



**Children of  
Alcoholics:**

# **A Kit for Educators**



National Association for  
Children of Alcoholics (NACoA)  
Rockville, Maryland



## ABOUT NACoA

**The National Association for Children of Alcoholics (NACoA)** was founded in 1983 and is the national nonprofit membership organization working on behalf of children of alcoholics. NACoA defines children of alcoholics as those people who have been impacted by the alcoholism or other drug dependence of a parent or another adult filling the parental role. NACoA believes that no child of an alcoholic should grow up in isolation and without support.

NACoA's programs are designed to impact systems that affect children. NACoA's work is supported primarily by individual members, donors, and private foundations. To learn more about NACoA and its activities, contact:

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National Association for Children of Alcoholics (NACoA)  
Rockville, Maryland

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**CHILDREN OF ALCOHOLICS:**

# **A Kit for Educators**

Fourth Edition  
2001



National Association for Children of Alcoholics  
(NACoA)

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# A Message to Educators

Dear Colleagues:

I am writing as a fellow educator and as a Board member of the National Association for Children of Alcoholics (NACoA), to commend this kit to you. I hope you find it an indispensable tool in your work. It offers numerous practical suggestions for helping those of your students who are growing up in families troubled by alcoholism or other forms of drug dependence.

An estimated one in four U.S. children under age 18 is exposed to a family alcohol problem, and countless others are affected by parental drug abuse. Chances are that some of your students are among them. Studies indicate that children affected by familial addiction are at increased risk of a range of problems including physical illness, emotional disturbances, and susceptibility to alcoholism or other addiction later in life. These children may also be at increased risk for physical and emotional neglect and abuse.

Many of these problems translate into difficulties in school. Children of alcoholics may suffer cognitive impairment from prenatal alcohol exposure, or they may have suffered from chaotic home environments during their pre-school years. If so, they enter the school system less ready to learn than other children. In general, children of alcoholics do less well on academic measures than their peers. They also have higher rates of school absenteeism, truancy, and suspension, and are more likely to leave school or be retained at their current grade level. Even when children of alcoholics do well academically, they often suffer from low self-esteem. Without basic self-confidence they cannot succeed in life.

You may not know who some of these children are. Children of alcoholics are taught to hide their family problems, and to pretend that everything is “normal.” They may also have learned that adults cannot be relied on, and they may not ask for help.

That’s the bad news. But there is much good news. Because you, as an educator, are in touch with these children every day, you are in a unique position to help them. Just keep in mind some basic facts:

- 🍷 **You do not necessarily need to identify these children in order to help them.** Just by being receptive and helpful to all your students, you have a good chance of helping some who suffer from familial addiction. In lessons on alcoholism and drug dependency that you develop for all your students, you can discuss the impact of addiction on family life. All your students can draw useful information from such discussions.
- 🍷 **You can easily prepare yourself to respond in the right way when a child comes to you with a personal problem.** You can learn ahead of time about the resources that are available in your community to help such children and their families. You can prepare yourself to listen effectively, and you can learn what you should and should not say, and what you should and should not try to do.
- 🍷 **In fact, you can do much to help such children help themselves.** You can show them how to keep themselves safe, how to turn to adults who can be trusted, and how to find activities that will bring them joy and a sense of accomplishment.

If you need more information about the topics discussed in this kit, do not hesitate to contact NACoA. Its mission is to help you help these vulnerable children.

Sincerely,

Catherine L. Herzog, Ph.D.  
Director of Instructional Services  
Waterford School District  
Waterford, Michigan

# Introduction

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The National Association for Children of Alcoholics (NACoA) has prepared this kit to give you some basic information about family addiction and its impact, and about ways to help the children who are affected by this pervasive but often unrecognized public health problem.

The kit is divided into three parts. The first section is addressed to you, the educator. It contains information to help you plan your educational programs and work with the children. The second section contains a series of hand-outs that you can include in your lessons or have available for the student who comes to you with a problem. The third section lists organizations that work to combat addiction and its effects, as well as newsletters, books, and videos for your own reading and for use in your classes.

Feel free to reproduce any of the materials in this kit for use with your students. If you use our materials in professional communications, please assign appropriate credit to NACoA and to our contributing authors.

This kit is a “work in progress.” Future revisions will benefit by the experience you gain as you use it. Relay your comments and suggestions to us at NACoA. We look forward to hearing from you.

## **Part I: Tools for Educators**

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This section contains information to help the teacher, administrator, or counselor plan educational programs and lessons on the impact of addiction on families and to help individual children affected by family addiction.

# The Educator's Walk with One Child\*

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All too often alcoholism and other drug addictions become a family legacy. More than fifty percent of today's addicted adults are children of alcoholics, and there are millions challenged by other problems that result from alcoholism or drug addiction in their families. It is essential to spare children from unnecessary years of silence, shame, and suffering caused by parental addiction. Through effective prevention measures, educators can play a major part in this process. Individually and collectively, we can be a voice and a steadying force for children who can't always speak for themselves. The tools educators can use to encourage this process are: age-appropriate information, skill building, and the bonding and attachment derived through healthy relationships.

## Accurate, Age-appropriate Information

The alcoholic home front is armored by denial, delusion, and the “no-talk” rule. Consequently, children of addicted parents don't always understand what is happening in their families and, not surprisingly, some believe that it's all their fault. The predominant feeling for many children isn't sadness, anger, or hurt; it is overwhelming confusion.

Children of alcoholics need accurate information about alcohol, other drugs, and the disease of alcoholism. By learning about denial, blackouts, relapse, and recovery, young people can make better sense of what's happening at home. They may also come to see that they are not to blame and that they can't make it all better. Providing children with these important facts in an age-appropriate manner is crucial, so they are not overwhelmed, burdened, or further confused.

Important messages for children of addicted parents to hear include:

- ☛ Alcoholism/drug dependency is a sickness.
- ☛ You can't make it better.
- ☛ You deserve help for yourself.
- ☛ You are not alone.
- ☛ There are safe people and places that can help.
- ☛ There is hope.

Al-Anon's wonderful book *What's "Drunk", Mama?* helps six-year-olds comprehend these messages, while nine-year-olds get help and hope from the National Association for Children of Alcoholics posters such as the Spider Man poster which urges young people to, “Talk with someone you trust.” These are things that you easily could have around the classroom for children to pick up. Gerald T. Rogers' poignant film *Lots of Kids Like Us*, and NACoA's film *You're Not Alone*, teach nine to twelve-year olds to take better care of themselves and to stay safe. These films are useful for all students, but especially helpful for children affected by familial addiction.

\*Adapted with permission from *To Walk with One Child* by Jerry Moe, National Association for Children of Alcoholics Newsletter, September 1995, pgs. 4 and 5.



## Skill Building

Children of alcoholics and other drug-dependent parents are at greater risk for many behavioral and emotional problems. Empowering them with a variety of life skills helps them cope with many challenges. For example, some children face difficult situations with family violence, neglect, and other stress. These children can learn a variety of coping and self-care strategies to stay safe. Some of these children may allow their feelings to build up inside until they are ready to explode or become sick with stomachaches and headaches. The educator can teach them how to identify and express their feelings in healthy ways, especially by finding safe people they can trust.

