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14 PEOPLE AROUND YOU

FOR FAMILIES

When Someone You Love Can't Get to Treatment

STEPHEN DEASON

Alder Creek EDITIONS

For Families

With Thanks

These books are offered at a low price in print and free online through the generous support of Matthew Marberry and the Michael Marberry Family Fund.

Thank you, Matthew, for helping put these books in the hands of the people who need them.

Stephen Deason

DON'T PANIC

If you are in danger, call 911.

If you are in crisis, or thinking about suicide, call or text 988.

For free help finding treatment, call 1-800-662-4357.

For your own plan, turn to page 79.

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The Mile Marker Library

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Published by Alder Creek Editions,
aldercreekeditions.com

Printable edition, 2026.

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Alder Creek EDITIONS

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Recovery Books

The Mile Marker Library: standalone books and tools for people getting into recovery on their own. Each one is numbered and labeled by what it helps with. Start with any of them.

RIGHT NOW

1. *Don't Panic: The First Hours After You Stop*
What to Do When You Stop Drinking or Using

2. *Wallet Crisis Card* **Free Printable**
Numbers to Call, Ready to Print

3. *Free Help Directory*
Meetings, Helplines, and Low-Cost Care

4. *Medications for Addiction, Explained*
What They Are, How to Ask, and How to Pay

DAILY PRACTICE

5. *Tools You Can Use on Your Own*
A Guide to Self-Directed Recovery

6. *Cravings and Hard Hours Workbook*
A Companion to Tools You Can Use on Your Own

7. *One Day at a Time, Written Down*
A 90-Day Gratitude Journal, in General and Christian Editions

8. *Daily Reader, 365 Days* **Forthcoming**
For Any Recovery Path

9. *Worksheet Library* **Forthcoming**
Every Journal Page and Exercise, Ready to Print

REBUILDING

10. *Money in Early Recovery*

Budgets, Debts, Benefits, and Credit

11. *Work and Recovery*

Finding a Job, Keeping It, and What to Tell Employers

12. *Finding a Safe Place to Live*

Sober Housing and What to Check Before You Move In

13. *Court, Probation, and Recovery* **Forthcoming**

What to Ask a Lawyer and What Records to Keep

PEOPLE AROUND YOU

14. *For Families* **This book**

When Someone You Love Can't Get to Treatment

15. *Group Facilitator Guide*

Running Free Peer Support Groups with These Books

16. *Employer Guide* **Forthcoming**

Hiring and Keeping People in Recovery

Who This Book Is For and How to Use It

Somebody you love is using, and you cannot make them stop. You have probably worked that out already, which is why you are holding this.

This book is written by a person in recovery, for the people on the other side of it. I was once the person a family was afraid for. What follows is what I know from that side, plus what I could find out and check from this one. Everything in here that costs money is marked, and almost nothing does.

What this book will not do

It will not get them sober. Nothing you read, buy, say, or do will reliably get another adult to stop using. Anybody who tells you otherwise is selling something.

What it will do

- Tell you what to do in the next hour if they are overdosing.
- Tell you what the research says actually moves people toward help, which is not what most families are told to do.
- Tell you where the free help is, for them and for you.
- Tell you what to do when the hard things happen: jail, the street, children, money, a relapse, a death.

How to use it

- Start with Chapter 1 if something is happening right now.
- Start with Chapter 2 if you do not have naloxone in the house.
- Start with Chapter 6 if you want to know what to do differently.
- Start with Chapter 14 if you are being asked for money.
- Start with Chapter 20 if you are the one who is falling apart.
- Start with Chapter 21 if you have nobody to talk to about this.

The fill-in pages are yours. Every service named in this book is free or low cost.

1. If You Think They Are Overdosing

Read this before you need it. Nobody learns anything useful at three in the morning.

What it looks like

The CDC lists these signs:

- They are unconscious, or you cannot wake them.
- Their breathing is slow or shallow, or they are making choking, gurgling, or snoring sounds and will not wake up.
- Their skin has gone pale or gray, or their lips or fingernails have gone blue or gray.
- Their pupils are tiny and do not change in the light.

You will not always be sure whether somebody is very high or overdosing. If you are not sure, treat it as an overdose. There is no penalty for being wrong in that direction.

What to do

1. Give naloxone if you have it, and call 911. Do both. Do not choose between them.
2. Tell the dispatcher that someone is not breathing and that you think it is an overdose. Give the address first, before anything else, in case the call drops.
3. Try to keep them awake and breathing.
4. Roll them onto their side so they do not choke.
5. Stay with them until help arrives.

Call 911 even if you have given naloxone and they woke up. Naloxone wears off before many drugs do. People have woken up, refused the ambulance, and stopped breathing again an hour later.

Will calling 911 get them arrested

Every state and the District of Columbia has some form of overdose Good Samaritan law. These generally protect the person who calls, and often the person who overdosed, from arrest or prosecution for drug possession at the scene. The protections are narrow and they vary a great deal by state. Some cover arrest, some only cover prosecution. Most do not cover warrants, probation holds, or anything beyond simple possession.

Look up what your state's law covers now, while nothing is happening, so you are not deciding it in the moment. Legal aid at lsc.gov can tell you, and so can your local harm reduction program.

Whatever the law says where you live: a person who is not breathing cannot be helped later.

If more than one dose is needed

With the drugs in circulation now, one dose of naloxone is often not enough. If there is no response in two to three minutes and you have another dose, give it. Keep more than one on hand for this reason.

Afterward

Somebody coming out of an overdose on naloxone is often sick, frightened, and angry. It is withdrawal, and it is sudden. Do not expect gratitude in that hour. It is not about you.

