

A FREE GUIDE FROM SISI RESEARCH

Between Hope and Fear

A Family's Guide to Loving Someone
in the Fentanyl Era

Staying ready. Staying connected. Staying hopeful — honestly.

Drawing on more than fifteen years of clinical work

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If you are reading this

then you are probably afraid for someone you love. You are not alone, and you are not failing. Families all over the country are living in the same place right now: between hope and fear, watching someone they love, carrying a worry that does not switch off.

This guide will not pretend that worry away. What it will do is give you two things that matter more than fear: a few clear steps that can save a life, and a way of staying close to your person that keeps the door open instead of slamming it shut.

Because here is the truth at the center of everything that follows. In a crisis like this one, condemnation does not just wound. It isolates. And isolation is dangerous. The people most likely to survive are the ones who are not alone — who know that someone will pick up the phone, carry the naloxone, answer the door without a lecture.

Compassion is not the opposite of taking this seriously. It is how you take it seriously and keep your person reachable. That is what this guide is for.

What is different now

For most of the history of addiction, a return to use was a setback — painful, frightening, but rarely fatal on its own. The fentanyl era changed that arithmetic.

The supply is now so potent, and so unpredictable, that a single use can be a fatal one. Someone can be doing well — a new job, steady weeks, real hope — and a return to use that once would have been survivable is no longer guaranteed to be.

This is worth saying plainly, because it reshapes everything a family needs to know:

- A return to use can come not when life falls apart, but when it seems to be going well. It does not respect progress, or joy, or hope.
- It is not a sign that your love was insufficient, or that your person lacked willpower. Addiction is not a moral failure; it is a convergence of biology, history, and circumstance.
- Because the supply gives fewer second chances, the goal shifts. Keeping a person alive and connected comes first. Everything else is possible only while they are still here.

If you witness an overdose

These are general steps, drawn from public health guidance, to help you act in the moments that matter most. They are not a substitute for emergency care or hands-on training. In an emergency, call 911 first and follow the dispatcher's instructions.

Signs of an opioid overdose include: the person cannot be woken; slow, shallow, or stopped breathing; gurgling or choking sounds; blue or gray lips or fingertips; pinpoint pupils; limp body. If you are not sure — treat it as an overdose. Acting is safer than waiting.

- 1. Call 911 immediately.** Say the person is unresponsive and not breathing normally. Many places have Good Samaritan protections for people who call for help during an overdose; check your state.
- 2. Give naloxone if you have it.** Naloxone (often called Narcan) reverses an opioid overdose. The nasal spray needs no training to use. It will not harm someone if opioids turn out not to be involved, so give it whenever an overdose is suspected.
- 3. Support their breathing.** If they are not breathing, follow the 911 dispatcher's guidance on rescue breaths or chest compressions.
- 4. Use more than one dose if needed.** Fentanyl is powerful, and naloxone wears off faster than it does. If there is no response in 2–3 minutes, give another dose. The person can slip back even after waking, so stay with them.
- 5. Stay, and turn them on their side.** Once they are breathing, place them on their side (the recovery position) so they do not choke, and stay until help arrives. Someone who wakes may be confused or in withdrawal; keep them calm and keep them there.

One thing to hold onto: you do not need to be certain, and you do not need to be perfect. Naloxone is safe to give when you are unsure, and calling for help is always the right call. The goal is simply to keep your person breathing until trained help arrives.

Be ready before you ever need to be

The families who feel least powerless are the ones who prepared while things were calm. A short checklist:

- **Get naloxone, and keep it close.** In the U.S. it is available over the counter — at many pharmacies, and often free through local health departments and community programs. Keep it where you keep your keys, and tell others in the home where it is.

- **Learn the signs now**, so you recognize them in a moment when thinking is hard. Re-read the section above; share it with others who are close to your person.
- **Ask about fentanyl test strips** where they are available in your area — one more layer of awareness, not a guarantee of safety.
- **Make a quiet plan.** Who calls 911, who gives naloxone, who meets the ambulance. A plan made in calm is one you can follow in chaos.
- **Know where treatment is.** Keep the resources on the last page somewhere you can find them fast.

Compassion over control

It is the most natural thing in the world to want to control a danger this large — to issue ultimatums, to withdraw, to make your love conditional on change. That instinct comes from fear, and the fear is justified. But control and condemnation tend to do the opposite of what we hope. They push a person into secrecy and isolation, exactly when staying connected is what keeps them alive.

This is not about enabling, and it is not about pretending nothing is wrong. It is about keeping your person reachable. What that looks like in practice:

- Stay connected, even when it is hard. A person who knows they will not be shamed is a person who will still pick up the phone.
- Reduce shame, not honesty. You can be clear about your fear and your limits without making the person feel they are their worst moment.
- Use language that keeps their dignity. A person, first — not a label. How we speak shapes whether someone feels worth saving.
- Set boundaries that protect you both, framed as care rather than punishment. “I will always answer if you need help staying safe” is a boundary and an open door at once.
- Hold hope without conditions. Recovery is rarely a straight line. Meeting a setback with connection instead of condemnation is what makes the next attempt possible.

Caring for yourself

You cannot be the superhero who single-handedly changes the ending. No one can. Carrying that impossible weight does not help your person, and it can quietly destroy you.

The fear you live with is real, and so is the guilt that many family members carry — the questions never asked, the things never said. Those feelings are common, and they are heavy, and they are not yours to carry alone. Your

wellbeing is not a luxury or a distraction from helping. It is part of how you keep showing up.

Reach for support — a counselor, a support group for families, people who understand. Breaking the silence is not disloyalty. It is how families survive this, too.

Resources

SAMHSA National Helpline — 1-800-662-HELP (4357), or text 435748. Free, confidential, 24/7 treatment referral and information.

988 Suicide & Crisis Lifeline — call or text 988 for a mental health or substance use crisis that is not a medical emergency.

FindTreatment.gov — to locate treatment near you.

Naloxone — ask your pharmacy, or your local health department, which often provides it free.

SAMHSA Overdose Prevention and Response Toolkit — clear, official guidance for families; search “SAMHSA overdose prevention toolkit.”

In an emergency, always call 911 first.

This guide offers general educational information drawn from public health sources. It is not medical advice and does not replace emergency care or hands-on overdose-response training. In any emergency, call 911. For guidance specific to your situation, consult a qualified professional and your local resources.



This guide comes from SISI Research.

If it helped, there is more where it came from — on the long history of how societies have answered addiction with care or with control, and what that means for us now. Subscribe at sisuresearch.org, and look for the book *From Fire to Fentanyl*.

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