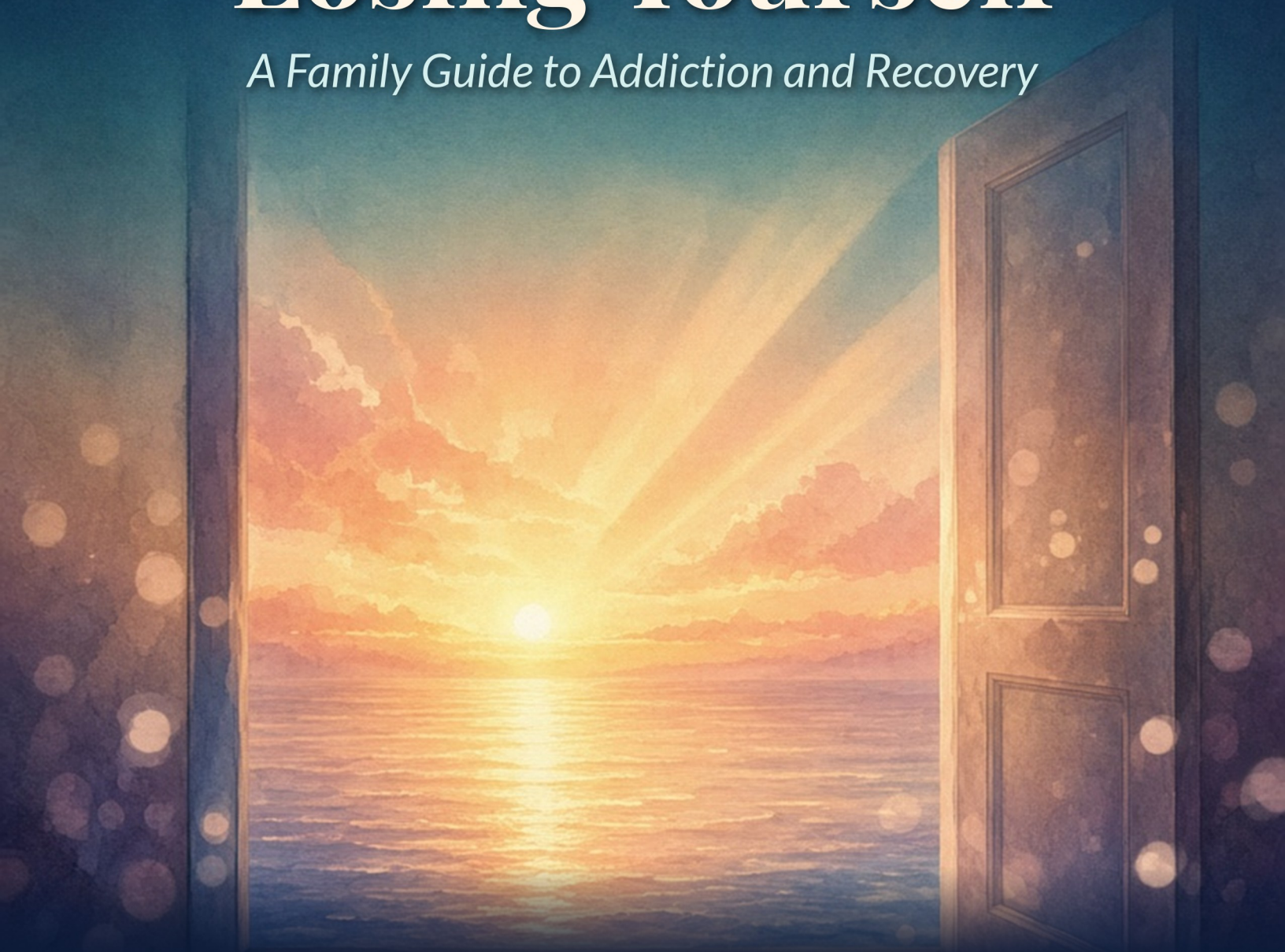
HAPPY RECOVERY

Love Without Losing Yourself

A Family Guide to Addiction and Recovery



Dr. Dan Callahan, DSW

Happy Recovery | happyrecovery.com

Contents

A note before you begin
1. Start here: you didn't cause it, and you're not alone
2. Opioids are different: keeping your loved one alive comes first
3. Helping vs. enabling, with safety first
4. Boundaries and conversations, said with love
5. When they come home sober: early recovery and rebuilding trust
6. Holidays, birthdays, and other big days
7. Taking care of you
8. Where to get help, and what to do in an emergency
Bonus: Our Family Plan
A closing word
Sources and resources
Appendix: Overdose Good Samaritan Laws and Fentanyl Test Strips by State

A note before you begin

This guide is for information and encouragement. It is not medical advice, and it doesn't replace a doctor, a counselor, or emergency care. If someone is in danger right now, call 911.

