

AvoidRehab

# Looking Honestly at Your Drinking, or Your Use, or Your Pattern

A workbook for anyone who is wondering whether something needs to change. Five short sections and a personal plan.

AvoidRehab Editorial Team

Reviewed by a licensed mental health clinician with experience in addiction and dual-diagnosis treatment

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# Before you begin

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If you are reading this, something inside you is asking a question. Maybe you are drinking more than you used to, and you are noticing. Maybe a friend or your partner has said something, and it is sitting with you. Maybe you have tried to cut back before and it did not stick, and you do not know why. Maybe you are not even sure if there is a problem. You just know you are spending energy on this you would rather spend somewhere else.

This workbook is not going to tell you whether you have a problem. It is not going to tell you what to do. What it is going to do is walk you through the same questions a good therapist would ask in a few sessions. By the end, you will have a clearer picture of what is actually going on, and a written plan you came up with yourself.

## What is in here

**Section 1: Paying Attention.** A short journal exercise to fill out before and after you next drink or use. Reuse the same form a few times to see your own pattern.

**Section 2: The Trade-Offs.** A four-square exercise. What does using cost you? What do you give up if you stop? What does using actually give you that is real? What might you gain by stopping? Most people have only ever thought about two of those four. Looking at all four together is where things shift.

**Section 3: What Matters Most.** A list of the ten things that matter most to you. Then a question about how often the substance has been getting in the way of those things.

**Section 4: Your Two-Week Plan.** A specific, written plan for the next fourteen days, with a clear safety section about when a self-directed plan is no longer the right tool.

**Section 5: Numbers to Keep Handy.** A one-page card. Who to call, when, and what to ask for.

## How to actually do this

Print it out and write in it, or fill it in on your computer or tablet. Plan for about an hour the first time through. The journal in Section 1 is meant to be reused: copy the page, or use a piece of paper next to it, the next three or four times you drink or use. You will probably revisit Section 4 (your plan) more than once.

There is no one going to read this except you. That is the whole point. Be honest. Skip nothing because it feels obvious. The questions that look obvious are usually the ones that surface what you have not let yourself see.

# A safety note. Please read this first.

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This workbook is built around the idea that you can change your relationship with a substance, on your own, with structure. For most people in most situations, that is true. For some people, in some situations, going it alone can be dangerous. The difference is worth knowing before you start.

## WHEN THIS WORKBOOK IS NOT ENOUGH ON ITS OWN

Please talk to a doctor or call a clinician before reducing or stopping if any of the following apply to you. The reason is medical: stopping certain substances suddenly can be physically dangerous, and that danger needs a clinician's eye on it.

**If you drink alcohol:** heavily for months or years; you have ever had a seizure when you stopped drinking; you have ever had hallucinations or severe confusion when you stopped (this is sometimes called 'DTs' or delirium tremens); you shake, sweat, or feel very anxious within hours of your last drink; you drink in the morning to take the edge off.

**If you take a daily anti-anxiety or sleep medication** like Xanax, Ativan, Valium, Klonopin, or any medication that ends in -pam or -lam: do not reduce on your own. These medications need a doctor-supervised taper. Stopping suddenly can cause seizures.

**If you use opioids daily** (prescription pain pills, heroin, fentanyl, methadone, kratom): the safer first step is a clinician conversation about medication options like buprenorphine or methadone. These medications dramatically reduce overdose risk and are often more effective than trying to stop without them.

**For anyone:** if you are pregnant, are having thoughts of suicide, are using more than one substance heavily, or have a serious medical condition, please loop in a clinician before changing anything.

If any of those apply, the next step is a phone call. Your primary care doctor is fine for most of these conversations. If you cannot get a same-week appointment, telehealth platforms (such as Bicycle Health, Workit Health, Ria Health) and urgent care are real alternatives. The SAMHSA Helpline at 1-800-662-4357 is free, available any time, and they will help you find someone in your area. If you are in crisis right now, call or text **988**. If someone is in immediate medical danger, call **911**.

