REGGIE'S
RECOVERY CENTER
RECOVER · REBUILD · RENEW

A FAMILY GUIDE

The First 48 Hours

A calm, step-by-step roadmap for the moments after a loved one's overdose or crisis — what to do, what to ask, and how to protect the people you love.

⚠ In an emergency, call 911 now. Overdose steps are on the first page inside.

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RIGHT NOW · IF IT'S HAPPENING THIS SECOND

If someone may be overdosing

Trust your gut. If something is wrong, act. It is always better to call for help you didn't need than to wait.

! Opioid overdose — do this in order

Warning signs (any of these):

- Won't wake up
- Slow, shallow, or stopped breathing
- Gurgling / snoring / choking sounds
- Blue or gray lips & fingertips
- Pinpoint pupils
- Limp body, pale clammy skin

1. **Call 911.** Say "possible overdose," give the address, and stay on the line. You do not need to be certain — describe what you see.
2. **Give naloxone (Narcan) if you have it.** Spray one full dose into one nostril. If no response in 2–3 minutes, give a second dose in the other nostril. It cannot hurt them if it turns out not to be opioids.
3. **Try to wake them.** Shout their name, rub your knuckles hard on their breastbone.
4. **Help them breathe.** If they aren't breathing and you're able, give rescue breaths — tilt the head back, pinch the nose, one breath every 5 seconds.
5. **Roll them onto their side** (recovery position) so they don't choke if they vomit.
6. **Stay until help arrives.** Naloxone wears off in 30–90 minutes and the overdose can return. Don't leave them alone.

If it's stimulants (meth, cocaine)

Overdose looks different: overheating, chest pain, severe agitation, seizures, or paranoia. **Naloxone won't reverse it — but still call 911.** Keep them cool, calm, and safe from injury until help comes.

You are protected for calling

Most states have a **Good Samaritan law** that shields the person who calls 911 for an overdose from certain drug-possession charges. Details vary by state — but the rule is simple: **always call.**

> Narcan is now sold **over the counter** at most pharmacies, no prescription needed. Keeping a two-dose kit at home is one of the highest-value things a family can do. Ask any pharmacist.

START HERE

You are not doing this wrong

If you’re holding this, you love someone who is in trouble, and you’re scared. That fear means you’re paying attention. It does not mean you’ve failed.

The next two days will ask a lot of you — medical decisions, phone calls, paperwork, and a hundred feelings at once. You don’t have to know all of it. You just have to take the next right step. This guide breaks the first 48 hours into small, doable pieces so you always know what that step is.

How to use this guide

- **In a life-threatening emergency, stop reading and call 911.** The overdose steps are on the page before this one.
- **Skip around.** You don’t need to read front to back. Use the contents below to jump to what you need right now.
- **Fill in the worksheets.** Two pages let you write down medications, insurance details, and contacts. Having them in one place saves precious time at the ER and at intake.
- **Take care of yourself too.** There’s a page for that. You matter in this story.

What’s inside

HOURS 0–6 · STABILIZE

At the hospital

The emergency room's job is to make sure your person is medically safe — not to start addiction treatment. That's okay. Your job in these hours is to keep them there long enough to get stable, and to line up what comes next before they walk out the door.

Bring / have ready

- [ ] Their ID and insurance card (or a photo of both)
- [ ] A list of everything they take — including what they used tonight
- [ ] Known allergies and medical conditions
- [ ] Your phone, charged, plus a charger
- [ ] A pen and this guide

Be honest with the team

Tell them exactly what was used, how much, and when — even if it's illegal, even if you're embarrassed. It changes how they treat your person. Doctors are not there to judge or to call the police over an overdose; they're there to keep someone alive.

Questions to ask before anyone talks about discharge

? Is my person **medically stable**? What did the labs and tox screen show?

? Was **naloxone given**, and might it wear off before they're safe?

? Are you **admitting or discharging**? If discharging, what is the plan and who decided?

? Is **withdrawal expected to be dangerous** — especially from alcohol or benzodiazepines?

? Can we speak with a **social worker or case manager** about treatment before we leave?

? Can we get a **naloxone (Narcan) kit and prescription** to take home?

? Can I have **copies of the discharge paperwork** and a list of what was given tonight?

? If they want to leave **against medical advice**, what exactly are the risks?

> Ask for a **"warm handoff."** Many hospitals can connect you directly to a detox or treatment program — sometimes with a bed the same day. If you already have a program in mind, have its intake number ready so the case manager can call while you're still there.

