



INTERVENTION WEBINAR

Why Do Addicts and Alcoholics Relapse?

 Starting Soon



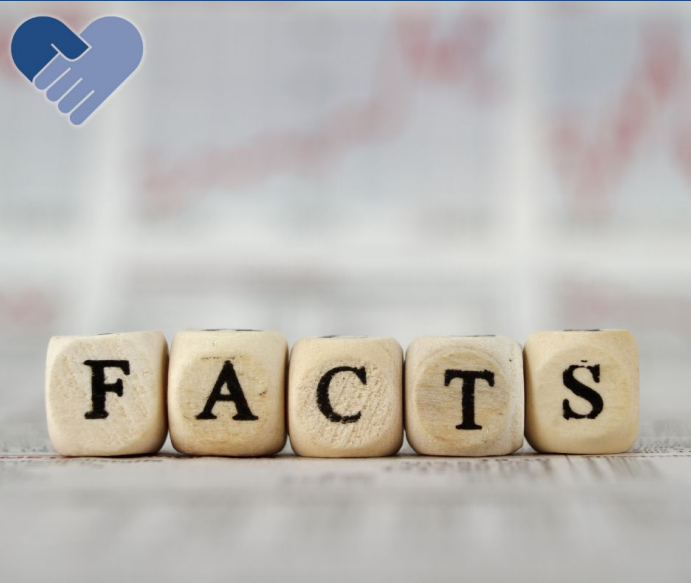
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Mike has an extensive history of helping families treat addiction. He is an authority in addiction treatment and remains dedicated to providing hands-on expertise at our clinic.

Why Do Addicts and Alcoholics Relapse?

Why Addicts Relapse: Facts and Fiction



Why addicts think they relapse and why they actually relapse are often two entirely different things. In some cases, the one who has relapsed will express having no idea as to what happened. Others say they just made a choice to use, but if so, then why didn't they just make a choice not to use? The answer to that last question provides important insight as to why addicts relapse. It starts with understanding that when addicts or alcoholics are not engaged in ongoing [addiction recovery efforts](#), they lose the power of choice. They can't stop themselves from using drugs or alcohol and once they start, they cannot stop. The question is, how do we help those who believe it is as simple as believing they have a choice whether to consume drugs or alcohol? Or, how do we help those whose families who believe that if their loved ones just met that special someone, stopped associating with "those" people, obtained employment, or started going to the gym or church, they would be cured?

Why Addicts Relapse



Some experts say that strategies like modern day counseling, believing the substance user is the most qualified person to know what is needed, harm reduction models and roll with the resistance, or meeting them where they're at have all greatly contributed to relapse rates increasing and overall recovery rates decreasing. Prior to the inception of the disease model in 1960, recovery rates of addiction and alcoholism were said to be approximately 75% for those who committed and fully participated and surrendered to a program of recovery. Today, the rates of recovery and complete abstinence are thought to be lower than 10%. Another factor that could be contributing to the decline includes treatment approaches that do not encourage complete abstinence and use medications to replace treatment and therapy. This approach may remove the opportunity to address problem behaviors, past experiences, and trauma that lead to substance use. Until a strong program of recovery is in place and built on a strong foundation, untreated addicts and alcoholics will always choose the path of least resistance when in [active addiction](#), early on in the recovery process, or when slipping into a relapse. For those who are untreated or stopping their treatment, the most comfortable path is thought to be the use of substances to solve their problems while manipulating others to help them. .

One additional factor that contributes to addicts relapsing is the matter of family recovery or the lack thereof. Most substance users who enter rehabilitation programs do so in isolation. In other words, they attempt to change and address their problems, but the family does not. When an addict or alcoholic returns home to the same environment and the same [family dysfunction](#), it greatly reduces the likelihood of staying clean and sober. Families are often responsible for the addicts' learned helplessness, victim mentality, and sense of entitlement. When the families change and stop enabling, addicts often start to understand the negative effects of their actions which the family now refuses to absorb. In a word, the loved one is held accountable. Accountability, or more precisely a lack thereof, is a strong predictor of addicts reverting back to old behaviors that lead to a drug or alcohol use relapse.

