

Significance of Involving Families Impacted by SUD

Executive Summary

Families are a highly effective, yet significantly underutilized resource in addressing substance use. Decades of research show that when families are supported and armed with effective information, strategies and supports, they can significantly influence their loved one's substance use along every point of the continuum, from prevention, through treatment engagement and completion, to recovery support, relapse prevention and harm reduction. Yet, families have been alienated by pervasive stigma and misunderstanding that have subjected them to blame, shame and harmful advice from both the public and health care providers. This is reinforced by a treatment and reimbursement model that focuses on the individual struggling with substance use and overlooks their family members and other concerned significant others (CSOs). The stress, stigma and alienation associated with a loved one's substance use harms the well-being of impacted family members and interferes with their ability to provide support, putting the impacted individual at greater risk for harm.

While effective strategies for family intervention and support exist, very few families receive them. Organizations providing family support services have stepped in to help bridge the gap between what is known from the research about the importance of including and supporting families and the current barriers to family engagement. These organizations, which often operate with limited funding and resources, offer a variety of services including mental health supports for family members and CSOs, including mutual aid support; harm reduction education and interventions; and parenting and prevention supports and resources. Some family support services delivered in the clinical setting, primarily including family therapy interventions and, to a lesser extent, Community Reinforcement and Family Training (CRAFT), have been subject to rigorous research demonstrating their efficacy. Other family support interventions, particularly those delivered in the community, have not been rigorously studied. Notably, a lack of research demonstrating effectiveness is not indicative of lack of effectiveness, only lack of research.

Recognizing the important role of families, the federal government, through the Substance Abuse and Mental Health Services Administration (SAMHSA), established the National Family Support Technical Assistance Center (NFSTAC) to provide resources, training and technical assistance on family engagement for families, providers and community-based organizations. Nonetheless, additional support is needed to study and evaluate interventions and make these services more widely available to families in need. In the midst of multiple crises related to substance use, overdose and mental health, we should be using every tool at our disposal to prevent, help and support those struggling with substance use, and families are a highly underutilized asset. With additional support and resources, they can be better equipped to help their own family and help transform the way our nation addresses addiction.

"Families are a force multiplier in providing support to their loved one."



Families are Underutilized Despite Research Supporting their Involvement

Families are critical at every point along the continuum

The number of families and other concerned significant others (CSOs) impacted by substance use are not currently measured in a systematic way, exemplifying how they are often excluded from their loved one's care. Nonetheless, it is estimated that approximately 25% of the population has an immediate family member with a substance use disorder (Gross et al., 2023) and nearly half of the U.S. population identifies as having a close friend or family member with drug addiction (Pew Research Center, 2017). Families are a “powerful motivating force” in the life of an individual who uses substances (Wilkins & Foote, 2019) and “are able to influence the trajectory of a loved one's SUD” (Ventura & Bagley, 2017) along every point of the substance use continuum from prevention through recovery. While there are many factors that contribute to substance use, families play a central role in the development of risk and protective factors, which are the two targets of substance use prevention (Gruber & Taylor, 2006; Velleman et al., 2005). Strong parent-child attachment and parenting skills, high family cohesion, open parent-child communication (particularly regarding information about and disapproval of substance use), parental supervision and monitoring and modeling non-use are all protective factors that can all help to prevent substance use. Conversely, a low level or lack of these factors contributes to substance use risk. Youth who have strong family bonds are less likely to have friends who use substances, thereby mitigating the substantial effect of peer influence on substance use (Velleman et al., 2005). One of the most effective ways of intervening with youth who are already misusing substances is to strengthen and empower their families to provide guidance and support (Carpenter et al., 2019). Families can help their loved one engage in and complete treatment, thereby improving outcomes (Landau et al., 2000; Roozen et al., 2010; Szapocznik et al., 2013). Including the family in treatment, via evidence-based family therapeutic interventions, is also beneficial for improving outcomes for both the patient and impacted family members (Hogue et al., 2021; Yuen & Toumbouro, 2008). Families provide recovery capital through supportive and positive relationships, material support (e.g., financial support, housing, transportation, etc.), monitoring for substance use, managing medications and intervening early in the event of a relapse (Bagley et al., 2021; Daley et al., 2018; Hennessy et al., 2019; Hogue et al., 2021).

As described in greater detail below, while research on family support services and interventions may be limited, reflecting the historical marginalization and exclusions of families from substance use disorder treatment, the research unequivocally shows that when families are involved, the outcomes for themselves and their loved ones are better (Cassidy & Yoon, 2019).