HOURS 6–24 · DECIDE

Choosing the right level of care

“Rehab” isn’t one thing — it’s a ladder. A good program starts a person at the right rung and steps them down as they stabilize. You don’t have to figure out the whole ladder tonight. You just need to know the first rung.

Medical detox (withdrawal management). 24/7 medical monitoring while the body clears substances safely. This is the first rung when withdrawal could be dangerous — and the first thing to ask about after an overdose.

Residential / inpatient. Living at a facility with round-the-clock support, usually after detox. Best when home isn’t safe or stable.

Partial hospitalization (PHP). Structured treatment most of the day, sleeping at home or in sober living. A step down from residential.

Intensive outpatient (IOP). Several hours of therapy a few days a week, built around work or family. Often where the long work of recovery really happens.

Outpatient (OP). Ongoing counseling and check-ins — the maintenance rung.

Medication is treatment, not a moral failure

For opioid and alcohol use, medications like **buprenorphine (Suboxone), methadone, and naltrexone (Vivitrol)** are among the most effective tools we have. They cut overdose deaths dramatically. This is **not** “trading one drug for another” — it’s the same logic as insulin for diabetes. If a program dismisses medication out of hand, ask why. Ask any program you consider whether they offer or support it.

Good questions for any program you call

? Are you **licensed and accredited** (state license, Joint Commission or CARF)?

? Do you have a **medical detox** on site or a partner you hand off to?

? Do you offer **medication-assisted treatment**?

? What’s the **plan after this level** — how do you step someone down?

? How will you **keep me informed** (with my person’s consent)?

? What will this **cost me**, and can you put an estimate in writing?

KNOW THE TERRAIN

Understanding withdrawal

Withdrawal is the body relearning how to work without a substance. Some kinds are miserable but not dangerous; others can kill. Knowing the difference tells you how urgently you need medical help.

Can be life-threatening — needs medical supervision

Alcohol and **benzodiazepines** (Xanax, Valium, Klonopin, Ativan). Stopping suddenly after heavy, regular use can cause seizures and delirium — a medical emergency. **Do not let someone quit these cold turkey at home.** Watch for confusion, hallucinations, high fever, severe shaking, or a seizure — call 911 if you see them.

Extremely hard, rarely directly fatal — but don't go it alone

Opioids (heroin, fentanyl, oxycodone). Think of a brutal flu: aches, sweats, chills, nausea, vomiting, diarrhea, restlessness, and intense cravings. The real dangers are dehydration and, later, **relapse** — tolerance drops fast, so a former "normal" dose can now be deadly. Medical detox makes it safer and far more bearable.

Stimulants (meth, cocaine). Mostly a crash: heavy sleep, low mood, big appetite, and sometimes dark or suicidal thoughts. Watch mood closely and get support.

A rough timeline for opioids

6–12 hours: first symptoms begin (sooner with short-acting opioids).

24–72 hours: the peak — the hardest stretch.

Day 4–7: physical symptoms ease; sleep and energy lag longer.

> Timelines vary with the substance, the dose, and the person. This is a map, not a promise — let the medical team read the specific situation.

WHAT TO EXPECT

How detox actually works

“Detox” sounds frightening because it’s unfamiliar. In practice it’s a calm, medically supervised place whose entire purpose is to get a person through withdrawal as safely and comfortably as possible.

The arc of a stay

Intake & assessment. Staff review history, substances, and health, then build a plan. This is where the worksheet in this guide saves you time.

Stabilization. Nurses monitor vitals around the clock. **Comfort medications** ease nausea, anxiety, aches, and sleep. Where appropriate, medications like buprenorphine are started.

Through the peak. The team adjusts care as symptoms rise and fall. The goal is safety and comfort — not toughing it out.

Planning what’s next. Detox is the doorway, not the destination. Good programs line up the next level of care **before** discharge, so momentum isn’t lost.

How long?

Often **3 to 7 days**, depending on the substance and the person. Alcohol and benzodiazepine detox can run longer because tapering has to be careful.

Why not just at home?

Medical detox manages the dangerous parts, controls the misery that drives people back to using, and removes access to the substance during the riskiest window. It measurably improves the odds.

> The single most important question to ask a detox: **“What happens on day 7?”** Detox alone rarely holds. What protects your person is the plan that follows it.

MONEY & COVERAGE

How insurance works

Insurance is stressful precisely when you have no bandwidth for it. Here's the plain-language version, so you can ask sharp questions and avoid surprises.