If you or someone you love is thinking about suicide, call or text 988.

1. Start here: you didn't cause it, and you're not alone

If you picked up this guide, you're probably tired. Maybe you've been lying awake listening for the car in the driveway. Maybe you've checked a phone, counted pills, or hidden your wallet. Maybe you've asked yourself, more times than you can count, "What did I do wrong?"

So let me say this first, and plainly. You didn't cause it. You can't control it. And you can't cure it on your own.

Addiction is a health condition. It is not a character flaw, and it is not a scoreboard for how good a parent, spouse, or sibling you've been. Good families, faithful families, and loving families all end up here. I've worked in human services for over 40 years, since 1983, and I've sat with more families than I can count. The ones who found their way through weren't perfect. They were the ones who stopped trying to carry it alone.

Here's the part people don't expect. Recovery is possible, and families play a part. Not because you can force anyone to get well, but because the way you love, the limits you keep, and the help you get for yourself can change the climate in your home. Sometimes that change opens a door.

You will hear professionals say that addiction is a family disease, yet you do not consider yourself afflicted! You are a good parent, loving, and caring; you actually think your loved one has a mental illness not brought on by the family! I get it, and I am not going to disagree or agree with you. It is your belief, but getting the afflicted help and letting them go through their process is what matters. When it comes down to it, you want help and health for your family! If they blame you, that is on them! Trust me, one day they will come around; don't fight them or it. I know it is easier said than done, but would you rather be right or happy, have a loved one sick or well? You choose.

Not all professionals know how to bring the message that addiction is a family condition. It can feel like they are saying it is my fault, but a good professional knows that is not true, and they know how to address it with you so you don't feel responsible. Are there families that are? Yes, but that is not yours! If it were, you wouldn't be reading this.

And if opioids are involved, keeping them alive comes first; Section 2 shows you how.

Your first step is help for you

Most families start by trying to find help for the person who is using. That matters, and we'll get there. But I'd ask you to make the first call for yourself. Talk to a counselor who understands

addiction. Tell your own doctor what's happening at home. Look into a family support group. You'll make better decisions with someone in your corner.

As you read, you'll notice a "Talk to a professional" box at the end of each section. That's on purpose. This guide can give you a map. A professional can walk the road with you.

Talk to a professional

- A licensed counselor or therapist who works with addiction and families
- Your own doctor, and your loved one's doctor if they'll allow it
- Family support groups (see Section 7)
- SAMHSA National Helpline: 1-800-662-4357 (free, confidential, 24/7, in English and Spanish)
- 988 Suicide & Crisis Lifeline (call or text), or 911 in an emergency

2. Opioids are different: keeping your loved one alive comes first

If the substance in your family's story is heroin, fentanyl, or pain pills, please read this section carefully, even if you skip everything else.

Opioids are different from alcohol and most other drugs. They can slow a person's breathing until it stops. And today the street supply is often contaminated with fentanyl, a synthetic opioid so strong that a very small amount can be deadly. Someone can believe they're taking one thing and get fentanyl without knowing it. That includes pills that look like real prescriptions.

So with opioids, goal number one is simple. Keep the person alive. A person who is alive can still recover. Everything else in this guide, the boundaries, the hard conversations, the treatment plans, depends on that.

Naloxone (Narcan) saves lives

Naloxone is a medicine that can reverse an opioid overdose. It comes as a nasal spray (Narcan is one brand), and in 2023 the FDA approved it for sale without a prescription, so you can usually buy it at a pharmacy counter. Many health departments and community programs give it out for free.

- Keep naloxone at home, in the car, and in your bag.
- Tell everyone in the house where it is.
- Read the instructions on the box today, while you're calm. Some pharmacies and health departments will show you how to use it.
- Check the expiration date and replace it after you use it or it expires. Put the date in your calendar with a reminder a week prior to expiration,

Naloxone won't hurt someone who isn't on opioids, so if you're not sure, give it.

Know the signs of an overdose

- They won't wake up or respond, even when you shout their name or rub hard on their breastbone
- Breathing is very slow, shallow, or has stopped
- Lips or fingertips look blue, gray, or ashen
- Pupils are tiny, like pinpoints
- Gurgling, choking, or deep snoring sounds
- Skin feels cold or clammy

What to do

1. Try to wake them. Shout and rub their breastbone.
2. Call 911. Say "someone is not breathing" or "someone is unresponsive."
3. Give naloxone, following the package directions.
4. If they aren't breathing, follow the 911 dispatcher's instructions.
5. Stay with them. If they start breathing, roll them onto their side. Naloxone can wear off before the opioid does, so they still need medical care, and a second dose may be needed if they don't respond within a few minutes.