The use of the term “family” throughout is meant to be inclusive of many different types of families, including both families of origin and families of choice, meaning individuals who provide support and act in a surrogate capacity for individuals who may not have or identify with biological family members. Families of choice may be more common in marginalized populations, such as individuals who identify as LGBTQ (Young & Massey, 2022).

Research shows family involvement is effective

- Family-based prevention efforts, which help to improve skills to strengthen protective family factors and build family resilience, are effective in preventing substance use (Landau et al., 2000; Partnership to End Addiction, 2022; Velleman et al., 2005).



- When families are engaged with evidence-based approaches, rates of treatment engagement and retention/completion for themselves and their loved one are higher.
 - The Community Reinforcement and Family Training (CRAFT) approach engages patients in treatment at two to three times the rate of traditional approaches (i.e., Johnson Institute intervention and Al-Anon, respectively) (Roozen et al., 2010).
 - The Brief Strategic Family Therapy (BSFT) has also been shown to result in both higher treatment engagement and completion. One study found that 93% of families who received BSFT engaged in treatment compared to 42% of families receiving the usual engagement (i.e., Al-Anon or Johnson Institute intervention) and 75% of families who received BSFT completed treatment as compared to 25% of families completing treatment when receiving the usual approach (Szapocznik et al., 2013).
 - Multidimensional Family Therapy has been shown to have higher treatment engagement and completion rates for both families and adolescents and reductions in adolescent substance use (Hogue et al., 2021; Rowe, 2009).
- Parental involvement, via CRAFT, can significantly influence their child’s engagement, retention and outcomes in treatment (Brigham et al., 2014).
- Evidence-based therapeutic interventions that involve the family improve family members’ and other concerned significant others’ (CSO) well-being by reducing stress and symptoms of anxiety and depression and improving coping and family functioning.
 - Family interventions to address adolescent substance use also improve the mental health of impacted family members (Yuen & Toumbourou, 2008).
 - CRAFT reduces negative impacts on family members’ physical and mental health (Roozen et al., 2010).
- A meta-analysis of various approaches involving CSOs (including families) found a six percent greater reduction in substance use when compared to approaches focused only on the impacted individual (Ariss & Fairbairn, 2020).

Families have been alienated by stigma

Despite research supporting the important role that families can play, pervasive stigma and misunderstanding have alienated families. Family members, particularly parents, are often blamed for causing a loved one’s substance use problems and tend to internalize that blame (McCann & Lubman, 2018; Orford et al., 2010; Wilkens & Foote, 2019). Families often receive uninformed advice, in the form of stigmatized views about addiction that perpetuate blame and conflict with natural caregiver inclinations (McCann & Lubman, 2018; Orford et al., 2010; Ventura & Bagley, 2017; Wilkens & Foote, 2019). Families are often told they are “enabling,” that they must “detach,” that they are “powerless” to help and must wait until their loved one “hits rock bottom” and is ready to accept help (Bischof et al., 2016; Wilkens & Foote, 2019). These approaches (which come from A-Anon/Nar-Anon/12 Step programs) as well as confrontational interventions which utilize the family in a more coercive way (i.e., Johnson Institute intervention) have proven to be less effective in engaging patients in treatment (Roozen et al., 2010).

These misinformed and stigmatizing views are not only held among the general public but also among treatment providers because they are based on an unsupported theory of codependency widely accepted by the treatment field (Ventura & Bagley, 2017; Wilkens & Foote, 2019). Providers often have “implicit and explicit assumptions”



about the role of the family in contributing to their loved one's addiction (Ventura & Bagley, 2017). This is reflected in provider interactions as family members report that providers can be unsympathetic and judgmental (McCann & Lubman, 2018; Orford et al., 2010). Providers need to be trained in effective family-based interventions to both reduce this stigma and transform the SUD treatment system to embrace families as "allies" rather than "impediments" (Hogue et al., 2021).