Successful Addiction Treatments



The most successful outcomes in [addiction treatment](#) that contribute to a decrease in an addict or alcoholic relapsing or discharging when the following happens:

- **Long-Term Treatment** – Although this does not apply in every case, data and research reveal that treatment programs of 3 months or longer improve positive outcomes.
- **Family Involvement and Recovery** – Family involvement greatly increases recovery rates for substance users. Behavioral Couples Therapy (BCT) is an evidence-based treatment that involves the spouse and/or significant others.
- **12-Step Facilitation** – This is an evidenced-based, self-help support group for addicts and alcoholics.
- **Sober Living** – Not everyone will be a candidate for sober living, but it is a great option after treatment. Returning home to the same environment is rarely an effective strategy.
- **Treatment that is Not Near the Addict's or Alcoholic's Usual Environment** Traveling for treatment decreases early discharge rates and non-compliance episodes. It is far easier to leave a treatment center 2 miles or 2 hours from home than it is a treatment center that requires two layovers to get home.
- **Restricting Access to Cell Phones & Finances** – Having access to contacts and social media during treatment is never a better option than not having access. Of all the things that cause problems during the treatment stay of an addict or alcoholic, cell phones and access to money can lead to exiting treatment early.
- **Abstinence-based Treatment** – The abstinence-based approach encourages addressing behavior, emotions, and past experiences. It is challenging for someone to truly address emotions, feelings, and thoughts while continuing to ingest mind altering substances, even when medically prescribed and taken as directed.

Why Do Addicts Relapse When Things Are Going Well



Many substance users have fears of rejection coupled with low self-esteem. Some resulting characteristics are people-pleasing behaviors and an inability to let people get close. Some addicts and alcoholics believe they are unworthy of love, intimacy, or experiences that bring success or positive outcomes. At the same time, they despise their uncomfortable feelings so much so that they are terrified to fail or be rejected. Consequently, they strive to avoid any kind of failure that would reinforce these negative feelings and emotions. The fears of success and failure are the driving forces behind the belief that addicts and alcoholics drink or use drugs in an attempt to harm those who love them the most. It can also be seen as an effort to see how much others will endure to show the addict or alcoholic how much they care.

Oftentimes, addicts and alcoholics resume using following improvements to the quality of their lives during short periods of abstinence or sobriety. This almost always occurs when the addict or alcoholic has addressed treating the addiction by fixing what was broken or lost as a result of the addiction. It is not uncommon for substance users to go to treatment, not engage in ongoing recovery efforts, and remain abstinent for a period of time on sheer willpower alone. Once they get their lives back in order, they may believe it is ok to try using again.

Addiction is largely behavioral in nature. Many experts believe this comes from brain development or lack thereof. Childhood traumas and experiences that begin as early as conception start to form in the brain. Throughout their lives, addicts and alcoholics may feel unloved or disconnected from those whom they feel should have been there for them. Humans need loving connections and relationships. When they do not exist, individuals often seek that delusional connection in a substance. The drive for this feeling is so great and so powerful that they are willing to sacrifice everything in order to continue making the connection.

Common Relapse Triggers



Many relapse prevention plans focus on external cues such as people, places, and things. Although these are important, coping skills and addressing these triggers through evidenced-based treatments such as cognitive behavioral therapy and twelve-step facilitation are far more effective than merely avoiding these pitfalls through willpower.