Call 911 without fear

Many people hesitate to call because they're afraid someone will get arrested. All 50 states and DC now have Good Samaritan laws that offer some legal protection to a person who calls 911 for an overdose and to the person who overdosed. What's covered varies from state to state, so look up your own state's law. The appendix at the end of this guide has a state-by-state summary to get you started. But please hear me: when someone isn't breathing, call.

"Please don't use alone"

If your loved one is still using, one of the most loving things you can say is, "Please don't use alone, and keep naloxone nearby." Saying that is not approving of drug use. It's keeping the door to recovery open and them alive, hopefully.

Some families also learn about fentanyl test strips, which can detect fentanyl in drugs. Whether they're legal and where to get them depends on your state, so ask a local health department or treatment provider.

Medication is real recovery

There are proven medications for opioid use disorder: buprenorphine, methadone, and naltrexone. They lower cravings, and buprenorphine and methadone in particular are linked to a lower risk of overdose death. Medication-assisted recovery is real recovery. Ask a doctor or treatment provider which option might fit. FindTreatment.gov lets you search for providers that offer these medications.

Many mutual-support and twelve-step groups send the wrong message about this. Don't believe them. Your loved one's recovery is personal to them. My hope, as a recovered individual, is that everyone eventually becomes completely drug-free, under a physician's guidance. I have seen many people on medication-assisted treatment eventually come off these medications.
Never stop these medications suddenly or without the prescriber; stopping raises the risk of overdose.

Why "tough love" needs care here

You may have heard advice like "cut them off," "kick them out," or "let them hit bottom." With alcohol and some other drugs, firm consequences can be part of a healthy plan. With opioids, the bottom can be death.

Cutting off all contact, putting someone on the street, or refusing to answer the phone can raise the danger of overdose for someone using opioids. That doesn't mean you have to fund drug use or put up with abuse. It means any big decision, like asking someone to leave home, should be made with a counselor or doctor, with a safety plan in place. Either way, keep naloxone in their hands, keep a way for them to reach you, and keep treatment on the table.

Talk to a professional

- Your loved one's doctor, a treatment provider, or a pharmacist about naloxone and medication options
- A counselor before making any decision about housing or contact
- FindTreatment.gov to search for buprenorphine or methadone providers
- SAMHSA National Helpline: 1-800-662-4357
- 911 for an overdose, every time

3. Helping vs. enabling, with safety first

"Stop enabling" may be the most common advice families hear, and the most confusing. Most of the time, what people call enabling started as love. You paid the phone bill so you could reach them. You covered for a missed shift so they wouldn't lose the job. It made sense in the moment.

Here's a simple way to sort it out. Helping supports recovery and safety. Enabling protects the addiction from its natural consequences.

A quick check: does this help or does this rescue?

Ask yourself:

- Does this keep them safe, or does it keep the drinking or using comfortable?
- Would I be doing this if they weren't using?
- Am I doing this because it helps them, or because it quiets my own fear for one more night?
- Is anyone getting hurt, including me?

Examples

Usually helping:

- Driving them to a doctor, a counselor, or a treatment intake
- Paying a treatment provider directly
- Buying groceries instead of handing over cash
- Keeping naloxone in the house and in their hands
- Telling them the truth, kindly

Usually rescuing:

- Giving cash that may go to alcohol or drugs
- Calling in sick for them or lying to a boss, a teacher, or family
- Paying off drug debts or bailing them out again and again
- Cleaning up the mess so no one else notices

The safety rule

Every "don't enable" step comes with the rule from Section 2. You can stop paying for the problem without cutting off the person, their naloxone, or their path to treatment. "I won't give you cash" and "I will always help you get to treatment" can live in the same sentence.

If you'd like more on this, my post "Loving Someone Who's Still Using" walks through it: happyrecovery.com/loving-someone-whos-still-using/

Talk to a professional

- A family counselor can help you sort which of your habits help and which rescue, without shame
- SAMHSA National Helpline: 1-800-662-4357
- 988 or 911 in a crisis

4. Boundaries and conversations, said with love

A boundary isn't a punishment or a threat. It's a decision about what you will do. "You need to stop drinking" is a demand you can't enforce. "I won't ride in the car when you've been drinking" is a boundary, because it's about you.

How to set a limit you can keep

- **Keep it small and clear.** One limit you'll actually hold beats five you won't.
- **Say what you'll do, not what they must do.**
- **Decide the follow-through ahead of time,** ideally with a counselor, so you're not deciding in the heat of the moment.
- **Hold it calmly.** No speeches. Just follow through.
- **Check it against safety.** If opioids are involved, make sure the limit doesn't take away naloxone, a way to reach you, or a path to help.

