

A Relapse Prevention Plan

Relapse prevention is not about predicting perfection. It is about noticing risk earlier and making support easier to reach.

A relapse prevention plan is a practical document for recognising vulnerability before a return to substance use becomes harder to interrupt. It is not a promise that there will never be a lapse, and it is not a test of willpower. A useful plan identifies personal warning signs, high-risk situations, people to contact, coping strategies, safety needs and the steps to take if use happens.

Relapse is usually a process, not one moment

For many people, changes begin before substance use itself: sleep deteriorates, routines disappear, stress rises, appointments are missed, isolation increases, thoughts become more permissive, or support feels harder to approach. Recognising these earlier stages creates more opportunities to respond. A lapse can also be used as information about what needs strengthening rather than as proof that recovery has failed.

Your personal warning signs

Area	What might change for you?
Body	Poor sleep, exhaustion, pain, agitation, appetite changes, feeling physically run down or ignoring health needs.
Emotions	Anxiety, anger, shame, loneliness, numbness, hopelessness, boredom or feeling overwhelmed.
Thinking	Romanticising past use, minimising consequences, "just once" thinking, believing support is unnecessary, or feeling unable to cope.
Behaviour	Withdrawing, cancelling appointments, returning to old environments, hiding difficulties, carrying more cash, or contacting people linked with past use.
Recovery routine	Stopping medication without advice, missing treatment, losing structure, dropping helpful activities or becoming disconnected from supportive people.

Know your high-risk situations

Triggers can be external - people, places, money, celebrations, conflict or easy access - or internal, such as grief, trauma reminders, pain, insomnia, anxiety, rejection or feeling unusually confident that the risk has gone. The purpose of identifying triggers is not to avoid life forever. It is to decide in advance which situations need avoidance for now, which need extra support, and which can be approached with a clear plan.

Make support specific

"I will ask for help" is harder to use in a difficult moment than a named action. Write down who you will contact first, second and third; the service number; how you will get to an appointment; and what you want the person to do. Support might mean staying with you, removing access to money or substances, accompanying you to treatment, listening without judgement, or helping you get through the next hour safely.

Cravings rise and fall

A craving can feel urgent without being a command. Delay, change location, contact somebody, eat or drink if appropriate, use grounding, reduce access to money or supply, and reconnect with the reason you chose recovery. If cravings are becoming frequent or intense, tell your treatment team early rather than waiting for a crisis.

Withdrawal and overdose safety

Tolerance can fall after a period of reduced or stopped use, which can increase overdose risk if a person returns to a previously used amount. Mixing substances can increase risk further. Alcohol withdrawal after physical dependence can be dangerous and may require medical management. Seek substance-specific professional advice rather than attempting an unsafe detox alone.

Build Your Relapse Prevention Plan

Make the plan easy to find and simple enough to use when thinking is difficult

1. My early warning signs

Write down five changes that usually happen before risk rises. Make them observable and personal: "I stop answering messages," "I sleep during the day," "I start thinking I can control it this time," or "I miss two support appointments." Ask somebody you trust whether they notice signs that you tend to miss.

2. My trigger map

Trigger	My early response	Who/what helps?
Conflict or rejection	Leave the immediate situation; do not make decisions while highly activated.	Call named support person / therapist / service.
Money or payday	Use agreed money safeguards and avoid high-risk contacts or places.	Trusted person, bank limits or treatment plan.
Craving / substance cue	Delay, move location, reduce access and contact support.	Recovery contact, keyworker, coping list.
Isolation	Tell someone I am withdrawing before I disappear completely.	Arrange company, appointment or safe activity.

3. My support ladder

Plan several levels of support. **Green:** everyday recovery routines and people who keep you connected. **Amber:** extra contact when warning signs appear - an additional appointment, staying with somebody, reducing access to money or avoiding a risky environment. **Red:** urgent professional or emergency help when you cannot keep yourself safe, there is overdose risk, severe withdrawal, suicidal thinking or another immediate danger.

