

# Preventing and Addressing Alcohol and Drug Problems

## *A Handbook for Clergy*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)





# Preventing and Addressing Alcohol and Drug Problems

## *A Handbook for Clergy*

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention

## **Acknowledgments**

This handbook was developed by the National Association for Children of Alcoholics (NACoA) under contract number 05M000207 with the Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services (HHS). Jeannette L. Johnson, Ph.D., a Senior Research Scientist at the Friends Research Institute, Social Research Center, Baltimore, MD, is the primary author. Patricia Getty, Ph.D., served as the Government Project Officer.

## **Disclaimer**

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

## **Public Domain Notice**

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communication, SAMHSA, HHS.

## **Electronic Access and Copies of Publication**

This publication may be accessed electronically through the following Internet World Wide Web connection: <http://www.samhsa.gov/shin>. For additional free copies of this document, please call SAMHSA's Health Information Network at 1-800-729-6686 or 1-800-487-4889 (TTD).

## **Recommended Citation**

Johnson, J., Preventing and Addressing Alcohol and Drug Problems: A Handbook for Clergy. HHS Pub. No. (SMA) 09-4286. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Printed 2007, Revised 2009.

## **Originating Office**

Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, MD 20857

## Letter from a Pastor

Dear Fellow Faith Leader:

You are in a unique position to affect lives in a way you might not yet know. Many people suffer in silence because of the disease of addiction. This handbook is offered to increase your awareness of the family consequences when this illness is present, enhance your support to people in your faith community who are wounded by addiction, and provide you with some strategies to help prevent alcohol and drug use by the youth in your community.

Over the years, I would estimate that two thirds of the human hurt I have encountered in the people I serve has directly resulted from active addiction—or from living or having lived with an addicted person.

Active addiction and the untreated family consequences, somewhat like cancer and diabetes, often are not recognized or diagnosed when they first begin. Once you have a better understanding of addiction and the untreated family consequences that arise from this illness, you may be more comfortable and effective in helping affected families obtain necessary help, and in adopting strategies that can reduce the number of people who will be hurt by these diseases in the future.

I urge you to read this handbook, which includes a focus on helping the children of addicted parents and on further reducing the devastating impact of addiction on more youth through effective prevention approaches. I also urge you to keep this handbook as an ongoing resource. It has been created especially to help you understand more clearly the family and spiritual problems related to addiction and to provide you with tools and strategies to assist families, especially children and youth.

Your knowledge and understanding of addiction is part of the process of hope and healing for your congregation and the community. Your leadership can support people in their recovery process, and it can be instrumental in preventing others from starting down this road. Although our role is not to provide treatment or solve the problems arising from addiction, it is still significant. Our role is to provide support and help by establishing a congregational culture of awareness and caring.

I encourage you to know the basics about addiction, learn about the pain and confusion it causes family members, and discover the role prevention can play to help your congregation. There is hope that we in pastoral positions can help stop the ravages of addiction. You can be a part of that hope. Please take time to study this handbook and to share its contents with members of your pastoral team.

F. Anthony Gallagher  
Pastor, St. Patrick Church  
Grand Rapids, Ohio





# CONTENTS

Introduction ..... 1

Core Competencies for Clergy and Other Pastoral Ministers  
in Addressing Alcohol and Drug Dependence and the Impact  
on Family Members ..... 3

Basic Information about Alcoholism and Addiction ..... 5

Impact of Addiction on Children of Alcoholics and  
Drug Dependent Parents..... 11

Facts about Adolescent Alcohol and Drug Use..... 21

Prevention Strategies..... 25

Appendices:

    A. Ten Considerations for Clergy ..... 31

    B. Children of Addicted Parents: Important Facts ..... 33

    C. What I've Learned From Working With Children of Alcoholics and  
        Other Drug Addicted Parents by Jerry Moe, M.A..... 37

    D. Handouts for Children ..... 39

    E. Conversation Starters with Youth ..... 47

    F. Tools and Information for Ministers ..... 49

    G. Resources ..... 53





# INTRODUCTION

*“People who have recovered from addiction to alcohol and other drugs are aware of the futility of trying to find nirvana via mind-altering chemicals. Most recovering people active in Twelve Step programs such as A.A. have also come to the realization that if they lead a life devoid of spirituality, they will likely relapse into chemical abuse. The challenge facing the clergy is to impress upon those who have not yet fallen prey to chemical addiction that spirituality rather than ‘feeling good’ must be the ultimate goal in life.” (Rabbi Abraham Twerski, MD, 1990, p. 7)*

## **People Rely on Their Faith Community for Help and Growth**

In our society, people often rely on their faith communities to help them and their children grow to full potential physically, emotionally, and spiritually. We have begun to understand that the spiritual health of individuals is connected to their physical and emotional health. This handbook is designed specifically for you, who already have a deep concern for the members of your faith community, to help the hurting children of addicted parents and to work to prevent youth from using alcohol and other drugs.

The statistics speak for themselves. One in four children in the United States today lives in a family with alcohol abuse or alcoholism (Grant 2000). Many others are impacted by a family member’s drug addiction. Given these statistics, it is probable that some of these children are in your congregation. Knowing some basic facts about the effects of addiction on children and families, and what you can do to help, can make a significant impact in assisting these children to heal and lead safe and healthy lives. This handbook calls special attention to the opportunity and capacity you have to help children of alcohol or drug dependent parents as they strive to face the confusion, anger, embarrassment, fear, guilt, and the many other problems that are the by-products of familial addiction.

You can also help prevent a new generation of young people from initiating use of alcohol and drugs. This handbook recognizes your importance in reaching out to all children in your faith community. They are where the seeds of prevention can take root and grow for a lifetime. Your influence to prevent alcohol and drug abuse within the congregation cannot be overestimated, nor can your influence to prevent alcohol and drug abuse in the larger community be overlooked.

This handbook is based on the core competencies published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2004 as the *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members*. Recognizing the important role you play in both prevention and recovery from substance abuse and dependence, SAMHSA supported a collaboration between the National Association for Children of Alcoholics (NACoA)

and the Johnson Institute to convene an expert panel on seminary education in 2001. This panel recommended the development of a set of “core competencies” – basic knowledge and skills clergy need to help addicted individuals and their families. In 2003 another panel met to work out the content of the core competencies which form the basis of this handbook and several other faith-based products published by SAMHSA.

**In this handbook you will find:**

- Basic information about alcohol and drug addiction<sup>1</sup>
- How addiction in a family impacts the children
- Information and strategies you need to help children of addicted parents
- Prevention strategies to use with the youth in your congregation
- Community prevention approaches
- Resources you can turn to for help
- Materials you can reproduce easily

---

<sup>1</sup> In this handbook, the terms alcoholism and addiction refer to the same disease and are used interchangeably.

## **CORE COMPETENCIES FOR CLERGY AND OTHER PASTORAL MINISTERS IN ADDRESSING ALCOHOL AND DRUG DEPENDENCE AND THE IMPACT ON FAMILY MEMBERS**

These competencies are presented as a specific guide to the core knowledge, attitudes, and skills which are essential to the ability of all clergy and pastoral ministers to meet the needs of persons with alcohol or other drug dependence and their family members.

1. Be aware of the:
  - generally accepted definition of alcohol and other drug dependence
  - societal stigma attached to alcohol and other drug dependence
2. Be knowledgeable about the:
  - signs of alcohol and other drug dependence
  - characteristics of withdrawal
  - effects on the individual and the family
  - characteristics of the stages of recovery
3. Be aware that possible indicators of the disease may include, among others: marital conflict, family violence (physical, emotional, and verbal), suicide, hospitalization, or encounters with the criminal justice system
4. Understand that addiction erodes and blocks religious and spiritual development; and be able to effectively communicate the importance of spirituality and the practice of religion in recovery, using the scripture, traditions, and rituals of the safe community
5. Be aware of the potential benefits of early intervention to the:
  - addicted person
  - family system
  - affected children
6. Be aware of appropriate pastoral interactions with the:
  - addicted person
  - family system
  - affected children
7. Be able to communicate and sustain:
  - an appropriate level of concern
  - messages of hope and caring
8. Be familiar with and utilize available community resources to ensure a continuum of care for the:
  - addicted person
  - family system
  - affected children
9. Have a general knowledge of and, where possible, exposure to:
  - the 12-step programs – AA, NA, Al-Anon, Nar-Anon, Alateen, A.C.O.A., etc.
  - other groups
10. Be able to acknowledge and address values, issues, and attitudes regarding alcohol and other drug use and dependence in:
  - oneself
  - one's own family
11. Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and other drug dependence
12. Be aware of how prevention strategies can benefit the larger community.

