Relapse warning signs and next steps

Clear questions. Useful next steps. Space to make a plan.

A warning sign is a prompt, not proof.

When someone you love seems different, it is natural to feel frightened or start looking for explanations. You do not have to solve the whole situation before offering support. Start with what you have actually noticed, what the person says they need, and whether anyone is unsafe.

What you notice / what you might ask

Observable change	A useful starting question
Sleep or routine: a noticeable change in usual sleep, meals, or daily commitments.	What has been making your days harder lately?
Connection: less contact with people or appointments that usually matter to them.	Is something getting in the way of staying connected?
Mood or attention: more distress, irritability, or difficulty focusing than usual.	What feels most difficult right now? [R1]
Gambling and money: new borrowing, chasing losses, or gambling affecting household bills.	Would it help to look at what is happening with money together? [R2]

Look for a change from their usual pattern

Disrupted sleep, withdrawing from people, missed responsibilities, or a marked mood change can signal a need for help. These changes do not, by themselves, establish substance use or a diagnosis. A clinician can help clarify what is happening. Treat the examples below as conversation prompts, not a scoring system. [R1]

A setback does not erase the work already done

NIDA explains that a return to substance use can mean treatment needs to resume or change; it is not, on its own, proof that treatment has failed. It still deserves attention because a return to use can be dangerous. [R3]

Keep a brief, factual note

Write what happened, when it happened, and the question you want to ask. For example: 'The appointment was missed on Tuesday; I want to ask whether transport or something else got in the way.' Leave out guesses about motives. Keep the note private, and use it to prepare a conversation rather than build a case against the person.

A note you can use

Event and date: _____. Change I observed: _____. What I do not know: _____. Question I want to ask: _____. Keep this private and factual.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[R1] SAMHSA: Mental Health, Drug and Alcohol: Signs You Need To Seek Help (2023-04-24).

[R2] National Health Service (NHS): Help for problems with gambling (2023-12-08).

[R3] NIDA (NIDA): Drugs, Brains, and Behavior: The Science of Addiction - Treatment and Recovery (2020-07).

Have the conversation without making it a confrontation.

Choose a private, lower-stress moment when a conversation is possible. Ask permission to talk, describe your concern plainly, and listen before offering solutions. SAMHSA recommends direct, nonjudgmental conversations and patient offers of help. You do not need a perfect opening line. [R4]

An opening you can make your own

Purpose	Example language
Name what changed	I noticed you stopped going to the meetings you used to value. I am concerned, and I would like to understand.
Invite their perspective	How have things been from your side? Is there something I have misunderstood?
Ask what help would fit	Would you prefer that I listen, help arrange a call, or give you some space and check back later?
Offer one practical step	I can sit with you while you call the program, or help work out a ride. Which would feel useful?
Keep the door open	We do not have to settle everything now. I care about you, and I am willing to have this conversation again.

Be clear about safety

If you are worried about suicide, ask directly whether the person is thinking about suicide. Research summarized by NIMH shows that asking does not increase suicidal thoughts or behavior. Listen without judgment and connect with crisis support; use the next page for emergency steps. [R5]

If the conversation is not going well

- Pause the argument rather than trying to win agreement about a label. Return to one observable concern and one offer of help.
- If they are not ready to talk and there is no immediate emergency, offer another time or another trusted person. You cannot make an adult choose care simply by finding the right words. [R6]
- Do not promise secrecy about a plan to harm someone. Seek crisis support instead. [R7]

Consent belongs in the plan

Ask: 'Who would you be comfortable involving, and what would you like us to share?' Ask the program how to provide concerns, which consent is needed for updates, and what its urgent-contact process is. Do not assume that being family gives access to clinical details.

If you disagree about what happened

Return to the part you do know: "We may see the cause differently, but the missed appointment concerns me. What would help us work out the next step?" You can offer help without securing agreement about a label. Do not use a routine disagreement to change someone's medication or clinical plan.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[R4] SAMHSA: Supporting a Loved One Dealing with Mental and/or Substance Use Disorders: Starting the Conversation (n.d.).

[R5] NIMH (NIMH): 5 Action Steps to Help Someone Having Thoughts of Suicide (2024).

[R6] SAMHSA: Mental Health, Drug, or Alcohol Issues: How to Help Someone (2023-04-24).

[R7] 988 Lifeline: Help Someone Else (n.d.).

Know which kind of help cannot wait.