Our address, written out, for whoever makes the call:

Where the naloxone is kept:

Who else in the house knows where it is and how to use it:

Nearest emergency room, and how to get there:

2. Naloxone: Getting It and Using It

Naloxone reverses an opioid overdose. The nasal spray version sold as Narcan has been approved for sale without a prescription since March 2023, so you can buy it off a shelf. It is also given away free in most of the country, and free is usually easier than finding it in stock.

Free routes, in the order worth trying

- Call 211 and ask who gives out free naloxone near you. This is the fastest single call.
- Your county or state health department. Many run a program and most do not advertise it.
- A local harm reduction or syringe services program. These are the people who hand out the most of it and ask the fewest questions.
- NEXT Distro mails it free. Which states it can mail to changes, so check nextdistro.org.
- The emergency room or treatment program, if there has already been an overdose. Ask on the way out. Many hand it over and nobody thinks to ask.

Buying it

Pharmacies, some grocery and convenience stores, and online. No prescription needed. If your insurance covers it, ask the pharmacist to run it through, because the prescription version is often cheaper with insurance than the over-the-counter box.

Using the nasal spray

1. Peel the back off the box. Do not test it first; each device holds one dose and spraying it to practice wastes it.
2. Tip their head back and support the neck.
3. Put the nozzle into one nostril until your fingers touch the bottom of their nose.
4. Press the plunger firmly, all the way.
5. Call 911 if you have not already.
6. If there is no response in two to three minutes, give a second dose in the other nostril.

What it does not do

- It does nothing for alcohol, benzodiazepines, cocaine, or methamphetamine on their own.
- It does nothing for xylazine, which is now mixed into much of the illegal opioid supply.
- It does not hurt a person who is not on opioids. If you do not know what they took, give it anyway.

Keep it where it will be found

Not in a locked box. Not in your purse at work. One in the house where everyone can see it, one in the car. Tell the other people in the house where it is and show them how it works. The person who finds an overdose is usually not the person who bought the naloxone.

Where I got it, and when:

The expiration date on the box:

Who else knows where it is:

When I will get a second one:

3. What Is in the Drug Supply Now

This chapter exists because the thing you are afraid of is probably not the thing you think it is.

The supply changed

Illegally made fentanyl is now in most of the illegal opioid supply, and it turns up in counterfeit pills pressed to look like prescription medication, and in powders sold as something else. It is strong enough that the difference between a dose and a fatal dose is small and is not evenly mixed through a batch.

Xylazine, a veterinary sedative, is increasingly mixed in with it. Naloxone does not reverse xylazine. It is still given, because opioids are usually present too, and the opioid part is what stops the breathing.

What this changes for you

- A pill that looks like a prescription pill is not evidence that it is one.
- Using alone is the thing most likely to kill them. More than quitting, more than quantity.
- Tolerance drops fast. Coming out of jail, a hospital, or a treatment program is the most dangerous week there is.
- Naloxone in the house is not a statement about what you expect. It is a smoke detector.

Fentanyl test strips

Test strips show whether fentanyl is present in a sample. They are legal in most states now and illegal in a few, where they still count as drug paraphernalia. Harm reduction programs give them out free where they are legal. Your local program will know the law where you live.

Saying this out loud

You can tell somebody who is using that you keep naloxone in the house and why, without it being a lecture or a surrender. Most people hear it as what it is: you would rather they were alive.

What I know about what they are using:

What I do not know and have been guessing at:

Who I could ask:

What I want to say about naloxone, in one sentence:

4. If You Cannot Find Them

The hours when you do not know where they are will take more out of you than almost anything else in this book. Have a short list ready so those hours have something in them besides waiting.

Calls worth making

- Their phone, once. Then a text that says you are not angry and you want to know they are alive.
- The two or three people they are usually with.
- The county jail's inmate lookup, which most counties run online.
- Local hospitals. Ask whether anyone matching the description was admitted.
- The police non-emergency line, to ask to file a missing person report. People are often told to wait 24 hours. For anyone under 21, federal law requires states to make sure no agency keeps a waiting period before accepting the report. For adults over 21 it varies, and many departments will take it right away. If you are turned away, ask for a supervisor.
- Shelters and the local outreach team, which 211 can point you to.

If you file a report

Have ready: full name, date of birth, a recent photograph, height and weight, what they were wearing, any vehicle, known associates, and the places they go. Say plainly that

they use drugs and that you are worried about an overdose. It changes how the report is handled, and it is not a betrayal.

What not to do

- Do not drive around all night alone looking for them.
- Do not call forty people. Call the two who know.
- Do not threaten them in a voicemail. If they are alive and ashamed, that voicemail is a reason not to call back.

When they turn up

They will usually turn up. The thing most likely to help the next time is that calling you back was not punished the last time.

Their full name and date of birth:

People who would know where they are, and their numbers:

Our county jail lookup and the non-emergency number:

What I will say in the first message:

5. What You Cannot Do

This is the short chapter, and it is the one most families need before any of the others make sense.

The list

- You cannot make an adult stop using.
- You cannot love them into stopping. If love were enough, this would be over.
- You cannot find the right words. There is no sentence that works. People have been looking for it for a hundred years.
- You cannot want it more than they do and have that count for anything.
- You cannot save them by giving up your own life, and the attempt will cost you the thing that makes you useful to them later.

What this is not

This is not permission to give up, and it is not the same as saying nothing you do matters. Several things you do matter a great deal, and they are in the next chapter. It is a correction to a specific belief that keeps families stuck: that the outcome is up to you, and that if it has not happened yet you have not found the right approach. It is not up to you. Nobody found the right approach, because there isn't one.

