

If someone you love is struggling with alcohol or other drug use, you may be frightened by what could happen next—and worn down from trying to keep things together. You might be watching for signs of use, managing missed work or bills, arguing about treatment, or wondering whether setting a limit could make things worse. Those reactions do not mean you have failed. They mean the situation is taking a toll.



You do not have to solve everything today. Start by checking for immediate danger, then seek a professional assessment (a conversation that looks at the person's health, substance use, safety, and needs before recommending care). Meanwhile, get support for yourself. Family coping support, education and boundaries, and practical help can make the next step more manageable—even when you cannot control another person's choices.



First, check whether anyone is in immediate danger

Some situations call for urgent help, not a treatment search or a family meeting. If the person is unconscious, having trouble breathing, having a seizure, severely confused, or at risk of harming themselves or someone else, call emergency services. If you suspect an overdose, call emergency services and follow the dispatcher's instructions. Do not leave the person alone if you can safely stay nearby.

Alcohol withdrawal can also be dangerous. After a person who has been drinking heavily or regularly cuts down or stops, withdrawal may cause shaking, sweating, nausea, anxiety, or trouble sleeping. Severe withdrawal can involve seizures, hallucinations (seeing or hearing things that are not there), or extreme confusion. You cannot reliably judge the danger from how determined someone seems or from a brief online checklist. Get medical advice promptly if withdrawal is possible; severe symptoms need emergency care.

Do not try to manage potentially serious withdrawal by giving the person alcohol, leftover medication, or someone else's prescription. A medical professional can assess the risk and explain safer next steps. If you are unsure whether symptoms are urgent, call emergency services, a local crisis line, or a medical professional for guidance rather than waiting for symptoms to worsen.

Ask for an assessment before talking about a schedule

When families contact treatment providers, it is easy to get pulled into a conversation about program hours or what happens on a typical day. Those details matter later. First, the provider should ask enough questions to understand the person's health and situation. A recommendation made before a proper assessment may miss withdrawal risks, medical issues, mental health needs, or barriers that affect whether a plan is realistic.

A thorough assessment may explore what substances are involved, how much and how often the person uses them, previous attempts to stop, current symptoms, medications, physical health, mental health, housing, and family or work responsibilities. It should also make space for the person's goals and concerns. The result may be a recommendation for urgent medical care, a supervised withdrawal setting, residential treatment, outpatient care, or another next step. The right level of care cannot be chosen from a schedule alone.

When you contact a provider, such as Aura Recovery Center, treat the first call as a chance to ask how assessment and recommendations work—not as a commitment to a particular program. Ask what information they need, who conducts the assessment, how urgent medical concerns are handled, and what happens if the recommended service is not available. Confirm current services, costs, insurance details, and admission requirements directly; offerings can change, and a provider may not be the right fit for every person.

Questions to ask when you call

- What do you assess before recommending a level of care?
- How do you check for withdrawal or other medical risks?
- If the person may be in withdrawal now, where should we seek help today?
- How do you screen for depression, anxiety, trauma, or thoughts of suicide?
- What are the next steps if the person is not ready to enter treatment?
- Can family members speak with staff, and what information can you share with us?
- How do costs, insurance, transportation, and follow-up care get discussed?

It can help to write down the person's current symptoms, medications, substance use as best you know it, and any past withdrawal or treatment history. Be honest about what you do not know. Your role is to share useful information, not to diagnose or force a decision.

Make a safety plan that is specific and usable

A safety plan is a short, practical agreement about what people will do if risk increases. It is not a promise that nothing bad will happen, and it should not rely on one exhausted family member staying awake around the clock. Keep it simple enough to use under stress.

1. **Name the warning signs.** Note changes that have preceded medical crises, dangerous behavior, or severe conflict. Focus on observable details, not labels.
2. **Decide who to call.** Keep emergency numbers, the person's clinician, and a trusted support person easy to find. Agree in advance who will make calls or arrange transportation.
3. **Reduce avoidable risks where possible.** For example, do not ride in a car with someone who is impaired. If weapons or other hazards are involved, seek professional guidance about making the environment safer.
4. **Protect children and other vulnerable people.** Arrange a trusted adult, safe place, or backup plan if the person's behavior makes caregiving unsafe.
5. **Set limits you can keep.** Decide what you will do if a boundary is crossed—for instance, leaving an argument or calling for help—not what you can make the other person do.