## Core Competencies for Clergy

The core competencies offer clergy an effective tool to help address abuse and alcoholism issues before families and individuals are in crisis.

- The wall of silence still stands between the faith community and people with alcohol and drug abuse and dependence, preventing faith communities from availing themselves of opportunities to help.
- The core competencies enable clergy and other pastoral ministers to break through the wall of silence, and to encourage faith communities to become actively involved in the effort to reduce alcoholism and drug dependence and mitigate their impact on families and children.
- According to SAMHSA's 2004 report, the core competencies should reflect the scope and limits of the typical pastoral relationship and should be in accord with the spiritual and social goals of such a relationship. Heaping shame or threats of God's punishment on those struggling with alcohol and drug dependence or addiction, the religious community – and its congregation – actually may be driving individuals in need and their families away from a significant source of comfort, help and hope.
- The role of the clergy cannot be simply a matter of “referring out” to treatment. Children and families experiencing alcohol or drug abuse or dependence need attention. They also need safe, reliable adults in whom to confide and age-appropriate support services to meet their special needs.
- Clergy and other pastoral ministers should be aware of the process of withdrawal from alcohol or drugs – what typically occurs during withdrawal; and they should be equipped with knowledge about typical patterns of relapse and recovery, including the distinction between initial abstinence and recovery.
- Clergy and other pastoral ministers should understand the behavioral manifestations of substance use, abuse and dependence. Public awareness campaigns need to be developed with an interdenominational voice to publicize the core competencies to religious, professional, and lay audiences (SAMHSA 2004).



## **BASIC INFORMATION ABOUT ALCOHOLISM AND ADDICTION**

### **Definitions of Alcoholism and Addiction**

The following definition of alcoholism was developed by the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine:

*Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking; preoccupation with the drug alcohol; use of alcohol despite adverse consequences; and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.*

### **National Institute on Alcohol Abuse and Alcoholism**

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) describes alcoholism as a disease that has the following four symptoms:

- Craving – a strong need, or urge, to drink.
- Loss of control – not being able to stop drinking once drinking has begun.
- Physical dependence – withdrawal symptoms, such as nausea, sweating, shakiness and anxiety after stopping drinking.
- Tolerance – the need to drink greater amounts of alcohol to get “high.”

(For more information go to: <http://www.niaaa.nih.gov>.)

### **National Institute on Drug Addiction**

The National Institute on Drug Abuse (NIDA) defines drug addiction as follows: Drug addiction is a complex brain disease. It is characterized by drug craving, seeking, and use that can persist even in the face of extremely negative consequences. Drug-seeking may become compulsive in large part as a result of the effects of prolonged drug use on brain functioning and, thus, on behavior. For many people, relapses are possible even after long periods of abstinence. Drug addiction shares many features with other chronic illnesses, including a tendency to run in families (heritability), an onset and course that is influenced by environmental conditions and behavior, and the ability to respond to appropriate treatment, which may include long-term lifestyle modification. (For more information go to <http://www.nida.nih.gov>.)

## ***Clarification of Terms***

### **Brain Disease**

Using alcohol and other drugs repeatedly over time changes brain structure and function in fundamental and long-lasting ways that can persist long after the individual stops using drugs. These changes are responsible for the distortions of cognitive and emotional functioning including the compulsion to drink alcohol or use drugs. The individual, once addicted, has moved into a different state of being; a threshold has been crossed.

### **Runs in Families**

It is often said that alcoholism and drug dependence run in families as children of addicted parents are affected by increased genetic vulnerability and family environment. Children may include alcohol and other drugs in their lives based on familial and social factors and therefore may be more susceptible to developing alcoholism and drug dependence based on their genetic vulnerability. However, it should be noted that children may develop alcoholism and drug dependence even though they have no genetic vulnerability. This is particularly true if the age of onset is in the early teen years. Research clearly shows that, due to the impact on the developing brain, when the age of onset of alcohol use is before the adult brain is fully formed, the probability for lifetime alcohol problems is dramatically increased.

(See Appendix A for a Primer for Clergy adapted by the Tennessee Association of Alcohol, Drug & Other Addiction Services.)

### **Denial**

One of the most important signs of substance dependence is continued use of drugs or alcohol despite experiencing the serious negative consequences of heavy drug or alcohol use. Often, a person will blame other people or circumstances for his or her problems instead of realizing that the difficulties result from their own use of drugs or alcohol. People with this illness really may believe that they drink normally or that “everyone” takes drugs. These self-deceiving beliefs are called denial. This denial is based in sincere delusion and is part of the illness as a survival strategy or coping mechanism.

### **Signs of Addiction**

Specialists in the field of addiction have compiled the following list of warning signs that a person may already have this illness. If a member of your congregation exhibits one or more of these signs, you will want to consider the possibility that this individual and his/her family members are facing the effects of alcoholism or addiction in their household. Some of these signs may appear only indirectly—you might learn about them in discussions with family members or their friends.

## **Prime Signs**

- A person develops high tolerance, meaning it takes more alcohol/drugs for the person to be noticeably affected by it, and the person can take larger quantities than “normal” persons.
- A person has little or no hangover after a night of heavy drinking.
- A person makes unplanned use of alcohol/drugs.
- A person consistently loses control over use of alcohol/drugs.
- A person has a blackout and cannot recall some or parts of events in the recent past when drinking/drug use has occurred.
- A person is preoccupied with drinking/drug use and structures their activities so that there is access to using.
- A person gulps drinks or drinks/uses drugs while alone.
- A person uses alcohol/drugs against clear medical advice.
- A person uses alcohol/drugs despite strong, identified related problems: family, job, legal, social, or physical problems.

## ***Other significant signs***

- There is a conflict between alcohol/drug-related behavior and personal values.
- Most of a person’s friends drink/use drugs heavily.
- A person denies the extent of use or blames others for it.
- A person rationalizes, excuses, or minimizes use.
- A person has unusual “accidents” at work, at home, or while driving.
- A person has driven a car while under the influence of alcohol/drugs, but has not necessarily been arrested for it.
- The person has shame, guilt, or remorse about use.

## ***Signs within the family***

- A family member feels guilty about a member’s drinking/drug use.
- A family member begins to question his/her own clarity and stability due to problems with another member’s drinking/drug use.
- The family’s thoughts and feelings revolve more and more around the user or problems related to use.
- Family members feel alone, frightened, anxious, angry, tense, fearful, or frustrated much of the time; and, without outside assistance, they feel helpless to “fix” the problem.
- Family members take over some of the user’s responsibilities.
- Family members feel deeply hurt and frequently defeated about the drinking/drug use.



## Unique Role of the Faith Community

Alcoholism and drug addiction make healthy family life impossible and they seriously erode the capacity of all family members to attain and sustain a healthy spirituality. As a faith leader, you can make a great difference in your congregation by giving yourself the tools to be an effective advocate for the children and adults in your community who often suffer in silence over these issues. Even small interventions can be helpful.

There are many significant and often subtle ways that a parent's alcoholism or addiction affects the lives of their children. As clergy, you can make an important difference in the lives of children and families if you are able to recognize addiction as the source of the pain. It also is important to know how and where to guide people to get help. Caring individuals like you are needed to help children:

- Recognize and understand that their situation is caused by a disease called addiction; and
- Develop and receive the tools they need to mitigate the impact of a parent's addiction on their lives.

It has become increasingly evident that in families where addiction reigns no real spiritual development can occur until the family members have dealt with the family dynamics surrounding addiction. To support the spiritual development of its members, clergy must help those whose lives are controlled by alcohol or drugs to begin to take steps to address the effects of the alcohol or drugs on their lives. Even if the individual who is suffering from alcoholism or drug dependence is not ready to seek help, family members can be aided by referral to mutual support groups such as Al-Anon, Alateen, and school-based programs for children (e.g. Student Assistance Programs). In addition, trained interventionists can be used to help the family motivate the person to seek treatment.<sup>2</sup>

## Clergy Need To Be Aware That Their Own Families Might Have Been Affected by Addiction

Clergy may be able to see how addiction affects other families, but they also need to be aware of how their own family's journey may have been shaped by addiction. If one or more of your family members struggled with the disease of alcoholism or other addiction, your path may have been marked significantly by the confusion, fear, guilt and shame, lack of trust of others, and the attendant difficulties communicating about problems and expressing feelings.

---

<sup>2</sup> Four resources for locating interventionists are: Association of Intervention Specialists at [http://www.associationofinterventionistspecialists.org/ais\\_members.php](http://www.associationofinterventionistspecialists.org/ais_members.php), Addiction Intervention Resources, 1-800-561-8158, the Intervention Resource Center, 1-888-421-4321, and SAMHSA's National Drug Information and Treatment Referral Services Helpline, 1-800-662-HELP (1-800-662-4357).

