



What's next?
A post-overdose
survival toolkit for you
and your loved one

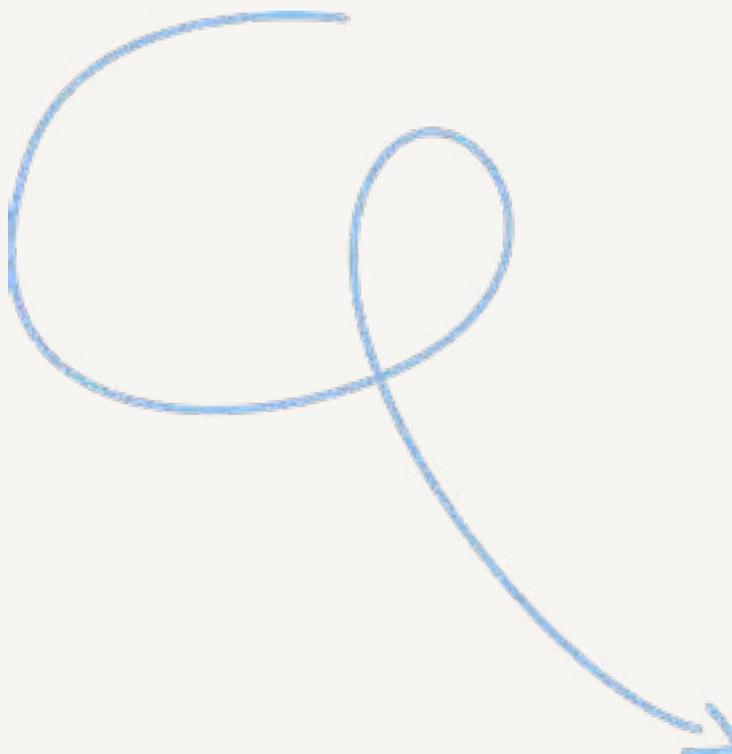
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Dedication page

This toolkit was created for those who have supported a loved one through an overdose experience. The contributors honor their loved ones, who will never be forgotten, and whose stories help others, by sharing their names on this page.

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How to use this guide

Has your loved one recently experienced an overdose?

The purpose of this guide is to help you through this traumatic and painful event and find ways to care for yourself and your loved one after they have survived a drug overdose.

We want you to know that you are not alone.

This guide seeks to deepen your understanding and acceptance of the event, what may have led to it, and how to manage future risk and help you find new ways to be there for your loved one while caring for yourself.

You may be asking,

1. What can I do to help?
2. What can I do to care for myself?

This guide attempts to answer these questions, and more:

- What is an overdose?
- Where do I find instructions on how to respond to an overdose?
- What do these terms mean: substance misuse, substance use disorder, and addiction?
- What care and support are helpful after an overdose?
- What are some of the treatment and support options available for my loved one?
- How do I balance caring for my loved one and myself?

There is a companion resource library that will be released soon, which provides information on where to find resources mentioned in this toolkit, as well as many others.

The Washington State Health Care Authority (HCA) provides this guide for a broad audience, with siblings, parents, friends, partners, caretakers, and other close relationships in mind. This guide draws on the lived experiences of people who love someone who has survived an overdose but also offers guidance from other experts in this field, such as clinicians and health policy experts with lived experience.

HCA recognizes that users of this guide will have unique relationships with their loved one who has survived an overdose. We also note that overdose affects every individual and community differently. For this reason, we want you to take from the guide what you find most helpful for your situation.

This guide is a starting point – we recommend connecting with someone who has lived this experience to continue learning and get guidance along your journey. You can find someone to talk to by calling the Washington Recovery Helpline, asking for a Peer Support Specialist at a clinic, or at a support group.

To suggest changes to improve the guide, please contact: **HCA Constituent Relations**.



About overdose



An overdose can be a traumatic, near-death experience. It is all too common for people who use drugs, and particularly opioids. Far too many people do not survive an overdose. Learn about how and why it happens.

What is an overdose?

Anyone who uses drugs is at risk of overdosing.

In this guide, we will discuss opioid overdose because most overdoses in Washington involve opioids such as illegally made fentanyl. An opioid overdose occurs when a person takes a larger amount of a drug than their body is safely able to process. An overdose can cause breathing to slow or stop completely, which can lead to death. Overdoses can result after taking unregulated and unpredictable street drugs or misusing prescription drugs. In 2023, 84% of overdose deaths in Washington state involved an opioid.¹

The resources in this toolkit provide information for any type of overdose.

The most common signs of an opioid overdose are:

- The person will not wake up, even when you call their name or shake them firmly.
- They have very slow or labored breathing or they are not breathing at all.
- They are turning blue, gray, or purple. Check around their lips and fingernails.
- They look ashen or feel cold to the touch.

To learn more about the signs of an overdose, visit the [Washington Friends for Life page](#). Other resources for this information include [StopOverdose](#) and the [Washington Department of Health](#).

You must act quickly to help someone who is having an overdose to breathe again.

One of the most often missed signs of overdose is labored breathing. It is sometimes seen or heard as loud snoring or gurgled breathing.

Do NOT let someone “sleep it off.” Continue to check on them and make sure they are breathing.

Why does opioid overdose happen?

Someone may have an overdose when they:

- Use drugs with fentanyl or other synthetic (i.e., chemically made) opioids, knowingly or unknowingly.
- Mix opioids with other drugs like alcohol or prescription drugs, such as benzodiazepines.
- Take a higher dose or a different type of drug than they are used to taking.
- Return to use after a recent break from using drugs, such as after a recent stay in jail or a hospital visit.

Ways to reduce overdose risk

You and the people you care about can learn to reduce the risk of overdose. Whether you are a person who uses drugs, a bystander, or a loved one, there is something you can do to help prevent an overdose death.

- Always carry naloxone. Naloxone is a safe medication that can reverse an opioid overdose.
- Learn the signs of an overdose so you can respond quickly.
- Assume any drug that is not from a pharmacy might contain fentanyl. When possible, check drugs for fentanyl using fentanyl test strips, or visiting a [drug checking service](#).
- Encourage checking tolerance with a small dose before taking a full dose, especially after a recent break from using drugs (remember to start low and go slow).
- Try to avoid using drugs alone or without someone to check in. If a person does not want to tell anyone they are using, there is a hotline with operators who are trained to call for help if they stop responding.
 - **Never Use Alone Hotline** (877-696-1996). **This hotline is volunteer-run and cannot provide a guarantee of service availability.**

¹ Read more about drug overdose trends on the [Washington Department of Health's website](#).