#### **QUICK NUMBERS**

**988** Suicide & Crisis Lifeline (call or text, free, 24/7)

**911** for any immediate medical emergency, including a suspected overdose

**1-800-662-4357** SAMHSA Helpline (free, 24/7, will help you find treatment)

**1-800-799-7233** National Domestic Violence Hotline

**findahealthcenter.hrsa.gov** sliding-scale primary care anywhere in the US

SECTION 1

# Paying Attention

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Most drinking and most substance use happens on autopilot. The first drink at six p.m. on a Wednesday. The pour at the end of the workday. The smoke after dinner. The pill in the morning. By the time you reach for it, the decision is already made, and the reasons it is doing for you have not been examined in years.

The first piece of work in changing your relationship with a substance is making the relationship visible. You are not yet trying to change anything. You are just paying attention.

What this section asks you to do is small but it does almost more than anything else in this workbook. The journal page below is meant to be filled out three or four times over the next week or two. Each time, write a few lines before you use, and a few more within twelve hours after. By the third or fourth set of entries, your own pattern will start to show. Make copies of the page if you are printing the workbook, or write your responses on a separate sheet next to it.

## WHAT YOU ARE LOOKING FOR

Most use is doing a job. The job might be relief from stress. It might be social ease. It might be sleep. It might be escape from something hard you do not want to feel. It might be ritual, or identity, or just filling time when you are bored. By the third or fourth set of entries, your own pattern will show. Once you can name what the substance is doing for you, you can ask the next question: is there a different way to meet that need?

Worth saying out loud: this is not a test. You are not graded. You will not write an entry one night because you were too tired. That is fine. The exercise still works with three good entries. It does not work without honesty, so if you find yourself softening what you write, notice that and try again.

## BEFORE I USE

*Fill this out before the first drink, dose, or use. Reuse this page (or copy it) the next few times you drink or use.*

**Date and time:**

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**Where am I, and who am I with?**

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**What was I doing in the hour before this moment?**

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**What am I feeling right now? Try to name it specifically. Not just 'fine' or 'stressed.' Try: anxious, lonely, restless, bored, angry, sad, excited, numb, tired, ashamed, relieved, empty, overwhelmed.**

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**What am I expecting this drink or this dose to do for me?**

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## AFTER I USED

*Fill this out within twelve hours after the use you logged on the previous page.*

**What did I actually use? (How much, what kind, over how long.)**

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**How did the rest of the night, or the next day, actually go?**

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**How am I feeling right now? Physically, emotionally, and about the choice itself.**

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**Did the use do what I was expecting it to do?**

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**What was I trying not to feel? What might I have actually felt if I had not used?**

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### **AFTER A FEW ENTRIES, LOOK FOR PATTERNS**

By the third or fourth set of entries, look at them side by side. The drinks or doses that came after a specific feeling (anger, loneliness, social pressure, boredom) will probably feel different from the ones that came after a positive cue (a meal out, a milestone, a celebration). The ones chasing a feeling usually do not deliver what they promised. Some uses turn out to have no examined reason at all. All of this is information you can use.

## SECTION 2

# The Trade-Offs

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If your drinking or your use was doing nothing for you, it would already be easy to stop. The reason it is hard is that it is doing several things for you at once, and some of them you have not let yourself name. This section names them.

The exercise is a four-square grid. The four squares are:

**What does using cost me?** Money, sleep, time, health, relationships, energy, freedom.

**What do I give up by NOT using?** This is the square most people skip, and it is the most important one. If you cannot answer this, you are not yet looking at the full picture. The fact that there is something to give up is what makes stopping hard. Naming it is what lets you do something about it.

**What does using actually give me right now?** The relief, the social ease, the escape, the sleep, the numbness, the fun. All of it real, even when the long-term math turns ugly.

**What might I gain by stopping?** Money, health, freedom, presence, time with the people who matter, clarity in the morning.

### ONE INSIGHT WORTH HOLDING ONTO

What you write in the 'what does using actually give me' square is also the list of things you will need to find another way to handle, if you decide to reduce or stop. If using is helping you sleep, the path forward includes finding another way to sleep. If using is the only way you can be in a social setting comfortably, the path forward includes finding another way to be comfortable in social settings. The benefits of using are also the targets of your work.

# YOUR TRADE-OFFS GRID

Fill in each square with as much specificity as you can. Examples are listed under each label.

