

After a period without alcohol or other drugs, a person may find that their body no longer responds the way it used to. The amount they once used may now cause stronger effects—or a medical emergency. This change in how the body responds is called **tolerance** (how much of a substance the body has adapted to handle).

That is one reason relapse can be more dangerous after abstinence. Someone may return to an old amount, assuming they can handle it, even though their tolerance has fallen. The danger is especially well known with opioids, where returning to a previously tolerated dose can lead to a fatal overdose. Alcohol also carries serious risks, including poisoning, injury, and dangerous withdrawal for people who have become physically dependent again.

This is not a reason to shame or frighten someone who has returned to use. Relapse is a signal to reassess safety and support—not a moral failure. If you or someone nearby may be experiencing an overdose, severe alcohol poisoning, or a medical emergency, call emergency services now. Do not wait to see if the person “sleeps it off.”

What Changes When Tolerance Falls?

With repeated substance use, the body can adapt. A person may need more of a substance to get an effect they once got from less. After a break, those adaptations can change. The old amount may then have a much stronger effect on breathing, consciousness, coordination, judgment, or heart function.

There is no single abstinence period after which everyone’s tolerance drops by the same amount. The change depends on the person, the substance, the pattern and length of use, health conditions, and other medications or drugs involved. That uncertainty is exactly why people should not assume that a past dose is safe now.

Tolerance after abstinence is particularly important to understand with opioids such as heroin, fentanyl, and prescription pain medicines. Opioids can slow or stop breathing. If tolerance has decreased, a dose that once seemed manageable may cause an overdose. Risk can be higher when the supply is unpredictable or when opioids are combined with alcohol, benzodiazepines (medicines such as Xanax or Valium), or other sedating drugs.

Alcohol is different in some important ways. A person’s tolerance to alcohol’s noticeable effects may change, but tolerance is not a reliable guide to safety. Someone can be dangerously impaired even if they feel less affected than expected. And for a person who has become physically dependent, stopping alcohol suddenly can cause severe withdrawal (the body’s dangerous reaction when alcohol use drops or stops). NIAAA’s alcohol treatment resource explains that treatment planning can include medical support for withdrawal as well as ongoing care. See NIAAA’s Alcohol Treatment Navigator.

Why a Return to Use Can Become an Emergency

Relapse can involve more than reduced tolerance. A person may use a different product, take several substances together, or have a medical condition that has changed since their last period of use. They may also be alone, far from help, or unsure what is in the substance. These factors can make the outcome less predictable.

With opioids, possible overdose signs include very slow, shallow, or absent breathing; not waking up; blue, gray, or pale lips or fingertips; and choking or gurgling sounds. If naloxone (a medicine that can temporarily reverse an opioid overdose) is available, use it according to its instructions and call emergency services. Stay with the person and follow the emergency dispatcher’s directions. Naloxone is a temporary response, not a substitute for medical care.

Alcohol poisoning can also be life-threatening. Warning signs may include confusion, vomiting while unconscious, seizures, slow or irregular breathing, clammy skin, or inability to wake. Do not leave the person alone, induce vomiting, or put them in a cold shower. Call emergency services and follow the dispatcher's instructions.

There is no reliable way to calculate a "safe" return-to-use amount from someone's history. That is why **overdose risk education** should be specific and practical: what substances may be involved, what warning signs to look for, when to call for help, and what to do while help is on the way.

Start With Assessment, Not a Schedule

After a return to use, a program should not rush to describe its daily schedule before understanding the person's immediate needs. The first step is a personalized assessment (a careful review of health, substance use, safety, and support needs). It helps determine whether someone needs emergency care, medically supervised withdrawal, residential treatment, outpatient services, or another level of support.

A useful assessment may cover:

- What substances were used, how often, and when they were last used—including alcohol, prescription medications, and substances taken together.
- Past overdoses, withdrawal symptoms, seizures, delirium (severe confusion), or other medical complications.
- Current health conditions, medications, pregnancy, pain, and access to a reliable prescriber.
- Mood, anxiety, trauma, sleep, and thoughts of self-harm.
- Living situation, access to supportive people, and whether the person can stay safe while care is arranged.

The goal is not to pass or fail a screening. It is to identify risks early and match the next step to what is happening now. For example, a person who may be entering alcohol withdrawal needs a medical assessment before being told to stop drinking at home. Withdrawal can escalate, and a clinician must decide what level of monitoring is appropriate.