Why this helps

A family that believes the outcome is theirs to control will escalate: more money, more rules, more searching, more pleading, more silence, more ultimatums. The escalation is exhausting and it does not work, and when it fails they conclude they did not try hard enough. Setting the weight down is what makes it possible to do the things that do work, for as long as they need doing.

What I have been telling myself is up to me:

What it has cost me to believe that:

What I would do differently if it were not up to me:

---

6. What Actually Works

Families are usually offered two options: detach completely, or confront them all at once. Both have been studied. There is a third, and it does better than either.

The third thing

It is called CRAFT, which stands for Community Reinforcement and Family Training. It was designed for exactly your situation: somebody who is using and will not go for help, and a family member who wants to do something. In the trials, families trained in it got more of their people into treatment than families sent to a support group alone, and more than families who did a confrontational intervention.

What it actually asks you to do

- Pay attention to what happens around their using, so you can see the pattern instead of only the crisis.
- Stop protecting them from the natural consequences of using, which is not the same as punishing them.
- Make the sober hours better. Be good company when they are not using, and be busy when they are.
- Learn how to talk so the conversation does not end in a fight. There are specific moves for this, and they can be learned.
- Know what you will say and do on the day they say yes, so the window does not close while you look for a phone number.

- Take care of your own life, treated as part of the method rather than a consolation prize.

Where to get it free

- The Center for Motivation and Change has put its CRAFT video class online for anyone, at motivationandchange.com/craftclass.
- SMART Recovery Family & Friends runs free meetings, in person and online, built on these ideas. smartrecovery.org.
- Allies in Recovery and some books teach it in more depth. Those cost money. The free material above covers the moves.

What it is not

It is not a trick, and the people it is used on usually know what you are doing. It works anyway, because what it mostly does is stop the fighting and leave the door open. It does not work every time, and nothing in it means a family who tried it and lost somebody did it wrong.

One thing I do that protects them from a consequence:

One thing I could do to make a sober evening better:

One conversation I want to have differently:

What I will do first:

---

7. The Surprise Intervention

The version on television is a room full of relatives, a letter each, a packed bag, and a plane ticket. It is the most famous thing a family can do and it is not the thing to try first.

What the research found

The confrontational intervention did get some people into treatment, and it did better than sending the family to a support group on its own. It did worse than training the family in the approach in the last chapter. It also has a failure mode the others do not have: when it goes wrong, the person leaves the room having been ambushed by everyone they trust at once, and the next conversation is much harder than it would have been.

Before you hire anybody

- Ask who pays the interventionist, and whether a treatment program pays them for referrals. If a program is paying for your relative's body, you are not getting advice.
- Ask what the whole thing costs, including the program they will recommend.
- Ask what happens if the person says no. A good answer includes what the family does for the next six months. A bad answer is that they will not say no.
- Ask what their training is and who certified them.

If you are going to do one anyway

Sometimes the family has already decided, or the situation is far enough gone that nothing slower is on offer. If so: have the bed confirmed and the transport arranged before anybody says a word, keep the room small, let the person who is closest speak, and have a plan for what everyone does the next morning if the answer is no.

> **If the answer is no, the relationship is the thing you are protecting.**
> A person who said no and still takes your calls is a person who can say yes in April.

Who has suggested an intervention, and why:

What it would cost:

What we would do the next morning if the answer is no:

What I would rather try first:

8. Why the Program Will Not Talk to You

You will call a treatment program or a hospital about your own child and be told they cannot confirm whether that person is there. This is not the staff being cruel, and knowing the reason makes the next call more useful.

Two rules, not one

HIPAA covers health information generally. On top of it, a separate federal rule, 42 CFR Part 2, covers records from federally assisted substance use programs specifically, and it is stricter. It was written in the 1970s because people would not go for help if going could be used against them. It still protects your relative, which is the point of it, and it is why addiction records are walled off more tightly than almost anything else in medicine.

What this means in practice

- If they are an adult with the capacity to decide, and they have not signed a release naming you, the program cannot tell you anything, including whether they are there.
- A provider may generally share with family when the person is incapacitated, in an emergency, or where there is a serious and imminent threat, using their own judgment.
- If the person has capacity and objects, the provider may not share, and no amount of being their mother changes that.

The part nobody tells families

These rules govern what a program may tell you. They do not govern what you may tell a program. You can call, give your name, and say what you know: what they are using, how much, what happened last week, that there is a gun in the house, that they have overdosed twice. Say it plainly and ask that it go in the chart. The clinician may not be able to respond at all. They can still hear it, and it can change the care.

Get the release signed on a good day

The release is a one-page form. Ask for it the day they go in, while they are still willing, rather than the week you need it. Ask what it covers and for how long, because it can be limited and it can be revoked.

Who I called, and what they could not tell me:

What I know that their clinician should know:

Whether a release has been signed, and by whom:

What I will ask for on the first day of the next admission:

9. How to Talk About It

Most families have the same conversation over and over and it ends the same way. Changing how it goes is learnable and it is the single highest-value thing in this book.

Four things that end the conversation

- Starting with what they did. The sentence that begins "you always" has already failed.
- Asking a question you already know the answer to. It reads as a trap because it is one.
- Bringing a list. Nobody has ever been argued into recovery by a chronology.
- Saying it while they are high. They will not remember it and you will have spent it.

Four things that keep it open

- Say it about you. "I was awake until four" lands differently than "you were out until four."
- Say one thing, not six.
- Say what you want, not what they are. "I want to have breakfast with you on Sunday" is a request. "You are an addict" is a diagnosis they did not ask for.
- Stop talking sooner than feels right. The silence after a short true sentence does more than the next paragraph.

The shape that works

Something you appreciate, something you feel, something specific you are asking for, and an offer. In that order, in about four sentences. It feels mechanical the first time. It stops feeling mechanical around the fourth.