<p><b>WHAT DOES USING COST ME</b></p> <p><i>Money, time, sleep, health, relationships, freedom.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><b>WHAT DO I GIVE UP BY NOT USING</b></p> <p><i>Relief, sleep, social ease, ritual, identity, the friend group built around it.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>WHAT DOES USING GIVE ME RIGHT NOW</b></p> <p><i>Numbness, escape, fun, sleep, distress relief, social comfort, ritual.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><b>WHAT MIGHT I GAIN BY STOPPING</b></p> <p><i>Money, health, freedom, presence, time, clarity, repaired relationships.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

## THINKING THROUGH WHAT YOU WROTE

Once you have filled in all four squares, sit with these four questions.

**1. Look at the 'what does using give me' square. Which one or two items feel strongest right now?** These are the ones you will most need a different way to handle if you reduce or stop. Naming them is the first step.

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**2. Pick one of those items. What is one other way to meet that need that you could try this week?** It does not have to be perfect. It does not have to feel as good or work as fast as the substance. It just has to be a real option you could try.

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**3. Look at the 'what does using cost me' square. Which item there is heavier than you expected?** Often there is one cost that, when you write it down, feels different from the others. That is your motivation, not anyone else's.

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**4. If a friend you cared about wrote down exactly what you wrote, what would you say to them?** This question often reveals what you actually believe, not what you are willing to admit when the writing is about you.

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SECTION 3

# What Matters Most

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If a stranger asked you to list the most important things in your life, you would probably say things like family, your kids, your partner, your health, your work, the people you love, your faith, freedom, integrity, who you want to become. Almost no one says alcohol. Almost no one says their drug.

And yet, in the moments when use happens, the substance is acting like the most important thing. It is what gets the energy, the time, the money, the attention. The gap between what you would put on the list, and what your behavior shows you actually prioritize, is one of the most uncomfortable things to look at in this whole workbook. It is also one of the most useful.

## YOUR TOP TEN, IN ORDER

*List the ten things that matter most to you in your life, roughly in order with the most important first. Not what you think you should value. What you actually value. Examples: my children, my partner, my health, my career, my honesty, my faith, my friendships, my creative work, my financial stability, my time outdoors, the kind of person I want my kids to remember.*

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**ONE QUESTION TO SIT WITH**

Look at your top three. In the past month, how often has your drinking or your use taken precedence over those three things? Not just in money, but in time, attention, presence, and energy. What would it look like, in real and concrete ways, to spend the next two weeks acting as if your top three are actually your top three?

## SECTION 4

# Your Two-Week Plan

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By now you have looked at what your substance is doing for you, what it is costing you, and where it sits next to what you said matters most. The next step is a written, specific, time-limited plan for the next fourteen days.

A plan is not a promise, and it is not an oath. Think of it as an experiment that gives you real information about whether the change you are considering is workable, and where the friction points are. A plan that does not survive the two weeks is also useful, because it shows you exactly where the harder work is.

## Read this first: when a self-directed plan is not the right tool

### STOP THE PLAN AND CALL A DOCTOR IF YOU FEEL ANY OF THESE

If, within hours to a few days of cutting back, you start to feel any of these, please stop the plan and call a clinician (your primary care doctor, or 911 if symptoms are severe). These are signs that your body has become physically dependent on alcohol or the medication you are taking, and reducing on your own is no longer the safe path forward.

**Shaking** hands when you reach for something. **Sweating** that does not match the temperature in the room. **Anxiety** that gets worse the longer you go without a drink, instead of better. **Nausea or throwing up.** **Heart racing or pounding** at rest. **Hearing or seeing things** that are not there. **Confusion** or feeling disoriented. **Any seizure.**

Withdrawal from alcohol or from anti-anxiety medications can be medically serious and, in some cases, can be fatal. The right response is a call, the same day, to your doctor or a clinic. Do not try to manage these symptoms by drinking again on your own and figuring it out later. Get a clinician on the phone.

If any of those symptoms appear, your plan is not failing. It is telling you that the right level of help for you is more than self-directed reduction. The next step is to ask a clinician about **at-home medical detox** (sometimes called ambulatory withdrawal management): a doctor prescribes medication to help you stop safely while you stay at home, with phone or video check-ins. For some people that works; for others, an inpatient detox stay (3 to 7 days at a hospital or clinic, often covered by insurance) is the right call. Either way, stopping safely is what makes the rest of the change possible.