How to respond to an overdose

Naloxone is a safe medication that reverses the effects of opioids like heroin, fentanyl, and oxycodone. If naloxone is given in time, it can help the person to start breathing again. Naloxone only works to reverse an opioid overdose. If you think a person is overdosing, call 911 and then use naloxone.

The goal of reversing an overdose is to restore breathing using the lowest necessary dose of naloxone. Learn why that's important here.

Anyone can get, carry, and give naloxone to someone they think is having an opioid overdose. It will **not** hurt someone if they are not having an opioid overdose. It is safe for people of all ages, including infants.

How do I help?

Call 911 and administer naloxone

HCA has information on how to **administer nasal spray and intramuscular naloxone**. Make sure you download the **digital wallet card** for easy access to this information.

The Washington State Department of Health also offers **written** and **video** resources on naloxone administration.

Loved ones who want to speak with someone professionally trained in crisis response and emotional support after the overdose may call **988** or the **Washington Recovery Help Line** at 866-789-1511 for help. To access the **Native and Strong Lifeline**, call 988 and press 4. Calls are answered by Native crisis counselors 24/7.

Finding and getting naloxone

Naloxone can save lives, but only when you have it with you. These resources can help you, your loved ones, and community members get naloxone.

- Visit the **naloxone finder** to find free naloxone in your area.
- Some forms of nasal naloxone are now available to purchase over the counter (this includes the brand name NARCAN® and generic equivalents).
- If you have health insurance that covers naloxone (such as Apple Health/Medicaid), you should be able to obtain naloxone for free or at a reduced cost by using a prescription. The **Statewide Standing Order to Dispense Naloxone** can be used as a prescription instead of a prescription from a health care provider.
- Call the pharmacy ahead of time to check if naloxone is in stock. Remember to bring a digital or printed copy of the standing order with you.
- For more information on how to use health coverage to get naloxone at a pharmacy, refer to **this resource from DOH**.
- If you do not have a place to get naloxone in your area, you can request **free naloxone by mail**. This program is for individuals who may struggle to access a community organization or a pharmacy. When possible, consider alternative options to get naloxone.



After administering naloxone

After administering a dose of naloxone, wait two to three minutes for it to work before giving a second dose.² Most of the time, one dose of naloxone will reverse an opioid overdose. In some cases, a person may need two doses. It is very rare for someone to need more than two doses of naloxone. While waiting, give rescue breaths until they can breathe on their own or emergency medical care arrives.

If the person does not wake up after receiving naloxone, they may not have overdosed from an opioid. Naloxone only works to reverse the effects of opioids; it does not reverse the effects of other types of drugs or alcohol. When you call 911, the operator will direct you to perform rescue breathing or CPR while you wait for the person to breathe normally.³

Naloxone wears off within 30 to 90 minutes. This is why it is so important to call 911 right away. When naloxone wears off, a person may begin to show signs of an overdose again, including slowed or absent breathing. You will need to stay with them until they receive medical attention.

What does your loved one need as they wake up?

It is important that your loved one has the space to wake up calmly from an overdose. If your loved one wakes up feeling very sick, they may not welcome lots of questions or attention. In addition to helping people breathe normally after an overdose, naloxone can sometimes trigger withdrawal symptoms. Withdrawal symptoms make people physically feel horrible and can be frightening. When withdrawal symptoms come on quickly and are severe, it is called precipitated withdrawal. When people are having severe or precipitated withdrawal symptoms after an overdose, they may talk about wanting to use the drug again, to stop experiencing withdrawal.

If law enforcement arrives at the scene of an overdose, remember that their role is public safety. They are not present to provide a medical response. You may ask them to leave the room or surrounding area.

EMS providers can also request that police clear the room along with any other non-essential personnel to create as calm an atmosphere as possible.

What is withdrawal?

Opioid withdrawal happens when a person whose body has become used to taking opioids, is dependent on them, is no longer exposed to opioids. This can happen when people regularly use opioids stop taking them or when the time between doses is long. The table below lists the types of withdrawal symptoms people can experience.

Withdrawal symptoms

- Nausea, vomiting
- Anxiety
- Muscle aches
- Restlessness
- Insomnia
- Runny nose
- Abdominal cramping
- Diarrhea
- Vomiting
- Sweating

Secondary effects of withdrawal

- Dehydration
- Severe anxiety
- Suicidal thoughts or ideation,
- Other medical complications from the strain on the body.
- The person may want to return to drug use to treat these symptoms of withdrawal.

² **Naloxone Instructions | Washington State Department of Health**

³ CPR, or cardiopulmonary resuscitation, includes chest compressions along with rescue breathing.

While lifesaving, naloxone can also put someone with opioid dependence into a state of withdrawal because it blocks the action of opioids. Your loved one has a right to receive treatment for withdrawal symptoms. If they don't get help, they may want to use drugs again to stop the symptoms.

Know that it is normal for people in withdrawal from opioids to seek out opioids to ease the withdrawal symptoms. After the naloxone wears off, the symptoms of their overdose could return. Higher doses of naloxone and a similar medication called nalmefene pose a higher risk of severe and sudden precipitated withdrawal. The fear of withdrawal may prevent people from seeking needed care, according to SAMHSA. They might also hide their drug use to avoid treatment with naloxone.⁴ As the federal Substance Abuse and Mental Health Services Administration (SAMHSA) explains, "Extreme experiences of withdrawal can be painful, dangerous, and traumatizing, leading to negative feelings towards naloxone and people who use it."⁵

To avoid causing sudden and severe withdrawal, medical experts recommends that people use the lowest dose or amount of naloxone possible to reverse opioid overdose. The goal of treating an opioid overdose is to get people breathing normally again.

If your loved one is under medical care after their overdose, medication can be used to help with their withdrawal. Buprenorphine (such as Suboxone[®] or Subutex[®]) as prescribed treats opioid withdrawal safely, quickly, and effectively. Receiving buprenorphine following an overdose has been shown to greatly lower the risk of death.^{6,7}

Typically, opioid withdrawal can start 8 to 24 hours after last use and can last 4 to 10 days. When naloxone is provided, it can cause sudden and severe withdrawal symptoms. This is why it is important to use low doses of naloxone and wait the full 2 to 3 minutes before giving a second dose.

Starting with low doses of naloxone can protect against severe withdrawal.

Withdrawal symptoms are described as "the worst flu of your life" and can be physically, psychologically, and situationally disabling. The desire to return to use to treat withdrawal symptoms can be a surprising outcome for many people. With understanding, you can help your loved one find ways to treat their symptoms.