If a person talks about suicide, take it seriously. Ask directly whether they are thinking about suicide, stay with them if it is safe to do so, and connect them with emergency or crisis support. If you are in the United States, call or text 988 for the Suicide & Crisis Lifeline; call 911 for immediate danger. Elsewhere, use your local crisis line or emergency number.

Separate short-term safety from long-term recovery

Families often feel pressure to find one plan that fixes everything. Recovery usually involves more than one decision, and priorities may shift as the person becomes safer and more stable. It can help to divide goals into two time frames.

Time frame	Main question	Examples of practical goals
Short term	What needs attention today or this week?	Address possible withdrawal; arrange a medical assessment; reduce immediate safety risks; find transportation; identify a person to call.
Long term	What support can help the person build stability over time?	Continue treatment or recovery support; address mental health needs; plan for housing, work, and relationships; create a follow-up plan after a higher level of care.

Short-term steps are not a promise of long-term success. They are ways to get through the current moment and create room for the next decision. Long-term recovery may include counseling, medication, peer support, changes in routine, or more than one approach. No single method works for everyone. A plan should be reviewed as needs and circumstances change.

Ask how a provider plans for the transition after intensive treatment. "Aftercare" means ongoing support after a more structured phase of care. Find out who will help arrange follow-up appointments, what happens if the person returns to use, and how the family can respond without treating a setback as proof that recovery is impossible. A return to use is a signal to reassess safety and support—not a moral failure.

Ask about mental health screening and follow-up

Substance use can occur alongside depression, anxiety, trauma-related symptoms, or other mental health concerns. "Co-occurring conditions" simply means a person is dealing with substance use and a mental health

issue at the same time. One can affect the other, and symptoms may be hard to sort out without a professional assessment.

Ask whether the provider screens for mental health concerns, checks for immediate risk such as suicidal thoughts, and can connect the person with appropriate follow-up. A screening is an early check, not a final diagnosis. If symptoms continue or change, the person may need further evaluation. Share known concerns, medications, and past diagnoses with the care team when possible, while respecting the person's privacy and rights.

Family members can also seek help for their own stress, sleep, anxiety, or depression. You do not need to wait until the person agrees to treatment before talking with a counselor, doctor, or family support organization. Supporting someone else is not a substitute for caring for your own health.

Use education and boundaries together

Education can help you recognize risks and understand treatment options, but information does not give you control over another adult's decisions. Boundaries are about what you will do to protect your safety, finances, and wellbeing. They are not threats, punishments, or a way to force recovery.

For example, you might say: "I love you, and I'll help you call a treatment provider. I won't give you money for alcohol or cover for missed work." Or: "I want to talk, but I will leave if you are shouting or using substances in the car." A useful boundary is clear, calm, and something you can follow through on. If setting a boundary could provoke violence, get advice from a professional and prioritize safety over having the conversation alone.

Family support does not mean monitoring every move, paying every bill, or carrying the consequences of someone else's choices. Practical help may be more limited and more useful: sitting with the person while they make a call, writing down questions, helping arrange a ride to an assessment, or finding childcare for an appointment—if these actions are safe and within your capacity.

Find support for yourself, not only for the person using substances

Fear and exhaustion narrow your choices. Support can give you space to think [windstream](#) and reduce the sense that you have to handle everything alone. Consider speaking with a therapist, doctor, trusted friend, or family support group. Ask a treatment provider whether it offers family education or referrals. Groups such as Al-Anon and SMART Recovery Family & Friends are options some families explore; you can compare formats and decide what feels helpful.

The National Institute on Alcohol Abuse and Alcoholism's Alcohol Treatment Navigator can help people learn about alcohol treatment and questions to consider when seeking care. It is an educational tool, not an emergency service or a substitute for medical advice. For current information, visit alcoholtreatment.niaaa.nih.gov. You can also review information directly from providers such as aurarecoverycenter.com, then verify details through a conversation with the provider and, where appropriate, a licensed medical professional.

One next step is enough for today

If you are scared and exhausted, begin with the most urgent need: emergency help for immediate danger, medical advice for possible withdrawal, or an assessment that looks at the whole situation before discussing a schedule. Then choose one practical task and one source of support for yourself. You can care deeply without being responsible for controlling another person's recovery. A safer plan, clear boundaries, and follow-up support can help you face the next step—one decision at a time.