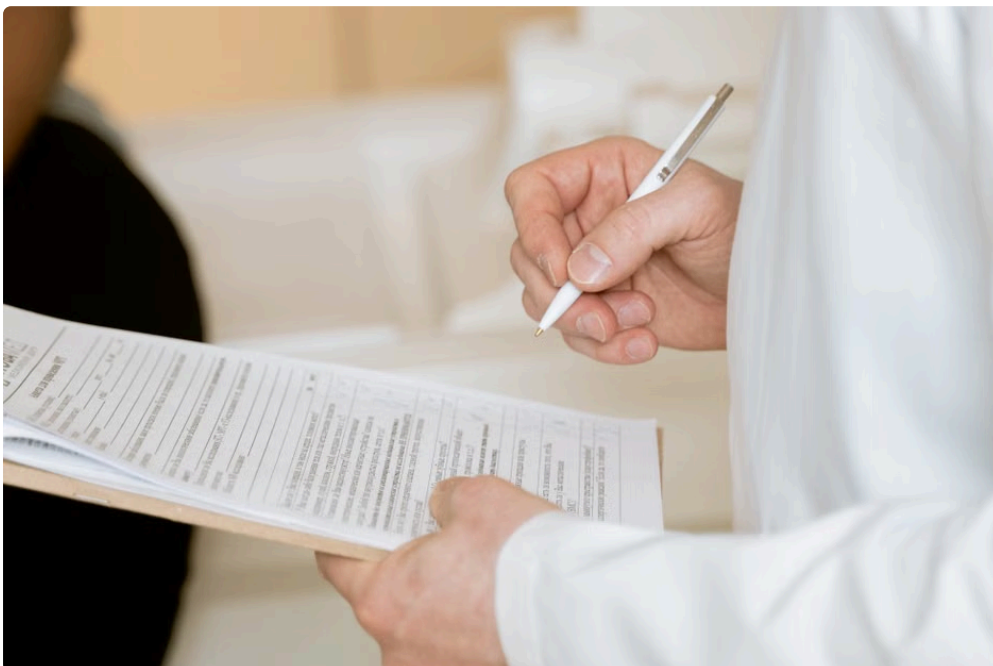


Talking about alcohol boundaries can feel like lighting a match near a tense subject. You may worry that a family member will hear “I need a safer home” as “I don’t trust you,” or that a conversation about drinking will turn into an argument about the past. That concern is real—but avoiding the conversation can leave everyone guessing about what is okay, what is not, and what happens next.



A boundary is not a way to control another person’s drinking. It is a clear statement about what you will do to protect your safety, health, and recovery. For example: “I’m not asking you to stop drinking everywhere. I am asking that alcohol not be kept in the home while I’m settling in after treatment. If it is here, I’ll stay with my sister that night and call my counselor in the morning.”



Good family communication is specific, calm, and tied to practical choices. It does not guarantee agreement. The goal is to make the boundary understandable, plan for hard moments, and know what to do if the conversation—or the next appointment—falls through.

## **First, Separate a Boundary From a Demand**

A demand tells another person what they must do: "You have to quit drinking." A boundary describes what you need and what you will do: "I can't attend dinners where alcohol is served right now, so I'll join for coffee instead." You can ask for a change in the household, but you cannot make someone choose it. You can decide what environment you are willing to live in and what steps you will take if it does not feel safe.

This distinction can lower the temperature. It also keeps the conversation focused on a choice you can follow through on, rather than an argument about whether the other person is "allowed" to drink.

## **A Three-Step Plan for the Conversation**

### **1. 1. Choose a safer time and a narrow topic**

Do not start a serious conversation while someone is intoxicated, driving, already angry, or rushing out the door. Choose a private time when both people are sober and have about 20 minutes. If the topic is likely to escalate, consider asking a counselor, peer recovery worker, or other neutral person to help structure the discussion.