The five words that decide your bill

Deductible	What you pay out of pocket before the plan starts paying. Higher deductible usually means lower monthly premium — but more up front.
Coinsurance / copay	Your share *after* the deductible — e.g. you pay 20%, the plan pays 80%.
Out-of-pocket maximum	The most you'll pay in a plan year. After this, covered care is paid at 100%. Know this number.
In-network vs. out-of-network	In-network providers have a contracted rate with your plan — usually your lowest cost. Out-of-network can still be covered, often at a higher share to you.
Prior authorization / medical necessity	The plan's sign-off that a level of care is needed. Programs handle this, but denials and "concurrent reviews" are common — ask how they appeal.

Call the number on the back of the card and ask:

- ☐ Is **substance use / behavioral health treatment** covered on this plan?
- ☐ What are my **deductible** and **out-of-pocket maximum**, and how much is left this year?
- ☐ What's covered for **detox, residential, PHP, and IOP** — in-network and out-of-network?
- ☐ Is **prior authorization** required, and what triggers a review?
- ☐ Can you email me a **summary of benefits**?

Protect yourself from surprise bills

- Ask any program for a **written cost estimate** and a clear explanation of what you'll owe — before admission if you can.
- Ask whether they'll do a free **verification of benefits (VOB)** and walk you through the results.
- If a needed provider is out-of-network, ask whether a **single case agreement** is possible — a one-time deal to cover care at negotiated terms.
- Keep every document, bill, and the name of everyone you speak with.

> Cost matters, but don't let a confusing benefits call stall an urgent medical decision. Get your person safe first; sort the paperwork in parallel.

GET READY FAST

What to pack

When a bed opens, things move quickly. A bag that's already close to ready removes one more obstacle between your person and help. Every facility has its own rules — **call and confirm before you pack** — but this covers most.

Bring

- [ ] Photo ID & insurance card
- [ ] Current medications in original bottles
- [ ] A written list of meds, doses & allergies
- [ ] 7 days of comfortable, layered clothes
- [ ] Slip-on shoes & a pair of sandals
- [ ] Toiletries (often must be alcohol-free)
- [ ] Phone & charger (check the phone policy)
- [ ] A little cash for vending / small needs
- [ ] Important phone numbers written on paper
- [ ] One comfort item — a photo, a book
- [ ] Glasses, and a week of any supplies

Leave at home

- Any drugs or alcohol
- Anything containing alcohol — mouthwash, hand sanitizer, some perfumes
- Weapons or sharp objects
- Valuables & large amounts of cash
- Revealing or drug/alcohol-themed clothing
- Outside food or drink

Facilities confiscate and return prohibited items at discharge — when in doubt, leave it out and ask.

> Pack light and washable. Most programs have laundry. What matters is that the bag exists and the door is open — not that it's perfect.

FILL THIS IN · IT SAVES LIVES & TIME

Information to collect

Having this in one place means you’re not searching your memory at an ER counter or an intake desk. Fill in what you can; leave the rest for staff.

The person

FULL NAME

DATE OF BIRTH

What was used

SUBSTANCE(S)

HOW MUCH

TIME OF LAST USE

ANYTHING ELSE ON BOARD (ALCOHOL, OTHER DRUGS, MIXED?)

Health

CURRENT MEDICATIONS & DOSES

ALLERGIES

MEDICAL / MENTAL-HEALTH CONDITIONS

PRIOR OVERDOSES / TREATMENT HISTORY

PRESCRIBERS & PHARMACY

Insurance

CARRIER

MEMBER ID

GROUP #

MEMBER SERVICES PHONE (BACK OF CARD)

People & obligations

EMERGENCY CONTACTS

PRIMARY CARE PROVIDER

LEGAL / COURT / PROBATION OBLIGATIONS TO BE AWARE OF

THE HARDEST CONVERSATION

Talking to them & the intervention

You don’t need a dramatic, movie-style confrontation. What works is a planned, loving conversation with a real option ready. The aim isn’t to win an argument — it’s to get a **“yes”** to help.

Do

- Plan first — ideally with a clinician or a professional interventionist.
- Line up treatment and logistics **before** you talk, so “yes” can happen today.
- Pick a private, sober moment.
- Lead with love and speak in “I” statements: “I’m scared,” “I miss you.”
- Name specific things you’ve seen, calmly and without a list of old grievances.
- Offer clear, doable next steps and boundaries you’ll actually keep.
- Stay steady if they get defensive — that’s normal.