Others may lack confidence and self-esteem. These young people can learn to love and respect themselves through experiences in which they can succeed and thrive. Studies on resilience have confirmed the importance of skill-building activities for children living with adversities such as alcoholism in the family. Resilience research examines various protective factors which allow individuals to overcome the odds and bounce back. Dr. Emmy Werner conducted a longitudinal study and identified factors that can deepen strength and resilience. Some of these include:

- ♥ Autonomy and independence
- ♥ A strong social orientation and social skills
- ♥ The ability to engage in acts of required helpfulness
- ♥ Coping strategies for emotionally hazardous experiences
- ♥ The ability to perceive their experiences constructively
- ♥ The ability to gain positive attention from others
- ♥ The ability to maintain a positive vision of life
- ♥ The development of a close bond

Today many educational programs help young people to develop these very tools and skills. Student assistance programs and other school strategies introduce these skills and provide a safety net for children to practice and deepen them. Even if they go back to families with active addiction, children of addicted parents who are assisted in these ways are better prepared to handle the various problems they may encounter.

## Bonding and Attachment

While accurate, age-appropriate information and skill building help children of addicted parents immeasurably, perhaps the most important gift is the bonding and attachment children attain in healthy relationships with others. As a result of broken promises, harsh words, and the threat of abuse, children in many families learn the “Don’t Trust” mantra all too well; silence and isolation can become constant companions. These children grow up to become parents who, without help, carry their childhood with them. As a teacher you may be faced with parents at conferences who are unsure of themselves, feel guilty, or are constantly stirred by remembrances of their childhood. Your assurance and validation will help them.

Building trust is a process, not an event. Time is a key. An educator's words take on added meaning and significance as the youngster deeply considers the source. A child may hear accurate information about alcoholism and other addiction in a brand new way. Moreover, a child can build upon his or her strengths and resilience as a result of the conscious modeling provided by the caring adult. As children learn to trust, they learn to feel good about who they are and what they can become. They develop the ability to make better decisions which help them to gain control over their environment, so they are more self-reliant. Learning to trust lowers their anxiety and shame, and then they can be taught more effectively.

## Additional Messages to Convey

Here are some additional messages you can convey to a child:

- ☺ Talking about worries at home is not being mean to your family. Sharing your feelings can help you feel less alone.
- ☺ Get involved in doing enjoyable things at school or near home, like the school band, softball, Boy or Girl Scouts, or others. Doing these types of activities can help you forget about the problems at home, at least for a little while, and you can learn new things about yourself and about how other people live their lives.
- ☺ When you live with addicted parents, feeling love and hate at the same time is common. It is confusing. All people have confusing feelings at times, even two different feelings at the same time. This is the way many kids feel about addicted parents.
- ☺ Remember to have fun! Sometimes children with familial addiction worry so much that they forget how to be "just a kid." Find a way to let yourself have fun.
- ☺ DON'T ride in a car when the driver has been drinking if you can avoid it. It is not safe. Walk or try to get a ride with someone who has not been drinking. If you must ride with a driver who has been drinking, sit quietly in the middle of the back seat and wear your seatbelt. Try to stay calm.
- ☺ Just because your parent is addicted to alcohol or other drugs doesn't mean you will be. Most children of alcoholics do not become alcoholic themselves. While alcoholism does run in families, you can't get the disease if you don't drink or use drugs.
- ☺ You have no control over your parent's drinking or drug abuse. You didn't make the problem start, and you can't make it stop. What your parent does is not your responsibility or your fault.
- ☺ **Last but not least – remember to teach the Seven Cs!** They are listed on the following page.

# Teaching the Seven Cs

The “Seven Cs” is a tool to help young people understand that they are not responsible for their parents’ problems. Children need to know that it is not their fault when their parents drink too much or abuse drugs, and that they cannot control their parents’ behavior. They should also be shown that there are ways they can learn to deal with their parents’ alcoholism or drug use. Here are the Seven Cs:

**I didn’t CAUSE it**

**I can’t CURE it**

**I can’t CONTROL it**

**I can help take CARE of myself by:**

**COMMUNICATING my feelings**

**Making healthy CHOICES**

**CELEBRATING me**

Remember to teach the Seven Cs to the children who come to you for help. A hand-out for the children is provided in Part II.



## Some Additional Suggestions for Educators

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There are at least three ways you as an educator can help a child whose parent is dependent on alcohol or other drugs.

### **1. Be an effective listener and communicator.**

This means helping your students to express their feelings and thereby deal with their fears and aspirations. One of the more unfortunate problems experienced by some children of addicted parents is that they have no one to talk with about their needs, fears, and hopes. With certain restrictions, every educator can help students talk about what they like and dislike about their lives. However, it is important to know when assistance from other professionals is necessary. It is crucial that you know your competencies and your limitations.

#### **Knowing Your Limitations**

You must consider your school's policies and legal, ethical, and professional obligations as well as your competencies in deciding what you should and should not do with students. It is very important that you seek assistance in areas where you are not authorized to function. If you are not employed as a therapist, then you should not try to act as one. If there is any doubt about the severity of a student's personal or social problems, there are usually counselors, school psychologists, or school social workers available who will gladly offer their assistance.

#### **When Talking with Students**

A valid concern may be how the parents will react when they learn that their child has confided a family problem to someone outside the family. Will an irate addicted parent come to school complaining that you have interfered in his/her family's private business? If you limit your discussions with a student to the student's feelings and to an understanding of how alcoholism and addiction affect a family, there probably will be no cause for parental concern. Furthermore, if you take care to avoid communicating that the student's difficulties are related to his or her parent's alcoholism/addiction, and instead direct attention to the student's school and social performance, the parent is very likely to welcome your help.

Alcoholism/addiction is unlikely to be a part of a discussion with parents. In part this is because denial of drinking-related problems is essential to those alcoholic parents who want to continue drinking. In addition, the spouse of the alcoholic may feel the need to refrain from talking about drinking-related difficulties. If the topic comes up, it may be best for you to remain silent on the subject of the parent's drinking or drug use.

Fostering situations in which certain children of alcoholics can become involved with one another can create opportunities for the child to talk with others. One of the problems in working with students who have an addicted parent is inducing them to "open up." It may

be easier for students to talk with their peers who have similar experiences than it is for them to confide in an adult. For this reason, educational support groups for these children are an important component of a K – 12 student assistance program.

Classroom presentations on alcoholism and drug abuse in the family can provide hope, help, and support in a general, non-threatening way. Group activities and discussions can be especially effective with teenagers, since they are in a developmental phase in which they are trying new values. If a student discussion group is formed, it does not need to be identified as being focused upon drug addiction or alcohol-related problems. Since there are many types of family problems that can affect school performance, such a group may take on any number of themes and objectives. A general approach may help to reduce any embarrassment at being involved in an activity that is known for dealing with certain home problems. Also, since the primary purpose of a group discussion should be to meet students' needs, a theme dealing with self-awareness and examining personal feelings may be appropriate. School-based student assistance programs often provide supportive services for students dealing with family problems.

In attempting to establish group interactions, keep in mind that many children of alcoholics and other drug-dependent parents may find it difficult to make new friends. Many are very withdrawn or are complete loners. Although professional educators may be aware of the benefits to be derived from peer relationships, their skills will be tested to prove such benefits to a student who has never had friends. The student, for example, may take the advice to seek out friendships and confide in a peer who does not understand or, worse, one who ridicules the student. Structured adult-facilitated support groups can mitigate such results.

