

A PRIVATE GUIDE FOR FAMILIES

# What to do when someone you love won't accept help.

How to prepare, what to say, what not to promise, and when to bring in help. Written for the week you're in right now.

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## If you're reading this, someone you love is struggling and refusing help, and you're carrying more than your share.

This guide won't fix that tonight. It will give you a clearer way to think, a plan for the next conversation, and a sense of when it's time to bring in people who do this every day. Everything here comes from our own experience: as advisors, as counselors, and as people in recovery ourselves.

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# 01 First, steady yourself

You cannot hold a line you haven't drawn, and you cannot draw a line while you're in a panic. Before the next conversation, get clear on three things for yourself:

### What you can live with

Decide what you will and won't accept in your home, your finances, and your time. Write it down. Vague limits get tested; specific ones hold.

### What you're afraid of

Name it precisely. "I'm afraid he'll die" leads to different decisions than "I'm afraid he'll be angry at me." Both are real; only one should set your limits.

### Who is with you

Addiction isolates families the same way it isolates the person. Identify the two or three people who can know the whole truth. You will need them.

## 02 What the numbers actually say

In the middle of a crisis, addiction feels permanent. The research says otherwise. Recovery is not the exception; it is the most common outcome.

3 in 4



people who ever have a serious substance problem eventually recover.

22M+



American adults are living in recovery today. Roughly 1 in 11 adults.

2 in 3



resistant loved ones enter treatment when the family gets structured help.

### RELAPSE IS PART OF A CHRONIC ILLNESS, NOT A MORAL FAILURE

Relapse rates for addiction are comparable to other chronic conditions. Nobody calls a blood-pressure spike a betrayal; a return to use is a signal to adjust support, not proof that nothing works.



Sources: CDC/NIDA national recovery survey (Jones et al., 2020); Kelly et al., "Prevalence and pathways of recovery from drug and alcohol problems in the United States" (2017); McLellan et al., JAMA (2000) on chronic-illness relapse rates; Miller, Meyers & Tonigan (1999) on family-based engagement (CRAFT). Rates vary by person and condition; ranges shown are published estimates.

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## 03 What to say, and what to stop saying

You've probably already tried logic, pleading, and anger. If they worked, you wouldn't be here. What works better is short, honest, and repeatable. A few scripts families tell us they actually use:

"I love you, and I'm not going to pretend this is okay anymore."

"I'm not asking you to agree that you have a problem. I'm telling you what I'm seeing, and what I'm going to do."

"When you're ready, I have a number to call. I'll sit with you while you call it."

And the things to retire, tonight: lectures about willpower; comparisons to other people's recovery; threats you don't intend to keep; and any sentence that begins with "If you loved me." None of them have ever talked anyone into treatment. They have talked many people into hiding.

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## 04 What not to promise

In the moment, you will be tempted to promise anything that ends the crisis. Three promises to avoid:

✘ **"I'll never bring this up again."** You will need to bring it up again. Don't trade your voice for one calm evening.

✘ **"This stays between us."** Secrecy is the disease's best friend. You can promise discretion; don't promise silence.

✘ **"One more chance and that's it."** Only say it if you mean it. An ultimatum you don't enforce teaches them that none of your words are load-bearing.

The pattern underneath all three: don't make the moment easier by making the future harder.

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## 05 Enabling and helping look alike up close

Paying the rent, calling in sick for them, smoothing things over with relatives: each one feels like love, and each one quietly removes a reason to change. The test we give families is simple. Ask of any action: *does this make the addiction easier to continue?*

### ENABLING MAKES USE EASIER

Paying debts that use created · Calling in sick for them · Covering with relatives · Rescuing every consequence

### HELPING MAKES RECOVERY EASIER

A ride to a meeting · A paid treatment consultation · Your presence at a hard appointment · A clear, kept boundary

You will not get this perfectly right. Nobody does. The goal is a direction, not a scorecard.

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## 06 When it's time to bring in help

Families usually call us later than they wish they had. Consider outside help when any of these is true:

- The same conversation has happened more than three times with the same result.
- You are organizing your days around managing their crisis.
- There is any question of physical safety: theirs or yours.
- Money is disappearing, or legal trouble has started.
- You've caught yourself thinking "I just can't do this anymore." That thought is information.

A well-run intervention is not an ambush. It's a planned, respectful conversation, and the plan is most of the work:

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### 01

#### Preparation

Planned with the family in days, not weeks. Treatment and logistics arranged first.

### 02

#### The conversation

Led by someone who has done it hundreds of times. One clear message from everyone.

### 03

#### Same-day next step

A concrete plan that starts that day, with safe transport already in place.

### 04

#### We stay alongside

Through treatment, discharge, and the long stretch after. The relationship doesn't end at a handoff.

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## 07 Take care of the family too

Addiction is a family illness; recovery is a family project. Whatever your loved one decides, you deserve support: Al-Anon and similar groups, a therapist who knows addiction, and honest conversations with the people you named in section one. Families who get their own support hold their lines better, recover faster, and are ready when their loved one finally says yes.

WHEN YOU'RE READY, OR WHEN YOU'RE NOT SURE

## Speak with us. A person answers.

Every conversation is confidential. Tell us as much or as little as you're ready to. We'll listen first, and tell you honestly whether we're the right fit.

**(561) 246-3846**

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