The warning behaviors that indicate someone is vulnerable to relapse are:

- Resentment
- Arguing with others
- Selfishness
- Dishonesty
- Victim mentality
- Restlessness, irritability, and discontentment
- **Isolation**
- Stopping ongoing treatment or recovery efforts
- Discontinuing healthy habits such as diet, exercise, and hobbies
- Contacting old friends and frequenting old places associated with harmful lifestyle
- Gossiping
- Becoming ungrateful
- Hiding or becoming protective of a cell phone
- Infidelity
- Inattention to hygiene and keeping a clean dwelling
- Entitlement
- Seeking external validation

Signs of Relapse



Among the indicators of a potential relapse, the ones that stand out as precursors are resentment and victim mentality. This is not just an Alcoholics Anonymous theme where the Big Book declares that resentments are the number one offender. In our experience, resentments truly *are* the number one offender, and it is difficult to overstate the role resentments play in addicts or alcoholics putting themselves in a position to be hurt. And when they are hurt, the degree to which the punishment they inflict on others never fits the crime is astonishing. When substance users enter recovery, they are encouraged and taught to see different ways of addressing or viewing problems. Addicts and alcoholics start to understand that the people in their lives whom they feel have harmed them are also unwell themselves. Substance users begin to address their behaviors and their negative experiences and through evidence-based interventions and treatments, start to transform and undergo a behavioral change. When these behaviors revert to old, unhealthy habits and the methods of addressing these problems return, relapse is almost inevitable.

Angered responses are noted in many cases of relapse. It is important to remember that anger is inverted fear. The response to being asked to take a drug test provides feedback that is as telling as the drug test itself and is sometimes even more accurate as the test can be manipulated. For those who have loved ones who became sober and are experienced with addicts or alcoholics, most of these signs are familiar. Remember, you may not always know when they are using, but you will always know when they are not. If you have to ask yourself if they are using again, they probably are or are close to doing so.

Signs of Relapse (cont)



In the relapse triggers last slide, we discussed triggers, almost all of them behavioral, that are precursors to a relapse and a return to substance use. Once the behaviors become unmanageable, active substance use often follows. Below are some examples of things substance users do that may indicate a relapse.

- Avoiding family and friends
- Asking for money
- Dishonesty and saying they're going to do something but fail to do it or do the opposite
- Not attending meetings or calling their sponsor
- Avoiding authority figures such as probation or parole officers
- Anger when confronted about a relapse
- Anger when asked to take a drug test or breathalyzer
- Anger when asked where they have been
- Anger when asked if they are still in recovery
- Anger or excuses when asked where their money is and why they need money
- Smell of alcohol
- Dilated pupils or glassy eyes – opiates cause small pupils; stimulants cause large pupils
- Itching or nodding off – signs of opioid use
- Manic behavior – often present with stimulant use, can occur with opioids

How to Deal with Relapse



There are two sides affected by a drug or alcohol relapse: the substance user and the substance user's family. How both sides deal with relapse depends on where they are in the recovery process. For substance users, chances are slim they can just consciously "snap out of it," unless it was a slip and they are remorseful. If the addict or alcoholic has gone back to active substance use, it becomes harder based on frequency and amounts used. Addicts and alcoholics who relapse have done so behaviorally long before the substance use. Substance users aren't likely to have an accidental relapse for no reason, and relapses require work that starts from within. It is rare that a person who is solid and strong in the recovery efforts decides to drink alcohol or consume drugs for no reason. If an addict or alcoholic is able, the best way to deal with a relapse is to tell someone and call a member of the treatment team. This is one of the many reasons a [12-step program](#) is so valuable. Because addiction is not a struggle with willpower, and the addict or alcoholic loses the power of choice once substances are consumed, it is often the case that others have to step in to help as the loved one is currently incapable of succeeding alone in this struggle. It is often said that addicts or alcoholics stop relapsing when they have had enough and experience consequences greater than before. In our experience, this is often true. Strong accountability and boundaries from others often expedite the substance user's ability to see the end of the relapse more quickly.

Every relapse starts with a behavioral lapse that compounds to more lapses as the behaviors go unaddressed. Identifying and reviewing these experiences can help strengthen and prepare a substance user with an effective relapse prevention plan moving forward. The average addict or alcoholic has several treatment attempts before maintaining long-term sobriety. Some get it the first time, and some have to go through it several times before realizing that substances are the solution to the problem and not the problem in and of itself.

