FACING ADDICTION WITH HOPE AND UNDERSTANDING

In Your Own Right: What Researchers Say the Family of Someone With Addiction Actually Needs

FAHU Research Desk

November 2026

facingaddictionwithhope.com

All content grounded in peer-reviewed research and clinical evidence.

In Your Own Right: What Researchers Say the Family of Someone With Addiction Actually Needs

It is two in the morning and you are awake again. Maybe you are listening for a

key in the door. Maybe you already know it is not coming. You have read the

articles about treatment, about relapse, about what the disease does to the

brain of the person you love. What you have not found, in all of that reading,

is a single line about you -- the one who is still up, still worrying, still

holding the household together on no sleep.

Researchers have found that line. For the last two decades, a body of work has

been quietly building around a fact the rest of the addiction field tends to

skip past: the people who love someone with a substance use disorder are

carrying a heavy, measurable strain of their own, and they deserve support in

their own right -- not only as a means of changing the person who is using.

This article is a summary of what that research says. It is not treatment, and

it is not advice from us; it is an attempt to bring what credentialed

researchers have already concluded into one place, for the family, with the

sources so you can read them yourself.

The strain is real, and it has been measured

If you feel worn down to the point of illness, you are not imagining it, and you

are not weak. In a qualitative study published in 2021 in the journal Substance

Abuse Treatment, Prevention, and Policy, Geoffrey Maina and colleagues at the

University of Saskatchewan interviewed family members caring for a relative with

a substance use disorder. They reported that caring for a person with addiction

created persistent, stressful circumstances marked by worry, anger, depression,

shame, guilt, and anxiety within the family. The researchers also described

something many families recognize but rarely name: that addiction robbed

participants of their relationship with the person using substances, an

experience the authors likened to losing a relative. The same study reported

that a lack of knowledge about how addiction affects families, together with a

lack of resources to support family caregivers, compounded that psychological

stress.

That last point is not a small one. A 2023 expert-consensus study indexed in

the National Library of Medicine's PubMed database (an "e-Delphi" study of the

needs and resources available to family caregivers of individuals with

substance use disorder) concluded that family caregivers experience a

significant burden while having few evidence-based resources available to them.

Among the needs the experts identified were increased access to healthcare and

community services, more self-care strategies for families, and public efforts

to reduce the stigma attached to substance use disorders. In other words: the

gap you have noticed -- everything is aimed at the person using, and almost

nothing at you -- is not your imagination either. Researchers have documented

it.

The scale is large enough that this is not a rare private problem. A federal

issue brief published in December 2024 by the U.S. Department of Health and

Human Services' Office of the Assistant Secretary for Planning and Evaluation,

on supporting families and caregivers of adults with behavioral health

disorders, pointed to estimates that more than 44 million adults in the United

States have a substance use disorder. Every one of those adults is somebody's

son, partner, parent, or friend. The lit-up windows at 2 a.m. number in the

millions.

"In your own right": the idea that changes everything

The most useful thing this research offers a family is not a technique. It is a

permission.

Beginning in the 2000s, a group of British researchers -- Jim Orford, Alex

Copello, Lorna Templeton, and Richard Velleman among them -- developed what they

called the Stress-Strain-Coping-Support model, and from it a practical program

known as the 5-Step Method for helping family members affected by a relative's

substance misuse. What sets their work apart is stated plainly in its founding

principle: the aim is to help the affected family member in their own right, and

not merely as a route to changing the drinking or drug use of the person they

care about.

Sit with that, because it runs against almost everything a worried family is

told. Most guidance treats the family as an instrument -- learn these skills so

that he will get sober, do these things so that she will go to treatment. The

5-Step researchers start somewhere else: your health matters on its own terms,

whether or not the person you love ever changes. According to the published

descriptions of the method, its five steps are, in essence, to listen to the

family member's own story; to offer clear information about addiction and its

effects; to explore how the family member is currently coping; to help them

strengthen their own social support; and to identify whether further help is

needed. Across the studies its developers have reported, family members who

went through the method showed reductions in the strain they were carrying --

fewer physical and psychological symptoms of stress.

Note what is not being claimed there. The researchers are not promising that the

method will make anyone get sober. They are reporting something narrower and

more honest: that helping the family directly can reduce the family's own

suffering. That is a claim about you, not about the person you are worried

about.

What the research suggests, and what it does not

Because the temptation at 2 a.m. is to look for the one right action, it is

worth being precise about what these sources actually recommend -- and being

equally precise that none of them offers a guarantee.

The researchers behind the caregiver studies suggest that families need their

own information about how addiction works, because inadequate knowledge was one

of the factors they found compounding family stress. They suggest that families

need their own sources of social support, which is why "support" is a named step

in the 5-Step Method rather than an afterthought. The 2023 e-Delphi experts

suggest that self-care strategies for families and better access to community

services are genuine, evidence-identified needs -- not indulgences a caregiver

should feel guilty about. And the federal brief frames family and caregiver

support as a legitimate part of the response to substance use disorders, not a

side issue.

What none of this research says is that any single action on your part will cure,

fix, or control another adult's addiction. The studies are careful about that,

and so are we. The honest through-line of this literature is gentler and, in its

way, more freeing: your own well-being is a real and worthy target of care, the

strain you feel has been named and measured by people who study it, and there

are approaches designed specifically to reduce that strain in you -- regardless

of what the person you love decides to do next.

An objection worth answering

A family member reading this might reasonably push back: "Focusing on myself

feels selfish. He is the one who is sick." It is a fair objection, and the

research answers it directly rather than dismissing it. The caregiver studies

describe stress severe enough to contribute to the family member's own physical

and mental illness. A caregiver who collapses is not more available to their

loved one; they are less. Treating your own exhaustion as a real problem is not

a turning-away from the person you love. According to this body of work, it is

part of how a family survives the long haul at all.

Where this leaves you tonight

You cannot read a research summary and be healed of a hard night. But you can

put down one thing before you finally try to sleep: the belief that your own

suffering does not count until the person you love is well. The researchers who

have studied families like yours do not believe that, and they have the data to

explain why. You are carrying something real. It has a name. And there are

people whose entire work is helping the family -- in their own right.

At Facing Addiction with Hope and Understanding, our courses and articles are

built for exactly the person reading this at 2 a.m.: not the person using, but

the ones who love them and want to understand how to help without losing

themselves. You do not have to figure this out alone tonight.

This article is educational and is not medical advice or a substitute for care from a qualified professional.

Works Cited

Maina, Ogenchuk, Phaneuf & Kwame (2021). “"I can't live like that": the experience of caregiver stress of caring for a relative with substance use disorder.” Substance Abuse Treatment, Prevention, and Policy, 2021. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00344-3.

Tyo & McCurry. “Expert Consensus on the Needs and Resources Available to Family Caregivers of Individuals with Substance Use Disorder.” PubMed, U.S. National Library of Medicine, 2023. https://pubmed.ncbi.nlm.nih.gov/37466079/.

Copello, Templeton, Orford & Velleman (2010). “The 5-Step Method: Principles and practice.” Drugs: Education, Prevention and Policy, 2010. https://www.tandfonline.com/doi/full/10.3109/09687637.2010.515186.

U.S. HHS, Office of the Assistant Secretary for Planning and Evaluation (2024). “Supporting Families and Caregivers of Adults with Behavioral Health Disorders.” ASPE Issue Brief, 2024. https://aspe.hhs.gov/sites/default/files/documents/c1d761ef927aaed9054e7c1abda590c0/supporting-families-caregivers-adults-bh-disorders.pdf.