> **"I liked having you here Sunday. I was scared when you did not call back Tuesday.**
> Will you text me goodnight on the nights you are out? I will leave the porch light on and I will not ask where you were."

When it goes wrong anyway

It will. You will say the list thing, or the always thing, or you will cry in the middle. Say so and stop: "I am doing the thing I said I would not do. I will call you tomorrow." A conversation you end yourself is not a conversation you lost.

What I usually say first:

What I actually want:

The four-sentence version, written out:

When I will say it:

10. What to Say, and When

Timing is most of it.

When they are using

- Keep it short and keep them safe. Ask whether they have eaten. Ask whether they are alone tonight.
- Do not negotiate, do not raise anything that matters, do not take any of it personally.
- Do not get in a car with them driving. Do not let them drive if you can prevent it without a fight.
- Do not pretend it is not happening, and do not perform not noticing. One sentence is enough: "I can see you are using. I am not going to argue about it tonight."

When they are sober

- This is when the real conversation happens, and most families waste it being careful.
- Do something ordinary. A meal, a drive, a job around the house. People say more sideways than face to face.
- Say the good thing out loud. People in this position hear almost nothing good about themselves for months at a time, and the person they are trying to be needs some evidence that somebody has seen it.
- Make one specific ask. Not "get help." "Will you come with me on Thursday."

When they are sick

Withdrawal is not a teachable moment. It is a medical event they are frightened of. Water, food, a quiet room,

and a ride if they ask for one. Say nothing about the future. This is also the window when people most often say yes to help, which is the subject of the next chapter.

When they are angry at you

Anger from somebody using is mostly about being seen. You do not have to absorb abuse and you do not have to win. "I am not going to talk to you like this. I love you. I will be here tomorrow." Then leave, and be there tomorrow.

The things not to say, ever

- That they are killing their mother or father.
- That they have already used up everyone's patience.
- That you wish they had never been born, or that you are done, if you do not mean it.
- Anything you would not want to be the last thing you said.

Something good I have noticed and not said:

One specific ask instead of "get help":

What I say when I am angry that I should stop saying:

A sober hour this week I could use:

---

11. The Day They Say Yes

The window is hours, not weeks. Families lose it to logistics every day. The work of this chapter is done in advance so that the day itself takes ten minutes.

Have this ready now

- The SAMHSA national helpline: 1-800-662-4357. Free, 24 hours, English and Spanish, and they will tell you what is open near you. Text your ZIP code to 435748. FindTreatment.gov does the same thing on a screen.
- The number of your county or regional behavioral health crisis line, which 211 will give you.
- Whether your local hospital has a bridge program that starts medication in the emergency room.
- Whether there is a program with a free or sliding-scale bed, and what their intake hours are.
- What their insurance is, or that there is none, and whether they have Medicaid or could get it today.
- Where their identification and insurance card are.

On the day

1. Say yes back, immediately. Do not use the moment to talk about last month.
2. Make the call with them in the room, on speaker, rather than for them in another room.
3. Drive them. Do not give them the address.
4. Take identification, insurance information, a list of medications, and a phone charger.

5. Expect a wait. Bring something to sit through it with. People leave intake queues.
6. Do not use the drive to say the things you have been saving.

If there is no bed

There often is not. Ask what there is instead: an outpatient slot, a same-day medication appointment, a detox bed in the next county, a waiting list with a call-back. Ask to be put on more than one list. Ask what to do in the meantime, and ask them to write the next appointment on paper.

If they change their mind in the parking lot

It happens constantly. You did not fail. Say that the offer stands, and that you will drive them again. Then go home and eat something.

The three numbers I will call first:

Where their identification is:

Their insurance, or what we would do without it:

Who could drive them if I cannot:

12. Paying for It When There Is No Money

Most families assume treatment is out of reach and stop there. Some of it is. Not all of it.

The free and low-cost routes

- Medicaid. In most states, a single adult with little or no income qualifies, and substance use treatment is a covered benefit. Applying takes about an hour and can often be done the same day. Ask the hospital or program whether they have someone who does the application with you.
- State-funded treatment. Most states fund a set of beds through a block grant for people with no insurance and no money. The SAMHSA helpline knows where they are. The wait is the problem, not the price.
- Federally qualified health centers, which charge on a sliding scale by income and often prescribe medication for opioid use disorder. findahealthcenter.hrsa.gov.
- Opioid treatment programs for methadone, many of which take Medicaid and some of which have grant funding for people with nothing.
- Free peer support, which costs nothing and is in Chapter 21 and the back of this book.

What to ask any program about money

1. What does this cost in total, including anything billed separately?
2. Do you take Medicaid, and do you take my relative's plan?

3. Do you have a sliding scale, or scholarship or grant beds, and how do I apply for one?
4. What happens if we cannot pay partway through?
5. Will you bill me for the part insurance does not cover, and roughly how much is that?

Two things to refuse

- Do not put a treatment stay on a credit card you cannot pay off, and do not take a loan against the house for a 30-day program. Relapse is common and the debt will outlast the stay by years.
- Do not pay anybody a fee to "get a bed." Patient brokering is illegal and the beds it buys are not better.

What the money question is really about

Families often spend everything on the first attempt and have nothing left for the fourth. If you can afford one thing, make it the thing that lasts: a year of outpatient care and medication usually does more than a month of residential, and costs less.

Do they have insurance, and what is it:

Could they get Medicaid, and who would help us apply:

Programs I have called, and what they cost:

What we can actually afford, honestly:

---

13. Helping and Enabling

The word enabling gets used as an accusation. It is more useful as a question: does this particular thing make using easier, or does it make living possible?

