

Recovery is POSSIBLE, IMPORTANT, and a NEW BEGINNING



Relapse starts well before the decision to drink or drug again

There's an old saying about recovery from dependence on alcohol or other drugs: Staying clean and sober is easy. Just change everything about your thinking and behavior, and do it now. According to Al Tighe, supervisor of Continuum Services at Hazelden, it is "stinking thinking" that usually precedes relapse—a return to drinking or other drug use after a period of abstinence.

Tighe says that relapse often comes as a surprise to the person in recovery. "The most common situation I see is a person who wakes up at eight in the morning and says that he feels fine—and then ends up in detox that night." While this might seem a mystery, relapse is often preceded by subtle changes that occur over a period of time and go unnoticed.

Many of those changes are shifts in attitude, says Tighe: "There's a saying in Alcoholics Anonymous about the importance of HOW, which stands for honesty, openness and willingness. When attitudes like these start to erode, the seeds of relapse are already present."

Tighe recommends the following strategies for preventing relapse:

Remember that addiction is a chronic disease marked by relapse. In terms of potential for relapse, dependence on alcohol and other drugs is not unique. For example, people living with asthma, hypertension and insulin-dependent diabetes must also make long-term changes in attitudes and behavior. When they don't, their health immediately deteriorates. What's more, the danger of relapse is always present. "We are susceptible to relapse whether we have decades of sobriety or just a few weeks," Tighe says.

Look for "red flags" in attitude change. The Twelve Steps of Alcoholics Anonymous emphasize a daily review of "character defects." Among them are attitudes that allow people to rationalize a return to drinking or drugging. Examples are a desire to control the outcome of every event and a demand that other people always behave according to our expectations. These represent a general refusal to "live life on life's own terms."

In turn, such attitudes fuel feelings of sadness, anger and fear. And when those feelings reach crisis levels, they prompt the search for a quick "solution" that seemed reliable in the past—alcohol or another drug.

If you're in recovery, remember that your friends and family members can sometimes spot changes in your attitudes long before you can. Give them permission to speak up when they see a "HALT" situation—signs that you're becoming hungry, angry, lonely and tired. Then be willing to listen if you receive this feedback.

Identify high-risk situations. If you're a person in recovery, then you need to prepare for three risks in particular:

- Any person, place or feeling that's been associated with drinking or use of other drugs in the past.
- Any situation where alcohol or other drugs are available.
- Any situation that's associated with high stress.

Create a relapse prevention plan. It's easy to say, "If I ever get in a slippery situation, I'll just call somebody." However, a vague intention is not enough. Write out a plan to handle high-risk situations.

Include specifics such as:

- The names of people you can call when you have thoughts about drinking or drugging again, including phone numbers that you can program into a cell phone.
- Places you can immediately go for help.
- Thoughts that will inspire you to avoid relapse, such as a favorite slogan, prayer or quotation from a recovery book.

Once you have a plan in writing, give copies of it to your sponsor, friends in recovery, family members and other key people. This sheet of paper represents instant accountability—a contract with yourself and others to prevent relapse by taking the actions that sustain a lifetime of sobriety.

Thanks to *Alive & Free*, provided by Hazelden, a nonprofit agency