Families impacted by substance use face negative consequences

This stigma contributes to a sense of hopelessness and adds stress and shame for families already in the midst of an incredibly painful and difficult experience and interferes with their ability to provide caregiving (McCann & Lubman, 2018). Family members impacted by substance use experience negative consequences to their physical and mental health (Hogue et al., 2021; Orford et al., 2010; Ventura & Bagley, 2017) similar to war, prolonged unemployment and chronic illness (Bisetto Pons et al., 2016), which can persist for years after an acute episode (Daley et al., 2018). Substance use within the family damages relationships and contributes to family conflict (Bisetto Pons et al., 2016; Daley et al., 2018; Orford et al., 2010; Yuen & Toumbourou, 2008). It also contributes to financial stress from the loss of financial assets due to a family member's substance use and having to make difficult financial decisions (e.g. incurring debt and/or emptying college or retirement savings) to pay for treatment (Daley et al., 2018; Orford et al., 2010). Individuals with substance use disorders are often involved with the criminal justice system, contributing to increased stigma, stress and a sense of loss in the family (Daley et al., 2018; Wilkens & Foote, 2019).

This stress and impact on mental wellbeing compromises family members' ability to intervene effectively in detecting their loved one's substance use or helping them engage in treatment (Bisetto Pons et al., 2016). Families often withdraw and isolate and are reluctant to seek help or support, thereby making it less likely their loved one will receive effective care and prolonging their suffering (McCann & Lubman, 2018; Wilkens & Foote, 2019). It also places other family members at risk for addiction (Gross et al., 2023).

Families have been underutilized and understudied

As a result of the historical exclusion of families, most SUD treatment is patient-focused and occurs without family involvement (Bagley et al., 2021; Carpenter et al., 2019; Cassidy & Yoon, 2019; Olmstead et al., 2012). This is reinforced by reimbursement and treatment models that focus on the individual and overlook support for CSOs (Cassidy & Yoon, 2019; Dopp et al., 2022). Similarly, recovery support services are often aimed at individuals rather than families (Hogue et al., 2021).

Nevertheless, families have been forced to play an informal central role to compensate for the inadequacies of the treatment system. Patients with SUD often receive acute episodes of care and family members often provide care at home between treatment episodes (Ventura & Bagley, 2017). Yet most families do not receive evidence-based interventions to provide them with the necessary skills to most effectively help themselves and their loved one (Carpenter et al., 2019; Ventura & Bagley, 2017).

The exclusion and under-appreciation of the role of families have also contributed to a dearth of research on interventions to directly support impacted family members (Roozen et al., 2010).



Family Support Services

Family support organizations have stepped into the void

Family support organizations help to bridge the gap between what is known from the research about the importance of including and supporting families and current barriers to family engagement in professional treatment settings. These organizations offer a variety of different services, including: (1) mental health supports for families/CSOs, including mutual aid support; (2) harm reduction or other types of support (e.g., treatment navigation); and (3) parenting skills or prevention support.

While research demonstrates the importance of including families, there is less evidence supporting specific interventions because families have often been excluded in practice and many of these services are delivered outside of research settings. A robust body of research supports CRAFT and family therapy as two evidence-based family interventions. These services have been subject to more rigorous research because they are often delivered by health professionals in a clinical setting. While clinical interventions should be delivered by trained health care professionals, trained non-professionals are a promising resource for delivering some family-focused interventions, including CRAFT, to parents and other CSOs (Carpenter et al., 2019).

Family support services delivered outside of clinical settings by community-based organizations have not been rigorously studied (Cassidy & Yoon, 2019). Further, research on culturally sensitive and linguistically diverse interventions have not been well studied (Cassidy & Yoon, 2019). The lack of research demonstrating effectiveness of some family support services is not indicative of a lack of effectiveness. The research on the benefits of family involvement indicates that these services are likely to be effective and warrant additional resources to rigorously study and evaluate the benefits of specific family interventions in order to develop an evidence base. The existing, limited research for these services is summarized below.

Mental health supports for families/CSOs

CRAFT is an evidence-based family intervention for treatment engagement

Community Reinforcement and Family Training (CRAFT) is a method that helps families engage their loved one in treatment and has a strong evidence base (Brigham et al., 2014; Roozen et al., 2010). The CRAFT approach has three major goals: (1) to support the loved one in their movement towards treatment, (2) to reduce harm associated with substance use if treatment is not a realistic option, and (3) to support the overall health and well-being of the family, regardless of whether or not the loved one chooses to go to treatment (Meyers et al., 1998). Under this model, family members learn how to empathetically invite change instead of confrontationally demanding it (Wilkens & Foote, 2019). Families are trained in how to recognize appropriate times to suggest treatment and use motivational strategies to encourage their loved one to enter treatment (Houge et al., 2021). CRAFT also teaches family members strategies for effective communication and skills, rewarding positive behavior, problem solving and self-care (Bagley et al., 2021; Roozen et al., 2010). Contrary to misinformed advice that encouraged families to detach from their loved one, CRAFT promotes collaboration and engagement, values families “as key motivators of change” and helps to deconstruct the stigma that families often face (Wilkens & Foote, 2019). CRAFT is particularly effective at engaging patients in treatment when utilized by their parents (Brigham et al., 2014).