Myths about Relapse and Addiction



Several erroneous beliefs exist regarding addiction, intervention, and relapse. Some stand out and are referenced just about every time we consult with a family. Over time, addiction, considered a medical illness and a disease, became the only medical illness and disease which people believe they can correct themselves and often with no professional help. How did this happen? Many of the beliefs come from modern day treatment philosophies, and still more derive from non-professional opinion. Of all the ineffective guidance and suggestions swirling around, the least qualified people to be giving advice or taking their own suggestions are the substance users themselves and the codependent or dysfunctional family members who are emotionally attached to the problem. In summary, we have unwell people being guided by misinformed people with ineffective solutions and advice. So, what are these myths and misconceptions we consistently hear?

Myths about Relapse and Addiction (cont)



The loved one has to want help or hit bottom – There is nothing you can do until then.

This belief is mentioned by almost every family we encounter. Although a myth, there is a grain of truth to it. An addict or an alcoholic has to see and feel the consequences of continuing the addiction as a precursor to considering change. As far as the bottom goes, everyone has a different one and no one can accurately predict what another person's bottom is. It helps to remind people that bottom is a place you get to emotionally and not necessarily a profit and loss statement. We have come to realize that when a family is unhealthy, the members are collectively addressing the substance user in a way that prevents the loved one from wanting help or seeing the need for it. [Unhealthy family behaviors](#) do not even have to involve enabling, although that is often a large part of the problem. An unhealthy family system can provide just enough continued chaos and drama to keep the addict or alcoholic in his or her element. Addicts and alcoholics thrive in chaos and drama. The longer a family allows the addiction to consume the family, the more comfortable the substance user remains at the family's expense. An unhealthy family additionally allows a substance or alcohol user to live as a victim while internalizing the blame cast upon them. A family that waits for their loved one to want help or hit bottom while tolerating an environment that prevents it will be waiting a long time for something that is most likely never going to happen. Some external forces such as arrests and medical consequences can encourage change, at least temporarily. After the shock of those experiences, an unhealthy family or environment is most likely going to provide the addict or alcoholic a familiar place of comfort, replete with chaos, drama, and control.

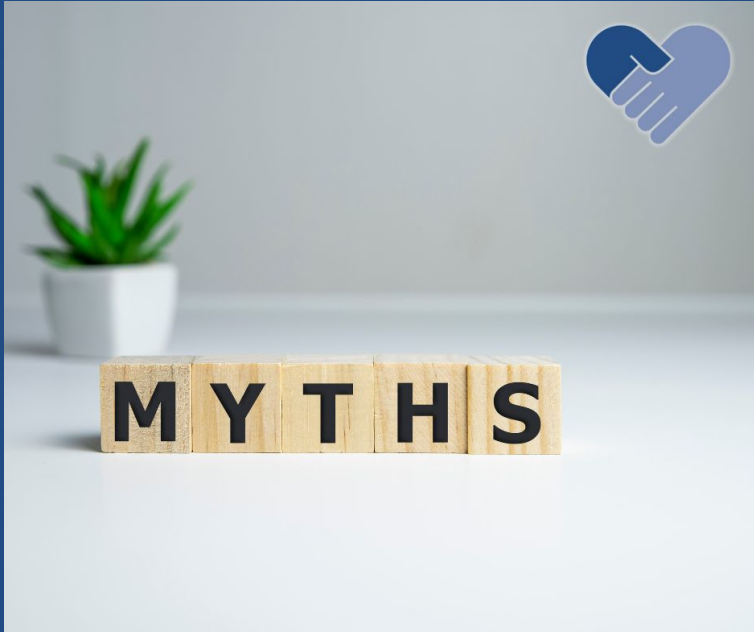
Myths about Relapse and Addiction (cont)



He just needs a job, a significant other, or something positive to make him quit.