If group discussion appears to be too formal or stigmatizing, a walk-in center for students may prove workable. A walk-in center can serve multiple purposes by dealing not only with home life but also with students' many other problems. Such a center could serve not only as a place for activities and discussions, but also as a place to obtain information on a variety of subjects ranging from alcohol and drug use to whatever else concerns them.

Remember, whatever activity is fostered, the purpose of that activity is to assist students; it should not be used to attempt changes in the students' home environments.

Perhaps your greatest contribution will be helping students discover that their feelings are normal and that it is permissible to be confused and sometimes upset about one's home environment. Exploring a student's feelings with him or her can help you to obtain a better understanding of the student. More importantly, an exploration of feelings may allow the student to grow in self-understanding.

## **2. Help students develop primary relationships with other students and adults.**

Some children living with familial addiction have a difficult time relating to their peers and adults. Like all students, they need opportunities to participate in primary group activities. However, many of these children need help to do so.

School personnel who lead extracurricular activities have many opportunities to assist in fostering primary relationships for students who are children of addicted parents. Like others, these students can acquire many benefits from extracurricular activities. However, for these children, the more obvious benefits of such activities may be secondary to the benefits achieved through establishment and maintenance of peer relationships. The student not only learns how to take part in a sport, publish a newspaper, etc., but also gains a sense of belonging and a role that he or she values.

A vital role that you can play on behalf of children with familial addiction is in getting them involved in a wholesome group activity. However, getting these children to participate in such activities may be difficult, since many such students are not eager to join school groups. This is particularly true if they feel that an extracurricular activity is just another responsibility to endure rather than a vehicle by which they can reduce the strain of existing responsibilities. Furthermore, when a student's feelings of self-worth are minimal, he or she may feel incapable of contributing anything to a group and may have to be persuaded that his or her participation is needed.

Involvement in after-school activities also can reduce the time children of addicted parents spend in uncomfortable situations. This is desirable in itself. Extracurricular activities also provide more time and opportunities for such children to interact with you and with other potential adult role models. Some students may feel that an educator outside of the classroom is more approachable than a teacher within a classroom, or that it is more permissible to discuss personal matters after school than during school hours.

### **3. Carefully observe each child and situation.**

What you learn by direct observation can be especially useful in pinpointing where the child needs the help that you can provide. Counselors, school nurses, and coaches often have a special advantage of observing conditions about which the students, their families, or other professionals need to know. When you are with students, of course, you need to be very observant if you are to help them understand their conditions. You may observe many details that will give you clues about their peer relationships, academic interests, achievements, their need to talk to you or some other trusted adult about their problems, their willingness to share attitudes and confidences, and their evaluations of their home situation. This last concern will probably be difficult for you to explore and, in the beginning, may be reflected more in how they act than in what they say.

When you are near students, you should be sensitive to a number of things. Among these are physical symptoms which may reflect serious home problems; for example, chronic fatigue, confusion, or emotional strain. Although educators should be alert to these symptoms, health care professionals can play an especially important role in making valid observations about students whom they suspect have health-related problems stemming from home lives.

Because of their training in health, nurses, health educators, and physical education staff can detect subtle details of a student's appearance beyond the obvious bruises that might suggest parental abuse or neglect. (If child abuse or neglect is suspected, the law in all 50 states requires immediate referral of the student in question to an appropriate child protection



agency.) Also, students suffering symptoms of strain are usually more noticeable to health workers than to others. School health workers also are aware of students who have frequent headaches, high levels of anxiety, and constant fatigue. Collaborating with these staff colleagues for the benefit of children of addicted parents could be very helpful.

Besides obvious physical abuse and neglect, educators should notice when students exhibit symptoms of excessive fatigue or strain. These symptoms may be more obvious on certain days than on others. For children of alcoholic parents, these patterns are likely to reflect the occurrence of conflict within the home. For example, if an alcoholic parent is a chronic weekend drinker, every Monday the child may be listless or fall asleep in class. On Tuesdays through Thursdays the student may appear to be somewhat energetic, and on Friday he or she may exhibit high levels of tension, possibly dreading the coming weekend. Of course, different patterns can occur. If your in-service program on children of addicted parents includes staff trained on signs of alcoholism, they will be able to alert you to other symptoms produced by living in a family with alcoholism.

It is important that you remain alert to the needs of your students. If you are accurate in your observations, you can be of considerable help to them. Your accurate observation of students may allow you opportunities to inform parents and colleagues about what they can do to help students and when referral to professional counselors may be needed.

# DOs and DON'Ts

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## If a Child Comes to You for Help . . .

The following list may help you prepare for and respond to a call for help.

**DO** develop and maintain a list of appropriate referrals to helping professionals. Knowing which organizations have resources to help children will make it easier to respond promptly when a child comes to you.

**DO** maintain a small library of current books, pamphlets, and reprints of articles on addiction-related problems that have been written for children. Many of these are available from the National Association for Children of Alcoholics (NACoA), Alateen, the National Clearinghouse for Alcohol and Drug Information (NCADI), and the National Council on Alcohol and Drug Dependence (NCADD). (See the “Resources” section at the back of this kit.)

**DO** make sure that the child understands three basic facts:

**First**, he or she is not alone. There are more than 11 million children of alcoholics under the age of 18 in the United States. Countless others are affected by alcoholic or drug abusing parents, siblings, or other caregivers.

**Second**, the child is not responsible for the problem and cannot control the parent’s drinking behavior.

**Third**, the child is a valuable, worthwhile individual.

**DO** follow through after the child asks for help. You may be the only person the child has approached. You might choose among several courses of action:

- ☛ Help the child “think through” all the sympathetic adults who play significant roles in his/her life (a favorite aunt or uncle, grandparent, minister, or school counselor) who might be able to help;
- ☛ Help the child contact a local Alateen group, where others who understand and share the problem of addicted parents are available for support;
- ☛ If your school has educational support groups, life skills groups or friendship groups for these children from troubled families, explain their benefits to the child and refer the child to the school person responsible for the program; and/or
- ☛ Refer the child to an appropriate helping professional.

**DO** be sensitive to possible cultural differences. If the child is from a different culture, learn about that culture, including family structure, customs, beliefs, and values. This knowledge may show you how you can most effectively help the child.

**DO** be aware that children of addicted parents may be threatened by displays of affection, especially physical contact.

**DON'T** act embarrassed or uncomfortable when the child asks you for help. Your reaction may discourage the child from seeking help and increase his or her sense of isolation and hopelessness.

**DON'T** criticize the child's alcohol or drug using parent or be overly sympathetic. The child may gain the greatest benefit just by having you listen.

**DON'T** share the child's problems with others who do not have to know. This is not only important for building trust; it also protects the child.

**DON'T** make plans with the child that you cannot keep. Stability and consistency in relationships are necessary if the child is to develop trust.

**DON'T** try to counsel the child unless you are trained and employed to do so. Refer the child to an appropriate helping professional in the school or community, or help the child contact a local Alateen group.

— *Adapted from It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting, published by the National Association for Children of Alcoholics (NACoA).*



# When the Teacher is Knowledgeable and Caring...

by Deborah George Wright, M.A.

On the overhead screen, the teachers saw a photograph of Mrs. Goldberg's class of smiling third graders. The teachers were attending a week of training on how to lessen the effects of substance abuse on the development of students. As they scanned every face, they were told that, at the time the picture was taken, one of those children, Steven, was being physically abused by his alcoholic father and sexually abused by the father's friend. Drugs would soon become part of the child's life. He would grow up to be a chronic drug user and would rape and murder a mother of two before being sentenced to life in prison without parole.