It is important for people in ministry to acknowledge the reality of the disease in their own lives when it has been a part of one's family history. If you are to assist others in their struggle with a family member's addiction, you need to be clear about your own past and present struggles with these issues and to address those that still impact you.

*"My father was a leading attorney in the state. He was respected by everyone. He was president of the parish council and was always there when the church community needed him. My family had every material thing we wanted or needed....*

*"My father is an alcoholic, and my family continues to bear the scars."*

—A Catholic priest





# **IMPACT OF ADDICTION ON CHILDREN OF ALCOHOLICS AND DRUG DEPENDENT PARENTS**

## **What Science Tells Us**

Studies of children of alcoholics have shown that these children may be at increased risk for a range of problems as a result of growing up in a family where a parent suffers from alcoholism. These ten basic statements about children of alcoholics and other drug abusing parents have been developed from a variety of studies:

- Alcoholism and other drug addiction tends to run in families. Children of addicted parents are more at risk for alcoholism and other drug abuse than are other children.
- Family interaction is influenced by substance abuse or addiction in a family.
- A relationship between parental addiction and child abuse has been documented in a large proportion of child abuse and neglect cases.
- Children of drug addicted parents are at higher risk for placement outside the home.
- Children of addicted parents exhibit symptoms of depression and anxiety more than children from non-addicted families.
- Children of addicted parents experience greater physical and mental health problems and higher health and welfare costs than do children from non-addicted families.
- Children of addicted parents have a high rate of behavior problems.
- Children of addicted parents score lower on tests measuring school achievement, and they exhibit other difficulties in school.
- Maternal consumption of alcohol and other drugs during any time of pregnancy can cause birth defects or neurological deficits.
- Children of addicted parents may benefit from supportive adult efforts to help them.

(See Appendix B for specific findings and references for the scientific studies that support these findings.)

## **Understanding the Impact**

Addiction affects every member of a family where there is an alcoholic or drug addicted person, whether that person is actively drinking alcohol or using drugs, or is in recovery. While a parent's recovery is a great gift to a child, it does not erase the impact the addiction has had on them. Children of alcohol and other drug abusing parents need information and support, whether or not their parents recover from this disease, and most often that help must come from outside the family.

Addiction in a family often leaves children confused, scared, ashamed, or afraid to talk about the turmoil they feel. The inconsistency of the addicted parent, coupled with the energy the other parent spends dealing with the addicted spouse, frequently leaves the child feeling abandoned.

Many children of addicted parents believe that they are the cause of the parents' drinking or drug use, or that they can somehow fix the problem. These children need to be reassured that neither of these feelings has a basis in fact: They are not the cause of the addiction, and nothing they do can provide the solution to the problem.

Children who grow up in homes with an addicted parent often learn that parents and other adults are not to be trusted because they do not keep promises or their moods can swing from one extreme to another without any apparent cause. They may not recognize that the cause of the parent's behavior is addiction.

### **“Don't Talk” Rule**

In nearly all families affected by addiction, the disease creates an atmosphere of fear, shame, and hiding. While the “Don't Talk” rule that usually guides the family's response to the problem of addiction is one of the hardest aspects of this disease to overcome, the faith community has multiple opportunities to break that rule and help create clarity and understanding for affected family members. Only when children learn to name the disease, to find safe and trustworthy adults, and to speak freely of their feelings about its impact, can children truly overcome the disease's potentially devastating consequences on their lives. (See “What I've Learned from Working with Children of Alcoholics and Other Drug Addicted Parents” by Jerry Moe in Appendix C.)

## **Strategies for Clergy To Provide Help to Children of Addicted Parents**

Leaders of faith communities can play a major part in helping spare children from the silent suffering and shame that comes from living with addiction in the family when trusted adults outside the family do not address the issue. You, along with your staff, lay leaders, and other members of your congregation, can be a voice and a steadying force for children who can't always speak for themselves.

You and your pastoral team can use age-appropriate tools to provide information and build skills which will allow children of addicted parents to form the bonds and attachment that stem from healthy relationships. These relationships can help these children lead happy and healthy lives.

***The faith community has a special opportunity to invite those overwhelmed by the impact of addiction to accept the loving support and encouragement within the faith community.***

You also can help by ensuring that all members of your staff, including program volunteers (such as Stephen's Ministers, congregational nurses, or youth and family leaders) have access to the information in this handbook to help them respond appropriately when faced with the problems addiction causes in the families with whom they interact. (See Appendix D for Tools for Children). They also should be aware of Al-Anon and Alateen meetings in the community and about any student assistance programs that

may exist in the schools to help children from families impacted by addiction.

### **Faith Communities Can Provide Safe, Trusted Places for Children of Addicted Parents**

Houses of worship are often the "safe places" where children and adults hurt by the disease of addiction can talk about their feelings and face their struggles, knowing that they are cherished there for who they are, and not for what they are able or unable to do. As a clergy member, you can enhance this atmosphere of safety within your own community by normalizing and validating the reality of the disease of addiction, and by acknowledging the confusion and fear family members feel. You can foster an environment where children who struggle with issues of parental addiction can come forward to ask for help. You can make them feel safe by listening to them, affirming their feelings, and showing them that they are cherished for who they are.

### **Faith Communities Can Help by Offering a Safe Haven During Holidays**

Holidays are a special time for religious communities. They are times of special prayer and increased service for congregants. Yet, in families with addiction it is often at holiday times, when children's hopes for societal normal behavior are highest, that the addicted parent's behavior most clearly impacts the lives of children. Especially at these times, it is important for you as a faith community leader to acknowledge this reality, and to remind community members to be aware of the problem and make themselves available to these children, whether they are in extended families, in their neighborhoods, or among their acquaintances. It may be particularly helpful for a faith community to offer a safe, clearly announced place as a "haven" for members of families whose holidays are ruined and whose lives are torn by alcoholism and other drug addictions.

## **Faith Communities Can Help by Listening and Building Trust<sup>3</sup>**

Potentially the most important impact you, as a clergy member, can have on children of addicted parents is to show them it's okay for them to confide in you and that they can trust you. Children of addicted parents don't always understand what is happening in their families and some believe it's their fault. Many children are more confused than sad or angry. These children need accurate information about alcohol, other drugs, and the disease of addiction so that they can make better sense of what is happening in their homes and realize that they are not to blame and cannot cure the problem afflicting their families.

### **Hints for One-on-One Support of Children of Addicted Parents**

Children growing up in a home where there is addiction are likely to feel a strong sense of helplessness with regard to their parent's drinking or other addiction-related behaviors. A young person will often feel powerless in family relationships, though he or she may still want to try to fix the situation. They need to learn that they can not "fix" their parents but that they can take care of themselves. The following points may help you and your staff in your work with these children.

- Caring adults need to be sure that these young people establish a sense of valued identity and achievement independent of their identity as children of addicted parents.

Often children of addicted parents fail to see that their achievements are separate from those of the addicted parent, and they wonder if they can help themselves. You can help young people understand how parental addiction is affecting them by talking to them less about the home environment, and focusing more on each child's own personal aspirations, expectations, and intrinsic goodness.

- An important strategy in working with children of addicted parents is to help them recognize that they cannot control the behavior of others.

These children need to learn that while they cannot control the behavior of others, they are able to control their own behavior, achievements, and feelings. When a caring adult outside the family helps children develop a sense of mastery over their lives, the adult helps them discover that they are individuals with valuable feelings, attributes, and capabilities.

Working through feelings of powerlessness helps develop a sense of valued identity and strengthens personal internal resources. These resources can then

---

<sup>3</sup> Adapted with permission from "To Walk With One Child," by Jerry Moe, National Association for Children of Alcoholics *NETWORK*, September 1995.



enhance children's ability to understand the consequences of their addicted parent's behavior, even though they cannot control it.

It is critical that children of addicted parents develop an appropriate sense of personal responsibility for much of what will happen to them. Unfortunately, all too often these children of addicted parents conclude that their unhappiness or happiness is controlled by others. You can help them to recognize that much of the responsibility for their happiness is within their own control.

### **Reach Out to Children of Addicted Parents Through Youth Groups and Religious Education Programs**

Religious educators and youth ministers can help children recognize addiction, if it exists within their families, and can give children strategies to deal with it. In religious education classes and in youth groups, especially for teens, it is valuable to offer age-appropriate programs on addiction and its impact on the lives of children. These programs can be informational and may offer the opportunity for some young people to share their experiences and their struggles. Once faith community professionals or volunteers express concern for those who struggle with addiction within the family, they may find that children who struggle with these issues will be able to talk openly with them.