## First: what is a 'standard drink'?

Almost everyone underestimates how much they drink. The reason is simple: a drink at home is rarely the size of a 'drink' as defined by the people who study alcohol. The official US definition of one standard drink is the amount of pure alcohol in any of the following.

Beverage	One standard drink	Important caveat
<b>Beer (5% alcohol)</b>	12 ounces	Many craft beers are 7 to 9% alcohol. Each bottle counts as 1.5 to 2 standard drinks, not one.
<b>Wine (12% alcohol)</b>	5 ounces	A typical home pour is 6 to 8 ounces, so each glass at home is usually closer to 1.2 to 1.6 standard drinks.
<b>Spirits / liquor (40%)</b>	1.5 ounces (a 'shot')	Most cocktails contain 1.5 to 3 standard drinks depending on how they are made.
<b>Hard seltzer (5% alcohol)</b>	12 ounces	White Claw, Truly, and similar at 5% are one standard drink each. Higher-ABV versions (8 to 12%) count as 1.5 to 2.5.
<b>Malt liquor (7-9%)</b>	8 to 9 ounces	A 16-ounce can is about 2 standard drinks.

## What the official guidelines say, and one important caveat

The 2020-2025 US Dietary Guidelines describe lower-risk drinking as up to one standard drink per day for women and up to two per day for men, on the days a person drinks. The federal alcohol research agency (NIAAA) defines an upper bound at 14 drinks per week for men, and 7 drinks per week for women, with no more than 4 (men) or 3 (women) on any single day. The NIAAA itself notes that the trend in the research literature is toward lower thresholds. Less is consistently better.

### ONE IMPORTANT CAVEAT ON THESE NUMBERS

These are 'lower-risk' levels. They are not 'safe' levels. The 14-drinks-per-week ceiling for men was set as an outer bound for the general population. If your current pattern is already close to that ceiling, planning to drink right up to it as your starting target is not actually a reduction. For most people, a meaningful first target is closer to half of those numbers, with at least three days per week at zero. If you have a personal or family history of drinking problems, take certain medications, have liver disease, are pregnant, or use alcohol to manage anxiety or sleep, the right number is lower than the official guideline, and is sometimes zero. Please talk to a doctor if you are unsure.

## YOUR PLAN FOR THE NEXT TWO WEEKS

*Vague plans fail. Specific plans give you something to learn from whether they succeed or not. Be specific.*

**My target for the next two weeks. (Number of standard drinks or doses per week, total. If you are not sure where to start, halve your current weekly amount.)**

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**The most I will have on any single occasion:**

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**Days I will not use at all:**

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**Situations or settings I will avoid for the next two weeks:**

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**Specific job the substance has been doing for me (from Section 2). What I will do instead in those moments:**

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**My signal that says 'stop' on a given occasion. (Examples: the third drink, the moment I reach for the bottle without thinking, a specific feeling, a clock time.)**

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**One person I will tell what I am doing. If you are in a profession where disclosure carries real risk (licensed clinician, pilot, lawyer, etc.), choose carefully. A therapist, sponsor, or trusted family member outside your industry is often the safer choice.**

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**How I will track this. (Notes app, paper journal, an app like Sunnyside or Reframe, a habit tracker.)**

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## If your substance is not alcohol

The first three sections of this workbook (Paying Attention, the Trade-Offs grid, and What Matters Most) work for any substance you are trying to change your relationship with. The plan in Section 4 was written with alcohol in mind because the standard-drink unit and the official guidelines are clearest there. For other substances:

**Cannabis (marijuana, weed):** track grams or sessions per day, and what time of day. Cannabis use disorder is real. Cutting back can cause a week or two of poor sleep, irritability, and low-grade anxiety, but it is not medically dangerous in healthy adults. The plan template applies.

**Opioids (prescription pain medication, heroin, fentanyl, methadone, kratom):** the most important thing to know is that medications exist that make this much safer and much more effective than trying to stop without them. **Buprenorphine** (often sold as Suboxone) and **methadone** reduce cravings, prevent withdrawal, and dramatically lower overdose risk. Many family doctors can prescribe buprenorphine. The first step for daily opioid use is a clinician conversation about these options, not a self-directed reduction. Even a few days off opioids significantly raises overdose risk if you use again at your old amount.

