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DAMAGE CONTROL: DEALING WITH SLIPS, RECYCLING, AND RICOCHETS

What Is Regression?

A **Regression** is any instance of a deviation from your change plan which makes you unhappy. It does not matter whether your plan is abstinence from alcohol, moderate drinking, or harm reduction, any return to an old pattern of behavior which you do not like and which you want to change is a **Regression**.

The HAMS Harm Reduction concept of **Regression** differs in some important respects from the 12 step disease model notion of a "**Relapse**". We view people as responsible adults who have a right to choose what they put into their mouths. Disease theory tells people that their brains are their own worst enemy and that they must ignore what their brains tell them and follow the 12 step program no matter what. Harm reduction says that it is your right to change your mind about abstinence and choose to attempt moderation or harm reduction instead. We feel that it is safer for a person to make such an attempt in a safe and supportive environment than to do so on one's own or even worse in secret. It is always possible to make a rational choice to return to abstinence if moderation or harm reduction does not work out. Hence, although disease theory calls a reasoned decision to return to drinking a "relapse", harm reduction calls this an individual choice. We find that denial is rare unless people are forced into denial by unreasonable circumstances or unreasonable people around them.

HAMS classifies regressions into three categories: **slips**, **recycling**, and **ricochets**. A **slip** is a minor and temporary lapse. **Recycling** is defined by the Prochaska group as a return to a previous stage of change. In a **ricochet** the behavior actually becomes worse than it was before an attempt was made to change it. Foreknowledge and the right attitude can go a long way towards preventing **slips** from becoming **recycles** or **ricochets**.

One of the most important things to know is that most people don't change their habits perfectly on the first try--**regression** and multiple attempts at change are the norm. When the Prochaska group studied people who were quitting smoking they found that only one out of every twenty persons in their sample quit smoking on the first try. Most people who quit successfully required several tries. Scientists who study the way in which people change agree that each instance of **recycling** to a previous stage can potentially function as a learning experience--and that when the person has learned enough through trial and error they then successfully change their behavior. What is true of quitting cigarettes--which many researchers believe to be the most difficult habit to change--is also true of quitting other habits like drinking.

Slips are minor violations of the plan. One can sometimes deal with **slips** quickly and move on. If one does not deal with them quickly they can sometimes turn into **recycles** or **ricochets**.

Recycling can occur when a person temporarily returns to a former stage of change--it can also occur when a person gives up on change indefinitely.

Ricochets tend to occur when the person falls into a deep state of self-loathing over their failure to change. Catastrophizing over a **slip** can help turn it into a **ricochet**. Certain 12 step disease model slogans and concepts can also tend to lead slips to become ricochets--particularly slogans like "one drunk means one drunk" and the concept that one cannot stop drinking unless one first "hit's bottom" or the concept that you are "powerless" over alcohol. The fact is that alcohol is an inanimate object and it is powerless over you.

It does not matter if your goal is abstinence, moderation, or harm reduction--if you beat yourself up over a slip you can wind up drinking as badly or worse than before because you are making yourself miserable over your failure. This is what we refer to as the **Ricochet Effect**¹. The **Ricochet Effect** has been studied in detail by Alan Marlatt and others. The best way to avoid falling victim to the **Ricochet Effect** is to forgive yourself and move on. Other things to do to avoid the **Ricochet Effect** include forgetting those twelve step mantras which set you up to go on a bender and giving up the habit of catastrophizing.

One reason why **regression** is common is that habits like drinking become highly **automated** and **unconscious** as we discussed in the chapter "[Learning and Addiction](#)." Some **slips** may occur in response to an urge or a craving. Others **slips** may be a conscious choice to drink when we encounter negative situations or emotions and we think that a drink will make us feel better. And according to Stephen Tiffany² some **slips** are essentially unconscious in nature simply because drinking has become such an automated and ingrained habit--often a habit which responds to a certain accustomed environment.

It is important to realize that sometimes a **regression**--whether a **slip** or a **recycle** or a **ricochet**--results from a **conscious decision** to deal with a **craving**, an **urge** or a **bad feeling**, and that at other times it result in an essentially **unconscious manner** as a result of **conditioned responses** which alcohol has set up in our brains.

In other words--sometimes we clearly choose to drink again--but sometimes it can seem like it happens without our even knowing it. Realizing that this is a **learned habit** goes a long way towards helping people to not beat themselves up over and catastrophize **slips**.

Another important thing which we get from learning theory is that the longer you are away from bad habits the less pull they have.

¹ Marlatt's original term for what we call the **Ricochet Effect** is the **Abstinence Violation Effect (AVE)**. Soon after Marlatt invented the term **Abstinence Violation Effect** it was discovered that this kind of overshooting or Ricochet effect can occur as a response to a failure to meet any goal--whether the goal is abstinence, moderation, or harm reduction. A good deal more information about the **Abstinence Violation Effect** and **Damage Control** can be found in Marlatt's book: Marlatt, G. A. & Gordon, J.R. (Ed.). (1985). Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors. New York: Guilford Press.

² Tiffany, S. T. (1990). A cognitive model of drug urges and drug use behavior: Role of automatic and nonautomatic processes. *Psychological Review*, 97, 147-168.

