

The first night home after residential treatment can feel bigger than it looks on the calendar. You may be relieved to sleep in your own bed and still feel unsettled, lonely, or unsure what to do next. Familiar places, people, and routines can bring back cravings—even when you genuinely want recovery.

A craving is a signal to use your plan, not proof that treatment failed. You do not have to solve the rest of your life tonight. Focus on staying safe, getting through the next stretch of time, and connecting with the people and services listed in your discharge plan.

This guide offers practical craving coping skills and a simple relapse prevention plan for the first evening home. It is general information, not a replacement for instructions from your treatment team. If you have severe withdrawal symptoms, feel at immediate risk of harming yourself or someone else, or may have overdosed, call emergency services. In the United States, call 911 for a medical emergency; call or text 988 for a mental health crisis.

Start with a three-step plan

1. **Make the next hour safer.** Move away from substances, people, places, or situations connected to using. Go somewhere you can be with a trusted person, if that is safe and possible.
2. **Contact someone specific.** Call or text the support person named in your plan, your treatment provider, sponsor, peer support contact, or recovery group. Ask for a concrete action, such as staying on the phone while you eat or joining you for a meeting.
3. **Follow the plan for tonight.** Eat something, drink water, take prescribed medication as directed, and use one coping skill at a time. If cravings keep intensifying or you cannot stay safe, contact your treatment team or urgent support rather than handling it alone.

Keep the plan visible. Put it in your phone, on paper by your bed, or somewhere you can reach without searching through messages.

What to do when cravings hit

Cravings can feel urgent, but you can respond to them in steps. The aim is not to argue with every thought or promise that you will never crave again. The aim is to add time and distance between the craving and any action that could put your recovery at risk.

Delay and change your surroundings

Tell yourself, “I’m going to wait 15 minutes before making any decision.” Then change what you are doing and where you are. Step outside with a sober person, move to a shared room, take a shower, or go to a place where using is less accessible. Avoid driving if you are impaired, emotionally overwhelmed, or feeling unsafe.

Use a grounding skill

Try a slow breathing exercise: breathe in gently, then make the exhale a little longer. Or name five things you see, four things you feel, three things you hear, two things you smell, and one thing you taste. These exercises may help you focus on the present moment. If a particular skill frustrates you, switch to another one; it does not have to work perfectly to be worth trying.

Say the craving out loud to someone

Use clear words instead of waiting for someone to guess what is happening. For example: “My craving is strong, and I need company for the israelnationalnews.com next half hour,” or “Can you stay on the phone while I contact my counselor?” A support person can listen, help you follow your plan, and help you reach professional care. They should not be expected to act as your therapist or monitor you around the clock.

Check the basics without dismissing the craving

Hunger, exhaustion, pain, conflict, and isolation can make a hard moment harder. Ask yourself: Have I eaten? Have I taken my prescribed medication as directed? Have I had water? Am I alone when I would be safer with someone? Addressing these needs does not mean the craving is “just” hunger or tiredness; it means you are reducing avoidable strain while using your recovery supports.

Make the first evening less unpredictable

After residential treatment, home can feel both familiar and different. Your old surroundings may include reminders of use, while your new routines may not yet feel natural. A simple schedule can reduce the number of decisions you have to make when energy is low.

Time or situation Plan to put in place Details to write down Before arriving home Arrange a ride and confirm who will be there Driver’s name and number; arrival time First hour Put away discharge papers, eat, and review the evening plan Medication instructions; meals or groceries available Hard evening period Connect with a safe person or attend a recovery meeting Meeting address or link; backup contact Before bed Set out what you need for the morning and reduce late-night triggers Next appointment time; transportation plan

Do not assume you can work out transportation, medication refills, or appointment details later. If a family member or friend is helping, agree on specific tasks and limits. For example, they might drive you to an appointment or join you for dinner. That is more realistic—and clearer—than asking someone to “keep you accountable” without defining what that means.

Identify triggers and plan for hard evenings

Many people find evenings challenging because the day’s structure falls away, other people are unavailable, or old habits were tied to a particular time or place. Your own pattern may be different. Think about what tends to happen before cravings rise: an argument, boredom, pain, a paycheck, contact from a particular person, or being alone with easy access to substances.