Another component of the CRAFT approach is to improve family members' well-being. CRAFT seeks to improve the psychological well-being of family members and other CSOs by improving self-esteem and family cohesion, reducing anger and alleviating depression and anxiety symptoms (Bisetto Pons et al. 2016, Bischof et al., 2016; Roozen et al., 2010; Wilkens & Foote, 2019). CRAFT is designed to improve the functioning of the family even if their loved one with substance use problems does not engage in treatment (Bagley et al., 2021). That said, the research on the impact of CRAFT on caregiver well-being is highly limited (Hogue et al., 2021).

CRAFT is often delivered by clinical professionals (i.e., social workers, licensed mental health clinician, etc.) or other certified trainers. Nonetheless, the model is designed for lay people and families to develop a self-directed successful approach from reading books on CRAFT. The feasibility for training parents to deliver CRAFT Invitation to Change to other parents and CSOs has been demonstrated (Carpenter et al., 2019).

Invitation to Change is a model developed by the Center for Motivation and Change ([CMC](#)). It utilizes three evidence-based approaches: (1) Motivational Interviewing; (2) CRAFT; and (3) Acceptance and Commitment Therapy (ACT) delivered by trained, volunteer parent coaches to other parents impacted by their child's SUD (Wilkens & Foote, 2019). Limited research on this model shows that parents who participate in the program report improved knowledge of evidence-based skills to help their loved one, improved communication and reduced emotional distress (CMC: Foundation for Change, n.d.; Carpenter et al., 2019).

Family therapy is an evidence-based, yet underutilized, component of SUD treatment

A significant body of research demonstrates that family therapy, delivered by trained clinicians, is highly effective in treating SUD among both adolescents and adults as a stand-alone therapy or as part of a multicomponent treatment approach (Hogue et al., 2021). Involving families in treatment increases families' support for behavior change, promotes positive interactions, decreases negative interactions and improves family communication which in turn, increases adherence to treatment and abstinence for the impacted individual (McCrary et al., 2018). Numerous research studies demonstrate that systemic family therapy is a particularly effective approach for adolescents (Hogue et al., 2021). Multidimensional family therapy, functional family therapy and brief strategic family therapy are all family therapy models that have shown reductions in adolescent substance misuse via improved family functioning and are evidence-based (Hogue et al., 2021).

Despite the evidence of effectiveness, including families in SUD treatment is not the current practice norm. While many treatment programs may indicate that they offer family counseling, evidence-based family therapies are not highly utilized (Hogue et al., 2021; McCrary et al., 2018). In fact, the national survey of SUD treatment programs does not capture information about evidence-based family interventions (Hogue et al., 2021).

Emerging evidence demonstrates peer recovery supports are effective for family members

Peer recovery support services, often delivered by people with "experiential knowledge" (e.g., lived experience) provide "emotional and informational support" through "mentoring, coaching and education" (Carpenter et al., 2019). Peers also help with systems navigation and liaise between family members and clinicians (Hopkins et al., 2021). Some forms of peer support are designed to help empower and increase agency of family members. Further, sharing experiences, support and advice among peers helps to normalize experiences and reduce stigma (McCann & Lubman, 2018; Orford et al., 2013).



Peer support can be provided on an individual or group basis to both the affected individual as well as impacted family members and CSOs. Parent-to-Parent programs, which help to connect parents with similar experiences, are a form of peer support. While studies of parent-to-parent support programs for SUD are limited, one acceptability and feasibility pilot study of parent-parent-to-parent coaching program utilizing Invitation to Change found that study participants reported significant improvements related to hopefulness, knowledge, use of communication and behavioral strategies and emotional well-being (Carpenter et al., 2019). The study found that trained parent peers can deliver “evidence supported concepts” to parents seeking support for their child’s substance use (Carpenter et al., 2019). Parent-to-parent coaching has “bi-directional impact” and benefits both the parent mentor as well as the mentee parent seeking support (Carpenter et al., 2019). Mentor parents identified coaching as providing validation and increasing their self-worth (Carpenter et al., 2019).