The test

Ask what the thing you are about to do protects them from. If it protects them from the consequences of using, it usually makes using easier. If it protects them from dying, or from losing the things that make recovery possible later, it usually does not.

Thing	Usually makes using easier	Usually does not
Cash	Yes, almost always	
Groceries you buy and hand over		Food is not drugs
Their phone bill		A phone is how they call you, and 911
Their rent, every month	Yes, if it is all of it	
A fine that keeps them out of jail	Depends. What happens next month?	
Naloxone, test strips, a ride home		These keep them alive

Thing	Usually makes using easier	Usually does not
Lying for them to a boss or a judge	Yes	
Bailing them out every time	Yes	
A ride to an appointment		This is the help

Why cash is different

Cash is the one thing that converts directly. Everything else has friction. If you want to help and you do not want to fund it, buy the thing rather than handing over the money for it.

The part that is hard

Stopping the protection is not the same as punishing them, and the difference shows in how you do it. "I am not paying this one" said calmly, once, is a consequence. The same sentence said as a speech about how they have brought this on themselves is a fight, and the fight is what they will remember instead of the consequence.

When it is not your call

If there are children in the house, or the person is elderly or disabled, the calculation changes and the children are in Chapter 19. Do not let somebody else's idea of tough love put a child in a cold house.

What I pay for now:

Which of those protect them from a consequence:

What I will stop, and what I will say when I do:

What I will keep doing no matter what:

14. Boundaries You Will Keep

A boundary is a thing you will do. It is not a rule for them and it is not a threat. "You cannot use in this house" is a rule. "If you use in this house I will ask you to leave for the night" is a boundary, and only if you will actually do it.

How to set one

1. Pick one. Not six.
2. Make it about your own behavior, so it does not depend on their cooperation.
3. Make it something you will do every time, including at two in the morning, including on Christmas.
4. Say it once, plainly, when nobody is high and nobody is shouting.
5. Do it the first time it is tested. The first test is the only one that matters.

The ones families most often need

- No using in the house, and what happens if they do.
- No drugs or paraphernalia where the children can reach them.
- No money.
- I will not lie for you.
- I will not talk to you while you are high, and I will call you tomorrow.
- I will not have this conversation in front of your grandmother.

The boundary nobody mentions

You are allowed to need a night off from this. Turning the phone off for eight hours is a boundary. Telling them you will be unreachable between ten and six, and then being unreachable, is more honest than lying awake with it face down on the table.

When you break your own boundary

You will. Everybody does. Say so, name it, and set it again. A boundary reset once is still a boundary. A boundary announced and abandoned five times is a negotiation, and they will treat it as one, correctly.

The one boundary I most need:

What exactly I will do when it is tested:

What I will say when I set it:

Who I will tell so that somebody knows:

15. Money They Take

Most families in this situation lose money, and most of them tell nobody. It is the part people are most ashamed of, and shame is why it goes on for years.

Practical steps

- Move what can be moved. Cash, jewelry, prescriptions, checkbooks, spare car keys, the title to the car.
- Take yourself off any joint account you do not need. A joint account means their debt is also yours and either of you can empty it.
- Freeze your credit at Equifax, Experian, and TransUnion. It is free, it is online, and under federal law you can also freeze it for free for a child under 16, or for anyone you are guardian for. Identity theft inside families is common and children are the easiest target because nobody checks a nine-year-old's credit.
- Change passwords, including the one to your phone, your email, and anything with a saved card.
- Watch for new accounts in your name or a child's. Free reports at annualcreditreport.com.

If they have already taken something

- Write down what, when, and how much. You will not remember accurately in six months and you may need it.

- Decide once whether you will report it, and know that the decision is yours and that neither answer makes you a bad person.
- If it is identity theft, identitytheft.gov walks through the dispute process and generates the letters.

Lending

Do not lend what you need. A loan inside this situation is a gift with a resentment attached. If you can afford to give it, give it and say it is a gift. If you cannot, say no, and say it once.

The sentence

"I am not giving you money" does not require an explanation, and every explanation you add is something to argue with. Say it, and let it be quiet after.

What has gone missing, and roughly when:

What I still need to move or freeze:

Accounts I need to come off of:

What I will say the next time I am asked:

16. Court-Ordered Treatment

Many families eventually ask whether they can have somebody committed. Sometimes you can. It is worth understanding before you spend months on it.

Where it exists

Thirty-seven states and the District of Columbia have a law allowing involuntary civil commitment for a substance use disorder. Thirteen states do not. Where it exists, a family member, and sometimes a friend or any adult with direct knowledge, can petition a court. Florida's version is called the Marchman Act. Kentucky's and Ohio's are called Casey's Law.

The question to ask first

Ask whether your state's version makes the petitioner responsible for the cost of the treatment the court orders. Under Casey's Law and laws modeled on it, the person who files must pledge to pay for the treatment the court orders, and that single provision is the biggest reason families who could file do not. Under the Marchman Act, the petitioner carries no such cost. Find out which kind yours is before you start, because that answer may end the question.

What to find out, in this order

1. Does my state have a commitment law for substance use at all?
2. Who may petition, and am I eligible?

3. Who pays for the ordered treatment?
4. What has to be proven, and what evidence do I need?
5. What does the court actually order, and is there a bed for it?
6. How long does it last, and what happens at the end?

The clerk of the court can answer the first two. Legal aid at lsc.gov can answer the rest, and in many counties there is a form and a self-help desk.

What it does and does not do

Commitment can interrupt a situation that is about to kill somebody. Whether it leads to lasting engagement in care is not established, and researchers who study it say so plainly. Treat it as a way to stop a specific emergency, not as a cure, and have a plan for the day it ends, because the weeks after any forced abstinence carry the highest overdose risk there is.