If your loved one is in withdrawal after their overdose, you can help them in important ways. Some people have found the following ideas to be helpful:

- Encourage them to drink water (8 to 12 glasses) to prevent dehydration.
- Recommend a diet with good carbohydrates, proteins, fresh fruits and vegetables, and healthy fats like oily fish and nuts.
- Suggest vitamin B and C supplements.
- Create a calm and peaceful environment.
- Encourage them to discuss treatment options and strategies for dealing with withdrawal symptoms with a medical professional. For example, there are medicines that can help manage the symptoms of withdrawal, including medications to stop or reduce nausea, vomiting, diarrhea, and headaches, and medications to address feelings of anxiety and irritability.

Many people feel confused and vulnerable when they are going through withdrawal. The best thing to do is to provide them with love and help them feel safe and secure. It is not the best time for counseling or difficult conversations.

4 **SAMHSA Overdose Prevention and Response Toolkit**

5 **DOH high dose naloxone statement**

6 **Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study**

7 **Buprenorphine After Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries**

Hospital guidance

Emergency Medical Services may decide to take your loved one to the hospital. Sometimes friends or family drop someone off at a hospital to get an overdose treated. The hospital setting can be very confusing and overwhelming. With permission from your loved one, you can be there to support them.

If your loved one allows you to be in the hospital:

- Be supportive and respectful.
- Be gentle and show compassion.
 - Approach conversations with a calm and nonjudgmental tone. Your loved one may be feeling shame, confusion, or fear.
 - Avoid blame or criticism; instead, affirm their emotions and experiences.
 - Small gestures of care, like sitting quietly with them or holding their hand, can speak volumes.
 - Remember: their overdose is a sign of distress, not failure. Treat them with the same compassion you would offer for any health crisis.
- Advocate for your loved one's safety and dignity while under medical care.
 - Speak up if you notice dismissive or harmful language or care practices.
 - Ask questions and request information about any treatments or decisions.
 - Offer to communicate with hospital staff if your loved one is feeling overwhelmed or unheard.
 - Consult with your loved one about their preferences for medical decision making and who they want to be involved in their care going forward, such as whether they'd like to establish medical power of attorney.
- Tell them how glad you are that they are here.
 - Saying, "I'm so grateful you're still here," can be incredibly powerful.
 - Let them know their life matters, not just to you, but to others who care about them too.
 - Express hope and support for whatever next steps they choose, rather than sharing only your own opinion.
 - Reinforce that recovery is possible, and that you are here to walk with them, without pressure or judgment.
- Ask providers to slow down and use words that you will understand. You have a right to ask questions and make sure you understand what they are sharing.

Along with medical care, also consider:

Spiritual care: Ceremonies, prayer, connection to Ancestors, and other forms of traditional medicine.

Cultural reconnection: Language, land, stories, songs, art

Community involvement: Healing circles, Elders, and family gatherings.

What to expect regarding your loved one's care in a hospital following an overdose:

- Medications are available to treat withdrawal and for long-term treatment (as prescribed).
 - Buprenorphine can help manage withdrawal safely and reduce the risk of death in people who take this medication following an overdose.
 - Buprenorphine, along with other forms of medications can also be used for long-term opioid treatment, to help reduce cravings (see Treatment section).
 - A medical provider at the hospital should provide your loved one medication to treat withdrawal, as well as discuss long-term medication treatment options with them.
- A naloxone kit and education.
 - Emergency departments in Washington state are required to provide individuals at risk of overdose take-home naloxone. Read more on the [HCA website](#).

You may find that you need to advocate for the care you want. Hospitals can be challenging environments for people who are there for an overdose.

Some **additional services** that you can request include:

- A substance use or mental health evaluation. Request a telehealth meeting (“consult”) with a specialist if there is not one on-site.
- A liaison to your tribal clinic or a cultural peer from your community to support you.
- A social worker or case manager to connect you and your loved one with resources. They can help you find housing or shelter, figure out insurance or Medicaid enrollment, and get transportation to follow-up appointments.
- A peer support specialist, or person with lived experience of substance use, if available.
- Your loved one deserves quality care and, at a minimum, needs to have their withdrawal treated, be offered medication options for long-term treatment, and be provided with naloxone. If your loved one does not receive these services, or is not treated with respect, the Department of Health has a **complaint process** for providers and facilities.
- Any discrimination against people with disabilities is unlawful. Substance use disorder is a condition that results in impairment in daily life. Accordingly, under the Washington Law Against Discrimination (“WLAD”), RCW **49.60.040(7)**, the definition of “disability” covers substance use disorder. The **Washington State Human Rights Commission** has more information about protections against discrimination for individuals who may have a substance use disorder

Special considerations for youth

Age of consent for treatment: When adolescents turn 13, Washington state law allows them to make some medical decisions without parental consent. For example, they can seek some forms of outpatient and inpatient treatment for their substance use on their own.^{8,9}

Right to Confidentiality: Providers will only break confidentiality if someone shows a high risk of significant harm to themselves or others. A parent who wants to view parts of their kid’s online medical records should ask their healthcare provider about any forms required to obtain authorized access. For teen patients with severe cognitive impairment, please discuss the possibility of full proxy access with your primary care provider at your next visit.

Family-initiated treatment: In Washington state, **family-initiated treatment (FIT)** is another pathway to treatment for youth ages 13 to 17. In FIT, a parent or guardian may bring their youth to a participating outpatient or inpatient behavioral health treatment and/or evaluation facility and request an evaluation to determine if they are appropriate for this level of care. In these situations, the youths’ consent is not required.

8 Revised Code of Washington (RCW **71.34.530**) Recommend that you check the **behavioral health services for minors laws** to confirm the legal age of consent at the time of need.

9 Revised Code of Washington (RCW **71.34.500**)

Overdose response in Native communities



American Indians and Alaska Natives are affected disproportionately by the opioid crisis. Opioid overdose rates are higher for American Indians and Alaska Natives than in any other category by race and ethnicity.¹⁰

For Tribal Nations in particular, the effects of historical trauma have decimated the health and wellness of families due to generations of assimilation, systemic poverty, and racism. These experiences elevate risks for mental health issues and substance use as a form of coping.

Tribes in Washington State are leading powerful efforts to heal their communities from the devastating impacts of opioid addiction. Rooted in strength and resilience, they are restoring cultural ways—through talking circles, ceremonies, and traditional foods; weaving those teachings into everyday life. Interpersonal relationships, interconnectedness, and identity are key to healing and wellness in tribal communities.

“In our journey to wellness, an important reminder – we are told from our people in recovery is that We are not bad people trying to be good. We are sick people trying to be well.”