There has been more extensive research on the use of family peers for caregivers supporting a loved one impacted by mental illness and that research has demonstrated positive benefits for family members (Hopkins et al., 2021; Leggatt & Woodhead, 2015).

Emerging research indicates need for helpline support for families impacted by SUD

Hotlines provide 24-hour crisis intervention services, especially in emergency situations while helplines, by contrast, offer non-crisis aid for individuals (e.g., support, information and encouragement) during modified hours of operation. Helplines have the potential to fill gaps in care for individuals and families impacted by substance use who are not connected to formal treatment systems and are analogous to receiving non-life-threatening, but immediate medical support at an urgent care facility, rather than an emergency room (Casey Family Programs, 2020).

Currently, there is limited research on the efficacy of helpline services for family members impacted by a loved one’s substance use, but there is a growing body of research on hotlines and crisis intervention services for individuals struggling with mental illness. One study found that approximately 25% of calls to the National Suicide Prevention Lifeline were from friends or family members of someone at imminent risk for suicide (Gould et al., 2022), demonstrating a need for a similar helpline for families impacted by substance use.

Partnership to End Addiction’s [Helpline](#) serves CSOs who are looking for substance use-related support for a loved one. Our Helpline saw over 13,000 unique family visits in 2022. The majority of these CSOs were parents contacting the Partnership about a child actively engaged in substance misuse. We believe this to be just a fraction of parents who are looking for support outside of the formal treatment system. These parents needed information about treatment options, communication strategies, mental health concerns, harm reduction tools, and support for their own well-being.

Mutual Aid Support Programs

Evidence supports mutual aid group support programs for improving caregiver wellness

Mutual support programs provide a space for family members to receive emotional support, share their experiences and learn ways to make changes within the family as well as their own behaviors and emotional reactions (Daley et al., 2018). However, these programs, which include Al-Anon and 12-Step, do not typically provide “evidence supported concepts and skills” (Carpenter et al., 2019). Al-Anon, which is “the most widely used form of help for concerned family members and friends in the United States,” advises family members to “detach from their loved one, focus on themselves, and obtain help for their own emotional distress to increase



skills they need to cope with the difficulties of living with someone misusing substances” (Timko et al., 2012). Families and other CSOs are advised to utilize the 12-steps to reduce their “codependency,” described as their obsessive desire to control their loved one’s substance use and behavior (Timko et al., 2012). Although research on Al-Anon outcomes is limited and difficult to conduct, participation in the program has been shown to improve family members’ physical and mental health symptoms associated with a loved one’s substance use, decrease stress and isolation, and improve family functioning, self-esteem and coping skills (Timko et al., 2012). While research shows that mutual aid groups improve CSO wellbeing, they have not proven to be effective in engaging loved ones in treatment (Roozen et al., 2010).

Smart Recovery Family Groups is a type of mutual support that utilizes evidence-based components, including rational emotive behavioral therapy REBT), a form of cognitive behavioral therapy (CBT) and CRAFT but has not been subject to scientific research.

Grief support groups are another form of mutual support for families and CSOs whose loved one dies from a substance-related death. Parents who lose a loved one to substance use often endure a complicated and “disenfranchised” grieving process burdened by internalized and externalized stigma, shame, self-blame, guilt and isolation (Feigleman et al., 2018; Sterling et al., 2022; Titlestad et al., 2021). Limited research has found that support groups comprised of parents who have shared experiences of losing a child to overdose help to reduce stigma and shame by allowing bereaved parents to share openly about their loss, thereby supporting their bereavement process and improving their mental health (Feigleman et al., 2018; Sterling et al., 2022). Like peer parent support, parents of loss report “bi-directional impact” whereby they find healing in helping other parents who have also lost a child to substance use (Feigleman et al., 2018). At Partnership to End Addiction, we heard from many parents of loss about the need for grief and other types of support related to loss (e.g., stigma, parenting grandchildren, financial burdens, etc.) and recently created a number of [grief resources](#) and supports to meet those needs.