Questions to Ask When Calling a Program

People often freeze on the phone, especially when they are worried or exhausted. It can help to keep a short list in front of you:

- "Can you assess medical and withdrawal risks before recommending a schedule or level of care?"
- "Who reviews medications, health conditions, and recent substance use?"
- "What happens if you think someone needs emergency or medically supervised withdrawal care?"
- "How do you screen for depression, anxiety, trauma, or thoughts of self-harm?"
- "What support is available after the first phase of treatment?"
- "Can you explain the cost, what insurance may cover, and what is not included?"

A program should be able to explain its process in plain language. If you are looking at a particular provider, ask how its services fit your needs rather than assuming every service or level of care is right for you. Aurora Recovery Center's website can be one starting point for learning about a provider, but a website cannot replace an individualized clinical assessment.

Withdrawal Risk and Safety Planning

Relapse safety planning means thinking ahead about how to reduce the chance of an emergency and how to respond if one occurs. It is not a promise that someone will never use again. A useful plan can be made with a clinician, counselor, or trusted support person and updated as circumstances change.

Depending on the substance and the person's situation, a plan may include:

- Getting urgent medical advice about withdrawal rather than stopping alcohol or sedatives abruptly without guidance.
- Identifying who to call and where to go if withdrawal symptoms, overdose signs, or severe distress appear.
- Discussing naloxone access and training when opioid exposure is possible.
- Reducing isolation by arranging check-ins with a trusted person or treatment professional.
- Reviewing prescribed medications and avoiding dangerous combinations, especially combinations that cause heavy sedation.
- Keeping emergency numbers and relevant medical information easy to find.

These are prompts for a clinician-led plan, not instructions for managing a high-risk withdrawal alone. Alcohol and some medications can cause dangerous withdrawal, and symptoms may worsen. Severe shaking, seizures, hallucinations, marked confusion, or other alarming changes call for urgent medical attention.



Short-Term Safety and Long-Term Recovery Are Different Goals

In the immediate term, the goal may be to prevent overdose, treat withdrawal safely, stabilize a medical or mental health concern, and make sure the person is not alone with an urgent risk. Those needs deserve attention before discussions about long-term milestones.

Longer-term goals may include reducing or stopping substance use, improving health and daily functioning, rebuilding relationships, addressing pain or trauma, and connecting with ongoing support. The right path differs from person to person. A return to use does not erase progress, and one treatment approach cannot be assumed to work for everyone.

A strong plan connects the first steps to what comes next. That may mean a transition from withdrawal management to residential or outpatient treatment, medication treatment when appropriate, peer support,

counseling, or community-based care. A transition should include clear follow-up arrangements—not just a list of phone numbers handed over on discharge.



When comparing options, ask how the provider handles step-down planning (moving to a less intensive level of care as needs change), who will help arrange follow-up, and what happens if the first plan is not a good fit. These questions are more useful than relying on broad claims such as “we tailor care” without concrete examples.

Screening for Mental Health Needs Matters

Depression, anxiety, post-traumatic stress, sleep problems, and other mental health concerns can occur alongside substance use. A person may have had these concerns before using, developed them during a difficult period, or experience them more strongly during withdrawal or early recovery. A screening is not a diagnosis, but it can show whether a fuller evaluation is needed.

Ask whether mental health screening is part of intake, how urgent concerns are handled, and whether follow-up is available after the immediate crisis. If someone has thoughts of suicide or may harm themselves or another person, seek urgent professional help rather than waiting for a routine appointment.

Care should also account for prescribed medications, medical conditions, and practical barriers such as transportation, childcare, work, or housing. Follow-up is not an optional extra: symptoms and risks can change after the first assessment, so the plan may need to change too.

What to Remember About Tolerance After Abstinence

The central message is simple: a past dose is not proof of present safety. Tolerance can change during abstinence, and it may be difficult <https://www.windstream.net/finance/category/press/article/businessnewswire-2026-10-1-recovery-does-not-follow-one-schedule-what-personalized-addiction-care-looks-like> to predict how much. Returning to a previous amount can create serious overdose risk—especially with opioids—while alcohol withdrawal can itself be medically dangerous for someone who is dependent.

If a return to use happens, respond with care, not blame. Check for immediate danger, call emergency services when needed, and arrange a professional assessment that looks at medical safety, withdrawal risk, mental health,

and next steps. The most useful plan is specific to the person in front of you and includes both short-term safety and ongoing support.