Does my state have this law:

Who pays, if we file:

What the clerk told me:

What we would do on the day it ends:

---

17. If They Are Arrested

Jail is frightening and it is sometimes the safest place they have been in a month. Both of those are true and you do not have to resolve them.

The first day

- Find out where they are held and what the charges are. Most counties have an online inmate lookup and a bond schedule.
- Tell the jail, in writing if you can, what medications they take, including any medication for addiction, and that they may go into withdrawal. Jail withdrawal can be dangerous, especially from alcohol and benzodiazepines, and the medical unit needs to know.
- Ask whether the jail continues medication for opioid use disorder. A growing number do, and some will on request.
- Find out whether there is a public defender, and how to reach that office. Public defenders are real lawyers with too many cases, not a lesser kind of lawyer.
- Learn what calls cost and set up the account, or do not. That is a money decision like any other.

Bail

Decide deliberately, not in the first hour. Ask yourself what happens the night they get out, and where they will be. Some families post bail and lose the person the same evening. Some leave them in and lose the job, the

housing, and the custody case. There is no clean answer, and the fact that it is painful does not mean you chose wrong.

What can come out of it

- Many counties have drug court or a diversion program. Ask the public defender early, because eligibility can close.
- Some jails run treatment inside, or will release to a program instead.
- A charge is sometimes the first time anybody with authority is paying attention. It is a bad reason for it to happen and it is still an opening.

> **The day they are released is one of the most dangerous days of their life.**
> Tolerance drops in custody. Have naloxone, be there at the gate if you can, and have a plan for that night.

Where they are, and the charges:

What the jail needs to know about medications:

Public defender's office and number:

What our plan is for the day of release:

---

18. If They Are Living Outside

Some families reach this and think it means the end. It often does not. People come inside from the street and get well, and the thing that most often brings them in is that somebody kept the door open.

What you can do from here

- Call 211 and ask for the street outreach team. Most cities have one and they go to people rather than waiting.
- Ask about coordinated entry, which is how a city assigns its housing. Being on that list is the thing that eventually produces housing, and the date they get on it matters.
- Keep their phone on if you can. A person with a working phone is findable and can be called when a bed opens.
- Keep one thing predictable. A meal on Sundays, a place to charge a phone, a bag of socks. Predictable beats generous.
- Hold their documents. Identification is stolen constantly outside, and replacing it is the thing that stalls every application.

What to carry

Socks, water, food that does not need cooking, naloxone, a charged power bank, and your phone number written

on paper, because phones are lost. Nothing that converts to cash.

If they will not come in

Shelters have rules, waiting lines, and a reputation among people who use them. Somebody refusing a shelter bed is usually refusing that shelter, that night, for a reason they could tell you. Ask what the reason is. It is sometimes solvable.

Winter

Most places have a cold weather rule that opens shelter space below a certain temperature and relaxes the usual restrictions. 211 knows the threshold where you live. Learn it in October.

Our local outreach team and number:

Where they usually are:

What I will do consistently:

What documents I am holding for them:

19. The Children

If there are children in this, they come first, and that is not a judgment about the adult who is using.

If a child is not safe right now

Call 911 if a child is in immediate danger. If it is not immediate but it is real, call your state's child protective services hotline. Childhelp at 1-800-422-4453 will tell you the right number for your state and will talk it through with you first.

Families hesitate because calling feels like a betrayal that cannot be taken back. It is worth knowing what usually happens. In the most recent national figures, about three million children were the subject of an investigation or alternative response in a year, and about a hundred thousand received foster care services. The common outcomes are a visit, a safety plan, and services. Removal is for the cases where nothing else will keep the child safe.

If the children are coming to you

- Ask what you need in writing to enroll them in school, take them to a doctor, and put them on insurance. The answer varies by state and the school district office knows it.
- Ask legal aid at lsc.gov about the options where you live. In many states there is something short of permanent custody: a kinship care arrangement, a

power of attorney, a standby guardianship. Short of permanent is often enough and is far easier to undo.

- Children living with a grandparent may qualify for benefits on their own even when the grandparent's income is too high, including a child-only TANF grant and Medicaid. Ask the benefits office specifically about a child-only grant.
- Ask about kinship navigator programs. Most states have them and almost nobody has heard of them.

What to tell the children

- The truth, at their age. "Your mom has an illness that makes her use drugs. It is not because of you. It is not your job to fix it."
- Say the three things children in this situation need to hear and rarely do: you did not cause it, you cannot cure it, and you cannot control it.
- Do not make them keep a secret. Secrets are the part that does the lasting damage.
- Do not use them as messengers, and do not ask them what they saw.
- Tell the school counselor. A school that knows will handle the bad week differently.

For the children themselves

Alateen is free and is for young people in exactly this situation, and most meetings are online now. al-anon.org has the schedule. The National Association for Children of

Addiction, nacoa.org, has material written for children and for the adults around them.

Children affected, and their ages:

What I need in writing:

Who at the school knows:

What I have told them, and what I have not:

20. What This Is Doing to You

You have probably stopped mentioning it, and that is the thing that makes the rest of it worse.

What this does to people

- Sleep goes first.
- Then the rest of your relationships, because you stop answering invitations you would have to explain.
- Then your work, in small ways nobody comments on.
- Then your health, because you are carrying something and it weighs what it weighs.
- And a kind of permanent listening, which is why the phone ringing at night makes your hands shake.

The part you will not say out loud

Most people in your position have at some point wished it would just be over, and then been horrified at themselves. It is an ordinary thing to feel after years of this and it says nothing about how much you love them. Saying it to one other person who has been through it takes most of the weight out of it.

What actually helps

- Telling one person the whole truth.
- A room full of people in the same situation, weekly, which is Chapter 21.
- Sleep, defended on purpose. A phone that does not sleep in your bedroom.