Don’t say / don’t do

- Don’t ambush them with no plan and no bed ready.
- Don’t use shame or labels: “junkie,” “addict,” “you’re a disappointment.”
- Don’t say “you’re killing me” or “look what you’re doing to this family.”
- Don’t talk while anyone is intoxicated or in danger.
- Don’t make threats you won’t follow through on.
- Don’t turn it into a group pile-on of everything they’ve done wrong.
- Don’t lecture, diagnose, or bargain over “how much” is okay.

Boundaries are love, not punishment

A boundary protects you and makes space for change — it isn’t abandonment. “I can’t give you money, and I will drive you to detox right now” is both a limit and an open hand. Say what you’ll do, not what you’ll make them do — then keep your word.

> If there’s any risk of violence or self-harm, don’t stage a confrontation — get professional help first. A trained interventionist or clinician can guide a safer approach.

PRACTICAL PROTECTION

Protecting finances & the legal basics

Active addiction can put money and legal exposure at risk — sometimes fast. A few calm, ethical safeguards protect your whole family, including the person you're trying to help.

Steady the money

- Review joint accounts and shared cards; thoughtfully separate finances where it makes sense.
- Turn on transaction alerts and watch for unfamiliar charges.
- Secure checkbooks, cards, and account logins.
- Consider a **credit freeze** if identity or fraud is a worry.
- Keep receipts and records — useful for taxes, reimbursement, and any dispute.

Get the paperwork in order

- Collect IDs, insurance, and key documents in one secure place.
- With the person's consent and while they can decide, discuss a **durable power of attorney** and a **healthcare proxy**.
- Note any court dates, probation terms, or legal obligations so treatment can work around them.
- **Guardianship / conservatorship** is a serious, court-ordered step — only with an attorney.

This page is general information, not legal advice. Laws differ by state and situation. For anything binding — powers of attorney, guardianship, protecting assets — talk to a licensed attorney. Many offer a free first consult, and some employers' benefits include legal help.

A quiet ally you may already have: the EAP

If your person — or you — has a job with an **Employee Assistance Program (EAP)**, it can be a fast, confidential door to counseling, treatment referrals, and sometimes legal or financial help, often at no cost. Check the HR portal or ask HR quietly: "Do we have an EAP, and how do I reach it?"

YOU’RE IN THIS STORY TOO

Taking care of you

You cannot pour from an empty cup — and your person needs you steady for the long haul, not burned out by the weekend.

The first 48 hours run on adrenaline. What comes after runs on endurance. Protecting your own footing isn’t selfish; it’s part of the plan.

Right now

- Eat something and drink water, even if you’re not hungry.
- Sleep when you safely can — trade shifts with someone.
- Tell one trusted person what’s happening. Don’t carry it alone.
- Write down decisions as you make them; your memory is overloaded.

Support built for families

- **Al-Anon** & **Nar-Anon** — free peer groups for families, in person and online.
- **SMART Recovery Family & Friends** — practical, tool-based support.
- Your own therapist or counselor — a place that’s just for you.
- The **SAMHSA Helpline** (next page) can point you to local family support.

A few things worth hearing

You didn’t cause this, you can’t control it, and you can’t cure it — but you *can* contribute to the conditions for recovery. Relapse, if it happens, is part of many recovery stories, not proof of failure. And loving someone doesn’t require lighting yourself on fire to keep them warm.

SAVE THESE

Key numbers & resources

Emergencies

911 — overdose or any medical emergency

Poison Control: 1-800-222-1222

Talk to someone 24/7

988 — Suicide & Crisis Lifeline (call or text)

SAMHSA National Helpline: 1-800-662-4357 — free, confidential, treatment referrals

For families

Al-Anon: al-anon.org
Nar-Anon: nar-anon.org
SMART Recovery Family & Friends: smartrecovery.org

Naloxone (Narcan)

Available **over the counter** at most pharmacies — no prescription needed. Ask a pharmacist to show you how to use it, and keep a two-dose kit at home.

Your own list

CHOSEN DETOX / PROGRAM & INTAKE #

CASE MANAGER / SOCIAL WORKER

INSURANCE MEMBER SERVICES

PRESCRIBER / PHARMACY

When you’re ready, we’re here.

There’s no pressure and no wrong time to ask a question. Call our admissions team and a real person — not a call center — will pick up, day or night.

REACH US 24/7

Call or text: **(866) 401-8229**

Online: reggiesrecoverycenter.com · Free insurance check: /insurance

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