How to talk so they can hear you

- **Pick your moment.** Not while they're high, drunk, or hungover, and not in the middle of an argument.
- **Use "I" statements.** "I'm scared when you don't come home" lands softer than "You always disappear."
- **Name what you love about them.** People change when they feel valued, not when they feel cornered.
- **Offer hope without a lecture.** Keep it short. You can come back to it.
- **Listen.** Ask what they want for their own life, and really hear the answer.

Didn't go the way you hoped? Don't fret. We all slip up. Step away from the emotion for a while and come back to what I call Intellect over Emotion (see my I/E article). We all make rash mistakes. Don't let it get to you; focus on getting better. If you catch yourself in the middle of one, stop, take a deep breath, and regroup.

Five sample scripts

1. "I love you. I won't give you cash, and I will drive you to a treatment appointment any day you're ready."
2. "I'm not going to cover for you with work anymore. If you want help talking to a doctor, I'll go with you."
3. "I keep naloxone in the kitchen drawer because I want you alive. That's not about judging you. It's about loving you."
4. "When you're drinking, I'm going to leave the room. When you're sober, I'd love to talk."
5. "I've started seeing a counselor for me. You're welcome to come with me sometime, no pressure."

A word about CRAFT

CRAFT stands for Community Reinforcement and Family Training. It's an evidence-based approach that teaches families to reward sober behavior, stop rescuing, take care of themselves, and invite their loved one into treatment at the right moment. It was built as an alternative to confrontational interventions, and research has found it helps many families get a reluctant loved one into treatment. It's best learned with a counselor trained in CRAFT, so ask for one by name.

The Recovery Speech

Before admission, families often ask me what to say. Here's what I call the Recovery Speech. You can say it in your own words:
"I am praying for you (or pulling for you, if you don't pray), and I want you to be happy. I want to see you become what we all know you are meant to be! [Families: add the things you see for your loved one.] So, out of love, I ask that you go in and do whatever it takes. Keep an open mind and try everything they ask of you. I believe you will find what works best for you, within reason. I want you to sign a release so that I can do what I need to do in the recovery process. I will not use it to control the narrative or to ask about any of the personal struggles you want and need to keep between you and your counselor."

Talk to a professional

- A counselor trained in CRAFT or family therapy
- SAMHSA National Helpline: 1-800-662-4357 for referrals
- 988 or 911 in a crisis

5. When they come home sober: early recovery and rebuilding trust

The day your loved one comes home from detox or treatment can feel like Christmas morning and a final exam at the same time. You want to celebrate. You also want to check every room.

Both feelings are normal.

Ask for the discharge plan

Before your loved one leaves treatment, ask the counselors what the discharge plan is. Some programs call it an aftercare or continuing care plan, and hospitals use discharge plans too. Ask for it in writing; the program will need your loved one's signed release on file before they can share it with you. If you get it, review it with your loved one and tell them you're there to help make the transition smoother.

A couple of things to know before they return:

1. They'll come home tired of groups and therapy. They've probably been referred to a mutual-support group, and they may put off going for as long as they can. That's a poor idea. Going to a meeting right after you get home helps a great deal. In my experience, it makes a world of difference.

2. It's tough on you too. If it's your spouse, you've been doing everything while they were gone, and you need a break. Then they come home, and the first thing they do is go to a meeting. Resentment can build. Remember what I asked earlier: would you rather be right or happy? They need to fulfill their discharge plan and prepare for life in recovery.

If opioids are involved, remember that tolerance drops during treatment, so the risk of overdose is high when they return. Keep naloxone at home (see Section 2).

What the first 90 days can look like

Early recovery is rarely a straight line. The body and brain are healing, and that takes time.

- **Mood swings, irritability, and trouble sleeping** are common, especially in the first weeks.
- **Cravings come and go.** A craving isn't a relapse. Talking about it is a good sign.
- **Energy can be low** one day and restless the next.
- **New routines matter.** Appointments, counseling, support meetings, exercise, and regular meals all help.

Your job isn't to be the counselor or the probation officer. It's to be family. Encourage the plan, keep your own support in place, and let the professionals do their part.

Trust comes back one kept promise at a time

You might not trust them yet, and that's honest. Trust isn't restored by one big apology. It's rebuilt by small promises kept over and over: showing up when they said they would, telling the truth when it's hard, paying back what they borrowed.

You can say, "I want to trust you again, and I know it'll take time for both of us." That's fair, and it's loving.

My post "Rebuilding Trust, One Kept Promise at a Time" goes deeper: happyrecovery.com/rebuilding-trust-after-addiction/

Keep the naloxone, even when things are going well

This one is important. Overdose risk is highest after a period of not using, such as after detox, treatment, jail, or a hospital stay, because the body's tolerance drops. A dose they once handled can now be deadly. If opioids are part of your family's story, keep naloxone in the house even when everything is going well. It isn't a vote of no confidence. It's a seatbelt.