### IF YOU TAKE OPIOIDS PRESCRIBED FOR CHRONIC PAIN

If you have been on long-term opioid pain medication and are concerned about your relationship with it, do not reduce on your own. The conversation with your prescriber is the next step. Tapering chronic-pain opioids is a clinical specialty in its own right, and the clinician you have already been working with is the right person to start with. If they are not responsive, asking for a referral to an addiction medicine or pain medicine specialist is reasonable.

**Stimulants (cocaine, methamphetamine, prescription stimulants like Adderall):** the plan template applies. Withdrawal is more emotional than physical. You will probably feel low, tired, and have changes to your sleep and appetite for a week or two. A doctor can help with sleep, mood, and structure.

**Anti-anxiety medications (Xanax, Ativan, Klonopin, Valium, anything ending in -pam or -lam):** daily use is not safe to reduce on your own. A doctor needs to manage the taper. Stopping suddenly can cause seizures.

## If you are doing this for, or with, someone you love

### FOR PARTNERS, PARENTS, AND FAMILY MEMBERS

If you picked up this workbook because of someone else's substance use, the corresponding work for you is not in this workbook. It is in **CRAFT** (Community Reinforcement and Family Training), the family-side approach that, in randomized trials, gets a treatment-refusing loved one to engage with care about three times more often than Al-Anon and twice as often as the traditional 'intervention.' It does not ask you to confront, and it does not ask you to detach. It teaches a specific set of skills.

Read about it at [avoidrehab.com/evidence-base/craft-family](https://avoidrehab.com/evidence-base/craft-family). There is also a guide for spouses specifically at [avoidrehab.com/start-here/spouse-partner-refuses-help](https://avoidrehab.com/start-here/spouse-partner-refuses-help).

## If your immigration status is part of your concern

If you are on a visa, are applying for a green card, or are undocumented, you may have legitimate questions about whether seeking substance use care will appear in records that affect your status. The short version: most clinical care is protected by HIPAA confidentiality, but immigration records (visa medical exams, public-charge determinations) are a separate question. Before starting care, an immigration attorney is the right person to consult, and most major cities have nonprofit legal aid organizations that handle this for free or sliding-scale. AvoidRehab will publish a longer piece on this soon.

SECTION 5

# Numbers to Keep Handy

A one-page reference. Most of what you need in a difficult moment fits here. Print it. Save it. Put it in your phone.

## WHEN TO CALL WHO

If you or someone with you is	Call	What this is
Showing signs of overdose, having a seizure, in severe medical danger, or chest pain	911	Immediate medical emergency.
Having thoughts of suicide, in mental health crisis, or panic that you cannot manage alone	988	Free, 24/7. Call or text. They will stay with you.
Wanting to talk about cutting back or stopping, find treatment near you, or just talk to someone	1-800-662-4357	SAMHSA Helpline. Free, 24/7, confidential. They do not push you.
In an unsafe relationship, being threatened, being controlled or harmed at home	1-800-799-7233	National Domestic Violence Hotline. Safety planning, whether you stay or leave.
Wanting to start a medication that helps with alcohol cravings or opioid use	Your primary care doctor	Most family doctors can prescribe naltrexone or acamprosate (for alcohol) or buprenorphine (for opioids).

## ABOUT NALOXONE (NARCAN)

Naloxone is a medication that reverses an opioid overdose. It is now available without a prescription at most US pharmacies under the brand name Narcan, sold as a nasal spray. It cannot hurt someone who is not overdosing, so there is no downside to having it on hand.

If you, or anyone in your home, uses any opioid (prescription pain medication, heroin, fentanyl, methadone), or uses any illegal substance that could be contaminated with fentanyl (cocaine, meth, counterfeit pills), please get naloxone in the house. Tell someone where it is. Keep it somewhere visible.

## HOW TO USE NALOXONE

**Step 1.** Tilt the head back slightly. Insert the tip of the nasal spray into one nostril until your fingers touch the bottom of their nose. Press the plunger firmly. **Call 911 right away.**

**Step 2.** If they are not breathing, give rescue breaths. Two breaths every 5 seconds: pinch their nose, seal your mouth over theirs, breathe in firmly enough to see their chest rise.