An excellent way to prevent a **regression** from turning bad is to have a **damage control plan--a plan B**--in place. Practicing the harm reduction strategies outlined in [The Harm Reduction Cheat Sheet](#) can go a long way towards preventing you from killing yourself or someone else if you **regress**.

Besides having a **damage control plan** in place, one other good technique is to have **coping strategies** in place to deal with difficult emotions and situations. These **coping strategies** can help prevent **slips, recycles, and ricochets** from happening at all. We will discuss **coping strategies** in the next chapter.

Now let's take a look at some practical examples to see how practicing **damage control** can work in real life. We will start with a harm reduction example.

CASE 1 - Bob:

Bob³ had been in the habit of getting drunk four or five nights out of the week and coming into work hungover several times a week. After being reprimanded by his supervisor for smelling boozy in the mornings Bob decided with the help of HAMS to adopt a harm reduction plan which involves getting drunk only two nights a week and no more drinking on work nights. Bob does fine with this new harm reduction plan for two months, then one day Bob has a **slip** and gets drunk on a work night. Bob has a **damage control plan** in place that involves calling in sick rather than going to work smelling all boozy in the morning so he does so. What does Bob do next?

Bob might start beating himself up over his failure and telling himself that he is no good. Bob might start feeling so bad about himself that he thinks the only relief from this bad feeling is to get drunk. Or Bob might decide that his **slip** proves that change is impossible and that he might as well keep drinking. Bob abandons his harm reduction plan and the **slip** turns into a **recycle** or a **ricochet**.

Alternatively Bob can tell himself that change is hard and that it is difficult to get it right on the first try. But a minor setback is no reason to give up on making a change for the better and Bob is ready to get right back on the horse today. Bob might decide to continue with his harm reduction plan, or he might take this as an opportunity to review his feelings about alcohol and do a new Cost/Benefit Analysis. Bob might decide to opt for a period of abstinence or he might even decide to change his goal from harm reduction to long term abstinence. Regardless of which route Bob chooses, he is continuing to make a change in a positive direction rather than letting his **slip** drag him down and backwards.

CASE 2 - Harry:

Now let us look at Harry. Harry has decided that the costs of drinking alcohol are not worth the benefits and has opted for indefinite abstinence from alcohol. Harry's plan has been going along swimmingly for six months. Then one night Harry is at a party where there is both spiked punch

³ All names in these examples are fictitious.

and non alcoholic punch. By mistake Harry gets a glass of spiked punch--he realizes this after drinking it and tasting the alcohol in it. What does Harry do next?

If Harry believes that "one drink means one drunk" and that he is powerless over alcohol then Harry might well start drinking and drinking and seeking to hit some sort of bottom.

However, if Harry believes that alcohol has no power over him at all and that he is determined to quit in spite of any accident, then he will just put down the cup of spiked punch, get some non alcoholic punch, and go on as if nothing had happened.

CASE 3 - Joe:

Now let us look at the case of Joe. Joe suffers from both depression and anxiety and has used alcohol to medicate both these feelings. Joe has had a DUI and decided give up the heavy drinking and to follow a moderate drinking plan instead. Joe is successful with moderate drinking for several months and begins seeing a therapist for anxiety and depression during this time. Then Joe's anxiety and depression become overwhelming again and Joe decides to use alcohol to deal with them once again. What happens next?

If Joe has a good **damage control plan** in place then he will drink safely even though he is drinking heavily. He will plan his drinking so that he never has to drink and drive and so that it does not cause major life damage. Then when Joe is ready he will be able to pick up his moderate drinking plan once again or even decide to opt for quitting.

If Joe has no **damage control plan** in place he may cause himself some major life damage via drinking and give himself even greater reasons to be depressed or anxious.

CASE 4 - John:

John has chosen abstinence from alcohol as his goal. John's therapist is a great fan of AA--so much so in fact that he has said that he will no longer do therapy with John unless John attends AA. John has some serious issues with isolation and he hopes that AA meetings might help him with this as well as with alcohol abstinence. However, John is an atheist who suffered a severe fundamentalist upbringing--one of the reasons that John drank was that he was rebelling against his fundamentalist upbringing.

John is severely uncomfortable at AA meetings because of their strong religious overtones and their insistence that he will die a horrible death of alcoholism unless he has a "Higher Power". John feels more alone in the AA crowd than he does when no one is around. And John feels me like drinking after an AA meeting than his does at any other time.

John has tried to explain these feelings to his therapist--but his therapists response was that John's "addictive self" was trying to find a way to escape AA so that it could make him drink again and kill him. What will happen next?

Hopefully John will fire his therapist and get a new one. Also, hopefully John will cease going to AA and find some secular alternative which supports alcohol abstinence such as SOS or SMART Recovery. If John can find no live meetings of these organizations locally he can turn to their online support groups. John can even use the online alcohol-free HAMS group for support if he wishes.

What if John continues to attend AA? Some people are simply allergic to AA the same way that some people are allergic to penicillin. The cure for a penicillin allergy is not to give a person more penicillin--that is death. The cure is to use an alternative. The same is true with AA. Some people are simply allergic to it and the **Ricochet Effect** that results from continuing to attend AA could well kill them. Different strokes for different folks.

In conclusion what we would like you to take away from this chapter is that the best way to prevent damage from a **regression** is to have a **damage control plan** in place. As the Boy Scouts say--"Be prepared!"

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