- Candice Wilson Quatz'tenaut, member of Lummi Nation, and Executive Director for the Office of Tribal Public Health and Relations, DOH

Tribal Nations have currently built or expanded ten inpatient and outpatient **Opioid Treatment Programs (OTPs)** and mobile clinics that serve both Native and non-Native people, blending traditional medicine with modern care. Prevention programs like the Washington State Tribal Prevention System (WSTPS), grounded in community connection, are helping youth stay strong and avoid addiction. In partnership with the state, tribes are also securing resources, strengthening tribal schools with opioid education, and leading coordinated responses to protect future generations.

To learn more about overdose response and recovery resources available to tribal communities in Washington State, see the resources listed in the **Quick Guide**.



¹⁰ M. Kumi Smith, Colin Planalp, Sarah L. Bennis, Antony Stately, Ivan Nelson, Jack Martin, Pearl Evans. Widening Racial Disparities in the U.S. Overdose Epidemic. American Journal of Preventive Medicine. Volume 68, Issue 4, 2025, pages 745-753. Available at: <https://doi.org/10.1016/j.amepre.2024.12.020>



**Support for your
loved one after an
overdose**



Protect your loved one by getting a naloxone kit.

You may be wondering why the person you love continues to put themselves at risk of another overdose.

Your loved one may not remember their overdose. You may be concerned and grieving, while they have not yet processed the event. You may have to tell them what happened. An overdose can be a life-altering experience for someone, but in many cases, it is not. The most important thing to understand is that changing one's use of drugs is a process. It does not happen overnight and sometimes an individual may overdose multiple times in their life.

Do your best to be patient and gentle with your communication.

Tips to support your loved one after an overdose

After an overdose, your loved one needs and deserves support, rest, recuperation, and compassion.

If you can stay with your loved one immediately following their overdose experience, here are a few things to consider:

1. Create a healing environment and allow them to rest. Ask them what makes them feel comfortable. They may want to listen to their favorite music, watch a light-hearted movie, take a nap, engage in other activities for healing.
2. Get support for yourself. You may want to call on another parent or caregiver with lived experience, trusted peer, elder, cultural leader, partner, sibling, or best friend to support you. You may find it helpful to call a family support group or program.
3. Prepare food and make space for your loved one's return from the hospital with love and warmth.
4. Your loved one may be experiencing intense withdrawal symptoms which, if left untreated, may lead them to want to return to drug use. You should continue to support them through being present and compassionate.

5. Help them with basic needs if they have withdrawal symptoms, like staying warm and hydrated. Pick up over-the-counter remedies for nausea and diarrhea.
6. Live in the moment. Other people in your shoes highly recommend saving any deep conversations for another time.

Encourage them to talk to a peer support specialist, or someone who has been through this before.

Find a phrase that is helpful to repeat when you feel frustrated and want to talk with your loved one about the next steps. For example, some people may find comfort in repeating, "It is enough to know your person is alive." Instead of forcing a conversation, tell them you care and are here to talk when they are ready.

Here are some tips for the next 24 hours. Focus on care navigation, connection, and support.

You may want to identify a treatment option for your loved one. Please remember that their next steps are up to them, and they will be more successful at change when they choose the path and are ready to take those steps.

Your loved one is at a higher risk for a fatal overdose if they continue using opioids after surviving an overdose. While it is important that you and your loved one are aware of this, confronting them with fear and shame will shut down the conversation.

Starting a medication like buprenorphine or methadone, also known as medications for opioid use disorder, can reduce the chance of a future opioid overdose. If you want to discuss medications like these with your loved one, approach them with curiosity, using open ended questions – for example, “What have you heard about buprenorphine or methadone?” If applicable, ask what their experience was like when they tried it before, and explore if they would be willing to talk with a doctor about these medications.

Nonjudgemental conversations about how to manage withdrawal or triggers are important. Triggers can be people, places, or feelings that cause an individual to think about using opioids or another drug. More tips about exploring options with your loved one are in the section, “What are my Loved One’s Options?” later in this guide. **Encourage them to speak with another person who has had the same experiences, like a peer support specialist. People are more likely to connect with others who “get it.”**

Learn more about resources and support strategies for people who use drugs in the following pages.

Communication tips after the overdose:

“If you are going to use, please start slow, and try not to use alone.”

“Do you and your friends know how to use naloxone and where to get it?”

“I’ve heard there are a lot of free, helpful tools at syringe service programs¹¹. Would you like to check it out?”

¹¹ Syringe service programs (SSPs) are administered by Washington State Department of Health (DOH) as part of a community-based public health response to drug use. Information about how SSPs play a crucial role in comprehensive overdose response can be found at: <https://doh.wa.gov/sites/default/files/2024-11/150297-RoleSSPsInOverdoseResponse.pdf>.



**Support for you
after a loved
one's overdose**

After your loved one's overdose, you may feel emotionally, spiritually, and/or physically exhausted. Some people get angry. Some people blame themselves. Some people get depressed. All these reactions are normal.

Your loved one deserves the best care, and so do you.

Although shame is a common reaction, here are some tips to maintain your health and wellness while supporting your loved one.

- Seek out a mental health provider if you do not already have one.
- Be kind to yourself and explore ways to cope with the pain you may feel. When making this guide, people shared how they prioritize taking walks, exercising, cooking, creating art, writing poetry, praying, and meditating to cope.
- Process feelings through gentle movement and breathwork.
- Do something that makes you feel comfortable and safe.

You do not need to handle everything alone. Here are ideas to build your own network of support and care:

- Find the right support group. You are not alone. You now have lived experience of having a loved one who has overdosed, and you can help others too.
 - **The Center of Parental Excellence (COPE) Project** is a service that supports families and caregivers who are navigating the behavioral health system for a loved one and supporting someone with behavioral health challenges. HCA partners with **A Common Voice** to provide COPE services.
- Lean on trained professionals, like case managers, social workers, care navigators, and others. Let them do their jobs to support you, your family, and your loved one.
- Let friends and family know what you are going through if that feels good to you.
- Ask someone to organize a meal train or to help you with household tasks so you can rest.





**Understanding
drug use and
treatment
options**

You deserve honest, clear, accurate information so that you feel confident to support your loved one and their health moving forward.

How did we get here, to this overdose crisis wave?

In 1971, a “War on Drugs” was declared in the US. The government created laws that prioritized criminalization and drug enforcement over healthcare approaches, such as harm reduction and treatment. More than 50 years later, parts of this strategy remain.¹² This ongoing criminalization is what many believe has led to the high number of needless deaths.