**Step 3.** If they do not start breathing better within 2 to 3 minutes, give a second dose of naloxone in the other nostril.

**Step 4.** Once they are breathing on their own, place them in the **recovery position** (on their side, top knee bent forward, head tilted to keep airway open). This prevents choking if they vomit.

**Step 5.** Stay with them until help arrives. Naloxone wears off after 30 to 90 minutes; the overdose can come back if they had a lot of opioids in their system.

# Where to go from here

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Once you have done the work in this workbook, the next step depends on what you found.

## If your two-week plan worked

Consider extending it. Two more weeks at the same target. Or, if it felt easier than you expected, a slightly tighter target. Keep tracking. Tell someone how it is going. Most people who change their relationship with a substance do it incrementally over months, not in one big move.

## If the plan was harder than expected

That is information, not failure. The most useful question is: which of the items from the 'what does using give me' square in Section 2 was the strongest pull? That is the thing your use is meeting that you have not found another way to meet. Working on that, specifically, is more productive than another round of pure willpower.

## If you experienced any withdrawal symptoms

Please call your primary care doctor this week. The conversation you are calling about: "I have been trying to cut back on drinking and I started to feel shaky / sweaty / anxious / [whatever your symptom was]. I want to talk about how to do this safely." Most doctors can either help you directly or refer you to someone who can. There is medication that makes this much safer.

## If you want to try medication

**For drinking:** there are medications that can reduce alcohol cravings and make it easier to cut back. The two most common are **naltrexone** (taken as a daily pill or a monthly injection) and **acamprosate** (taken three times a day). Both work, both are non-addictive, and both can be prescribed by most family doctors.

**For opioids:** the most effective treatments are **buprenorphine** (often sold as Suboxone) and **methadone**. These reduce cravings, prevent withdrawal, and dramatically lower overdose risk. Many family doctors can prescribe buprenorphine; methadone requires a specialty clinic.

## If you want more reading

**avoidrehab.com** covers the next layer of every topic in this workbook in plain language: levels of care, medication options, harm reduction, family support, and what to do if formal treatment has not

worked for you in the past.

## SOURCES

# Where this comes from

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The exercises and clinical information in this workbook are drawn from established outpatient practice and the following sources.

**The Trade-Offs grid (called 'decisional balance' in clinical settings):** Janis IL, Mann L. *Decision Making*. 1977. Used in Motivational Interviewing: Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. Guilford, 2013.

**The before-and-after journal (called 'functional analysis' in clinical settings):** Marlatt GA, Gordon JR. *Relapse Prevention*. Guilford, 1985.

**Lower-risk drinking thresholds:** National Institute on Alcohol Abuse and Alcoholism (NIAAA). 2020-2025 US Dietary Guidelines for Americans.

**Standard drink definition:** NIAAA standard drink (14 grams pure alcohol).

**Alcohol withdrawal warning signs:** Sullivan JT et al. CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol). *British Journal of Addiction*, 1989. SAMHSA TIP 45.

**Medications for alcohol use disorder:** Jonas DE et al. *JAMA*, 2014. VA/DoD Clinical Practice Guideline, 2021.

**Medications for opioid use disorder:** Current NIDA guidance on buprenorphine, methadone, and extended-release naltrexone.

**Naloxone administration (recovery position, rescue breathing):** SAMHSA Overdose Prevention Toolkit, 2023. American Heart Association BLS guidance.

**CRAFT (the family approach):** Miller WR, Meyers RJ, Tonigan JS. *J Consult Clin Psychol*, 1999. Roozen HG et al. *Addiction*, 2010.

**Harm reduction framework:** SAMHSA *Harm Reduction Framework*, 2023.

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**About AvoidRehab.** AvoidRehab is an independent website for people questioning whether 28-day residential rehab is really the only option, and for the families trying to help them figure that out. We do not run ads from treatment centers. We do not refer to specific facilities. Every article and workbook is reviewed by a licensed mental health clinician.

This workbook is not a replacement for clinical care. If you are in crisis, call or text 988. If you suspect an overdose, call 911 and use naloxone if available.

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