### **Help Teens To Help Themselves in Special Teen Groups**

Youth programs in faith communities can offer educational support groups for young people experiencing alcoholism or other drug addiction in their families. Teen groups can help members to develop strategies for dealing with alcoholism, addiction, and related family problems. Such groups often help young people develop skills, especially healthy and positive visions of life, strategies to deal with difficult and problematic situations, and the ability to act in situations that require teamwork and cooperation. (SAMHSA's *Children's Program Kit* can provide the tools to help get started. Available through SAMHSA's Health Information Network at 1-877-726-4727; ask for CPKIT-D.

Some of these skill-building strategies can be incorporated into regular activities within the faith community group, including service projects and activities that foster cooperation and the development of values. It is always helpful to youth to offer them opportunities for success in a variety of endeavors, to build self confidence and self worth. By interacting with others and expressing their feelings in healthy ways, children can learn to love and respect themselves and develop self efficacy, allowing them to bounce back from adversity. Activities in faith community youth groups can thus have a positive impact on the lives of children of addicted parents.

## **Helpful Tips for Working with Children of Parents Addicted to Alcohol or Drugs**

The following tips may be helpful to you if a young congregant with a parent addicted to drugs or alcohol comes to you for help.

### **DO Follow Through**

You may be the only person the child has felt “safe” enough to approach. Courses of action you might choose are:

- Assist the youth in “thinking through” all the sympathetic adults who play significant roles in his/her life (a favorite aunt or uncle, grandparent, teacher, school counselor, teen group leader, or minister) who might be able to help.
- If the youth’s school has educational support groups for children from troubled families, explain how they can help; refer him or her to the school person responsible for the program.
- Help and encourage youth 11 years of age or older to contact a local Al-Anon/Alateen group, where others who understand and share the problem of alcoholic parents are available for support. Offer to call Al-Anon and find an adult who can help them get to meetings.

### **DO Make Sure That the Young Person Understands These Three Basic Facts:**

- He or she is not alone; there are more than 11 million children of alcoholics growing up today in the United States and many more whose parents abuse drugs.
- He or she is not responsible for the problem and cannot control or stop the parent’s addictive behavior.
- He or she is a valuable, worthwhile individual in his or her own right.

**DO** maintain a small library of books and pamphlets on alcohol- and addiction-related problems that have been written for young people. Put pamphlets in your faith community’s regular information pamphlet racks.

Many of these are available at low or no cost from SAMHSA’s Health Information Network (<http://www.samhsa.gov/shin>), the National Association for Children of Alcoholics (NACoA) at <http://www.nacoa.org>, the National Council on Alcoholism and Drug Dependence (NCADD) at <http://www.ncadd.org>, and Alateen (at <http://www.al-anon.alateen.org/alateen.html>).

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

Make a real effort just to listen to a child’s story. It’s often helpful to ask very young children to draw pictures of people and situations at home and then to get them to discuss the pictures they’ve drawn with you.

## **DO Build Trust**

The most important gift you can bring is modeling the bonding and attachment children can attain in healthy relationships with others. Building trust, however, is a process, not an “event.” Time is key. As a spiritual leader, your words are especially meaningful as a “safe adult.” You have the opportunity to present accurate information about addiction to the child in a brand new way, and to help that child draw on his or her own strengths as a result of the information, listening and caring you provide. (For more information and tools to help children and families hurt by alcoholism and drug addiction, contact NACoA at 1-888-554-2627 (COAS) or online at <http://www.nacoa.org>.)

## **Family and Congregational Strategies**

### ***Explore family addiction history in marriage preparation counseling***

Clergy have a unique and important opportunity during the process of preparing young couples for marriage to raise the issue of addiction in the family.

Children of addicted parents should not enter into marriage without recognizing how family addiction has affected their lives. Adults who were raised in families with an addicted parent need to understand and address the impact of a parent’s addiction on their lives. Without addressing it, they risk affecting their own chances for successful marriage.

Preparation for marriage can provide an opportunity for adult children of addicted parents, because of the potential for the loving support of the partner and openness to growth. In marriage preparation counseling, you should raise the issue gently and lovingly, allowing the couple to reflect on how the issues of addiction within the family have impacted their lives and how the effects of genetic vulnerability and their current alcohol use can be assessed. Then you can help them to discuss what they can do to prevent the negative consequences within their own marriage.

An easy entry into this discussion could be a discussion of tobacco use in the family, since considerable evidence exists that links tobacco use to other addictive substances. The discussion can then move to alcohol use within the family and, where appropriate, to work with the issues of alcohol abuse and addiction. Al-Anon and ACOA are highly recommended for any adult children of addicted parents.

Preparation for baptism, confirmation, naming ceremonies, or Bar or Bat Mitzvah are other important “life events” when you may have a real opportunity to help those who have suffered from addiction in the family realize the impact it has had on their lives and to support their getting into programs that can help.

## ***Include awareness information in your homilies***

In a sermon, homily, or similar lecture, the clergy can lay before the congregation choices and opportunities to grow in their spiritual lives. In order to make wise choices, it is necessary that members of the congregation maintain health in their lives; however, when addiction is present it erodes and prevents healthy relationships—interpersonally and spiritually.

Here are some things to remember and ideas you may want to include:

- Homilies that address alcoholism issues must address the “Don’t Talk” and “Don’t Trust” rules that children of addicted parents learn to live by.
- In a sermon on family values and family structures, recognize that about 1 in 4 children live with an alcohol-abusing or alcoholic parent and countless others live in families with other addictions. These children need to hear understanding and hope from their clergy.

## ***Become familiar with 12-Step programs***

One of the most successful approaches to treatment and recovery from alcoholism and addiction is the 12-Step program model. Many of those who participate in 12-Step mutual support programs, such as Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.), turn to their faith for support, because of the strong spirituality component of the programs. Those struggling with addiction may especially turn to clergy for assistance when they are completing the 5th Step. The 5th Step is the telling of one’s life story, a self-confession, and an opportunity for casting out one’s mistakes, failures, and anxieties by telling another person. This is when a clergy member can provide an essential service in helping addicted parents and their families find reconciliation and insight into new directions in their lives.<sup>4</sup>

Clergy are encouraged to attend an open A.A. or N.A. meeting to become familiar with these 12-Step programs, and an Al-Anon meeting to hear the effects of addiction on families. Consider welcoming 12-Step meetings in your faith community’s meeting facilities.

---

4 For a more complete description of the role of clergy in the 5th Step, see “The Clergy person and the Fifth Step,” by Rev. Mark A. Latcovich, MDiv, PhD. (Available at <http://www.nacoa.org/pdfs/Latcovich-The%20Clergy person%20and%20the%20Fifth%20Step.doc.pdf>.)

### ***Communicate strategies for adults who feel unequipped to counsel or help children of addicted parents who may come to them for help***

There are three things that are important about the first stages of a child's choosing to open up on this issue:

1. The child's decision to place trust in an adult is a significant step. Affirm the child's openness.
2. Your advice as a trusted adult is important to that child. Attempt to guide the child toward appropriate help or counseling, and show the child the NACoA video *You're Not Alone* (Contact NACoA at 1-301-468-0985 or <http://www.nacoa.org> to order. It is also part of SAMHSA's *Children's Program Kit*.)
3. It's important for you to model consistency and caring as an adult. This is vital to breaking down the "Don't Trust" rule.

If you or other staff members or lay leaders are uncomfortable providing the companionship or counseling that young people may need, you can always advise them to find a qualified professional. The importance of encouraging them to seek help from a social worker, school counselor, or other caring professional in the field of family drug and alcohol counseling cannot be emphasized enough. Help the young people find an Alateen group or get connected to a student assistance program at school. (A list of resources is in Appendix G.)

Faith communities, especially through programs aimed at young people, have the opportunity to speak out for those who fear they have no voice. Children of addicted parents often feel that no one will understand, that no one wants to listen, and that they are being disloyal or threatening their family. They need to understand that talking to a trusted adult can really help. When we show that we care, we offer to these young people an avenue to effectively move beyond the devastating impact of a parent's addiction on their lives. A well-placed homily, the care of a teen group leader, a well-prepared religious education lesson, a thorough preparation for marriage, or simply a willing listener—any one of these might make a world of difference in the life of such a child. Most of all – do something to reach out. Doing nothing is not neutral; it reinforces the isolation and shame already felt by all the affected family members, especially the children.





## FACTS ABOUT ADOLESCENT ALCOHOL AND DRUG USE

*“Clergy members may help prevent substance abuse by delivering proscriptive messages, by establishing and fostering social networks and support for substance abusers and their families, and by encouraging individuals to develop personal relationships with a higher power that may minimize the need to use these substances and provide help in resisting their use.” (CASA 2001)*

**About 10.8 million adolescents ages 12-20 are underage alcohol drinkers (SAMHSA 2006).** The above statement is not just an alarming statistic. It represents a real problem facing families, communities, and children every day. Children who drink are more likely to be victims of violent crime, have serious problems in school, and be involved in drinking-related traffic crashes. Alcohol use also is linked with youthful deaths by drowning, suicide, and homicide.