When drugs are made and sold without production standards, they are not predictable in dose, quality, or content. This means that a person buying drugs on the street is not usually getting what they think they are buying. People may purchase drugs that are stronger than what they are used to – for example, someone may think they are buying heroin or oxycodone, but they are getting fentanyl (which is up to 50 times stronger than heroin). Effects of drugs purchased on the street can be random even when the drug was sold as something recognizable like a pressed pill. HCA has resources with [more information about illicit and counterfeit medication](#) in Washington.

Read more about how US War on Drugs policy made drugs riskier over time and led to the availability of fentanyl, which is unregulated and unpredictable in street drugs.

Education and compassion are more important than ever for people who are using drugs today.

Why is it hard to stop using drugs?

Dependence

When certain drugs are used over a long period, the body can become dependent on them, meaning the body adjusts to the drug being constantly around. If the amount of drug is reduced or stopped, the brain and central nervous system notice this change and react. These changes can lead to physical withdrawal symptoms. Opioids are one class of drugs that can cause this physical dependence. There are medical treatments available to help manage withdrawal symptoms and cravings. The best approach depends on the individual and should be guided by a healthcare professional.

Addiction (also called substance use disorder)

Addiction happens when people continue using a drug, alcohol, or other substances, even after they have experienced challenges related to their use. They may suffer health problems, work problems, struggle in relationships, and spend so much time seeking and using drugs that they experience social isolation. Addiction is also characterized by people craving or wanting a drug, even when they know it may not be healthy or good for them. This craving, along with people not wanting to experience withdrawal symptoms, is what causes many people to continue to use opioids even after an overdose.

These circumstances can create big barriers to change.

A medical professional can diagnose someone with a substance use disorder based on whether they meet certain criteria. This can range from mild to severe.

Substance use disorder is a medical condition, not a moral failing.

Drug use continuum

There are many reasons people use drugs.

People use drugs for experimental, recreational, or social reasons. There are even instances where drug use is accidental. Some people can use drugs regularly, without their use resulting in harm or significant risk. An overdose can happen to people anywhere along the continuum, whether they have used drugs once or twice or have a diagnosed substance use disorder.

People can change their relationship to drugs over time. Some people may have periods of time when they only use drugs socially, and other times when their relationship to drugs begins to cause problems for themselves or their friends and family or seems to be compulsive. Sometimes a person can go back and forth between different states of use.

As a loved one, you may use an overdose as a chance to better understand your person's relationship to drugs.

Why is acceptance better than “tough love”?

Addiction and drug use is not a moral failing. Some people may tell you to practice tough love or let your loved one “hit rock bottom.” You may also hear that you are enabling your loved one if you don't practice “tough love.” It is best to seek out expert opinions and learn about approaches that have been researched and proven to work by professionals.

Tough love is the idea of punishing or cutting off a loved one to force them to experience a “rock bottom,” which we then expect to cause them to change. This approach is often used in interventions, when loved ones confront people who use drugs. This approach is generally not effective and is often harmful in addressing addiction.¹³

When someone who is struggling with drug use or addiction is met with rejection and isolation, their shame can deepen. This can further motivate drug use, lying, and avoidance. We can instead rely on early intervention, community support, and engage in positive activities to foster change. **By focusing on building strength and resilience through supportive environments, many people find the motivation to change before reaching a crisis point. In the context of the current overdose crisis, a crisis point is too often deadly.**

You don't need to wait for someone to hit rock bottom to be supportive or offer help.

In the context of the current overdose crisis, a crisis point is too often deadly.

Acceptance means recognizing and acknowledging your loved one's current reality, including their struggles with drugs, without judgment, denial, or attempts to change them. It involves seeing the person as a whole and offering support rooted in empathy, dignity, and respect. Acceptance does not mean you like what your loved one is doing. In practice, it translates to:

- Affirming emotions: “I see this is hard for you.”
- Welcoming honesty without shame.
- Celebrating any positive change.

¹³ The following article connects tough love to using alone, isolation, and mentions the risks of tough love being death. Hawkins, J., Salmon, A., Fernando, S., Battle, C., Esau, S., Snyder, D., & Sikora, M. (2025). 'I don't know what we should have done differently': A qualitative study on the dilemmas of 'tough love' and toxic drugs in British Columbia, Canada. *Drugs: Education, Prevention and Policy*, 1–10. Available at: <https://doi.org/10.1080/09687637.2025.2493140>

How do I encourage changes without confrontation?

You can encourage positive changes and support your loved one in a healthy and lasting way. Take time to consider your own boundaries and limitations. What makes you feel most drained or agitated?

Healthy boundaries are different from “tough love” and can take on many forms:

- Recognizing when you need to leave a room;
- Being realistic about how much time you can spend together;
- Setting aside time to practice self-care;
- Remembering that you can't make changes on behalf of your loved one; or
- Removing yourself from a situation that makes you feel unsafe.

These boundaries are clear, respectful limits you set not to punish your loved one, but to keep yourself healthy and your relationship safe. Healthy boundaries create structure and consistency.

- Be clear about what support you can or can't give.
- Let your loved one know you're still there, even when you set limits.
- “I love you, and I'm always here to talk. I want to support choices that help you stay safe.”
- “You're always part of this family. When being in the home feels healthy for everyone, you're welcome. If it's not the right time, I'll help you find somewhere supportive to stay.”

One of the many evidence-based models of family therapy for people with challenges related to their drug use is community reinforcement and family training (CRAFT). CRAFT teaches families how to talk in ways that reduce defensiveness and open doors.

Visit the CRAFT website to learn more and **find a CRAFT trained therapist** or a **community group**.

Another reason to avoid confrontation is that you may make your loved one feel backed into a corner to take action. This can cause them to pull away from you to avoid letting you down or failing.

The reality is that people seek help when they are ready to seek help.

Celebrate any positive change

Celebrate the positive steps – big or small – in someone's drug use or other areas of their life. This is a great alternative to confrontation and shows acceptance. We celebrate our loved one's progress in all parts of life without creating situations where they are afraid of letting us down or feeling like they need to lie.

Your loved one may be taking positive steps in many parts of life that deserve celebration. For example:

- Scheduling a doctor's appointment.
- Talking to someone about their drug use openly.
- Being more honest because they don't feel pressured to hide their drug use.
- Practicing personal hygiene and grooming.
- Eating well and getting exercise.
- Visiting a harm reduction program or even just setting the intention to go visit.
- Testing drugs before using them more often than they are not and taking steps to prevent overdose.
 - Note: Some communities in Washington have access to **community drug checking network sites**.
- Scheduling appointments with a case manager or care navigator.
- Paying down bills or just checking their mail.
- Addressing court system requirements.

What makes people change?