- One thing that is yours and has nothing to do with this.
- A doctor, if the body has started keeping score.

If you are not all right

If you are having thoughts of hurting yourself, call or text 988. It is free, it is 24 hours, and it is for you, not only for them. Families in this situation carry real risk and almost nobody tells them that.

The long view

This may go on for years. Whatever you build to get through this month has to be something you could still be doing in three years. Anything that depends on you not sleeping will end before they do.

One person who knows the whole truth:

What I have stopped doing that I used to do:

One thing I will put back this month:

What I will do about sleep:

21. Free Help for You

All of these are free and none of them requires the person you love to agree to anything.

Groups

- Al-Anon, for families and friends of people with a drinking problem, though most rooms now include families dealing with any drug. In person and online. al-anon.org.
- Nar-Anon, the same idea for families of people using drugs. nar-anon.org.
- Alateen, for young people. Through al-anon.org.
- SMART Recovery Family & Friends, which is built on the CRAFT approach in Chapter 6, is not 12-step, and has no requirement that you detach. smartrecovery.org.
- Learn to Cope, a peer network founded by parents, with an online forum open to members anywhere. learn2cope.org.
- GRASP, for people who have lost somebody to drugs or alcohol. grasphelp.org.

If the first room is wrong

Try three. The groups differ from each other and, more than that, individual meetings differ enormously from other meetings of the same group. People quit after one bad room and conclude the whole thing is not for them.

Other free things

- The CRAFT video class at motivationandchange.com/craftclass.
- The SAMHSA national helpline, 1-800-662-4357, which will talk to a family member and not only to the person using.
- Your employer's assistance program, if you have one, which usually includes free counseling sessions and which almost nobody uses.
- 988 for crisis support, for you.

What to say the first time

You do not have to tell the story. "My son is using and I do not know what to do" is a complete introduction and everybody in the room has said a version of it.

Groups near me, or online, and when they meet:

The one I will try first, and the date:

Who I could go with:

What I want out of it:

22. If They Get Sober

This is the part nobody warns families about, because it is supposed to be the happy ending and often it is harder than the year before it.

What to expect

- They may be unrecognizable for a while. Flat, irritable, sleeping badly, not grateful.
- They may want distance from the family at exactly the point you want them close. Early recovery takes a great deal of time, and the meetings and appointments are not avoidance.
- The feelings they were using over arrive all at once around month three.
- You will not trust them, and they will be hurt by that, and both of you are being reasonable.

What helps

- Let them do their own recovery. Do not manage it, do not ask whether they went, do not count their days for them.
- Say the good thing out loud, and say it about something specific rather than about sobriety in general.
- Do not reorganize the whole family around their fragility. A house walking on eggshells is exhausting and it tells them they are a problem to be managed.

- Keep going to your own group. The reason to keep going is that this is when families fall apart, having held together through the emergency.
- Let the trust come back slowly and let it be earned in small things. Do not announce a probation period.

The conversation about the past

At some point they may want to apologize, possibly formally, possibly as part of a program they are working. You are allowed to want it and you are allowed not to be ready. You do not owe anybody forgiveness on a schedule, and you can say that kindly.

The thing to actually say

Not "I am so proud of you," which lands as pressure on a bad day. Try "It is good to have you back at the table."

What I expected this to feel like:

What it actually feels like:

Something specific I have noticed and could say:

What I am still doing for myself:

23. If They Relapse

Most people who get well relapse at least once on the way. It does not erase the time they had and it is not proof the attempt was fake.

The first hour

- Safety first. Naloxone within reach, and do not let them use alone if you can affect that at all.
- Say the thing that keeps the door open: "I am glad you told me." If they told you, you have more than most families get.
- Do not deliver the speech. You will want to. It will cost you the next phone call.
- Ask one question: what do you want to do now?

> **Tolerance is lower after any period of not using.**
> The first use after treatment, jail, or a hospital stay is the most dangerous use there is. This is the moment naloxone is for.

The first week

- Call whoever was treating them. A same-day appointment after a relapse is often available and almost nobody asks.
- If they were on medication for opioid use disorder and stopped, restarting is urgent, not optional.
- Ask what happened right before. Not as an interrogation. The answer is usually useful and it is usually something small and ordinary.

- Go back to your own group this week, not next month.

For you

A relapse after a good stretch can hit a family harder than the original years did, because hope was involved this time. That reaction is not weakness and you do not have to hide it from them. You also do not have to make them carry it.

What it does not mean

It does not mean the treatment was wasted, it does not mean they were never serious, and it does not mean the next attempt will fail. People get well after four tries and after fourteen.

What I will say first:

Who I will call, and their number:

What I need for myself this week:

What I will not say:

24. If They Died

If this is why you are holding this book, I am sorry. This chapter is short and it is practical, because the first weeks need practical more than they need anything else.

The grief has something extra in it

People who lose somebody this way carry a judgment other mourners do not. Some people will not say the person's name. Some will ask how it happened in a tone that is not sympathy. Some of the worst of it will come from inside your own family, and some of it will come from inside your own head at four in the morning, going back over the years looking for the day you could have changed it.

There was no such day. Looking for it is nearly universal and it does not produce anything.

The practical first weeks

- You do not owe anyone the cause of death. Not the neighbors, not the people at work, not the obituary. Say what you want to say and nothing else.
- If an autopsy or toxicology is involved, the death certificate can take weeks or months, and everything else waits on it. Ask the medical examiner's office for a letter stating the death is under investigation. Most institutions accept it in the meantime.
- Funeral costs: ask about the county's indigent burial or cremation assistance, which most counties have and

none advertise. Some states have a crime victims fund that pays funeral costs. Ask the funeral home directly what their least expensive option is and do not let anyone upsell grief.