Young people are flooded with media messages that glamorize alcohol use, and they also may be pressured by peers to drink. However, there are a number of things you as clergy can do to influence choices children make. Communication with children is the key to preventing underage alcohol use. You can create a congregation which supports parents' communication with their children to reinforce expectations not to use alcohol or drugs.

So, talk to children about how alcohol affects...

### ***...the mind***

- Although initially alcohol feels like a stimulant by making you feel more lively, it ultimately acts as a depressant and causes sedation and drowsiness. Alcohol slows down your ability to think, talk, react, and make decisions as you normally would. This can lead to poor choices and risky behavior.
- Alcohol impairs coordination, causes memory lapses, and slows reaction time.
- Using alcohol during the rapid brain development period in adolescence can permanently alter that development. Early use of alcohol (before your brain is fully developed) multiplies the risk for lifetime alcoholism (NIAAA 2006).



If you drink enough to get alcohol poisoning, your brain slows down so much that you can slip into a coma or even die.

### ***...the body***

- Alcohol can damage every organ in your body, including the brain.
- Alcohol increases the risk for a variety of life-threatening diseases, including cancer.
- Drinking can cause nausea and vomiting. Drinking a lot at one time can lead to fainting, difficulty breathing, coma, and death.

Additionally, because it affects coordination, if you are drinking, or are around people who are drinking, you have an increased risk of being seriously injured, involved in car crashes, or affected by violence.

### ***...emotions***

- Alcohol depresses the central nervous system, making you feel less inhibited and less in control. This can lead to risky behaviors you would not do if you were sober.
- Alcohol is a depressant, or downer, because it reduces brain activity for everyone. Moreover, if you are already depressed before you start drinking, alcohol can make you feel worse.

## **Alcohol Use by Children: Signs and Solutions for Concerned Adults**

Here are three things you should know about alcohol use by young people:

- Drinking in childhood is a serious problem.
- Warning signs can help spot a serious problem.
- You can take action and make a difference in the child's health and well-being now and in the future.

## **Drinking in Childhood Is a Serious Problem**

Alcohol has a negative impact on health. Alcohol can damage every organ in your body, including your child's developing brain. It impacts motor coordination, impulse control, memory, and judgment. In addition to its negative impact on health, alcohol use among youth is strongly correlated with violence, risky sexual behavior, poor academic performance, alcohol-related driving incidents, and other harmful behaviors. Alcohol use is also linked with youthful deaths by drowning, suicide, and homicide.

## **Numbers Count**

Did you know that alcohol is the #1 drug of choice for children and adolescents?

The seriousness of this problem is seen in the numbers:

- Children who drink alcohol before the age of 15 years are five times more likely than those who start after age 21 to have alcohol problems as adults (SAMHSA 2004).

- About 10.7 million underage persons aged 12 to 20 years (28 percent) reported drinking alcohol in the past month (SAMHSA 2008). That's more than the total population of Michigan, the 8th largest state (U.S. Census 2006).
- Nearly 7.2 million (19 percent) were binge drinkers (SAMHSA 2008), nearly as many as the number of people living in Virginia, the 12th largest state (U.S. Census 2006).

## **Warning Signs Can Help Spot a Serious Problem**

While most teens hide or minimize their alcohol use, certain behaviors may indicate a serious alcohol problem, especially if the behavior occurs suddenly or seems extreme. Concern should be even greater if several warning signs occur at the same time.

### **Signs To Watch for**

#### ***Mental Changes***

- Memory lapses
- Poor concentration

#### ***Emotional Changes***

- Mood changes, flare-ups, irritability, and defensiveness
- A "nothing matters" attitude

#### ***Physical Changes***

- Low energy
- Bloodshot eyes
- Lack of coordination
- Slurred speech

#### ***Behavioral Changes***

- School problems, poor attendance, low grades, and/or recent disciplinary action
- Rebelling against family rules
- Switching friends, along with a reluctance to let you get to know the new friends
- Sloppy appearance
- A lack of involvement in former interests

All alcohol (or other drug) use by children and developing teens should raise serious concern and lead to immediate actions.





## PREVENTION STRATEGIES

### **Individual and Environmental Prevention Strategies**

As a faith leader you can play a critical role in preventing youth from using alcohol and drugs. You can help reduce risk factors, increase protective factors, and also work to influence change in the community. This section will discuss individual prevention strategies which are defined as trying to change behaviors, as well as approaches that look at influencing the community standards, known as environmental strategies.

Individual prevention strategies are designed to change a person's attitudes or behaviors. They are programs delivered in churches, schools or community-based programs to educate youth about the harmful effects of alcohol and drugs, teach life skills, and build resilience.

Environmental prevention strategies are designed to change the social, political and economic context regarding alcohol and drug usage. These alcohol and drug prevention strategies are aimed at: reducing the availability of alcohol, adopting laws and policies, and, changing community attitudes.

### **Risk and Protective Factors**

Risk and protective factors are conditions that make people more (risk) or less (protective) likely to use alcohol or other drugs. Everyone is exposed to risk factors; the more risk factors there are in someone's life the greater the likelihood he/she may use alcohol or drugs. However, the more protective factors a person has the less likely he/she is to use alcohol and drugs.

### ***Role of religion in prevention***

Young people who attend services are less likely to drink alcohol, smoke cigarettes, or use illegal drugs. Some researchers are beginning to think that religion may help increase protective factors such as self-control and personal virtue, or provide role models. In addition, religion may provide opportunities to gain leadership and coping skills as well as social ties. Religion can also promote spiritual well-being (Wallace, et al., 2004).

### ***Your role as a faith leader***

You can help promote prevention strategies by educating your congregation about the impact of alcohol and drugs on children and families, as well as its devastating impact on the community. Below are a number of actions you can take to make prevention work in your community.

- Use sermons, study groups and counseling sessions to help congregants recognize that alcoholism and drug dependence are treatable diseases.
- Acknowledge that the prevention of alcohol and drug problems is a major concern of your congregation/faith community.
- Provide information about the impact of alcohol and drug use on individuals and families; have a Prevention Bulletin Board to post local news clippings and other resources; and include alcohol and drug prevention in the religion and youth program educational curriculum in your congregation.
- Offer materials on how to access treatment, recovery and prevention services for individuals and family members including Al-Anon and Alateen.
- Allow 12-Step programs to use the facility for meetings.
- Have someone in long-term recovery and a recovering family member speak to the congregation about their personal experience.
- Educate your youth about the effects of alcohol and drugs with an emphasis on its impact on the developing brain.
- Integrate information on topics such as Fetal Alcohol Spectrum Disorders, parents as role models, and warning signs of alcoholism into pre-marriage counseling sessions.
- Support a recovery-friendly attitude in your congregation.
- Organize opportunities for parents to increase their awareness and understanding of underage drinking.
- Let members of the congregation/faith community know they can come to you for support and assistance if they have concerns about their own or someone else's alcohol or drug use.
- Include healthy lifestyle articles in your newsletters.
- Work with other congregations/faith communities to establish a "Prevention Sabbath" during Recovery Month (<http://www.recoverymonth.gov>) each September to focus on alcohol and drug prevention and recovery messages.
- Provide information about Al-Anon and Alateen meetings on your bulletin board and in your newsletters.
- Focus on the needs of children of alcoholics (COA) during the February observance of COA Week – e.g., put up posters, say special prayers. Go to <http://www.nacoa.org> for information.
- Become an active member of your local Community Anti-Drug Coalition.

## Protective Factors for Youth

### *Individual factors*

- Positive temperament
- Social coping skills (problem solving, ability to stand up for beliefs and values)
- Positive social orientation (engaging in activities that contribute to healthy personal development, accepting rules and community values, identifying with the school, and choosing friends who do not use harmful substances)
- Beliefs in one's ability to control what happens and to adapt to change

### *Family factors*

- Unity, warmth, and attachment between and among parents and children
- Parental supervision
- Contact and communication between and among parents and children

### *Environmental factors*

- Positive emotional support outside of the family such as friends, neighbors, and elders
- Supports and resources available to the family
- Community and school norms, beliefs, and standards against substance abuse
- Schools characterized by academic achievement and students who are committed to school

(From Focus on Prevention (n.d.). Available at [http://download.ncadi.samhsa.gov/prevline/pdfs/FocusOn\\_Layout\\_OPT.pdf](http://download.ncadi.samhsa.gov/prevline/pdfs/FocusOn_Layout_OPT.pdf))

### *Establish and maintain good communication*

Get into the habit of talking with youth frequently, every day or every few days if possible. Building a close relationship with your youth will make it easier for them to come to you when they have a problem.