Harm Reduction/Other Supports

Distributing naloxone to family members is an evidence-based strategy to prevent overdoses

Family members should be trained in administering naloxone (Daley et al., 2018). From 2019–2021, two-thirds of overdoses among adolescents occurred at home, the majority with a family member or other potential bystander present in the home (Tanz et al., 2022). Research shows that family members commonly witness overdoses, are willing to respond, and can successfully be trained in naloxone administration and overdose prevention (Bagley et al., 2018). Nonetheless, families are often underutilized in overdose prevention because (like treatment and recovery services) naloxone distribution efforts are often targeted at individuals who use drugs (Bagley et al., 2018). Family members are able to successfully use naloxone to reverse overdoses among family members as well as others in the community and training helps to build confidence and reduce trauma and anxiety around witnessing an overdose (Bagley et al., 2018). Parent support groups are a key distributor of naloxone to family members (Bagley et al., 2018). Parents often advocate for naloxone access and utilize “train-the-trainer” models to facilitate overdose prevention training to other family members (Bagley et al., 2018).

Training family members in harm reduction principles is an underexplored, but encouraging, area

Introducing family members to the principles of how to support a loved one who is unwilling and/or unable to discontinue substance use is another area that is underexplored. Anecdotal evidence from families who use



harm reduction to support their loved ones is positive and encouraging. For example, parents have supplied loved ones with naloxone and fentanyl test strips which have resulted in the reversal of overdoses. In other cases, although initially supporting abstinence only, families have accepted a loved one's use of alcohol and /or cannabis while seeking treatment for opioid use disorder. Families have reported less conflict and more open communication about substance use, mental health and overall well-being.

Parenting or Prevention Supports

Families should be equipped with evidence-based information, training and resources

Families impacted by substance use need evidence-based information about the causes of addiction, its neurobiology, treatment and recovery options, how SUD impacts the family and what they can do to help their loved one and themselves. This is particularly important as families often receive incorrect information that can be harmful to themselves and their loved ones (Bagley et al., 2021; Daley et al., 2018; Wilkens & Foote, 2019). Teaching families that addiction is preventable and treatable, and recovery is possible is important for restoring hope. Equally important is educating families that relapse is a common and expected feature of addiction and helping them to manage expectations, identify risks and respond quickly to relapses (Daley et al., 2018).

Family support services organizations play an important role in disseminating such information to families through online resources, toolkits, trainings, webinars, etc.

Families Impacted by SUD Need More Support

Extensive research confirms that families can help to address a loved one's substance use at all points along the continuum; yet, few resources have been allocated to study and support effective interventions, creating a critical gap in access to evidence-based strategies for families looking for help (Carpenter et al., 2019; Olmstead et al., 2012; Ventura & Bagley, 2017). Instead, families often confront stigma and misinformed advice that leave them feeling ashamed and isolated and interfere with their ability to care for and support their loved one. Unfortunately, the vast majority of families will not receive effective strategies that could change the trajectory of their loved one's substance use (Carpenter et al., 2019).

Fundamental changes are needed to better support families, so they, in turn, can better support their loved one and improve outcomes. The treatment system needs to undergo a paradigm shift to be more inclusive of families (Hogue et al., 2021; Ventura & Bagley, 2017). Additional research is needed on interventions that are effective for impacted family members and other CSOs (Hogue et al., 2021). Together, these will help to change reimbursement policies to provide long-term funding to support widespread adaptation of these interventions (Cassidy & Yoon, 2019; Dopp et al., 2022). Greater availability of services will help to reduce the stigma and misunderstanding that many families currently confront.

Admittedly, practice and system changes, research and evidence accumulation, and changing conventional wisdom and reducing stigma will take time to reach impacted families. Unfortunately, in the midst of a deadly addiction crisis, families currently impacted by a loved one's substance use do not have the luxury of time. They need support now. Recognizing the importance of families and their urgent need for support and effective strategies to help their loved one, family support organizations have stepped in to fill the void. Yet many of these organizations rely on limited funding and resources, inhibiting their ability to reach families in need. With additional resources, these organizations could expand their services offerings, hire and train additional staff,



enhance their program evaluations to better monitor outcomes and help to build an evidence-base for specific interventions.

The federal government has recognized the vital role of families in supporting a loved one affected by substance use and mental illness and, through SAMHSA, established the National Family Support Technical Assistance Center (NFSTAC). NFSTAC provides resources, training and technical assistance for families, providers and community-based organizations serving families (National Family Support). While this is providing important infrastructure support, additional resources are needed to help these organizations reach more families.

In the midst of a devastating overdose crisis, we should be using every tool at our disposal to prevent, help and support those struggling with substance use and families are a highly underutilized asset. With additional support and resources, they can be better equipped to help their own family and transform the way our nation addresses addiction.



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