Keep the first conversation to one or two house rules. A full review of past hurts, every possible trigger, and the entire recovery plan is likely to overwhelm everyone. You can say, "I want to talk about alcohol in the house and what evenings will look like. I'm not trying to solve everything tonight."

### **2. 2. Describe the impact and make a specific request**

Use "I" statements to explain what happens for you, without labeling or diagnosing the other person. For example: "When I smell alcohol after work, I feel on edge and have a harder time sticking to my evening plan. I'm asking that alcohol not be stored in the kitchen for the first month after I get home."

Be concrete about what the rule covers: the location, time period, and people involved. "Let's be respectful" is too vague to guide anyone. A more useful house rule might be: "For the first four weeks, no alcohol is brought into the apartment. We'll review that with my counselor on November 12."

### **3. 3. Agree on what happens next—including if you disagree**

Decide what you will do if the boundary is not followed. Keep the response realistic and within your control: leave the room, call a named support person, sleep at an agreed alternate location, or contact your treatment provider. Avoid threats you cannot or do not intend to carry out.

Then write down the agreement, who will do what, and when you will review it. A short text can help: "We agreed no alcohol will be kept at home until our check-in with Sam on November 12. If that changes, I'll call Sam and stay with Lee tonight." Written details reduce misunderstandings; they do not replace a safety plan.

## **Examples of Alcohol Boundaries and House Rules**

House rules work best when everyone understands them and knows when they will be reviewed. They should fit the living arrangement, the person's recovery plan, and the needs of others in the home. A rule that cannot be followed consistently may create more conflict than clarity.

Situation Possible request or house rule Your follow-through Alcohol kept in shared spaces "Please don't store alcohol in the home while I'm getting settled." "If alcohol is brought in, I'll stay at the agreed alternate place and contact my counselor." Family gatherings "Can we make Sunday dinner alcohol-free for the next month?" "If alcohol will be served, I'll come for coffee earlier or skip this one." Arguments about drinking "Let's not discuss this

while either of us is upset or has been drinking.” “I’ll pause the conversation and suggest a time tomorrow when we’re both sober.” Hard evenings “Please text before inviting people over, especially on Friday nights.” “If plans change, I’ll use my planned evening routine or go to my scheduled group.”

These are examples, not universal rules. If someone in the household is actively drinking and will not agree to changes, focus on what you can control: where you stay, who you call, and what parts of the home or events you choose to avoid. If there is intimidation, violence, or an immediate safety threat, prioritize leaving for a safe place and contacting emergency services or a local crisis resource.

## Plan for Triggers and Hard Evenings Before They Arrive

The first weeks after residential treatment can bring a sudden change in structure. In treatment, meals, groups, check-ins, and sleep may follow a schedule. At home, there may be long unplanned stretches, familiar conflicts, alcohol in the neighborhood, or people who expect you to return to old routines. A boundary conversation is stronger when it includes a plan for those transitions.

Identify the times and situations that tend to be difficult: Friday evenings, payday, arguments, being alone after work, family celebrations, or contact with certain friends. Then make the plan observable and specific. “I’ll take care of myself” is hard for family members to act on. “On Fridays I’ll eat with my brother, attend the 7 p.m. group, and text my recovery contact when I get home” gives everyone a clearer picture.

- **Set an evening routine:** Decide when you will eat, what you will do after dinner, and how you will wind down before bed.
- **Plan transportation:** Confirm how you will get to appointments and groups. Save bus routes, ride options, and backup contacts in your phone.
- **Choose a check-in:** Name the person you will contact, the method, and the time. Ask first whether they are available then.
- **Reduce last-minute pressure:** Agree on how much notice is needed before guests or alcohol-related plans enter the home.
- **Have an exit option:** Know where you can go and how you will get there if the home becomes uncomfortable.