### *Take action*

Kids are flooded with media messages that show alcohol use. They also may be pressured by peers to drink. However, you have enormous influence in providing information that can help prevent their use of alcohol. Communication is the key to preventing underage alcohol use. Here's what you can do:

- Learn about the warning signs and how alcohol use can harm a child's mind, body, and emotions.
- Talk early and often.
- Be a good role model. Think about what you say.
- Teach kids to choose friends wisely and educate them in how to form positive relationships.

Remember, the earlier you start talking about alcohol and drugs, the more influence you may have on their values and decisions. Several short conversations are better than one long lecture!

Putting out posters, brochures, informational leaflets, and Alateen information for youth to pick up and take home to read later is an important component of communication.

### ***Ways to communicate with youth***

You may not see the youthful congregants every day, and communication with them may be vastly different than communicating with adults. Try these tips to get the ball rolling:

- Use e-mail alerts
- Accidentally run into them on purpose
- Set up a blog
- Send letters or cards they can hang on the fridge
- Make an MP3 audio that they can download on their iPod
- Use word of mouth with key kids
- Make a calendar that they can post on their bulletin board with key information in small print
- Remind them that expressing concern to an adult they trust about a friend who is using alcohol or drugs could be life-saving
- Develop a chat room that you will be in at specific times of the week to chat and answer questions
- Develop a youth newsletter that you can e-mail to everyone. One page will do.

Using a weekly e-mail update is a great way to use technology to your advantage.

### **Become Familiar With Resources**

There are several excellent locations for resources for youth workers and ministers. One site especially designed for youth ministers can be found at: <http://ysoneday.com> (accessed on 9/16/2009).

This site provides information for youth workers on “Helping Hurting Kids”. The information helps the youth minister understand that even if you can see the symptoms (pain, family breakdown, addiction, self-injury, or depression), getting to the CORE (the cause, the root, and the remedy) is the hardest part for all youth workers. Most often, kids will talk to the people they trust, not necessarily to the person to whom they’re ‘supposed’ to talk. While the first step in helping hurting kids involves building a trusting relationship, there is much more that is needed to meet their needs. In three steps, over a half day workshop, Project CORE unpacks issues that promote effective ministry to hurting kids and to prevent further hurt from taking place. The information provided helps youth workers to gain:

1. An understanding of the hidden hurts of today’s teenagers – This session addresses some of the sources of adolescent pain and how you can partner with parents, the community, and other ministries to create a safe place for youth.
2. New skills for tackling the tough stuff – This session provides information on five big issues youth workers encounter when working with kids who are



hurting, and how to address them in a way that brings healing including: family breakdown, addictions, self-injury, suicide and depression; and crises such as death, natural disasters, accidents, and more.

3. Strategies for responding to the hurts of teenagers – It is not enough just to know what to look for in hurting kids. You need to be ready to respond to their pain. In this session youth workers learn what they can do to help them heal, how to effectively refer to a professional when needed, and how to protect yourself in these situations.

## Other Sources

Scholastic Inc. 2007. *Reach Out Now National Teach-In, community toolkit*, <http://toosmarttostart.samhsa.gov/community/teachin/default.aspx>, accessed 9/16/2009.

SAMHSA. 2006. *Tips for teens: The truth about alcohol*, <http://ncadi.samhsa.gov/gov-pubs/ph323>, accessed 9/16/2009.

NIAAA, 2006. *Make a Difference: Talk to Your Child About Alcohol*, <http://www.niaaa.nih.gov/NR/rdonlyres/3F7A2293-C695-4B82-882D-9A19BF2782E6/0/children.pdf>, accessed 9/16/2009.

SAMHSA. *Start talking before they start drinking*. <http://www.stopalcoholabuse.gov/multimedia/starttalking.aspx>, accessed 9/16/2009.

Leadership to Keep Children Alcohol Free. Parents. <http://www.alcoholfreechildren.org>, accessed 9/16/2009.

## References

Grant, Bridget. 2000. Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*. January 2000, Vol. 90, No. 1.

Wallace, J.M., Jr., Myers, V.L. & Osai, E.R. 2004. *Faith matters: Race/ethnicity, religion and substance use*. Baltimore, MD: Annie E. Casey Foundation. Available at <http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={823BF99A-67D7-4C09-B3CF-ECCA7CDA6FE1}>.

National Center on Addiction and Substance Abuse at Columbia University (CASA). November 2001. *So help me God*. Available at <http://www.casacolumbia.org/absolutenm/articlefiles/379-So%20Help%20Me%20God.pdf>.

SAMHSA. 2004. *Core competencies for clergy and other pastoral ministers in addressing alcohol and drug dependence and the impact on family members*. DHHS Pub. No. (SMA) 05-4029. Rockville, MD: Author.

SAMHSA. 2008. *Results from the 2007 National Survey on Drug Use and Health: National Findings*. Available at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

SAMHSA. 2004. *Alcohol dependence or abuse and age at first use*. Available at <http://oas.samhsa.gov/2k4/ageDependence/ageDependence.htm>.

U.S. Census Bureau. 2006. *National and State population estimates*. Available at <http://www.census.gov/popest/states/NST-ann-est.html>.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). 2006. *Early drinking linked to higher lifetime alcoholism risk*. Available at <http://www.niaaa.nih.gov/News-Events/NewsReleases/earlydrinking.htm>.

Twerski, Abraham. 1990. *The clergy and chemical dependency*. Newport RI: Edgehill Publications.



## APPENDIX A

### Ten Considerations for Clergy

Adapted from *Alcoholism, Addiction and Recovery in the Faith Community: A Primer and Resource Handbook for Clergy and other Pastoral Ministers* from the Tennessee Association of Alcohol, Drug & Other Addiction Services

**Consideration One:** *Addiction is a disease; Treat it like one.* Always remember, you're not trying to make a "bad person good," a "weak person, strong," or an "immoral person, moral." You are trying to help a "sick person get well." The disease process also makes the addict or alcoholic hypersensitive to judgmental or moralistic attitudes ...so be compassionate and non-judgmental in your actions.

**Consideration Two:** *You can't "fix it" so stop trying.* You wouldn't try to "fix" a diabetic or a person with any other chronic debilitating illness. Treat this the same way. It's your role to assess the situation, know the resources and make a good referral for both the alcoholic/addict and the family... Know your role, your level of expertise, your limitations and your resources.

**Consideration Three:** *Learn your community's resources and refer to them.* Think "refer and defer." Make a list of 5 to 10 "go to" people and make those referrals.

**Consideration Four:** *Learn as much as you can about the area Twelve-Step programs.* Attend open meetings, talk with individuals in recovery and read the A.A. Big Book and the N.A. Basic Text.

**Consideration Five:** *Recognize that the traditional Twelve-Step programs, although non-religious, have a strong spiritual element at their base.* This, along with the supportive, non-judgmental community they create is their strength. They are your ally, not your enemy.

**Consideration Six:** *After referral to Twelve-Step programs, resist the temptation to "rush the alcoholic or addict" back into church.* Know that they may need, as one A.A. writer suggests, the "spiritual kindergarten" that is the Twelve-Step program. Know that this is an individual process and often takes years to accomplish.

**Consideration Seven:** *In addiction as in life, there are few, as the Christian tradition describes, “Damascus Road” experiences. More often, recovery and return to the spiritual and religious life are more equated with... a step-by-step, mile-by-mile, day at a time kind of pace.*

**Consideration Eight:** *Understand the importance of educating and informing your congregation about alcoholism, addiction and recovery. Consider offering sermons and prayers that deal with these issues.*

**Consideration Nine:** *Recognize that this is a family issue, a “family disease.” Alcoholism and addiction take a tremendous toll on everyone involved. The spouse and all the children need attention and referral. Again, know your role and set your boundaries. You cannot become the agent of one person or another. The entire family is caught up in the disease process. They will need to be part of the recovery process as well.*

**Consideration Ten:** *Lastly, be aware of the message of hope. There are literally millions of American families in recovery and living a positive recovery lifestyle... They are in your community and in your congregation. Find these people and learn their stories of hope.<sup>5</sup>*

---

<sup>5</sup> Adapted from the Primer prepared by Vernon Martin in 2004 for the Tennessee Association of Alcohol, Drug and Other Addiction Services.