Employment, companionship, and positive healthy habits are all great adjuncts to a treatment plan. But these only address external problems and recall things lost as a result of the behaviors caused by the substances. If addiction were this simple, there would be no need for counseling, therapy, or treatment centers. Those addicted to substances would just start dating, working, and going to the gym after detox, and all would be well. This rarely happens, and when it does, it is rarely a sustainable solution. The myth here is that addiction is an issue of willpower that can be solved through the power of choice. For some who are only physically addicted, such an approach may prove effective. For those who have a true substance use or alcohol use disorder diagnosed as moderate or severe, this path often fails.

Myths about Relapse and Addiction (cont)



The treatment center isn't working, and he keeps relapsing.

Part of this statement is not a myth as it is true that people often relapse. Blaming the treatment center(s) or treatment teams after multiple relapses is largely without merit. Some treatment centers can at times be to blame. There are instances when the addict or alcoholic just couldn't connect with a primary therapist. When this happens more than once, we have to start looking at the substance or alcohol user and the family system. Blaming the centers and saying they do not work is a common excuse and an effective manipulation to justify the addict or alcoholic's claim of victimhood. Think of how many times an alcoholic says that Alcoholics Anonymous doesn't work. We have yet to interview one person making this claim about AA who can explain the program or admit to working it the way it was actually designed. In regards to claims the treatment center has failed, it doesn't take long to debunk those falsehoods either. Almost every time a family states that the treatment center failed, they admit to allowing their loved one to come home early or to return home after a successful completion while still blaming the center for a subsequent relapse. When a loved one completes or leaves treatment and returns home to the same environment and/or unhealthy family system, the treatment center did not fail. Even if mistakes were made, there is much more to factor in for causing the relapse.

Truths about Relapse and Addiction



When we explained the myths surrounding relapse and addiction, we also addressed clarifications and truths behind the misinformation. We would like to focus this section not only on the truths but also the positives associated with treatment and recovery. With all the pessimism and the negative views people have about those addicted as well as the recovery process, we have seen overwhelming evidence of optimism and positive outcomes. As [addiction professionals](#), we do what we do because of the success stories that have been achieved. We see people transform their lives and reunite with their children and families. Regardless of the outcome, we have to try to help those who are temporarily incapable of seeing the need for help. The truth about addiction and relapse is that people do achieve recovery, and many of them lead lives they never thought they could have or deserved to have. Here are the truths we see about addiction and relapse.

Truths about Relapse and Addiction (cont)



People do recover.

We often hear about low rates of recovery and stories about people who have died and those who are on the verge of doing so. The news is filled with negative accounts that would lead one to believe there is nothing good to talk about. Many people in recovery refer to non-addicts or non-alcoholics as normal people. What we have seen in so-called "normal people" is far from normal. In fact, many have less ability to work through problems or devise solutions to their problems. The difference is that "normal people" are not going to turn to substances that destroy their lives. They can be miserable and resentful with impunity while managing to avoid substance use. Addicts and alcoholics are given an amazing opportunity to transform their lives by applying effective solutions to problems that arise. These same solutions would be just as effective for those they view as "normal people," too. Addiction is behavioral, and anytime we can change those behaviors and improve our outlook on life, we can and do become better people. Not only do people recover from a hopeless state of mind and body, but they are given the opportunity to start over and be happy for the remainder of their lives.

To sum up how powerful recovery can be, we recall a story of a man who was giving a lead at an Alcoholics Anonymous meeting. He had used drugs and alcohol for almost his entire life starting at a very early age. As the man told his story, he shared with the onlookers that he lost his eyesight at the age of 19. The next comment he made put things into perspective. Standing there at the age of 33 with four years of sobriety, he said that his worst day in sobriety while blind was better than any day he ever had in his addiction as a sighted person.

Truths about Relapse and Addiction (cont)



Treatment works.