Years later, Mrs. Goldberg would write the sentencing judge as he weighed giving the death penalty, "In all my years of teaching, there were five children I will never forget. Steven was one of those. He never had a chance."

Most teachers develop an ability to recognize the child who is likely to develop serious mental and emotional problems, but they need the training to respond appropriately and to link the child with services that can help. Moreover, teachers may lack the perception to see the trauma of the compliant silent lost child in the back row, the active clown in the center, or the overly responsible hero in the front. These children endure a home life that undermines their happiness and success as students and adults and will affect their children as well.

Studies vary on the actual number of school-age children who have an alcoholic parent. Some estimates are as high as one in every four. Some children will develop the resiliency to surmount the problems caused by parental substance abuse. Others will do so with the help of a caring adult who not only listens and fosters trust, but

## Teachers Can Make A Tremendous Difference

by Jerry Moe, M.A.

### **LISTEN.**

Listen to what the children are saying. Give them focused attention with lots of eye contact. Show them that you care.

### **OBSERVE.**

Watch for non-verbal forms of communication as well. Be aware of facial expressions, body language, and the manner in which the children respond to others.

### **VALIDATE.**

Let the children know that you hear and understand what they are communicating to you. Acknowledge what is said, ask questions to show your concern, and reflect in a non-judgmental manner the feelings that are shared by the children.

### **EDUCATE.**

Give the children basic information about alcohol and other drugs.

### **EMPOWER.**

Help the children see there are safe people in their lives they may turn to for support and guidance. Safe people are those that truly care about the children and aren't harmfully involved in active addiction. Safe people may be recovering parents, siblings, other relatives, neighbors, teachers, ministers, coaches, and counselors. Help the children realize they don't need to be alone anymore.

*Jerry Moe is Children's Program Director at the Betty Ford Center in Rancho Mirage, California.*

who also encourages them to develop skills for self-protection, self-sufficiency, and a positive self-image. Others who might be helped will instead become angry, antisocial survivors whose lifestyles and life problems cost society dearly.

When our society was less transient, children who needed help could turn to non-drinking relatives and neighbors. But, today, many if not most families have relocated several times and live far from those who might know what goes on inside their homes.

Who, then, can be the first line of defense for these kids? Because of the extent and duration of their contact with children and their ability to influence young people, teachers are the most obvious.

Undergraduate and graduate schools of education have only recently added special education courses to degree requirements; very few address addiction and its impact on the family. As a result, teachers have asked for in-service programs addressing children of alcoholics (COAs) in the classroom. Many in-services are funded with the help of the Drug Free Schools and Communities Act.

Like the 65 teachers attending this training, most believe that one caring teacher with knowledge and skills can make a difference. “It did for me,” said Joe, a coach. “I was like that kid, Steven. But in the sixth grade, my coach took me aside, told me he understood and that I would make it if I tried. That’s why I’m at this training, for the other Stevens.”

*Deborah George Wright, M.A., is a former NACoA Board Member.*

# Doctor, Lawyer, Teacher, Chief

by James Crowley

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The old proverb that “it takes a village to raise a child,” is very appropriate when dealing with children of substance abusers. Even with the efforts of the many very capable alcohol and other drug professionals who work with children of substance abusers, we are reaching only the tip of the iceberg. When we solely rely on these professionals, we are minimizing the impact we are capable of having with this population.

We need a community-wide strategy to reach and assist these children. Each system in the community (religious, schools, law enforcement, criminal justice, business, volunteer, medical, mental health and other helping professions) has a role to play. The role involves three major action steps.

The **first** step is to teach and raise awareness about children of substance abusers. Imagine how many more people could hear about this issue if each system, in addition to the present efforts of the alcohol and other drug professionals, were spreading the word -- businesses to their employees, religious institutions to their congregations, volunteer organizations to their memberships, schools to students and parents, scout leaders to their members, pediatricians to their patients, etc. Because of the delusion and no talk rules surrounding the issues of substance abusing families, we cannot be sure to whom people will listen or trust to go for help. The wider the variety of system professionals and volunteers talking about these children, the better the chance of reaching people. Some people listen to the clergy, while others only to their physician or to a judge. Each system talks about these issues in a different way, with a different perspective, which also increases the chances of being heard and receiving a positive response.

The **second** step is to assist in the early identification of children of substance abusers. People in each system need to keep their eyes and ears open for signs or cues which might assist in the early identification of those needing help. Young people behave differently depending upon the system they are in. We can expand enormously the number of children of substance abusers who are identified if each system pays attention to the behaviors of concern. These identified behaviors assist the professionals in making a more informed decision on how to best assist the individual. In a school system alone, several professionals come into contact with a student on a daily basis. What a wonderful way to expand the number of young people identified early, by having all these additional people looking for the behaviors of concern or being available as a resource when those children are seeking help.



The **third** step is supporting positive changes in behavior. The unhealthy coping skills which children of substance abusers develop are not changed easily. When these children begin to make changes in their lives, they frequently need encouragement and support. When each system gets involved there is a general understanding of the need for support from every person dealing with the children, no matter what system they represent. Examples of such support offered by the systems, in addition to that offered by the alcohol and other drug professionals, are school support groups for COAs, and summer camps offered by religious institutions or volunteer organizations.

When the alcohol and other drug professionals have the additional support of the various systems in raising awareness, and in early identification and support, they have time to further develop existing models of treatment and try new approaches to prevention, intervention and treatment.

*James Crowley, MA, is President of Community Intervention, Inc., and former NACoA President.*

# Children of Addicted Parents: Important Facts for Educators

## **1. Alcoholism and other drug addiction tend to run in families. Children of addicted parents are more at risk for alcoholism and other drug abuse than are other children.**

- Children of addicted parents are the group of children most at risk of becoming alcohol and drug abusers due to both genetic and family environment factors.<sup>1</sup>
- Children with a biological parent who is alcoholic continue to have an increased risk (2-9 fold) of developing alcoholism even when they have been adopted. This fact supports the hypothesis that there is a genetic component in alcoholism.<sup>2</sup>
- Recent studies further suggest a strong genetic component, particularly for early onset of alcoholism in males. Sons of alcoholic fathers are at fourfold risk (*of future substance abuse*) compared with the male offspring of non-alcoholic fathers.<sup>3</sup>
- Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will also.<sup>4</sup> Adolescents who use drugs are more likely than their non-addicted peers to have one or more parents who also use drugs.<sup>5</sup>
- The influence of parental attitudes on a child's drug-taking behaviors may be as important as actual drug abuse by the parents.<sup>6</sup> An adolescent who perceives that a parent is permissive about the use of drugs is more likely to use drugs.<sup>7</sup>

## **2. Family interaction is defined by substance abuse or addiction in a family.**

- Families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modeling or training in parenting skills or family effectiveness.<sup>8</sup>
- The following family problems have frequently been associated with families affected by alcoholism: increased family conflict; emotional or physical violence; decreased family cohesion; decreased family organization; increased family isolation; increased family stress including work problems, illness, marital strain and financial problems; and frequent family moves.<sup>9</sup>
- Addicted parents often lack the ability to provide structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-addicted parents.<sup>10</sup>
- Sons of addicted fathers are the recipients of more detrimental discipline practices from their parents.<sup>11</sup>