## APPENDIX B



*National Association for Children of Alcoholics*

### CHILDREN OF ADDICTED PARENTS: IMPORTANT FACTS

**Alcoholism and other drug addiction have genetic and environmental causes. Both have serious consequences for children who live in homes where parents are involved. More than 28 million Americans are children of alcoholics; nearly 11 million are under the age of 18. This figure is magnified by the countless number of others who are affected by parents who are impaired by other psychoactive drugs.**

**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 highest risk group of children to become alcohol and drug abusers due to both genetic and family environment factors.<sup>1</sup>
- Biological children of alcohol dependent parents who have been adopted continue to have an increased risk (2-9 fold) of developing alcoholism.<sup>2</sup>
- Recent studies suggest a strong genetic component, particularly for early onset of alcoholism in males. Sons of alcoholic fathers are at fourfold risk 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 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 on parenting skills or family effectiveness.<sup>8</sup>

- The following family problems have been frequently 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 has been documented in a large proportion of child abuse and neglect cases.**

- Three of four (71.6%) child welfare professionals cite substance abuse as the top 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 is specifically associated with physical maltreatment, while cocaine 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 higher 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 higher health and welfare costs than do children from non-addicted families.**

- Inpatient admission rates and average length of stay for children of alcoholics were 24% and 29% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders were the most notable conditions among children of addicted parents.<sup>22</sup>
- It is estimated that parental substance abuse and addiction are the chief cause in at least 70-90% of all child welfare spending. Using the more conservative 70 percent 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 high 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) measured against 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 they 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 compared to children of non-addicted parents were found at significant disadvantage on standard scores of arithmetic.<sup>32</sup>

## 9. Maternal consumption of alcohol and other drugs during any time of 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 behaviors that are crucial to success in the classroom, such as blocking out distractions and concentrating for long periods.<sup>33</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>34</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>35</sup>

## 10. 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>36</sup>
- Children of addicted parents who rely on other supportive adults have increased autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies.<sup>37</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>38</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>39</sup>

## References

- Kumpfer, K.L. (1999). Outcome measures of interventions in the study of children of substance-abusing parents. *Pediatrics*. Supplement. 103 (5): 1128-1144.
- Schuckit, M.A., Goodwin, D.A., & Winokur, G. (1972). A study of alcoholism in half siblings. *American Journal of Psychiatry*, 128: 1132-1136.
- Goodwin, D.W. (1985). Alcoholism and genetics. *Archives of General Psychiatry*, 42, 171-174.
- 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.
- 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.
- Barnes, G.M., & Windle, M. (1987). Family factors in adolescent alcohol and drug abuse. *Pediatrician*, 14, 13-18.
- 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.
- Moos, R.H. & Billings, A.G. (1982). Children of alcoholics during the recovery process: alcoholic and matched control families. *Addictive Behaviors*, 7:155-163.
- el Guebaly, N. & Offord, D.R. (1997). The offspring of alcoholics: a critical review. *American Journal of Psychiatry*, 134:4, 357-365.
- 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.
- 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.
- Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- Ibid. page 2.
- Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse and Neglect*, vol. 16.
- 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.
- Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- Booth, R.E., & Zhang, Y. (1996). Severe aggression and related conduct problems among runaway and homeless adolescents. *Psychiatric Services*, 47 (1) 75-80.
- 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.
- 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. & Printz, R.J. (1987). Parental alcoholism and childhood psychopathology. *Psychological Bulletin*, 102, 204-218.
- <sup>22</sup> *Children of Alcoholics in the Medical System: Hidden Problems, Hidden Costs*. New York, NY: Children of Alcoholics Foundation, 1990.
- <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> 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>34</sup> Gabrielli, W.F., & Mednic, S.A. (1983). Intellectual performance in children of alcoholics. *Journal of Nervous and Mental Disease*, 171:444-447.
- <sup>35</sup> Larkby, C., & Day, N. (1997). The effects of prenatal alcohol exposure. *Alcohol Health and Research World*, vol. 21, no. 3:192-197.
- <sup>36</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>37</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>38</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>39</sup> Nastasi, B.K. & DeZolt, D.M. (1994). *School Interventions for Children of Alcoholics*. New York: Guilford Press.

---

---

National Association for Children of Alcoholics  
11426 Rockville Pike, Suite 301 • Rockville, MD 20852  
1-888-55-4COAS (2627) • Fax (301)468-0987  
[www.nacoa.org](http://www.nacoa.org) • [nacoa@nacoa.org](mailto:nacoa@nacoa.org)



## APPENDIX C

### **What I've Learned From Working With Children of Alcoholics and Other Drug Addicted Parents**

By Jerry Moe, M.A.

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

Children of addicted parents need accurate information about alcohol, drugs, and the disease of addiction. By learning about denial, blackouts, relapse, and recovery, youngsters can not only make better sense of what’s happening at home, but they also may come to see that they can make healthy, safe choices for themselves in spite of what is happening at home. There are a few basic and important messages that these children need to hear from outside their high-stress family:

Alcoholism 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.

Clergy and other professionals in faith communities can play a major part in this process. By communicating the messages above, you can be that steadying force for many of these children. You can encourage them to identify and express their feelings in healthy ways.

Perhaps the most important gift, however, 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 alcoholic families learn the “Don’t Trust” mantra all too well. Silence and isolation can become constant companions. Building trust is a process. Time is key. Your words take on added meaning and significance as the young person deeply considers the source.

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 helps them to develop control over their environment. This then helps them become more self-reliant and better able to take care of themselves.

More than 50 percent of today’s alcoholics are the children of alcoholics, and there are millions challenged by other serious problems. All too often alcoholism and other addictive disorders become a family legacy. It is essential to spare children from unnecessary years of silent suffering. The faith community, with the leadership of its clergy, can change that legacy.

*Jerry Moe is National Director of the Betty Ford Center Children’s Programs.*



## APPENDIX D

### HANDOUTS FOR CHILDREN

#### *Letter to a Young Member of the Congregation*

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 other kid's mom or dad drinks or uses drugs like yours. Or maybe you think no one knows how you feel.

I know how you feel, because one of my parents is an alcoholic. Believe it or not, thousands of others feel just like you and me because they have a parent who sometimes drinks too much or uses drugs.

When I was your age, I thought I was the only kid with this problem. I felt so alone—I was scared to tell anyone. I wondered why I had a parent who drank so much. I also wondered if I'd done something to make my parent drink. I couldn't invite my friends over to spend the night because I never knew when the drinking would start, and I was ashamed of what went on in my house when it did. I believed my house was different from everybody else's.

When I grew up and moved away from home, I met other people who had alcoholic parents. When I talked to these people about my family, I didn't feel embarrassed because I realized that other people had had the same kinds of confusing things happen to them. Some people had it worse than I'd had, and some came from houses that didn't have as many problems as mine did. But I realized this important thing: that when I was a kid and thought I was all alone with the problem of parents who drank too much, I WASN'T!

So, now I want to tell you: You are NOT the only one with parents who drink too much or use drugs. There are a lot of us here.

I also want to tell you four things about alcoholism and 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. These are listed on the next page.

Take good care of yourself.

Your friend,

AN ADULT CHILD OF AN ALCOHOLIC PARENT

## Four Things To Remember

1. **Addiction 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. Sometimes, when people have an addiction, the disease makes them do mean or stupid things that they would not otherwise do.
2. **You did not cause, nor can you control, your parent's addiction.** It will not help to hide the bottle or try to be "perfect." Even though you didn't cause it and you can't stop it, you **CAN** learn to stop covering up for it or trying to stop it.
3. **You are not alone.** There are lots of kids just like you. I'll bet there are some kids in your class at school. Maybe you know some of them because you've been to their houses, but with others, you'd never guess they have a parent who drinks or uses drugs like yours, because they hide it too. In fact, there are more than 11 million children with alcoholic parents living in our country. There are countless others with parents addicted to other drugs. So you see, **you absolutely are not alone!**
4. **Talking HELPS!** Find someone you trust to talk to. It can be someone in your faith community, a teacher, a friend's parent, a big brother or sister, or anyone else you know will listen to you and won't hurt you. These are the "safe people" in your life.

Ask for the sheet you can fill out called "**People Who Can Help Me**"—or you can find it on the Internet at <http://www.nacoa.org/kidspage.htm>. Then keep this list with you so that you can call someone if you feel like talking.

Ask a safe person to help you make a list of phone numbers to call for times when you need help of any kind. Put all these phone numbers on a card you can keep in your book bag or other safe place. All the numbers that begin with 1-800 OR 1-888 are free calls—just dial the number.

Some schools have student assistance programs that have support groups for kids who live in families like yours, or a school counselor or social worker who can help. Be sure to check at your school for who you can talk to about your concerns.

Also, there is a group for kids (11 years old and up) called “Alateen.” This group has meetings, like a club, and the kids there share tips on how to make it easier to deal with parents who drink. Some schools have Alateen meetings at school. Someone from your faith community or your teacher could help you find one. Or, you could look for the phone number of Alateen in the phone book or 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.) Don’t hesitate to ask a grownup you trust to help you get to a meeting if transportation is a problem for you.

