

Relapse Prevention

Triggers, high risk situations, warning signs, strategies

The 4Ds

Urge surfing

INTRODUCTION

When it comes to substance use and dependence, some form of lapse or relapse is considered the norm rather than the exception. Whilst this may be commonplace, repeated withdrawal and relapse can lead to significant psychological and physiological impacts upon the individual. Of greater concern is the increased risk of overdose and/ or death associated with relapse with particular substances of dependence due to reduced physical tolerance. (This is particularly important for depressant drugs such as opioids and benzodiazepines and psychostimulants such as meth/amphetamine, where periods of reduced use or abstinence typically reduces someone's level of tolerance to that substance, meaning that if they return to their former level of use they run a much greater risk of overdose and even death).

As a service provider, preparing clients for the risk of a lapse may help to prevent a full relapse (to the previous levels of substance use). The understanding of the use of medication and psychological interventions (e.g. healthy routines, urge surfing, challenging of negative thoughts) in the prevention of relapse is therefore vital for all practitioners.

There are also special considerations in relapse prevention and relapse management when there are complicating factors of polysubstance use, co-occurring mental health conditions and disadvantaged populations.

RELAPSE PREVENTION

Hand in hand with the idea of motivational interviewing is the concept of relapse prevention. The relapse prevention model that was originally developed by Professor G. Alan Marlatt arose from clinical work with problem drinkers. While this model was developed over 30 years ago, it established key concepts which continue to be used in the relapse prevention field today.

Updates to the model have been undertaken which include a wider range of dynamic factors in the relapse process. A reformulation of the original cognitive-behavioural relapse model places greater emphasis on factors which jointly and interactively affect the timing and severity of relapse. These factors include stable background factors such as personality, genetic, global self-efficacy and family history risk factors, and other more transient factors such as affective states, co-morbid conditions and withdrawal symptoms. Overall these updates seek to enhance the model through consideration of more complex interplay between factors associated with relapse than were considered in the more linear original model.

The first step in preventing relapse is to understand why relapse happens. There are some assumptions that underlie relapse prevention:

1. That people can exercise control over their life and make and sustain their choices, though they may need to acquire skills in order to do this.
2. That it is normal for people to feel that from time to time, they may want to use substances to cope with factors in their life.
3. That through developing new knowledge and skills, people can learn more optimal ways to manage these normal - yet potentially destructive - feelings and thoughts.

Relapse Prevention can be considered through 3 lenses:

INTRA-PERSONAL e.g., feelings and moods 'I'm more likely to use heroin when I feel lonely.'

INTER-PERSONAL e.g., relationships 'Whenever I have an argument with Zoe, it sets me off.'

SITUATIONAL / CUES e.g., places, times 'I'm more likely to become sad when I'm at school.'

From a service perspective, some approaches that attempt to address these areas include:

- individual or group work with a focus on the identification and management of negative and/or positive affect [emotions] associated with use of particular substances.
- individual, group or family interventions with a focus on inter-personal issues (e.g. family conflict, relationship difficulties)
- individual and possibly group interventions that target cues and situations (e.g., cue exposure, developing social networks and alternative leisure pursuits)

By offering these interventions in treatment we are attempting to assist young people develop and think about such statements as...

"I am more likely to use X, when I feel Y, and/or I am with Z, and/or at W".

Remember though, that different drugs may be used for different reasons by different individuals. Therefore, a number of these statements may need to be generated to inform effective treatment. By recognising the triggers, the young person and the treatment provider are then able to look at alternatives to drugs.

In order to develop such sentences as these and then to effectively address some of the triggers, the following can assist:

- provision of accurate and unbiased information;
- attending to personal variables that may be associated with increased vulnerability to negative peer influence for some individuals or groups;
- teaching of decision-making skills and those associated with resistance to negative influences;
- challenging and changing incorrect normative beliefs about the extent of use in a particular area or among a particular target population;
- improving communication between young people and their parents, teachers, adults and peers;
- providing harm minimisation strategies (e.g., safer using techniques) as appropriate, and exposing participants to alternative, satisfying and acceptable alternatives to substance use.

It is important to assist our young people to understand relapse as a process, not just an event. This involves learning to understand and identify the early warning signs and triggers such as high-risk situations, significant anniversaries, cravings, and urges to use, as well as identifying and challenging negative thoughts. Once these are identified, cognitive and behavioural approaches such as specific interventions and global self-management strategies can be implemented.

The four A's of relapse prevention

Effective relapse prevention is built on:

- Awareness (accepting living with a mental health condition, recognising early warning signs, knowing the protective and risk factors, using medication)
- Anticipation (planning for crises, taking a longer-term view of well-being, regularly reviewing progress)
- Access (having an early intervention system of support to act on warning signs – specialist services, case management, GPs, support groups)
- Alternatives (being age and culture appropriate, looking at the environment, having supported accommodation and follow-up services).

RELAPSE MANAGEMENT

CRAVINGS AND URGES

Cravings can be triggered by people, places, things, feelings, situations or anything else that has been associated with drinking or using in the past. The following are important points we relay to young people about their cravings:

- Cravings are not life threatening and will eventually pass
- People with a heavier history of use will more likely experience stronger cravings
- Each experience of craving rarely lasts more than a few minutes
- Cravings are most intense in the early parts of quitting/cutting back

Cravings will only lose their power if they are NOT strengthened by using. Each time an individual doesn't drink or use, the craving will lose some of its power. As such, not using is the best way to ensure cravings will fade out. Using occasionally will only serve to keep cravings alive. "Cravings are like a stray cat - if you keep feeding them, they will keep coming back".