## **3. A relationship between parental addiction and child abuse is indicated in a large proportion of child abuse and neglect cases.**

- Three of four (71.6%) child welfare professionals cite substance abuse as the chief cause for the dramatic rise in child maltreatment since 1986.<sup>12</sup>

- Most welfare professionals (79.6%) report that substance abuse causes or contributes to at least half of all cases of child maltreatment; 39.7% say it is a factor in over 75% of the cases.<sup>13</sup>

- In a sample of parents who significantly maltreat their children, alcohol abuse specifically is associated with physical maltreatment, while cocaine abuse exhibits a specific relationship to sexual maltreatment.<sup>14</sup>

- Children exposed prenatally to illicit drugs are 2 to 3 times more likely to be abused or neglected.<sup>15</sup>

#### **4. Children of drug addicted parents are at greater risk for placement outside the home.**

- Three of four child welfare professionals (75.7%) say that children of addicted parents are more likely to enter foster care, and 73% say that children of alcoholics stay longer in foster care than do other children.<sup>16</sup>
- In one study, 79% of adolescent runaways and homeless youth reported alcohol use in the home, 53% reported problem drinking in the home, and 54% reported drug use in the home.<sup>17</sup>
- Each year, approximately 11,900 infants are abandoned at birth or are kept at hospitals, 78% of whom are drug-exposed. The average daily cost for each of these babies is \$460.<sup>18</sup>

#### **5. Children of addicted parents exhibit symptoms of depression and anxiety more than do children from non-addicted families.**

- Children of addicted parents exhibit depression and depressive symptoms more frequently than do children from non-addicted families.<sup>19</sup>
- Children of addicted parents are more likely to have anxiety disorders or to show anxiety symptoms.<sup>20</sup>
- Children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism.<sup>21</sup>

#### **6. Children of addicted parents experience greater physical and mental health problems and generate higher health and welfare costs than do children from non-addicted families.**

- Inpatient admission rates and average lengths of stay for children of alcoholics are 25-30% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders are the most notable conditions among children of addiction.<sup>22</sup>
- It is estimated that parental substance abuse and addiction are the chief cause in 70-90% of all child welfare spending. Using the more conservative 70% assessment, in 1998 substance abuse and addiction accounted for approximately \$10 billion in federal, state and local government spending simply to maintain child welfare systems.<sup>23</sup>
- The economic costs associated with Fetal Alcohol Syndrome were estimated at \$1.9 billion for 1992.<sup>24</sup>
- A sample of children hospitalized for psychiatric disorders demonstrated that more than 50% were children of addicted parents.<sup>25</sup>

## **7. Children of addicted parents have a higher-than-average rate of behavior problems.**

- One study comparing children of alcoholics (aged 6-17 years) with children of psychiatrically healthy medical patients, found that children of alcoholics had elevated rates of ADHD (Attention Deficit Hyperactivity Disorder) and ODD (Oppositional Defiant Disorder) compared to the control group of children.<sup>26</sup>
- Research on behavioral problems demonstrated by children of alcoholics has revealed some of the following traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment.<sup>27</sup>
- Research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment.<sup>28</sup>

## **8. Children of addicted parents score lower on tests measuring school achievement and exhibit other difficulties in school.**

- Sons of addicted parents performed worse on all domains measuring school achievement, using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics and spelling.<sup>29</sup>
- In general, children of alcoholic parents do less well on academic measures. They also have higher rates of school absenteeism and are more likely to leave school, be retained, or be referred to the school psychologist than are children of non-alcoholic parents.<sup>30</sup>
- In one study, 41% of addicted parents reported that at least one of their children repeated a grade in school, 19% were involved in truancy, and 30% had been suspended from school.<sup>31</sup>
- Children of addicted parents were found at significant disadvantage on standard scores of arithmetic compared to children of non-addicted parents.<sup>32</sup>
- Children of alcoholic parents often believe that they will be failures even if they do well academically. They often do not view themselves as successful.<sup>33</sup>

## **9. Children of addicted parents score lower on tests measuring verbal ability.**

- Children of addicted parents tend to score lower on tests that measure cognitive and verbal skills.<sup>34</sup> Their ability to express themselves may be impaired, which can hamper their school performance, peer relationships, ability to develop and sustain intimate relationships, and performance on job interviews.<sup>35</sup>
- Lower verbal scores, however, should not imply that children of addicted parents are intellectually impaired.<sup>36</sup>

## **10. Children of addicted parents have greater difficulty with abstraction and conceptual reasoning.**

- Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are related to situations encountered in life. Children of alcoholics may require very concrete explanations and instructions.<sup>37</sup>

## 11. Maternal consumption of alcohol and other drugs any time during pregnancy can cause birth defects or neurological deficits.

- Studies have shown that exposure to cocaine during fetal development may lead to subtle but significant deficits later on, especially with skills that are crucial to success in the classroom, such as the ability to block distractions and concentrate for long periods.<sup>38</sup>
- Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers' resumption of alcohol use after giving birth.<sup>39</sup>
- Prenatal alcohol effects have been detected at moderate levels of alcohol consumption in non-alcoholic women. Even though a mother may not regularly abuse alcohol, her child may not be spared the effects of prenatal alcohol exposure.<sup>40</sup>

## 12. Children of addicted parents may benefit from supportive adult efforts to help them.

- Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers and others.<sup>41</sup>
- Children in families affected by addiction who can rely on other supportive adults have greater autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies than other children of addicted parents.<sup>42</sup>
- Group programs reduce feelings of isolation, shame and guilt among children of alcoholics while capitalizing on the importance to adolescents of peer influence and mutual support.<sup>43</sup>
- Competencies such as the ability to establish and maintain intimate relationships, express feelings, and solve problems can be improved by building the self-esteem and self-efficacy of children of alcoholics.<sup>44</sup>

<sup>1</sup> Kumpfer, K.L. (1999). Outcome measures of interventions in the study of children of substance-abusing parents. *Pediatrics*. Supplement. 103 (5): 1128-1144.

<sup>2</sup> Schuckit, M.A., Goodwin, D.A., & Winokur, G. (1972). A study of alcoholism in half siblings. *American Journal of Psychiatry*, 128: 1132-1136.

<sup>3</sup> Goodwin, D.W. (1985). Alcoholism and genetics. *Archives of General Psychiatry*, 42, 171-174.

<sup>4</sup> Fawzy, F.I., Coombs, R.H., & Gerber, B. (1983). Generational continuity in the use of substances: the impact of parental substance use on adolescent substance use. *Addictive Behaviors*, 8, 109-114.

<sup>5</sup> Skiffington, E.W. & Brown, P.M. (1981). Personal, home, and school factors related to eleventh graders' drug attitudes. *International Journal of the Addictions*, 16(5), 879-892.

<sup>6</sup> Barnes, G.M., & Windle, M. (1987). Family factors in adolescent alcohol and drug abuse. *Pediatrician*, 14, 13-18.

<sup>7</sup> McDermott, D. (1984). The relationship of parental drug use and parents' attitude concerning adolescent drug use to adolescent drug use. *Adolescence*, XIX(73), 89-97.

<sup>8</sup> Moos, R.H. & Billings, A.G. (1982). Children of alcoholics during the recovery process: alcoholic and matched control families. *Addictive Behaviors*, 7:155-163.