If there's a slip

A return to use doesn't erase the progress. Stay calm, prioritize safety, and reach out to their treatment team or your counselor. Many people need more than one try to find lasting recovery.

Talk to a professional

- Their treatment team and aftercare counselor
- Your own counselor or family support group
- SAMHSA National Helpline: 1-800-662-4357
- 911 for an overdose, and 988 in a crisis

6. Holidays, birthdays, and other big days

Big days bring big feelings. Old memories, family tension, travel, and alcohol on every table can make holidays some of the hardest days in early recovery.

The good news is that families can make these days easier with a little planning.

Plan the gathering with recovery in mind

- **Ask, don't assume.** "What would make this easier for you?" is a great question.
- **Offer good non-alcoholic drinks.** Sparkling cider, a fun mocktail, or good coffee. Make them easy to find.
- **Drop the pressure.** No "just one," no toasts that single anyone out, and no grilling them about their recovery at the table.
- **Plan an easy exit.** Let them drive themselves or have a ride ready, and make it fine to leave early.
- **Keep it short if needed.** A two-hour visit that goes well beats an all-day marathon that doesn't.
- **Build in something sober and fun.** A walk, a game, a service project, or a movie.
- **Keep naloxone in the house** if opioids are part of the story, and make sure someone knows where it is.

Take care of your own expectations

Holidays rarely look like the commercials, in any family. Let it be good enough. If the day is hard, it doesn't mean recovery has failed.

Music matters too. A song can stir up strong feelings, anything from restless energy to sadness and everything in between. That doesn't make music a bad choice, since it can be deeply healing. But knowing a song can bring up emotion helps you and your loved one see it coming and handle it.

For the recovering individual, plan your exit before you arrive. Agree ahead of time: if it gets to be too much, you can leave. No explanation needed. Some people call it the Irish exit, slipping out quietly without a round of goodbyes. Spouses and partners can agree on this together in advance: if it gets to be too much, we leave.

Then there's something I call bookending. Before a stressful event, call someone in your support system and let them know you're heading in. During the event, if you need to, step outside and call again. When it's over, and you're heading home, make one more call to let them know you made it through. Those calls are the bookends, and they keep you from walking in or out alone.

For a step-by-step plan your loved one can use, see "Holidays Are Coming: Build Your Recovery Plan Now": happyrecovery.com/holiday-sobriety-plan/

Talk to a professional

- A counselor can help your family plan for a hard holiday ahead of time
- SAMHSA National Helpline: 1-800-662-4357
- 988 or 911 in a crisis

7. Taking care of you

Flight attendants tell you to put on your own oxygen mask first. It feels backward when someone you love is in trouble. But a worn-out, frightened, sleepless family member can't help anyone for long.

The basics matter

- **Sleep.** Protect it when you can.
- **Eat real meals** and move your body, even if it's just a short walk.
- **Keep one thing that's yours,** a hobby, a friend, a class, something unrelated to addiction.
- **Get counseling for yourself.** You deserve a place to put this down for an hour a week.

Family support options

Many families find strength in meeting others who understand. A few options:

- **Al-Anon:** support groups for people affected by someone else's drinking. al-anon.org
- **Nar-Anon:** support groups for family and friends of people with drug addiction. nar-anon.org
- **SMART Recovery Family & Friends:** a science-based option that uses CRAFT tools. smartrecovery.org

Different groups fit different people. Try a few meetings, in person or online, and see what feels right. A counselor can also point you to local family programs.

If your loved one is your spouse, try attending an open meeting together on Friday or Saturday night. Open meetings welcome family and friends, not just the person in recovery. Grab coffee or dinner before or after and make it a date night. It's a simple way to be part of the recovery process together. You'll often meet other couples doing the same thing, and that connection with people who understand can mean a lot.

A word on grace

If faith is part of your life, lean on it. If it isn't, you're just as welcome here.

When I talk with tired parents and spouses, I often think of Jesus' words in Matthew 11:28: "Come to me, all who labor and are heavy laden, and I will give you rest" (ESV). You don't have to earn rest. God's grace isn't only for the person who's struggling with addiction. It's for you too, on the nights you lose your temper, on the days you can't pray, and on the mornings you just get up and keep going.

Love doesn't mean losing yourself. It means staying whole enough to keep loving.

Talk to a professional

- A counselor or therapist for you, separate from your loved one's care
- Your own doctor, especially if you're not sleeping or eating
- SAMHSA National Helpline: 1-800-662-4357
- 988 if you're the one in crisis. Family members can call too.