## Make Discharge Planning Concrete

Discharge planning should not end with “follow up with someone.” Before leaving residential treatment, try to have the next appointment on the calendar, the provider’s name and phone number, and a transportation plan. Confirm whether the appointment is in person or by phone or video, what paperwork is needed, and whom to call if you have not heard back.

Continuity of care means knowing how support will continue after the residential structure ends. Ask the treatment team what services are recommended, who is responsible for making referrals, and what to do between discharge and the first appointment. If a family meeting would help clarify house rules, ask whether a counselor can join before discharge or schedule a meeting soon after returning home. Family involvement should be invited and realistic; not every relative will be available, safe, or willing to participate.

A resource like the Aura Recovery Center website can be one place to look for information about treatment and recovery services. If you are a veteran or are helping a veteran, the U.S. Department of Veterans Affairs Mental Health Residential Rehabilitation page describes VA residential mental health rehabilitation resources. Check

directly with a provider about eligibility, availability, referrals, and current appointment procedures rather than assuming a webpage confirms a placement.

When reading media coverage about alcohol, recovery, or public policy, including reporting from outlets such as *Israel National News*, remember that general news stories are not a substitute for an individual discharge plan or clinical advice. For your own transition, rely on the care team's direct instructions and confirm details with the named provider.

## Keep the Conversation From Becoming a Fight

You can lower the chance of escalation, though you cannot control another person's reaction. Speak slowly, keep your request short, and avoid debating whether someone's feelings are "right." A useful response is: "I hear that this feels like criticism. I'm not asking you to agree with everything I say. I am telling you what I need in order to feel safe at home."

If voices rise, take a pause instead of trying to win the point. Name a return time: "I'm getting overwhelmed. I'm going to take 30 minutes, and I'll come back at 7:30 if we're both calm." If either person has been drinking, postpone the conversation. If you do not feel safe returning to it, involve a clinician or another trusted, neutral person instead.

It may also help to ask for a specific response rather than general reassurance: "Can you tell me whether you're willing to keep alcohol out of the house through November 12?" That question invites a clear answer. If the answer is no, you can move to your own plan rather than repeating the [12 step meetings after rehab](#) same argument.

## What to Do If the Appointment Falls Through

A missed referral or unavailable appointment does not mean you have to wait without a plan. Before discharge, write down whom to contact if the first appointment is canceled or no one calls back. If you are already home and the connection has stalled, contact the discharging program, your primary care provider, or the intended clinic and ask for the next available option. Keep track of the date, person you spoke with, and next step.

- **If no one calls:** Call the named provider on the next business day, explain your discharge date, and ask whether the referral was received.
- **If the appointment is canceled:** Ask to be placed on a cancellation list and request a specific replacement date or another provider.
- **If transportation is the barrier:** Tell the clinic before the appointment. Ask about transit assistance, a remote visit, or another location, and confirm what is available.
- **If you feel at risk before the replacement visit:** Contact your treatment team or local crisis service for guidance. For immediate danger or a medical emergency, call emergency services.

For people who may be physically dependent on alcohol, stopping suddenly can cause dangerous withdrawal. Do not rely on a family argument or house rule as a detox plan. Contact a medical professional promptly for advice about safe care; seek emergency help for severe or rapidly worsening symptoms.

## Make the Next Step Small Enough to Do Today

Alcohol boundaries are easier to maintain when they are short, specific, and connected to a real plan. You do not need to settle every family disagreement in one conversation. You do need to know what you are asking for, what

you will do if the answer is no, and who can help with the transition home.

1. **Write one boundary:** State the behavior, the time period, and why it matters to your safety or recovery.
2. **Schedule one conversation:** Pick a sober, calm time and decide whether a counselor or neutral person should be present.
3. **Confirm one next appointment:** Record the date, provider, phone number, and transportation plan—and name the backup contact if it falls through.

Clear house rules cannot guarantee a conflict-free home, and family communication cannot replace treatment. But a specific boundary, a workable evening routine, and a dated follow-up plan give you something concrete to use when the conversation gets difficult.