<sup>9</sup> el Guebaly, N. & Offord, D.R. (1997). The offspring of alcoholics: a critical review. *American Journal of Psychiatry*, 134:4, 357-365.

<sup>10</sup> Kumpfer, K.L. & DeMarsh, J. (1986). Family environmental and genetic influences on children's future chemical dependency. In Ezekoye, S., Kumpfer, K., & Bukoski, W., eds. *Childhood and Chemical Abuse, Prevention and Intervention*. New York, NY: Haworth Press.

<sup>11</sup> Tarter, R.E., Blackson, T.C., Martin, C.S., Loeber, R., & Moss, H.B. (1993). Characteristics and correlates of child discipline practices in substance abuse and normal families. *The American Journal on Addictions*, 2(1), 18-25.

<sup>12</sup> Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.

<sup>13</sup> Ibid. page 2.



- <sup>14</sup> Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse and Neglect*, vol. 16.
- <sup>15</sup> Leventhal, J.M., Garber, R.B., & Brady, C.A. (1989). Identification during the postpartum period of infants who are at high risk of child maltreatment. *The Journal of Pediatrics*, 114(3), 481-487.
- <sup>16</sup> Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- <sup>17</sup> Booth, R.E., & Zhang, Y. (1996). Severe aggression and related conduct problems among runaway and homeless adolescents. *Psychiatric Services*, 47 (1) 75-80.
- <sup>18</sup> U.S. Department of Health and Human Services. *National estimates on the number of boarder babies, the cost of their care, and the number of abandoned infants*. Found online at <http://waisgate.hhs.gov/cgi-bin/waisgate>: U.S. Department of Health and Human Services.
- <sup>19</sup> Fitzgerald, H.E., Sullivan, L.A., Ham, H.P., Zucker, R.A., Bruckel, S., Schneider, A.M., & Noll, R.B. (1993). Predictors of behavior problems in three-year-old sons of alcoholics: early evidence for the onset of risk. *Child Development*, 64, 110-123.
- <sup>20</sup> Earls, F., Reich, W., Jung, K.G., & Cloninger, C.R. (1988). Psychopathology in children of alcoholic and antisocial parents. *Alcoholism: Clinical and Experimental Research*, 12:481-487.
- <sup>21</sup> West, M.O. & Prinz, R.J. (1987). Parental alcoholism and childhood psychopathology. *Psychological Bulletin*, 102, 204-218.
- <sup>22</sup> Woodside, M. (1988). Children of alcoholics: helping a vulnerable group. *Public Health Reports*, 103(6): 643-648.
- <sup>23</sup> Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- <sup>24</sup> The National Clearinghouse for Alcohol and Drug Information. Substance Abuse and Mental Health Services Administration. Available online at: <http://www.health.org/govstudy/BKD265/Chapter4b.htm#4.4>.
- <sup>25</sup> Rivinus, T.M., Levoy, D., Matzko, M., & Seifer, R. (1992). Hospitalized children of substance-abusing parents and sexually abused children: a comparison. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31 (6), 1019-1923.
- <sup>26</sup> Earls, F., Reich, W., Jung, K.G., & Cloninger, C.R. (1998). Psychopathology in children of alcoholic and antisocial parents. *Alcoholism: Clinical and Experimental Research*, 12:481-487.
- <sup>27</sup> Jones, M.C. (1968). Personality correlates and antecedents of drinking patterns in adult males. *Journal of Consulting and Clinical Psychology*, 33:2-12.
- <sup>28</sup> Tarter, R.E., Blackson, T.C., Martin, C.S., Loeber, R., & Moss, H.B. (1993). Characteristics and correlates of child discipline practices in substance abuse and normal families. *The American Journal on Addictions*. 2 (1), 18-25.
- <sup>29</sup> Moss, H.B., Vanyukov, M., Majumder, P.P., Kirisci, L., & Tarter, R.E. (1995). Pre-pubertal sons of substance abusers: influences of parental and familial substance abuse on behavioral disposition, IQ, and school achievement. *Addictive Behaviors*, 20 (3), 345-358.
- <sup>30</sup> Sher, K.J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health and Research World*, Vol. 21. No. 3.
- <sup>31</sup> Kolar, A.F., Brown, B.S., Haertzen, C.A., & Michaelson, B.S. (1994). Children of substance abusers: the life experiences of children of opiate addicts in methadone maintenance. *American Journal of Drug and Alcohol Abuse*. 20:2; 159-171.
- <sup>32</sup> Johnson, J., Boney, T., & Brown, B. (1990). Evidence of depressive symptoms in children of substance abusers. *International Journal of the Addictions*, 25 (4-A), 465-479.
- <sup>33</sup> Johnson, J. L. & Rolf J.E. (1988). Cognitive functioning in children from alcoholic and non-alcoholic families. *British Journal of Addiction*, 83, 849-857.
- <sup>34</sup> Ervin, C.S., Little, R.E., Streissbuth, A.P. & Beck, D.E. (1984). Alcoholic fathering and its relation to a child's intellectual development: A pilot investigation. *Alcoholism: Clinical and Experimental Research*. 8:362-365.
- <sup>35</sup> Drejer, D., Theilgaard, A., Teasdale, T.W., Schulsinger, F. & Goodwin, D.W. (1985). A prospective study of young men at high risk for alcoholism: Neuropsychological assessment. *Alcoholism: Clinical and Experimental Research*. 9:498-502.
- <sup>36</sup> Gabrielli, W.F. & Mednic, S.A. (1983). Intellectual performance in children of alcoholics. *Journal of Nervous and Mental Disease*. 171:444-447.
- <sup>37</sup> Tarter, R.E., Hegedus, A.M., Goldstein, G., Shelly, C., & Alterman, A.I. (1984). Adolescent sons of Alcoholics: Neuropsychological personality characteristics. *Alcoholism: Clinical and Experimental Research*. 8:216-222.
- <sup>38</sup> National Institute on Drug Abuse, National Institutes of Health. *25 Years of Discovery to Advance the Health of the Public*. October 18, 1999. Page 42.
- <sup>39</sup> Gabrielli, W.F., & Mednic, S.A. (1983). Intellectual performance in children of alcoholics. *Journal of Nervous and Mental Disease*, 171:444-447.
- <sup>40</sup> Larkby, C., & Day, N. (1997). The effects of prenatal alcohol exposure. *Alcohol Health and Research World*, vol. 21, no. 3:192-197.
- <sup>41</sup> Werner, E.E., & Johnson, J.L. (2000). The role of caring adults in the lives of children of alcoholics. *Children of Alcoholics: Selected Readings*, Vol.2.
- <sup>42</sup> Werner, E.E. (1986). Resilient offspring of alcoholics: a longitudinal study from birth to age 18. *Journal of Studies on Alcohol*, vol. 47, no. 1, 34-40.
- <sup>43</sup> Dies, R.R. & Burghardt, K. (1991). Group interventions for children of alcoholics: prevention and treatment in the schools. *Journal of Adolescent Group Therapy* 1(3):219-234.
- <sup>44</sup> Nastasi, B.K. & DeZolt, D.M. (1994). *School Interventions for Children of Alcoholics*. New York: Guilford Press.

## **Part II**

# **Hand-Outs for Students**

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This section contains information for you to give to your students, to help answer their questions and to help them find the help they need.