As a loved one, you may be scared and desperate for your person to stop using drugs. You want to do anything you can to protect them. That is completely understandable, and valid. You are not alone in feeling this way. Understanding the “stages of change” may help you to have a better understanding of your loved one's journey.

It is often the safest option to continue drug use until a person is ready to make a change. Immediate detoxes and experiences of withdrawal can jeopardize long-term success for many people. Recent research found that treating opioid use disorder without medication is more deadly than no treatment at all!¹⁴ **People are more likely to overdose if they use after brief periods of sobriety because tolerance goes down.**

Change takes time and we are more successful when we feel loved, accepted, and supported. We often must wait for the gift of looking back in time to see how we are changing and growing gradually.

14 **Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17**

Stages of change

How can you support your loved one who uses drugs at each stage of change?

Stages of change	Support tips
<p>↑</p> <p>Precontemplation</p> <p>The person does not realize that they need to change or may not desire a change at all. They may not think their drug use is a problem. They may be in denial; and so absorbed in their use and dependence that they genuinely don't see the harm they may be causing themselves and others.</p>	<p>Support your loved one to reduce their risk of overdose or other harms associated with drug use</p>
<p>Contemplation</p> <p>The person begins to recognize that they have a problem and starts thinking about a change. They may feel conflicted about it, wanting to change but also afraid of the effort or the unknown. It can be very scary to imagine life without drugs, especially if it's used to cope with a past trauma or a major part of their social circle.</p>	<p>Encourage curious, nonjudgmental conversations. Offer information about treatment options while respecting their pace.</p>
<p>Preparation</p> <p>The person starts learning about how to change. They may do some research by looking up options online, talking to others who have been through it, and showing curiosity about treatment / harm reduction services. They may start planning logistics, such as costs, what to do with their pets, or what to share with their place of work while they focus on their next steps.</p>	<p>Help them with the logistics, if you are able, and offer emotional support. Celebrate every step forward, even the smallest win. Remember: you are not responsible for "fixing" every issue that comes up in their life. Taking away their decision-making power may do more harm than good.</p>
<p>Action</p> <p>The person will actively make changes, such as enrolling in a treatment program, beginning or increasing medication, speaking with a mental health provider, or starting new behaviors like reducing drug use on their own.</p>	<p>Celebrate every positive change. Be there to offer encouragement, praise progress, and provide help when needed. Let them know they're not alone and try to listen without judgement if someone returns to previous stages.</p>
<p>Maintenance</p> <p>After finding the right combination of support or a program that works for them, the person works to maintain their positive change. This stage often requires ongoing effort and self-care, sometimes lasting for a lifetime.</p> <p>↓</p>	<p>Continue to check in regularly. Listen without judgement if someone switches strategies or returns to use. When a return to use happens, it is an opportunity to learn.</p>

Someone may try several strategies or programs and return to the Preparation or Contemplation stages until something works for them. A return to use is not a failure, it may be part of the change process.

What are the options for my loved one?

Remain open and curious regarding your loved one's willingness to engage in treatment and/or risk reduction behaviors. Below are options to explore with them, at their pace.

Harm reduction

It is very important that anyone in your life who uses drugs knows about harm reduction. Harm reduction involves a philosophy and practical strategies. The philosophy of harm reduction encourages respect and dignity for the rights of people who use drugs. The practical strategies of harm reduction are aimed at reducing negative consequences from drug use. Harm reduction is lifesaving. **Harm reduction principles** apply at any stage of change and any type of treatment. There are also many harm reduction programs. A harm reduction program:

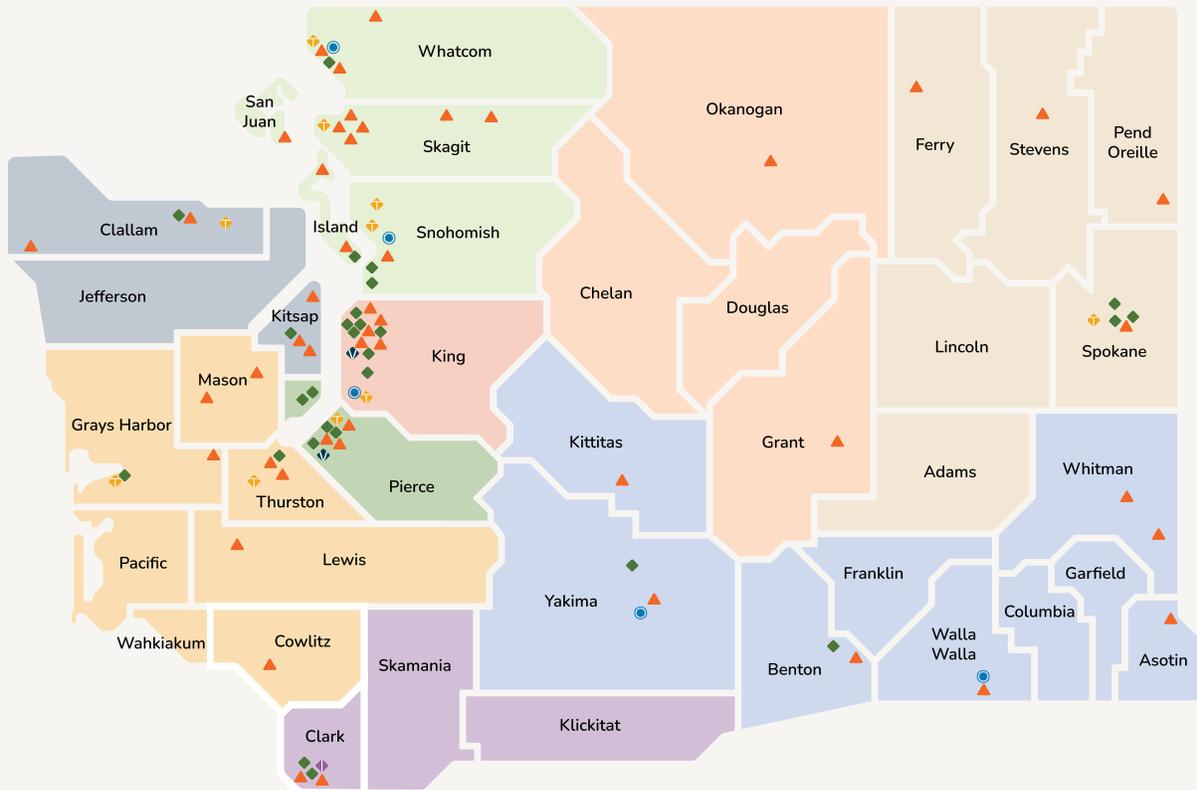
- Provides “low barrier” services. This means that the person can get access to needed care without typical obstacles such as having an ID or insurance. There is walk-in availability and quick connection to medication without additional requirements.
- Makes resources available to reduce the immediate harm of drug use. This includes infectious diseases and overdose. Some of the most common tools are safer use supplies, drug testing strips, safer sex supplies, wound care kits, and naloxone.
- Has staff and volunteers that approach individuals with respect and without judgment, many of whom have lived and living experience with drug use.
- Provides care navigation to help people find their way through often complicated social and health service systems and connect with the right services. Learn more about **care navigation in Washington**.