8. Where to get help, and what to do in an emergency

Tear this page out, or save it on your phone.

In an emergency

- **911** for an overdose, someone not breathing, or immediate danger
- **Give naloxone (Narcan)** if you suspect an opioid overdose, then stay with them

Crisis and support lines

- **988 Suicide & Crisis Lifeline:** call or text 988, or chat at 988lifeline.org. Free, confidential, 24/7.
- **SAMHSA National Helpline:** 1-800-662-4357. Free, confidential treatment referral and information, 24/7, 365 days a year, in English and Spanish.

Finding treatment

- **FindTreatment.gov:** search for licensed treatment near you. You can filter for providers that offer medications for opioid use disorder, such as buprenorphine or methadone.

Family support

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

My own team (print this and write it in)

- Our counselor: _____ Phone: _____
- Our doctor: _____ Phone: _____
- Treatment provider: _____ Phone: _____
- Our family support group and meeting time: _____
- Nearest pharmacy with naloxone: _____

Bonus: Our Family Plan

Fill this in together, or with your counselor. Keep it on the fridge or in a phone note.

Our boundaries (what we will and won't do):

1. _____
2. _____
3. _____

What we'll say when we're worried:

_____

Our support people (who we'll call for ourselves):

_____

Our counselor and doctor:

_____

Who we'll call in a crisis: 911 for an overdose or danger, 988 for a mental health crisis, and SAMHSA at 1-800-662-4357 for treatment help.

Where our naloxone is kept:

_____

One thing each of us will do this week to take care of ourselves:

_____

A closing word

If you remember only a few things from this guide, let it be these. You didn't cause this, and you don't have to fix it alone. With opioids, keeping your loved one alive comes first, so keep naloxone close and call 911 without hesitation. Get professional guidance for yourself and your family, not just for the person who's struggling. And take care of your own heart along the way.

I've watched many families walk through this. I've seen people come back to life, and I've seen families learn to love each other in a new and healthier way. There's hope for your family too.

With love and grace,

Dr. Dan Callahan, DSW, LMSW, ICRC-ADC, HappyRecovery.com

Sources and resources

- SAMHSA National Helpline: samhsa.gov/find-help/helplines/national-helpline
- 988 Suicide & Crisis Lifeline: 988lifeline.org
- FindTreatment.gov
- FDA, approval of over-the-counter Narcan naloxone nasal spray (March 2023): fda.gov
- CDC, information on fentanyl, overdose signs, and naloxone:

  cdc.gov/overdose-prevention
- SAMHSA, medications for substance use disorders:

  samhsa.gov/substance-use/treatment/options
- Al-Anon: al-anon.org
- Nar-Anon: nar-anon.org
- SMART Recovery Family & Friends: smartrecovery.org

Appendix: Overdose Good Samaritan Laws and Fentanyl Test Strips by State

This is general information, not legal advice. Laws change. Verify your state's current law with an official source or an attorney. In any overdose, call 911 first. Test strip laws vary; ask your local health department or treatment provider.

How to read this: "Both" means the law protects the person who calls for help and the person who overdosed. "Mitigating factor" means calling for help can count in your favor at sentencing for a crime the law does not cover. Most of these laws cover only minor drug crimes, such as possession; they generally do not protect selling or other serious crimes, and many do not cover outstanding warrants. Test strip status describes whether owning or using fentanyl test strips can be treated as illegal drug paraphernalia.

Alabama:
Good Samaritan law: Protects the caller only. Covers misdemeanor drug possession and paraphernalia possession (prosecution only).
Limits: no arrest protection; no probation or parole protection; the caller must give their name and stay with the person.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

Alaska:
Good Samaritan law: Protects the caller, including someone calling for help for themselves. Covers drug possession (prosecution only); paraphernalia possession is not a state crime.
Limits: no arrest protection; no probation or parole protection; calling can be a mitigating factor at sentencing.
Test strips: legal; Alaska has no state drug paraphernalia law.

Arizona:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; no probation or parole protection; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Arkansas:
Good Samaritan law: Protects both. Covers drug possession, any amount (arrest, charge, and prosecution).
Limits: paraphernalia not listed; probation and parole protection included.
Test strips: excluded from the drug paraphernalia law by statute.