# A Letter to a Student

**Hi:**

I'll bet you feel all alone when your mom or dad drinks too much or uses drugs because maybe you think that no one else's mom or dad is like yours. Or maybe you think that no one knows how you feel. Do you know that there are many kids your age who feel exactly like you, because their parents drink too much? I know how you feel, because one of my parents is an alcoholic.

It's not easy. When I was your age, I felt so alone. Every time my parent started drinking, I had that funny feeling in my stomach that something wasn't right. I was scared to tell anyone. I wondered why I had a parent who drank so much.

I always wondered if I did anything to make my parent drink. None of my friends could spend the night at my house because I never knew when it would start. I didn't want my friends to know what went on in my house; besides, when my parent started to drink I never knew what would happen. I didn't want anyone to know what a mess it was when the drinking started. I felt ashamed, and believed my house was REALLY different from everybody else's.

When I grew up I moved away from my confusing house, and I began to meet other people who had alcoholic parents. I talked a lot to these people about how it was in my house, and I didn't feel embarrassed because they talked about what went on in their houses when their parents started drinking. I realized that other people had the same kinds of confusing things happen to them. Some people came from homes that were more messed up than mine, and other people came from homes that didn't have as many problems as mine did. But I realized one thing: that all the time when I was a kid, when I thought I was alone and the only one with a parent who drank too much, I wasn't.

You aren't the only one with parents who drink too much or use drugs. There are a lot of us here.

But now, I want to tell you some things about addiction that I wish someone had told me when I was a kid. Maybe these things will help you understand a little bit better, and maybe you won't blame yourself the next time your parents drink too much or use drugs. On the next page are four important facts that might help you. They come in handy when you least expect it.

**From Your Friend,  
An Adult Child of an Alcoholic**

## Important Facts for Students

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### **Fact #1 Alcoholism/drug dependency is a disease.**

Your parent is not a bad person; he or she has a disease that makes him or her lose control when drinking or using drugs. Alcohol and drugs do that; when you drink too much or use drugs, you do and say things that you normally wouldn't. Maybe the disease makes them do mean or stupid things that they would not do if they weren't drinking or using drugs.

### **Fact #2 You are not alone.**

There are lots of kids just like you. I'll bet there are some in your class at school—kids you would never think of might have a parent who drinks like yours. Maybe you know some of them because you've seen what goes on in their house. In fact, from all the surveys done in the United States, we know that there are at least 19 million children under the age of 18 in our country living with parents who drink too much and countless others whose parents use drugs. You really aren't alone.

### **Fact #3 You cannot control your parent's drinking or drug use.**

It is not your fault. You are not the reason why your parent drinks or uses drugs. You did not cause the disease and you cannot do anything about it.

### **Fact #4 You CAN talk about the problem.**

Find someone you trust who will talk to you. It could be a teacher, a coach, a friend's parent, your doctor, a big brother or sister, or someone else who will listen to you. These are the “safe people” in your life. There is a group for kids called “Alateen.” This group has meetings, like a club, and the kids there share tips on how to make their lives easier. Some schools have Alateen meetings on the school grounds during the day or after school. Maybe your teacher could help you find one. Or, you could look for the phone number of Alateen in the phone book or under Alcoholism in the Yellow Pages. You also could call directory assistance and ask for the number. (Sometimes you need to call Al-Anon or Alcoholics Anonymous to find Alateen meetings in your area.) Maybe a grown up you can trust will help you get to a meeting if transportation is a problem for you.

Please don't forget these four facts. They come in handy when you least suspect it.

# THE SEVEN Cs

I didn't CAUSE it

I can't CURE it

I can't CONTROL it

I can help take CARE of myself by

COMMUNICATING my feelings

Making healthy CHOICES and

CELEBRATING me



## **DOs and DON'Ts**

### **For the Student with an Addicted Parent**

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**DO** talk about how you feel. You can talk with the safe people in your life - maybe a close friend, relative, school counselor, teacher, minister, or others. Sharing your feelings is not being mean to your family. Talking to someone about your feelings can help you feel less alone.

**DO** try to get involved in doing enjoyable things at school or near where you live— the school band, softball, Boy or Girl Scouts, or others. Doing these types of activities can help you forget about the problems at home, and you can learn new things about yourself and about how other people live their lives.

**DO** remember that feeling sad, afraid and alone is a normal way to feel when you live with alcoholic or drug-using parents. It's confusing to hate the disease of addiction at the same time that you love your parent. All people have confusing feelings, like having two different feelings at the same time. This is the way many kids feel about alcoholic or drug abusing parents.

**DO** remember to have fun! Sometimes children with addiction in their families worry so much that they forget how to be “just a kid.” If things are bad at home, you might not have anyone who will help you have fun, but don't let that stop you. Find a way to let yourself have fun.

**DON'T** ride in a car when the driver has been drinking if you can avoid it. It is not safe. Walk or try to get a ride with an adult friend who has not been drinking. If your parents are going out to drink somewhere, try not to go with them. If you must get in a car with a drinking driver, sit in the back seat in the middle. Lock your door. Put on your safety belt. Try to stay calm.

**DON'T** think that because your parent has the disease of addiction that you will too. Most children of alcoholics do not become alcoholic themselves. While alcoholism does run in families, you can't get the disease if you don't drink or use drugs.

**DON'T** pour out or try to water down your parent's alcohol. The plain fact is that it won't work. You have no control over the drinking. You didn't make the problem start, and you can't make it stop. It is up to your parent to get treatment and to recover. What your parent does is not your fault or your responsibility.

# Questions and Answers

## About Alcohol and Drug Abuse

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**Question:** *What is addiction?*

**Answer:** Addiction is a disease. People who have the disease have lost control over their drinking or drug use and are not able to stop without help. They lose control over how they act when they are drunk or using drugs.

**Question:** *How does addiction start?*

**Answer:** Doctors don't know all the reasons why people become addicted. Some start out drinking a little bit and end up hooked on alcohol. A person might use drugs to forget problems or to calm nerves, but then they end up needing drugs to feel normal. Once a person loses control over drinking or drug use, he or she needs help to stop.

**Question:** *If the addicted person is sick why doesn't he or she just go to the doctor?*

**Answer:** At first, addicted people are not aware that they are ill. Even when they become aware that something is wrong, they may not believe that alcohol or drugs are the problem. They might keep blaming things on other people, or might blame their job, or the house, or whatever. But, really, it's the alcohol or the drugs that created the biggest problem.

**Question:** *Is there an "average" alcoholic or drug addicted person?*

**Answer:** No. There is no such person as the average alcoholic or drug addicted person. They can be young, old, rich, poor, male, or female.

**Question:** *What is the cure for addiction?*

**Answer:** There is no cure for addiction. People with alcoholism or other drug addictions can stop the disease process by stopping the drinking or drug use. Those with alcoholism who have completely stopped drinking are called "recovering alcoholics." Those recovering from alcoholism or drug addiction can lead healthy, happy, and productive lives.

**Question:** *Can family members make an alcohol or drug addicted person stop drinking or using drugs?*

**Answer:** No. It is important to know that the person with the disease of addiction needs help to stop drinking or using drugs, but no one can be forced to accept the help, no matter how hard you try or what you do. It is also important to know that family members by themselves cannot provide the help—the alcohol or drug addicted person needs the help of people trained to treat the disease.