You can find examples of Washington harm reduction programs, as well as opioid treatment programs, which are the only setting to provide all types of medications to treat opioid use disorder, on the map on the next page or by using [this link](#).

Learn more about **harm reduction resources** in Washington.



Harm Reduction Resources Map



- ◆ **Opioid Treatment Programs (OTPs) - 27**
- ◆ **Opioid Treatment Programs serving Veterans Affairs members only - 2**
- ◆ **Opioid Treatment Programs owned/operated by Tribes - 10**
- ◆ **Opioid Treatment Programs for incarcerated people only - 1**

OTPs are a behavioral health treatment agency which is licensed by the state and federal government. The program offers both counseling services and medical services to all clients who attend. It is the only type of outpatient treatment setting, where an individual can receive all three types of medication for the treatment of an Opioid Use Disorder. A client who attends the program receives their medication and doses to take home directly from the OTP site, instead of a pharmacy.



● **Health Engagement Hubs (HEHs) - 5**

HEHs are designed to serve as an all-in-one location for low-barrier medical, harm reduction, behavioral health, and social services for people who use drugs (PWUD). These Hubs focus especially on aspects of health that disproportionately impact PWUD such as wound care, reproductive health, overdose education and naloxone distribution, access to medications for opioid use disorder, and testing and treating infectious diseases.



▲ **Syringe service programs (SSPs) - 52**

SSPs are community-based public health programs that provide critical services in nonjudgmental environments to people who use drugs. Services include the distribution of sterile injection supplies and other harm reduction tools, safe syringe disposal, and referrals and access to healthcare, treatment, and support.

Treatment

There is no “one size fits all” treatment. Everyone’s path is different. There are resources available for **in-depth look at treatment options**.

Buprenorphine and methadone have been proven to improve quality of life and health for some. Buprenorphine treatment after a nonfatal opioid overdose has been associated with a 62% reduction in the risk of opioid-involved overdose death.¹⁵ Being on a medication long-term reduces one’s risk of arrest and significantly decreases the risk of overdose and death. Recent research found that treating opioid use disorder without medication was more deadly than no treatment at all.¹⁶

Medications for opioid use disorder

Best practice in the treatment of someone with an opioid use disorder is to provide medications first.

Opioid Treatment Programs (OTP) are the only location where people can choose from all three types of medications for opioid use disorder (MOUD): methadone, buprenorphine products, and naltrexone.¹⁷ OTPs can be located using the **OTP guide**. The Washington Recovery Help Line offers the **MOUD locator** to locate treatment options.

Any medical prescriber can prescribe buprenorphine. To speak with a provider and get immediate access to a buprenorphine prescription, call the “Telebupe” Hotline anytime at (206) 289-0287. Help is available 24 hours a day, 7 days a week. **Learn more about medications for opioid use disorder here**, including a downloadable brochure.

Other forms of treatment

Medical professionals have determined that medications are the gold standard of treatment for opioid use disorder and should be the first line of treatment. Abstinence-based treatment puts people with opioid use disorder at a higher risk of death in the long-term. There are other treatment options out there which should allow for the individual to be prescribed medications, while simultaneously accessing other treatment services, including:

1. **Withdrawal management services (detox):** detoxification is typically a three- to seven-day inpatient stay where a person goes through withdrawal under medical care. During this time, they should be started on medications for opioid use disorder and, with their consent, transferred to a residential or outpatient treatment program to support them in avoiding a return to use after detox.
2. **Inpatient or residential treatment:** Residential treatment typically lasts 30 to 60 days and links to further supportive care like a recovery home and outpatient treatment. Providing individuals with the option to start or continue medications to treat opioid use disorder while they are in residential treatment is required by law.^{18,19}
3. **Outpatient:** Outpatient or intensive outpatient treatment consists of a mix of group and individual therapy, at varying duration and frequency, with opportunity for continuing care. Outpatient treatment providers should not discriminate against participation in their treatment program based on someone’s using medications to treat opioid use disorder and should facilitate connection to medication treatment options.

Supportive treatment activities

These are activities that may not be sufficient on their own but can be part of a comprehensive treatment or recovery program.

1. Community-based mutual aid groups, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery or Recovery Dharma.
2. Individual therapy.
3. Individual psychiatry, which includes medication management for mental health.

¹⁵ Samples, Hillary et al. Buprenorphine After Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries. American Journal of Preventive Medicine, Volume 65, Issue 1, 19–29.

¹⁶ **Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17**

¹⁷ Methadone and buprenorphine are proven to prevent overdose. Naltrexone does not have the same evidence-base and is not considered protective against overdose. Abstinence-based treatment such as detox and rehabilitation centers that do not provide medication are also not protective against overdose.

¹⁸ Washington Administrative Code (**WAC 246-341-1108**)

¹⁹ Washington Administrative Code (**WAC 182-502-0016**)



**Communication
after an overdose**

After an overdose, it can be challenging to have a conversation with your loved one. Some relationships are very close; some are very complicated. All relationships are shaped by culture and beliefs.

There are many types of relationships that can determine how easy or hard it will be to have a conversation with your loved one. For more advice on talking with children or young adults, [visit the Friends for Life website](#). Another resource for parents is the [Talk Even If website](#).

It is important to:

- Use calm, respectful language.
- Listen deeply and validate feelings.
- Express concern in non-blaming ways (e.g., “I feel scared when I don’t hear from you” instead of “You don’t care about what you’re doing to this family.”).
- Ask open-ended questions; avoid questions that put your loved one on the defensive.
- Do not blame the overdose on their drug use or behavior. Recognize they may already feel shame about their drug use, and it is not helpful to add to those feelings. **Remember that the drug supply is unpredictable, and your loved one is not to blame.**

Build trust, treat them with respect, and empower them.