California:
Good Samaritan law: Protects both. Possessing drugs or paraphernalia for personal use is not a crime.
Limits: no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

Colorado:
Good Samaritan law: Protects both. Covers limited amounts of drugs and paraphernalia (arrest and prosecution).
Limits: amount limits apply; no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

Connecticut:
Good Samaritan law: Protects both. Drug and paraphernalia possession laws do not apply.
Limits: no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

Delaware:
Good Samaritan law: Protects both. Covers misdemeanor amounts of drugs and paraphernalia (arrest, charge, and prosecution).
Limits: felony amounts not covered; probation and parole protection included.
Test strips: the law lets anyone give out drug testing strips but does not clearly say anyone may use them. **Verify locally.**

District of Columbia:
Good Samaritan law: Protects both. Drug and paraphernalia possession are not considered crimes.
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

Florida:
Good Samaritan law: Protects both (the person who overdosed, mainly for pretrial, probation, or parole issues). Covers drug and paraphernalia possession, except large amounts (10 grams or more) of most Schedule I and some Schedule II drugs.
Limits: calling can be a mitigating factor for crimes not covered.
Test strips: excluded from the drug paraphernalia law by statute.

Georgia:
Good Samaritan law: Protects both. Covers limited amounts of drugs and paraphernalia (arrest, charge, and prosecution).

Limits: amount limits apply; probation, parole, and protective-order protection included.
Test strips: excluded from the drug paraphernalia law by statute.

Hawaii:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest through conviction).
Limits: probation and parole protection and civil forfeiture protection included; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Idaho:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

Illinois:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest, charge, and prosecution).
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Indiana:
Good Samaritan law: Protects the caller only. Covers drug and paraphernalia possession (no custody and no prosecution).
Limits: no probation or parole protection; calling can be a mitigating factor.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

Iowa:
Good Samaritan law: Protects both. Covers evidence from the call that cannot support probable cause or be used for drug or paraphernalia possession.
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: may still count as illegal drug paraphernalia, with no exception in state law (the Good Samaritan law may help in an overdose).

Kansas:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (no custody and no prosecution).
Limits: no probation or parole protection; law took effect July 1, 2024.
Test strips: excluded from the drug paraphernalia law by statute.

Kentucky:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; no probation or parole protection.
Test strips: excluded from the paraphernalia law by statute, unless used in importing, making, or selling fentanyl.

Louisiana:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution for the caller; also arrest for the person who overdosed).
Limits: calling can be a mitigating factor; probation and parole protection differs by role (verify locally).
Test strips: excluded from the drug paraphernalia law by statute.

Maine:
Good Samaritan law: Protects both, plus anyone giving aid at the scene. Covers immunity from arrest and prosecution for all but certain listed serious crimes.
Limits: certain listed serious crimes are still excluded; probation and parole protection included.
Test strips: possessing or using them is not a crime; the state's paraphernalia definition does not cover testing equipment.

Maryland:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest, charge, and prosecution).
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: possessing or using them is not a crime; the state's paraphernalia definition does not cover testing equipment.

Massachusetts:
Good Samaritan law: Protects both. Covers drug possession (charge and prosecution); paraphernalia possession is not a state crime.
Limits: no arrest protection; probation and parole protection included.
Test strips: not a crime to possess or use without intent to sell, since simple paraphernalia possession is not penalized.

Michigan:
Good Samaritan law: Protects both. Covers drug possession in personal-use amounts; paraphernalia possession is not a state crime.
Limits: no probation or parole protection.
Test strips: not a crime to possess or use without intent to sell, since simple paraphernalia possession is not penalized.

Minnesota:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; probation and parole protection included; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Mississippi:
Good Samaritan law: Protects both. Covers limited amounts of drugs and paraphernalia (arrest, charge, and prosecution).
Limits: amount limits apply; includes protection for probation, parole, and protective orders.
Test strips: excluded from the drug paraphernalia law by statute.

Missouri:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest through conviction).
Limits: probation and parole protection and civil forfeiture protection included.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

Montana:
Good Samaritan law: Protects both. Drug and paraphernalia possession laws do not apply.
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: legal to possess to "test" drugs, and exempt for some people; other uses are less clear. **Verify locally.**

Nebraska:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (not a violation).
Limits: no probation or parole protection.
Test strips: not a crime to possess or use; the state's paraphernalia definition does not cover testing equipment.

Nevada:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest through conviction).
Limits: probation and parole protection and civil forfeiture protection included; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

New Hampshire:
Good Samaritan law: Protects both. Covers drug possession (arrest, prosecution, and conviction); paraphernalia possession is not a state crime.

Limits: no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

New Jersey:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest through conviction).
Limits: probation and parole protection included.
Test strips: excluded from the drug paraphernalia law by statute.

New Mexico:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest through penalty).
Limits: probation and parole protection and civil forfeiture protection included; calling can be a mitigating factor.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

New York:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession, and drug crimes other than sale for gain.
Limits: no probation or parole protection listed; calling can be a mitigating factor.
Test strips: not a crime to possess or use without intent to sell, since simple paraphernalia possession is not penalized.