**Question:** *How many children in the United States have at least one parent who has the disease of addiction?*

**Answer:** At least 11 million children in our country are growing up with an alcoholic parent. Recent research estimates that one in four children is exposed to alcohol abuse or alcoholism at home, bringing the number to 19 million children. There are countless others whose parents are addicted to drugs. There are probably a few in your classroom right now. And remember, some adults grew up with alcohol or drug addicted parents too.

## People Who Can Help Me

Name

Telephone Number


The card below contains the telephone numbers of organizations that can help you in an emergency. Cut it out and keep it in a place where you can get to it easily, like in your book bag, pencil case, or with your collector cards.

### Telephone Numbers for Kids to Call If They Need Help

Remember that these calls won't cost you anything because they have an area code of "800." Be sure to dial the "1" first.

<b>Boystown National Hotline</b>	<b>1-800-448-3000</b>
<b>CHILDHHELP USA National Child Abuse Hotline</b>	<b>1-800-422-4453</b>
<b>National Youth Crisis Hotline</b>	<b>1-800-448-4663</b>
<b>National Runaway Switchboard</b>	<b>1-800-621-4000</b>



## Part III

### Resources

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The following is a selective list of informational resources on alcoholism and other drug abuse. For further information, contact the organizations listed below.

#### Information Clearinghouse

##### National Clearinghouse for Alcohol and Drug Information (NCADI)

The National Clearinghouse for Alcohol and Drug Information (NCADI) is supported by the Center for Substance Abuse Prevention as a national resource to promote and distribute alcohol and other drug information on prevention, intervention, and treatment to a wide variety of audiences. For information and publications contact:

National Clearinghouse for Alcohol and Drug Information

PO Box 2345

Rockville, MD 20852

800-729-6686 or 301-468-2600

Web site: <http://www.health.org>

#### Newsletters and Other Subscription Resources

##### Alcohol Alert

This is a quarterly bulletin that disseminates important research findings to health professionals. Each bulletin addresses a single aspect of alcohol abuse and alcoholism in a succinct, easy-to-read format. Issues are free. Contact:

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Scientific Communications Branch

6000 Executive Blvd., Suite 409

Bethesda, MD 20892-7003

Attn. Alcohol Alert

301-443-3860

##### NACoA NETWORK

The National Association for Children of Alcoholics publishes a bimonthly newsletter, *NACoA NETWORK*, covering issues of interest to professionals and others who wish to make a difference for children of alcoholics. For information, contact:

National Association for Children of Alcoholics

11426 Rockville Pike, Suite 301

Rockville, MD 20852

301-468-0985 or toll-free 888-55-4COAS

e-mail: [nacoa@nacoa.org](mailto:nacoa@nacoa.org)

Web site: <http://www.nacoa.org>

## Books and Other Resources for Educators

Adger, H., Black, C., et al. Abbott, S., ed. *Children of Alcoholics: Selected Readings* (Vol. 2), Rockville, MD: NACoA, 2000. Available through Amazon.com or NACoA (888-554-2627).

Al-Anon Family Groups. *Alateen: Hope for Children of Alcoholics*. Virginia Beach, VA: Al-Anon Family Groups, 1973. Telephone 757-563-1600.

Black, C. *It Will Never Happen to Me*. Bainbridge Island, WA: MAC Publishing, 1981. Telephone 1-800-698-0148.

Moe, J., Pohlman, D. *Kids' Power: Healing Games for Children of Alcoholics*. Tucson, AZ: ImaginWorks, 1989. A book of 26 games and activities to help children cope positively with parental alcoholism. Available through Jerry Moe at the Betty Ford Center at 1-800-854-9211 ext. 4103.

Moe, J., and Ways, P. *Conducting Support Groups for Elementary Students K-6: A Guide for Educators and Other Professionals*. Center City, MN: Hazelden/Johnson Institute, 1991. This book offers a step-by-step guide on how to build a support group program, including a program structure and weekly activities, in both school and community settings. Available through Jerry Moe at the Betty Ford Center at 1-800-854-9211 ext. 4103.

Moe, J. *Discovery...Finding the Buried Treasure: A Prevention/Intervention Program for Youth from High Stress Families*. Tucson, Arizona: STEM Publications, 1993. This is both a step-by-step guide to creating a prevention program and 56 activities to help children of alcoholics build strengths and deepen their resilience. Available through Jerry Moe at the Betty Ford Center at 1-800-854-9211 ext. 4103.

Moe, J. *Kids' Power Too: Words to Grow By*. Dallas, TX: ImaginWorks, 1996. This is a daily affirmation book designed to help children meet their challenges in healthy ways. Available through Jerry Moe at the Betty Ford Center at 1-800-854-9211 ext. 4103.

Moe, J. *The Children's Place . . . At the Heart of Recovery*. Petaluma, CA: Acid Test Productions, 1998. This book, featuring the art and letters of young children from alcoholic families, celebrates the healing journey for kids. Available through Jerry Moe at the Betty Ford Center at 1-800-854-9211 ext. 4103.

National Household Survey on Drug Abuse (SAMHSA) - Population Estimates Summary 1999. BKD 376. Available through NCADI at 1-800-729-6686.

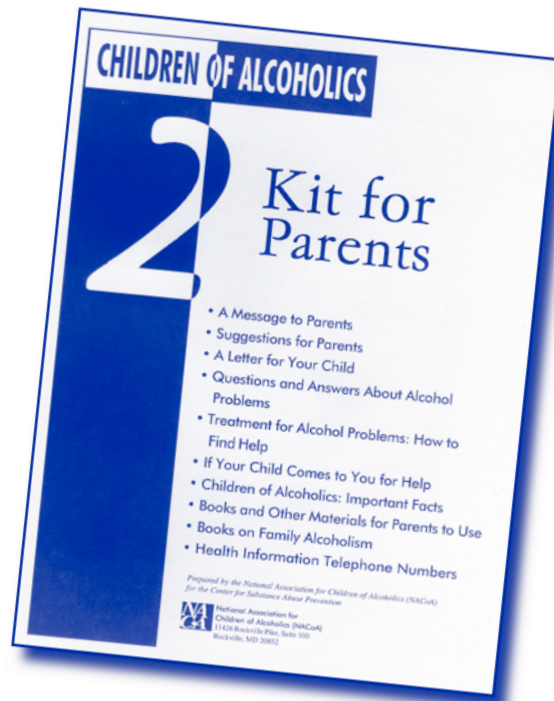
Tenth Special Report to the U.S. Congress on Alcohol and Health (June, 2000, NIAAA) BK51.8. Telephone 301-443-3860.

Wolin, S., Bennett, L., Noonan, D. Family rituals and the recurrence of alcoholism over generations. *American Journal of Psychiatry*, 136(4B): 589-593, 1973.



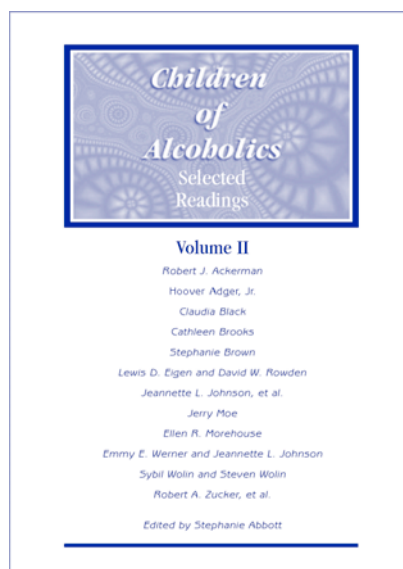
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*For further information for yourself...*



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