- Do not make large decisions in the first ninety days. Not the house, not the job, not the furniture in their room.

People who understand

- GRASP, started by parents who lost a child this way, is for exactly this loss. grasphelp.org.
- The Compassionate Friends, for any parent who has lost a child. compassionatefriends.org.
- If you are not safe, or you are having thoughts of hurting yourself, call or text 988. Bereaved parents are at real risk and this is what that number is for.

If there are other children

They are grieving a sibling and watching you, and they will often hide their own grief to avoid adding to yours. Say out loud that they do not have to protect you. Let them have the dead person's name in the house.

One thing

Whatever you did in the last years, you did it without a map, while frightened, with bad information and no sleep. People who have not been in it will have opinions. They did not do it.

What I want to say about how they died, and to whom:

What I need help with this week, and who could do it:

Who I can call at two in the morning:

One thing of theirs I am keeping:

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25. My Plan

Fill it in and keep it where you can find it. Update it when something changes.

Where the naloxone is, and who knows:

The three numbers I call in an emergency:

What I will say the day they say yes:

The one boundary I am keeping, and what I do when it is tested:

What I pay for, and what I have stopped paying for:

My group: which one, where, and when it meets:

The one person who knows the whole truth:

What I do for myself, and when:

What we do on the day they are released, or discharged:

What I will not say, no matter how bad it gets:

One thing I will do this week:

If There Is an Emergency

Fill this in now, while nothing is happening. Keep it where somebody else in the house can find it.

If you think they are overdosing: give naloxone if you have it, call 911, keep them on their side, and stay with them. Call 911 even if they wake up. Naloxone wears off before many drugs do.

Our address, written out for whoever makes the call:

Where the naloxone is kept:

Who else knows where it is:

The first person I will call:

If they do not answer, I will call:

Their doctor, counselor, or program, and the number:

If anyone is in danger, call 911. For crisis support, for them or for you, call or text 988.

People and Resources

Name	Number
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number

Crisis: call or text 988
988 Suicide and Crisis Lifeline, 24/7. Chat at 988lifeline.org.

Emergency: 911

Treatment referrals: 1-800-662-4357
SAMHSA National Helpline, free and confidential, 24/7, English and Spanish. Text your ZIP code to 435748 or search FindTreatment.gov.

Free Support Groups

These groups are free to attend. Most meet in person and online. The first six are for you. The rest are for the person you are worried about, if they ever ask what is out there.

Al-Anon al-anon.org
For families and friends of people with a drinking problem. Most rooms now include families dealing with any drug.

Nar-Anon nar-anon.org
The same idea, for families of people using drugs.

Alateen al-anon.org
For young people living with somebody else's drinking or drug use. Through al-anon.org.

SMART Recovery Family & Friends smartrecovery.org
Free meetings built on the CRAFT approach. Not 12-step, and no requirement that you detach.

Learn to Cope learn2cope.org
A peer network founded by parents, with an online forum open to members anywhere.

GRASP grasphelp.org
For people who have lost somebody to drugs or alcohol.

Alcoholics Anonymous (AA) aa.org
12-step groups for people with a drinking problem.

Narcotics Anonymous (NA) na.org
12-step groups for recovery from any drug.

SMART Recovery smartrecovery.org
Skills-based groups with no religious content, for any addiction.

LifeRing Secular Recovery lifering.org
Secular peer support, in person, online, and by email.

Recovery Dharma recoverydharma.org
Peer-led groups based on Buddhist practices.

Celebrate Recovery celebraterecovery.com
Christ-centered 12-step groups, usually hosted by churches.

Women for Sobriety womenforsobriety.org
Support groups for women.

Online Meetings

Online meetings run at every hour of the day and night. You can use a first name only and keep your camera off. Many also have a phone number you can dial in to with no internet at all.

In The Rooms intherooms.com
Free live video meetings every week for many recovery paths, 12-step and others. A free account with a username is all you need.

AA Online Intergroup aa-intergroup.org
AA meetings by video, phone, chat, and email, around the clock.

Meeting Guide app aa.org
AA's free app lists in-person, online, and phone meetings.

Virtual NA virtual-na.org
Narcotics Anonymous meetings online and by phone.

SMART Recovery Online smartrecovery.org
Online meetings, chat, and message boards.

LifeRing Online lifering.org
Video meetings, chat, forums, and email groups.

Some recovery websites show phone numbers that connect to treatment centers selling their services. For free, neutral referrals, call the SAMHSA National Helpline:

1-800-662-4357

Alder Creek Editions is not connected to any group or website listed in this book. Websites change. If one stops working, the SAMHSA helpline can point you to current options.

About the Author

Stephen Deason has been in Recovery for more than eleven years and still begins and ends each day with meditation and gratitude. He writes The Mile Marker Library for people getting into recovery on their own, including people who cannot attend or afford a treatment program. He writes as a peer, from his own experience, and is not a physician, counselor, lawyer, or financial adviser.

He has spent more than thirty years building teams and companies in healthcare and technology, holds graduate degrees in business and accounting, and writes about recovery, economics, business, and social enterprise. You can find more of his work at aldercreekeditions.com and stephendeason.com.

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Standalone books and tools for people getting into recovery on their own, and for the people around them. Free printable editions are at aldercreekeditions.com.

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2. *Wallet Crisis Card*
3. *Free Help Directory*
4. *Medications for Addiction, Explained*
5. *Tools You Can Use on Your Own*
6. *Cravings and Hard Hours Workbook*
7. *One Day at a Time, Written Down*
8. *Daily Reader, 365 Days*
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10. *Money in Early Recovery*
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