Encourage your loved one to think about their options. Here are some more prompts:

- “What’s one thing you wish was different in your life right now?”
- “Do you trust me to help you to think through some options?”
- “I am so relieved that you are okay. How are you feeling right now?”
- “I know it’s been a tough time, and I want to support you however I can. Do you feel like talking or just hanging out for a bit?”
- “I can’t imagine how scary that must have been. Want to talk about what happened?”
- “I’m here for you, no matter what. How can I best support you right now?”
- “Is there anything you need or want me to do for you right now?”
- “It must feel overwhelming right now, but I believe in you. How do you want to take things moving forward?”

“I know this is your path to walk, and I’ll be beside you however I can. I can’t fix things for you, but I’ll never stop caring.”



Relevant laws and resources



What to know about Washington's relevant laws

There are policies that support families who have a loved one experiencing drug use-related challenges.

Washington State's Good Samaritan Laws

RCW 4.24.300

RCW 69.50.315

Protect people who call 911 about an opioid overdose from prosecution for simple drug possession.

Family initiated Treatment (FIT)

RCW 71.34.375

Allows parents or guardians to bring their youth (ages 13 to 17) to participating providers to receive a mental health or substance use disorder evaluation, even if the youth does not consent. FIT gives families another way to access treatment, but it does not guarantee immediate services.

Ricky's Law

Allows for the involuntary commitment of individuals with severe substance use disorders who are at imminent risk of harm to self or others.

Criteria include danger to self and/or others, severe impairment, and lack of insight.

Designated Crisis Responders (DCRs) assess individuals in crisis and, if individuals meet the criteria, DCRs can detain them for treatment at a secure withdrawal management and stabilization facility.

More information is linked [here](#).

Note: There is no evidence that involuntary commitment reduces overdose or contributes to long term behavior change. In addition, challenges such as limited facility availability and resource constraints can impact the law's effectiveness. See [this position paper](#) reviewing the literature about involuntary treatment from the University of Washington Harm Reduction Research & Treatment Center.

Washington State Criminal Possession of Controlled Substances

Washington State recently changed its laws about drug crimes. Simple possession is now a gross misdemeanor (previously a felony), and the law puts in place a process to potentially accept referrals to treatment from law enforcement and/or prosecutors in lieu of jail. More information is linked [here](#).

Washington Law Against Discrimination

RCW 49.60.040(7)

Refusing or limiting a person from accessing programs, jobs, housing, or services ("protected activities") because they take prescribed medications for opioid use disorder could violate the WLAD. Similarly, requiring individuals to stop taking or to change their medication for opioid use disorder, as a condition of participating in protected activities that they are otherwise eligible for may be discriminatory.

Quick guide: state and national resources

Washington Recovery Help Line

A program of Crisis Connections. We offer an anonymous, confidential 24-hour help line for Washington State residents.

Website: warecoveryhelpline.org

Help line: 866-789-1511

This help line is for those experiencing substance use disorder, problem gambling, and/or a mental health challenge. The professionally-trained staff provide emotional support. They can also connect callers with local treatment **resources** or more community services.

UW Department of Emergency Medicine (UW DEM)

Offers a Tele-buprenorphine Hotline in partnership with **Public Health—Seattle & King County** to provide low-barrier medication for opioid use disorder.

This new hotline offers on-demand treatment year-round, 24-hours a day, 7 days a week through a free telehealth visit with Emergency Medicine physicians and linkage to Care Coordinators.

"Telebup" hotline: 206-289-0287

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's National Helpline (also known as the Treatment Referral Routing Service), is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders.

Helpline: 1-800-662-HELP (4357) or TTY: 1-800-487-4889

Never Use Alone Hotline

A line people can call when they are using by themselves. Peer operators will take location information and alert emergency medical services to that location if someone stops responding after using.

Please note that this hotline is volunteer-run, and we cannot guarantee the availability of services.

Hotline: 877-696-1996

Al-Anon and Families Anonymous

12-step fellowship groups are mutual-aid groups in which people with shared experiences help each other to achieve goals of sobriety.

There are fellowship programs, like Alcoholics Anonymous and Narcotics Anonymous for people struggling with their substance use, and there are programs for their family members called Al-Anon.

Al-Anon website: al-anon.org

Families Anonymous 12-step fellowship website: familiesanonymous.org

Partnership to End Addiction - One-on-One helpline

Trained and caring specialists are ready to listen to your challenges, setbacks, obstacles, and difficult emotions that go along with a child's substance use or addiction.

Website: drugfree.org/article/helpline-get-one-on-one-help/

Naloxone resources

Naloxone can save lives, but only when you have it with you. These resources can help you, your loved ones, and community members get naloxone.

- Visit the **naloxone finder**.
- Some forms of nasal naloxone are now available to purchase over the counter (this includes the brand name NARCAN® and generic equivalents).
- If you have health insurance that covers naloxone (such as Apple Health/Medicaid), you may be able to obtain naloxone for free or at reduced cost by using a prescription. The **Statewide Standing Order to Dispense Naloxone** can be used as a prescription instead of a prescription from a health care provider. Call the pharmacy ahead of time to check if they have naloxone in stock, and bring a digital or printed copy of the standing order with you. For more information on how to use health coverage to get naloxone at a pharmacy, **visit this resource**.
- If you do not have a place to get naloxone in your area, you can **request free naloxone by mail**. This program is for people who can't easily go to a community organization or a pharmacy. When possible, consider alternative options to get naloxone.

Fentanyl test strips

See [DOH's resource hub](#).

Syringe service programs²⁰

Syringe service programs provide critical services in nonjudgmental environments to people who use syringes. Services include:

- Sterile injecting supplies
- **Safe syringe disposal (PDF)**
- Access to healthcare, treatment, and support.

WA [DOH supports Syringe Service Programs \(PDF\)](#) because they protect and improve the health of individuals and communities.

See [DOH's syringe service program directory](#).

Community Reinforcement and Family Training (CRAFT)

Visit the [CRAFT website](#) to learn more and [find a CRAFT trained therapist](#) or a [community group](#).

Native resources in Washington

- **WA Tribal Opioid Resource Exchange** from the American Indian Health Commission (AIHC)
- **WA State Tribal Opioid & Fentanyl Task Force**
- **Tribal resource hub** for connecting Native people in Washington to support in one place
- Native individuals in Washington can call the **Native and Strong Lifeline**. To access this lifeline, dial 988 and press 4
- **Northwest Portland Area Indian Health Board (NPAIHB)** opioid resources
- **For Our Lives** campaign
- **Healthy Youth Survey support**



²⁰ Syringe service programs (SSPs) are administered by Washington State Department of Health (DOH) as part of a community-based public health response to drug use. Information about how SSPs play a crucial role in comprehensive overdose response can be found at: <https://doh.wa.gov/sites/default/files/2024-11/150297-RoleSSPsInOverdoseResponse.pdf>.

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