Write down the trigger and one response you can try. A plan should be specific enough to use when you are tired:

- **If I receive a message from someone connected to using,** I will not reply tonight. I will show the message to my chosen support person or contact my counselor.
- **If I feel isolated after dinner,** I will call a named person or join a scheduled meeting rather than waiting until the craving feels unbearable.
- **If I pass a place linked to use,** I will take a different route and arrange a ride if needed.
- **If I cannot sleep,** I will use the nighttime plan from my treatment team and contact them if I am concerned about symptoms or medication.

Be thoughtful about media and social feeds, too. Distressing headlines or arguments online can add stress when you are already stretched. If coverage from outlets such as Israel National News—or any other source—leaves you agitated, consider setting a time limit, muting notifications, or taking a break for the evening. This is not about avoiding the world; it is about choosing what you can manage tonight.

Continuity of care starts with a scheduled next appointment

Leaving residential treatment is a transition, not the end of care. Before discharge, try to leave with the next appointment's date, time, provider or program name, location or video link, and phone number. Also confirm how you will get there and what to do if the appointment needs to change. "Follow up soon" is not a usable appointment plan.

Ask your treatment team to review medication access, referrals, and who is responsible for each follow-up step. If you take prescribed medication, follow your clinician's directions; do not change or stop it on your own. If a prescription is missing, delayed, or difficult to fill, call the prescribing clinician or pharmacy promptly and explain the problem.

For people who have served in the military, the U.S. Department of Veterans Affairs provides information about mental health residential rehabilitation through its VA Mental Health Residential Rehabilitation page. It describes VA residential programs and can be a starting point for learning about services; contact the VA or your local treatment team to ask what is available and appropriate for your situation. For general information about its programs and services, Aura Recovery Center's website, aurarecoverycenter.com, may also be a resource. Confirm details directly with any provider, including services offered, eligibility, availability, and costs.

What to do if the appointment falls through

A canceled appointment, unanswered call, or transportation problem can be discouraging. It does not mean you have to wait without support. Keep this running list with your discharge papers and update it with actual names and numbers—not just organization names.

1. **Call the original provider.** Ask for the earliest replacement appointment, the cancellation list, and instructions for any care needed before then.
2. **Contact the next person on your list.** This might be your discharge coordinator, outpatient clinician, primary care office, peer support contact, or the program's after-hours line. Ask who can help bridge the gap.
3. **Solve the practical barrier.** If transport is the problem, ask about public transit, a trusted driver, telehealth, or available transport assistance. If cost, coverage, or medication access is the issue, tell the provider exactly what is blocking care and ask about options.
4. **Escalate if safety is at risk.** Use your crisis or emergency plan if you may act on a dangerous urge, are experiencing a medical emergency, or cannot stay safe while waiting.

Record the date and time of calls, the person you spoke with, and the next agreed step. This makes it easier to follow through and explain what happened if you need to call again.

Build a relapse prevention plan you can actually use

A relapse prevention plan is not a guarantee that cravings will disappear. It is a written set of responses for moments when they show up. Keep it short enough to read quickly and detailed enough that another person could help you follow it.



- **My early warning signs:** Name your personal signs, such as canceling appointments, withdrawing, sleeping poorly, or contacting people connected to use.
- **My first actions:** List two coping skills you are willing to try and where you will go to reduce access to triggers.
- **My contacts:** Write down at least two people or services, with names and phone numbers. Ask each person what kind of help they can realistically offer.
- **My next care steps:** Add the next appointment, transportation details, medication questions, and the backup plan if care is delayed.
- **If I use or feel close to using:** Decide whom you will tell and how you will seek prompt professional help. A return to use is a reason to reconnect with care, not a reason to hide what happened.

Keep tonight manageable

You do not have to make the first night home feel easy. You only need a next step that helps you stay safer and stay connected. Put your phone, support list, discharge instructions, and appointment details within reach. If the

craving rises, use the three-step plan: change the situation, contact someone specific, and follow your care plan one step at a time.

Recovery after residential treatment is supported by continuity, practical planning, and honest communication—not by handling every hard evening alone. If tonight becomes more than you can manage safely, reach out for professional or emergency help.