North Carolina:
Good Samaritan law: Protects both. Covers limited amounts of drugs and paraphernalia (prosecution only).
Limits: no arrest protection; probation and parole protection included.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

North Dakota:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; no probation or parole protection.
Test strips: may still count as illegal drug paraphernalia, with no exception in state law (the Good Samaritan law may help in an overdose).

Ohio:
Good Samaritan law: Protects both. Covers minor drug possession and paraphernalia (arrest through penalty).
Limits: probation and parole protection included.

Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

Oklahoma:
Good Samaritan law: Protects the caller only. Covers limited amounts of Schedule I or II drugs and paraphernalia (no custody and no prosecution).
Limits: amount limits apply; no probation or parole protection.
Test strips: excluded from the drug paraphernalia law by statute.

Oregon:
Good Samaritan law: Protects both. Covers drug possession and paraphernalia (arrest and prosecution).
Limits: probation and parole protection included; some existing warrants covered.
Test strips: excluded from the drug paraphernalia law by statute.

Pennsylvania:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; probation and parole protection included.
Test strips: excluded from the drug paraphernalia law by statute.

Rhode Island:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (charge and prosecution).
Limits: no arrest protection; probation and parole protection included; calling can be a mitigating factor.
Test strips: not a crime to possess or use without intent to sell, since simple paraphernalia possession is not penalized.

South Carolina:
Good Samaritan law: Protects both. Covers limited amounts of drugs and paraphernalia (prosecution only).
Limits: no arrest protection; no probation or parole protection; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

South Dakota:
Good Samaritan law: Protects the caller, including a person who calls for help for themselves. Covers drug possession (arrest and prosecution); paraphernalia not listed.
Limits: no probation or parole protection; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Tennessee:
Good Samaritan law: Protects both. Covers simple possession amounts of drugs and

paraphernalia (arrest, charge, and prosecution).
Limits: includes probation, parole, and protective-order protection.
Test strips: excluded from the drug paraphernalia law by statute.

Texas:
Good Samaritan law: Protects both. Covers a defense to prosecution for drug and paraphernalia possession, not immunity from arrest.
Limits: no probation or parole protection.
Test strips: may still count as illegal drug paraphernalia, with no exception in state law (the Good Samaritan law may help in an overdose).

Utah:
Good Samaritan law: Protects both. Covers an affirmative defense to drug and paraphernalia possession, not immunity from arrest.
Limits: does not cover more than 16 ounces of marijuana; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Vermont:
Good Samaritan law: Protects both. Covers drug possession (citation, arrest, and prosecution); paraphernalia possession is not a state crime.
Limits: includes probation, parole, and civil forfeiture protections; calling can be a mitigating factor.
Test strips: not a crime to possess or use without intent to sell, since simple paraphernalia possession is not penalized.

Virginia:
Good Samaritan law: Protects both. Covers drug and paraphernalia possession (arrest and prosecution).
Limits: probation and parole protection included.
Test strips: excluded from the drug paraphernalia law by statute.

Washington:
Good Samaritan law: Protects both. Covers drug possession (charge, prosecution, and penalty); paraphernalia possession is not a state crime.
Limits: no arrest protection; no probation or parole protection; calling can be a mitigating factor.
Test strips: not penalized for at least some people, such as harm reduction program staff or participants; who is covered varies. **Verify locally.**

West Virginia:
Good Samaritan law: Protects both. Covers drug possession (not held criminally responsible); paraphernalia possession is not a state crime.
Limits: probation and parole protection included; calling can be a mitigating factor.
Test strips: excluded from the drug paraphernalia law by statute.

Wisconsin:
Good Samaritan law: Protects the caller only. Covers drug and paraphernalia possession (prosecution only).
Limits: no arrest protection; probation and parole protection was removed in 2020.
Test strips: excluded from the drug paraphernalia law by statute.

Wyoming:
Good Samaritan law: Protects both. Covers drug possession (prosecution only); simple paraphernalia possession is not prohibited.
Limits: no arrest protection; no probation or parole protection.
Test strips: not a crime to possess or use; the state's paraphernalia definition does not cover testing equipment.

Sources: Network for Public Health Law, "Legal Interventions to Reduce Overdose Mortality: Overdose Good Samaritan Laws" (50-state survey, current to December 31, 2025), networkforphl.org; Legislative Analysis and Public Policy Association (LAPPA), "Drug Checking Equipment, Needles/Syringes, and Drug Paraphernalia: Summary of State Laws" (September 2025, current to August 2025), legislativeanalysis.org.

As of November 2026 (Good Samaritan data current to December 31, 2025; test strip data current to August 2025).

— AI transparency: I used AI to help organize this guide and reviewed it before sharing. Facts and quotes belong to their original sources. The cover background image is AI-generated.