4. My coping menu

Include strategies that have actually helped before rather than an idealised list: leaving a triggering place, showering, walking, music, grounding, eating, sleep, distraction, breathing, calling somebody, attending a meeting, spending time somewhere substance-free, or making the next treatment contact. Have several options because one strategy will not work in every situation.

5. Reduce access during vulnerable periods

Consider what makes impulsive use easier: cash, particular contacts, certain routes, being alone, saved dealer numbers, alcohol or drugs in the home, or unstructured time. Decide in advance what temporary safeguards are realistic. The aim is to create time between an urge and an action, not to punish yourself.

6. Reasons to continue

Write reasons that are meaningful to you rather than what you think you should say: health, children, relationships, work, freedom, sleep, money, self-respect, stability, creativity, housing, avoiding legal problems or simply wanting tomorrow to feel different. Keep the list somewhere accessible.

If a lapse happens

Act early. Move away from further supply, contact somebody, assess immediate medical risk and tell your treatment service. Avoid the "I've ruined everything" response that can turn one episode into a longer return to use. Ask: What was happening beforehand? Which warning signs were present? What part of my plan was inaccessible? What needs changing today?

Your 24-hour reset

Prioritise safety, hydration and food where appropriate, sleep, medication as prescribed, contact with support and a treatment review. Do not drive while impaired. If there may be overdose, severe intoxication, dangerous withdrawal, collapse, seizures, severe breathing difficulty or another life-threatening emergency, call **999**.

Keeping the Plan Alive

A relapse prevention plan works best when it changes with you

Review it before you need it

Set a regular review point and update the plan after major life changes, treatment changes, a lapse or a new trigger. Remove strategies that sound good on paper but are never used. Add names and numbers while you are feeling steady. Give a copy to a trusted person if that feels helpful and safe.

Recovery needs more than avoidance

Longer-term relapse prevention includes building a life that has enough stability, connection and meaning to reduce the pull of substance use. Treatment may address trauma, anxiety, depression, ADHD, sleep, pain, housing, debt, relationships or loneliness alongside the substance use itself. Practical problems are not separate from recovery when they repeatedly increase risk.

Treatment and medication

Evidence-based treatment varies by substance and individual need. It can include psychosocial interventions, keyworker support, mutual aid, opioid substitution treatment, medicines for alcohol dependence, medically supported withdrawal, mental-health treatment and harm reduction. Medication should be discussed with an appropriate clinician and not stopped or changed because of a relapse without advice.

UK support routes

Local drug and alcohol service	Many services accept self-referrals and can provide assessment, keyworker support, treatment and harm-reduction advice.
GP / NHS	For physical or mental-health concerns, withdrawal assessment, medication and referral.
FRANK	Confidential drug information and advice: 0300 123 6600 .
Emergency	999 for suspected overdose, severe breathing difficulty, unconsciousness, seizures, collapse or another immediate threat to life.

For family and friends

Ask the person what they want you to do when warning signs appear. Agree this while things are relatively settled. Support might include a phone call, transport to treatment, safeguarding money or simply staying nearby. Maintain your own boundaries and safety. You can seek family support even if the person using substances is not currently in treatment.

A book to explore

***Beyond Addiction* - Jeffrey Foote, Carrie Wilkens, Nicole Kosanke and Stephanie Higgs.** Although written primarily for families, its emphasis on understanding motivation, reinforcing positive change, communication and responding to setbacks can complement a relapse-prevention plan. It is not a substitute for clinical treatment or emergency care.

A message from Maggie

A plan is not there to prove that you will never struggle again. It is there so that when life becomes noisy, tired, painful or tempting, you do not have to invent the next step from scratch. Put the support in place while you can think clearly. If something goes wrong, use it to understand the pattern and strengthen the plan. A setback can be serious without erasing every step you have already taken.

Clinical note & source framework

This guide is educational and does not replace individual substance-use assessment. Relapse-prevention approaches are commonly incorporated into psychosocial treatment for substance-use disorders. UK clinical information should be checked against current NICE guidance, NHS drug and alcohol treatment information and substance-specific guidance. Reduced tolerance can increase overdose risk after abstinence or reduced use; withdrawal risk varies by substance and may require medical management.