A difficult conversation and a medical emergency need different responses. You do not need certainty about the substance or diagnosis before seeking emergency help. Keep these U.S. contacts available, and follow the person's clinician-developed safety plan when one exists. [R7, R8]

Match the response to the situation

What is happening	What to do
Cannot be awakened, breathing is slow or difficult, or there are choking/gurgling sounds from someone who will not wake.	Treat this as a possible overdose. Give naloxone if available and call 911. Stay with the person if safe and follow dispatcher instructions. [R8]
A seizure, severe breathing difficulty, or immediate danger of serious harm.	Call 911. Do not wait for a routine appointment or an admissions callback. [R9, R10]
Suicidal thoughts, emotional crisis, or concern about someone else's safety without an immediate medical emergency.	Call or text 988, or use 988lifeline.org. You can contact the Lifeline about someone you are worried about. [R7]
A return to use, worsening cravings, or other concerning changes without an immediate emergency.	Contact the treating clinician or program promptly for reassessment and next steps. [R3]

911	988	your clinician
medical emergency	suicide / emotional crisis	non-emergency follow-up

Why returning to use can be especially dangerous

After time without a drug, the body may no longer tolerate the amount previously used. Returning to that amount can cause an overdose. Do not assume a familiar substance, previous experience, or a short period of use makes the situation safe. [R3]

Prepare for opioid exposure

Ask a pharmacist or clinician about obtaining naloxone and learning to use it. Know where it is stored. Naloxone reverses opioid overdose; it does not replace emergency care. Follow the product instructions, and get emergency assistance even if the person appears to improve. [R8]

Do not improvise withdrawal care

Stopping heavy, prolonged alcohol use suddenly can cause life-threatening withdrawal. Suddenly stopping or rapidly reducing benzodiazepines can also cause dangerous withdrawal, including seizures. Seek medical guidance; do not create a home detox or taper plan, change doses, or take away prescribed medication as a consequence. [R9, R11]

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[R7] 988 Lifeline: Help Someone Else (n.d.).
[R8] CDC: 5 Things to Know About Naloxone (2024-05-02).
[R9] FDA: FDA requiring Boxed Warning updated to improve safe use of benzodiazepine drug class (2020-09-23).
[R10] 988 Lifeline: Contact Us (n.d.).
[R3] NIDA (NIDA): Drugs, Brains, and Behavior: The Science of Addiction - Treatment and Recovery (2020-07).
[R11] NIAAA: Understanding Alcohol Use Disorder (n.d.).

Make room for care. For both of you.

Use this planning page with the person and, when possible, their treatment team. It is an organizer for agreed support, not a substitute for a clinical safety plan. Choose actions the person finds useful, identify who owns each step, and decide when to review the plan again.

A next-step card to complete together

Prompt	Your agreed answer
My early sign	A change I recognize in myself: _____
My first useful action	Something possible on a hard day: _____
People and services	First contact: _____ Number: _____ Backup: _____
The practical obstacle	Barrier: _____ Who can help with this task? _____
Review and urgency	Review date: _____ Emergency instructions kept at: _____

Include digital and financial access when gambling is involved

Discuss gambling-blocking software, self-exclusion, and available bank gambling blocks with the person and their gambling-treatment professional. These tools can support a plan; they do not replace treatment or guarantee that gambling stops. Ask which devices, accounts, and local programs need attention. Any shared-access arrangement should be explicit and agreed, not covert monitoring. [R2]

An example, not a rule

'If I want to gamble after payday, I will contact my chosen support person before opening an app. We will review the access barriers with my therapist. My family can help with the call; they are not expected to manage every transaction or cover new losses.'

Before putting the plan away

- Each person has a copy of the parts they agreed to use.
- Contact numbers and appointment details have been checked.
- A review date is written down, and someone owns arranging it.
- Everyone knows that emergencies override a routine check-in schedule.

After the first call

Confirm whether the next contact is a brief screening, a clinical reassessment, or a booked appointment. Ask what to do while waiting and which changes mean the person should seek more urgent help. If a callback does not happen, use the agreed backup route rather than repeatedly leaving messages in an unmonitored inbox. Keep the person involved in routine decisions; emergency safety is a different priority.

Keep your own support in the picture

Name one person, therapist, or family-support meeting you can contact for yourself. Be specific about time, money, and practical help you can sustain. Asking for support does not mean withdrawing care; it means your loved one is not relying on one exhausted person for every need. [R13]

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[R2] National Health Service (NHS): Help for problems with gambling (2023-12-08).

[R13] SAMHSA: Mental Health, Drugs and Alcohol: Taking Care of Yourself (2023-04-24).