Time after time, we hear substance users and their families cry out as victims, declaring that the treatment center did not work. As stated earlier, it is possible that one or maybe even two centers might not be the right fit. After a pattern of failed attempts, however, the family and the substance user have to look at themselves and see what part they are playing in the failed attempts. If a substance user goes to a treatment center, completely surrenders, and becomes honest with the treatment team, the chances of recovery are high. To increase the likelihood of a [successful outcome](#), the substance user should follow through with all aftercare recommendations, and the family should continue to maintain boundaries and hold the substance user accountable. Simply put, do not purchase a product, throw the instructions in the trash, and then complain of a defective or ineffective product.

Truths about Relapse and Addiction (cont)



Substance users and families can learn from relapses.

Nobody has to relapse, and many people who enter recovery never do providing they stay committed to the lifelong recovery process. For those who do relapse, it can take a personal toll on them as well as their families. A relapse is said to occur if the substance user was sober prior to the relapse. In other words, the loved one was in recovery and not just abstaining from drugs on willpower; using drugs in that case would be called resuming.

When a relapse occurs, two positives can come from it. In the first instance, the substance user can reflect on the experiences with the treatment team and figure out when the relapse started behaviorally. A relapse does not come out of nowhere; it requires work on the part of the substance user. As old behaviors and old ways of thinking slowly return, the substance user gradually slips closer and closer to substance use, and then suddenly, it happens. These triggers can help build self-awareness and a more effective plan for the future. The second positive is that a relapse allows family members to exercise their recovery efforts. Just as substance users can learn from their past behavior, families can learn the real-time warning signs that led to it. This can help prepare them for shifts in future behavior by the addict or alcoholic that could lead to relapse. Families can also learn how to put boundaries in place and hold the substance user accountable for a relapse. We hope nobody has to experience a relapse, but in the event it happens, there is much that can be learned from it.

How to Help Someone Avoid a Relapse



There are two ways to approach helping someone not to relapse. An ineffective way would be to continue the [enabling and codependency](#) that didn't work in the past. The other option is to take care of yourself, hold the loved one accountable, set boundaries, and not enable the alcohol or substance use. Substance users are going to do what substance users do; the goal is to avoid helping them.

A family's most effective course of action is to enter their own recovery program. The biggest mistake families make is believing they can control the loved one, the addiction, or the outcome. A person in recovery is responsible for his or her own recovery. A mistaken belief of substance users, shared by many families, is thinking they can somehow fix, manage, or control others.

How to Help Someone Avoid a Relapse (cont)



A family in recovery will learn many effective ways to accept and understand their loved one and his or her addiction. They will become aware of behavioral warning signs that lead to relapse and know what to do in the event of a relapse. Here are some of the precursors to relapse and what a family can do to help themselves and possibly help the substance user think differently about the situation.

- **The substance user asks for help in a way that does not seem right** – If you notice your loved one slipping back, and he or she asks to talk, you can do so. When the conversation starts with a lengthy discussion of the current situation and the need for money, you can respond simply by asking what does the sponsor or treatment team suggest be done? You can offer to drive the loved one to a meeting or print out a meeting schedule. The goal is to not cosign any backsliding but to help redirect the loved one toward recovery.
- **Old behaviors coming back** – If you notice your loved one engaging in old behaviors, associating with old friends or engaging in risky behaviors, you're allowed to say something.
- **Self-Awareness and Family Recovery** – The more you understand addiction and the better the family's recovery program, the greater your ability to handle problems as you see them. Always bring the conversations with the substance user back to them. People headed for a relapse will start exhibiting the same behaviors seen in their addiction, minus the substance use. No matter what they ask or what they do, you can always bring it back to questions regarding their treatment team. The goal is to intervene on behaviors before they get to substance use relapse. In the event they do relapse on substances, the only recourse is to remind them that you love them and you would be happy to help them when they are ready to go back into a treatment program.

Stop Accepting Excuses and Start Getting Help

Questions? The Floor Is Yours!

Prefer to talk in private? Get in touch below.

Call Us: 1 (888) 291-8514

Chat with us: [family-intervention.com](https://www.family-intervention.com)
