as for disappointed family members.
- Relapse **does not signal failure of treatment.** It instead points to the need to refine or fine tune treatment plans. Addiction is to be viewed as a chronic disorder in which relapses are a natural part of the recovery process. It may not be possible to avoid relapses altogether but instead they can be used constructively to help the client work towards the goal of abstinence.
- Repeated relapses **do not indicate that there is no hope for recovery.** A closer search for previously unnoticed relapse triggers is called for. Depression or other underlying psychiatric problems, physical illness like diabetes or unresolved childhood or marital issues may need to be handled.

- Clients **need not hit bottom once again to ask for help.** Relapse actually brings with it a huge load of guilt and shame. The client hesitates to approach the counselor and may instead continue to abuse drugs and alcohol to obtain relief from these feelings. Relapse also shakes his/her self-confidence and he/she may wrongly conclude that they will never be able to recover. The counselor may need to make the first move and encourage the client to take help. Postponing help may only permit him/her to sink deeper into drugs and make intervention more difficult.

While it is true that all clients do not recover, it must be emphasized that the majority do. So, the extra effort made to handle relapses is definitely warranted.

### Issues to be Addressed

Relapse education is an essential part of the primary treatment program itself. While detoxification gives the client relief from the withdrawal symptoms that keep him/her chained to addiction, the following issues need to be addressed during psychological therapy:

- understanding the nature and intensity of problems caused by addiction and strengthening the resolve to abstain
- identifying high-risk situations for a relapse and making plans to handle it
- focusing on qualitative recovery by initiating lifestyle changes
- maintaining regular follow-up to sustain recovery.

When relapses take place in spite of these efforts, an especially tailored relapse prevention program is necessary. Through the program, clients can be helped systematically to resist craving, recognize and manage relapse warning signs and work through their recovery.

## Planning a Relapse Prevention Program

Relapse prevention programs can be conducted on a regular basis. The program may be conducted on an inpatient or outpatient basis for 4 to 5 hours each day and run continuously for 4 to 7 days. However, relapse prevention programs can also be conducted for about 1 to 2 hours per week and last for a few months.

The program module includes lectures to present facts, group therapy and counseling sessions. Assignments or workbook activities can also be used to enhance effectiveness. Role-play sessions on refusal skills, assertiveness and communication skills are particularly useful.

Depending on the treatment center's resources, particularly the availability of skilled staff, the frequency, duration and the impact of the program can be decided upon. It is, however, extremely important to document efforts made to evaluate effectiveness.

## Four Components of Relapse Prevention

A relapse prevention program essentially covers four major areas: stabilization, insight into the pattern of relapse, developing a recovery plan, and strengthening social support.

### i. Stabilization

As part of stabilization, medical assistance may be necessary to ease withdrawal symptoms and help the client become drug-free again. As the first step in recovery, the client needs help to deal with the immediate crisis. Counseling sessions may be

needed to sort out issues and get the client to focus on the task at hand - establishing abstinence.

### ii. Insight into Relapse Pattern

Clients are helped to:

- identify the relapse triggers
- recognize the relapse warning signs and
- understand the relapse process.

#### a. Identify the relapse triggers

Listed below are some issues that clients in recovery find particularly difficult to deal with, which thus act as relapse triggers:

- stress related to work, finance or even boredom
- interpersonal conflicts related to family/friends
- strong positive or negative feelings like happiness, anger, grief or anxiety
- presence of drug/alcohol related cues in the immediate environment - conversations related to drugs, social events where drugs/alcohol are being openly used, news of a new drug or pusher
- repeated invitations to try 'alcohol' or 'drugs'.

#### b. Recognize the warning signs

When the client responds to these circumstances inappropriately or ineffectively, relapse warning signs set in. Relapse warning signs can be seen at three levels.

- Irrational thoughts - He/she may have recurrent thoughts of alcohol/drugs or try to justify its use. Even while recognizing the need to stay drug-free, the client can find himself/herself thinking, 'I can use just a little and exercise control'; 'Heroin is my problem so why can't I have some beer?'
- Unmanageable feelings - Due to an inability to handle feelings appropriately, he/she permits them to build up and intensify, making him/her uncomfortable. For instance, the client's unemployed status over a long period, say six months, may give rise to self-pity and a sense of

worthlessness. The unexpressed anger may lead to severe resentment. The client may then be tempted to try alcohol or drugs in an effort to handle these feelings.

- Self-defeating behavior patterns - The client's over-confidence may lead him/her to take unnecessary risks like associating with drug-using friends. He/she may become casual in his/her efforts to maintain recovery - may skip/reduce self-help group meetings or counseling sessions. There may be a progressive loss of daily structure; the client may not eat or sleep on time, may overwork or just be lethargic. When these unhealthy signs are not recognized and checked, the relapse process is set into motion.

#### c. Understand the relapse process

A series of seemingly irrelevant decisions build up to a relapse. One thing leads to another and the client gradually slips back into alcohol/drug use. The lack of social skills keeps him/her from making new friends, giving rise to boredom. This may lead him/her to visit drug-using friends and just watch them smoke a joint. The conversation may drift on to how fun drugs can be and he/she may start using all over again.

The client needs to revisit the past and piece together the relapse process to understand what initiated the relapse and why it all happened. This understanding is crucial to their future recovery so they can now see where they went wrong.

### iii. Develop a Recovery Plan to Safeguard Sobriety

Based on a realistic assessment of the client's problems and resources a recovery plan is developed. Recovery plans need to address these aspects.

a. Handling relapse triggers - Stress management techniques, conflict resolution skills and appropriate ways of dealing with feelings need to be discussed.

b. Recognizing warning signs - Using a daily/weekly inventory is an excellent way to make sure the client stays on track. By assessing himself/herself each day on what they set out to do and what they actually did is a good way to ensure self-introspection and growth.

A daily routine with emphasis on timing and discipline is essential. Regular eating, sleeping and work habits as well as healthy leisure activities are very important.

A regular follow-up regimen with the counselor also helps to identify relapse warning signs.

c. Dealing with craving to use - Reciting the serenity prayer, focusing on the benefits of sobriety, remembering the damage due to addiction as well as his/her powerlessness over drugs on a daily basis are all effective strategies. Use of self-motivating statements like, 'I can do it', 'Easy does it', 'One day at a time' can also be very helpful.

d. Improving lifestyle - Apart from staying drug- or alcohol-free, clients need to work towards improving the quality of their lives. Recovery plans should list goals and activities aimed at personality growth, healthy social relationships and a value based and productive lifestyle.

e. Medical help - This can be of great support in avoiding relapses. Use of disulfiram for alcoholics and naltrexone for drug abusers can be useful. Medications to handle depression, anxiety, obsessive thoughts etc. may also be needed.