Craving intensity does vary, but management does get easier with time as both the frequency and intensity of cravings tend to decrease. For some substance types, there are medications that can assist with reducing initial discomfort and to help down-regulate the effects of substances in the body.

URGE SURFING

Urge surfing is a technique where clients are taught how to experience the urge/craving for what it is: a brief, non-lethal sensation with a relatively predictable course that can be successfully managed.

Urge surfing is a technique that encourages the client to view urges or cravings as 'waves in the ocean', and to treat this as a transient experience that initially increases in intensity, and then fades and passes away in a short time. Clients are taught to focus on their breathing and then to just notice their thoughts and observe any changes that occur in their bodies.



THE 4 Ds

Another strategy clients can use is known as the 4 Ds. While there has not been evidence to show these work for everyone, the 4 Ds serve as baseline idea for coping:

Delay - the client is encouraged to delay the decision to use. "I want to use, but I'll wait at least half an hour." Cravings come in waves and will pass.

Distract - the client engages in an activity such as reading or going for a walk. This will take them out of their subjective experience of a craving and engage them with something else.

Deep Breathing - the client is encouraged to practice deep breathing exercises when they have a craving or urge to use. Relaxing will decrease the tension caused by the craving.

Drink a glass of water - having a glass of water can disrupt a craving by activating the parasympathetic nervous system and encouraging rest and digestion.

TRIGGERS

Triggers are people, places or events that might bring about an urge to use a substance. Triggers can bring on strong physical and psychological responses including bodily sensations, thoughts, feelings, and a strong desire to use a substance. One key to managing relapse is the identification and management of triggers. Ideally, in the early stages of changing usage patterns (early stages of quitting or cutting down), triggers are avoided. This is not always possible however, so bringing your triggers out in the open so that you can develop strategies around managing them is the key. For example, a person may be triggered to smoke a cigarette when they see someone they usually smoke with. This person may be unavoidable if they happen to be a work colleague, so a more reasonable strategy might be to avoid interactions near the designated smoking area.

A helpful way to identify and manage triggers is to set them out in a table. This will not create a magic situation that makes all cravings disappear. It will however bring those triggers into focus, and help avoid being surprised by blind spots.

People

Trigger	Thoughts	Feelings	Coping Strategy
<i>E.g. Best friend</i>	<i>We usually have a drink together, and I remember how much fun we have after a few wines.</i>	<i>Excited, anxious</i>	<i>Let them know I am trying to cut down and plan an alcohol free activity.</i>

Places

Trigger	Thoughts	Feelings	Coping Strategy
<i>E.g. The bottle shop on the walk home from the train station</i>	<i>They don't know I'm trying to quit, I could easily buy a bottle and try again tomorrow.</i>	<i>Confused, overwhelmed, guilty</i>	<i>Remember cravings don't last forever, I'd prefer not to feel like this, but I can cope. OR Find an alternative route home.</i>

Activities

Trigger	Thoughts	Feelings	Coping Strategy
<i>E.g. Watching TV after dinner</i>	<i>I can't remember the last time I sat on the couch without a drink.</i>	<i>Sad, bored, impatient, frustrated</i>	<i>Commit to drinking water instead, remember that cravings come and go OR Do something else, like go to bed and read.</i>

As you will notice in the examples given, it helps to be quite specific. Be honest about the thoughts and feelings that occur when you are triggered and try to come up with realistic coping strategies.

Other common ways people have found to cope with potential triggers include avoiding certain places altogether (e.g. pubs and clubs), deleting numbers from your phone (e.g. drug dealers, friends you buy from), always having an activity planned for after meals (e.g. getting in the shower after dinner for people trying to quit smoking) or avoiding TV shows or movies which remind you of using (e.g. not watching the movie you always watched while you were stoned) or even replacing this with a new hobby (like reading during the times you used to watch TV).

HIGH RISK SITUATIONS

High risk situations are simply that; situations which place someone at high risk of lapse or relapse. A high risk situation for a problem drinker may be a work lunch at a pub. A high risk situation for a cannabis dependent teenager might be hanging out at a certain mate's house. High risk situations may also refer to a set of circumstances. A high risk situation for someone trying to give up heroin may be engaging in an argument with a partner. The feelings of anger and frustration may lead the person to crave heroin to sooth the mood. This could then be justified by blaming the partner or the fight for the lapse.

High risk situations place the individual at increased risk of lapsing, and should be carefully considered in order to be effectively managed. In the early stages of change behaviour (cutting down or quitting), high risk situations should, if possible be avoided. Someone attempting to quit smoking may choose to stay well clear of the designated smoking area at work for a period of time. If this is not possible however, then it is important to identify key high risk areas or situations, and prepare strategies in case strong cravings occur. These can involve self-talk strategies (things we say to ourselves in order to manage a craving), alternative activities, and prepared responses to drink/drug offers or peer pressure.

Situation	Thoughts	Feelings	Coping Strategy
<i>E.g. Being in a pub or club</i>	<i>Everybody's drinking. I'll be nervous and boring if I don't join in. I'll get pressured to drink. I'll give myself a PASS just for tonight</i>	<i>Nervous, anxious, excited</i>	<i>Let people know my plans to cut down. Make an excuse (I haven't been feeling well lately). Tell people I have to drive somewhere later tonight.</i>

ACKNOWLEDGEMENTS:

- Noffs, M., & Palmer, K. (2018). *Addicted?: How Addiction Affects Every One of Us and what We Can Do about it*. HarperCollins.
- mybodytutor.com (urge surfing image)