## Questions and Answers From Young People About Alcohol Problems

### ***What is alcoholism?***

Alcoholism is a disease. People who have the disease have lost control over their drinking and are not able to stop without help. They also lose control over how they act when they are drunk.

### ***How does alcoholism start?***

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

### ***If alcoholism is a disease, why doesn't the alcoholic go to the doctor?***

At first, the alcoholic is not aware that he or she is ill. Even when the alcoholic becomes aware that something is wrong, he or she may not believe that alcohol is the problem. An alcoholic might keep blaming things on other people, or the job, or the house, or whatever. But, really, it's the person's reaction to alcohol that's the problem.

### ***Is there an "average" alcoholic?***

No. There is no such person as the average alcoholic. Alcoholics can be young or old, rich or poor, male or female.

### ***What is the cure for alcoholism?***

There is no cure for alcoholism except stopping the disease process by stopping the drinking. People who suffer from alcoholism and who have completely stopped drinking are often called "recovering alcoholics." Recovering alcoholics can lead healthy, happy, productive lives. There are millions of recovering alcoholics of all ages in our country.

### ***Can family members make an alcoholic stop drinking?***

No. It is important to know that an alcoholic needs help to stop drinking, but no one can be forced to accept the help, no matter how hard you try or what you do. It also is important to know that family members by themselves cannot provide all the help that an alcoholic needs. An alcoholic needs the help of people trained to treat the disease. Often family members, with the help of trained professionals, can help the alcoholic recognize the problems they have that result from alcoholism and choose to get the help they need.

### ***How many children in the United States have at least one alcoholic parent?***

One in four children in our country is growing up with alcohol abuse or alcoholism in the home (Grant 2000). Countless others have parents addicted to other drugs. There are probably a few in your congregation right now.

***I believe in God. How does God feel about my situation, and how can God help me?***

Many faith communities believe that God's loving care for all people is especially for those who are innocent victims of another person's behavior. Safe adults, like spiritual leaders, can give children the tools they need to keep loving their parents while taking care of themselves and limiting the impact of the parent's addiction on their lives.

**Reference**

Grant, Bridget. 2000. Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*. January 2000, Vol. 90, No. 1.



## **Messages for a Child of a Parent Addicted to Alcohol or Drugs**

### ***Talking about your worries at home is not being mean to your family.***

Sharing your feelings can help you feel less alone (for example, “When my parent drinks too much I feel sad/angry/confused, hurt/guilty/ashamed...”).

### ***Get involved in enjoyable things at school or near home, such as the school band, softball, scouting, or other activities.***

Joining in activities you like is fun; it can help you set aside the problems at home, at least for a while; and you could learn new things about yourself and about how other people live their lives.

### ***When you live with a parent who is addicted to alcohol or drugs, feeling afraid and alone is common.***

It is confusing to hate the disease of addiction at the same time that you love your parent. People often have these two different feelings at the same time and this is the way lots of kids feel about parents who have addiction.

### ***Remember to have fun!***

Sometimes children from families with addiction worry so much that they forget 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 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. Move anything on the back shelf onto the seat or floor. Put on your safety belt. Try to stay calm.

### ***If your parent is an alcoholic, it doesn't mean that you will be.***

Most children of alcoholics do not become alcoholics themselves, although you must be careful, since children of alcoholics run the risk of alcoholism in their own lives.

***You have no control over your parent's addiction.***

You are not the cause of the problem, and you can't make it stop. What your parent does is not your responsibility or your fault. It's important for you to remember that you are a special person and that you can find trusting adults to help you take care of yourself.

**REMEMBER 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.

I can make healthy CHOICES.

I can CELEBRATE being myself.

## People Who Can Help Me—A List for Young People

Everyone needs to have a list of people to turn to at times when things feel really difficult. Before those times come along, it's good to think ahead about people you can turn to if you need help.

Here's a list of a few people or groups to call, but you may want to add some of your own. Keep your list in your book bag, or somewhere safe, for those times when you might need it.

### ***My Phone Numbers:***

Boys Town National Hotline 1-800-448-3000

Alateen National Helpline 1-888-425-2666

School Counselor \_\_\_\_\_

Adult Friend \_\_\_\_\_

Adult Friend \_\_\_\_\_

Teen Friend \_\_\_\_\_

Teen Friend \_\_\_\_\_



## APPENDIX E

### CONVERSATION STARTERS WITH YOUTH

*At a loss for words? Use these questions to start a conversation:*

- What do you like best about yourself? What would you like people to know about you?
- What do you think is your greatest talent or ability? What would you like to try to do that you haven't had a chance to try?
- Are there cliques in your school? How does that affect you? Do you know any kids who feel bad because they aren't accepted in a specific group?
- Are there bullies in your school? Who gets bullied? How do kids react when they are teased by other kids? What are teachers and other kids doing to stop the bullying? How are bullies punished?
- When it's hard to make up your mind about doing something, how do you decide? Did you ever do something and then realize that it's not turning out the way you expected? Have you ever done something and then wish you hadn't?
- Have you ever wished you could do something even though you knew you shouldn't? Have you ever tried to talk yourself out of doing something?
- Do you think taking medicine that has been prescribed for someone else could be harmful? Why do some people gulp down something—either legal or illegal—without knowing if it's bad for them? What if someone gets hurt?
- Has anyone ever asked to copy your homework? What do you think when you see (or hear about) kids cheating? Are there times when it's okay to cheat in school?

- What is your favorite movie? Is there one that you really hated? Tell me about it.
- What pressures do you feel, and how do you deal with them? Do you know anyone who's always trying to get people to do something? Like what? Who usually goes along with these ideas?
- What are your resolutions for the New Year? Will you be able to keep them?
- What makes for a good dating relationship? How do you get to that point with a person?
- What is the most important invention you can think of? What makes it so important?
- What do you like about school? What don't you like about it? Why do you feel that way?
- Do you think of yourself as a risk-taker? What risks are worth taking? Which ones are not?
- Do you think so-and-so [perhaps a celebrity] is cool? Is there someone at school you think is cool? What makes him or her cool?
- If you had millions of dollars, what would you do with so much money? How did you make these choices?
- If you could only save three things from a disaster, what would they be? What makes these things so important to keep?



## **APPENDIX F**

### **TOOLS AND INFORMATION FOR MINISTERS**

Used with the permission of Spiritual Care at Hanley Center,  
West Palm Beach, Florida

#### **Empowering Ministers With Skills For Recovery**

##### **When We Suspect, What Do We Do?**

Things that work

- Encourage a person to seek out others who are kind, sympathetic to disease & who encourage faith in themselves.
- Invite them to live in present, accepting the past without projecting.
- Extend a hand and heart of HOPE.

Things that were tried and failed

- Being reasonable and logical.
- Pleading with an addict or alcoholic.
- Making empty threats.
- When words fail some cry, scream, kick, or are stone silent.

##### **Drug Dependency's Characteristics**

1. The recurrent, profound, overwhelming urge to repeat the experience of "getting high" or becoming intoxicated, and goes beyond will power.
2. The strength of the urge achieves primacy in the person's psychology, so the need to get high transcends all natural or learned needs, & becomes stronger than basic needs.
3. The urge to become intoxicated becomes independent of any other aspects of our lives. Tension, stress, depression, excitement, etc., can trigger/simulate the urge.
4. Once a person becomes addicted this recurrent state of mind never leaves.

## Signs of the Disease

**For the Individual:** lack of self care (personal hygiene) – failure to trust or believe – night terrors – inability to see anything through to completion – sleeplessness or oversleep – not eating or over eating – job and relationship hopping – speaking about quitting or drinking less

**For the Family:** isolation from community – denial – secrets – hiding and covering the disease from others – physical, emotional and spiritual abuse – domestic violence – financial crisis – co-dependency – trying to fix or rescue – breakdown in communication – kids performance in academics and sports – lack of serenity in home – constant unrest about the next time

## Ministers Should Know the Definition of Alcohol and Drug Dependence and the Societal Stigma Attached to Alcohol and Drug Dependencies

1. Brain disease – the use, abuse & obsession of substances that begins to cause problems for person & family – i.e. filling the spirit with spirits.
2. Identifying Spiritual, emotional, physical signs of addiction and withdrawal:
  - Physical: shaking, tremors, pain, disorientation
  - Emotional: shame, hopeless, isolation, anxiety, restless
  - Spiritual: disconnect with others – God, compromise dignity of person, lose love of life, no sense of mission
3. Be aware of the indicators of the disease which may include:
  - smelling alcohol and avoiding addressing issues
  - chronic tardiness and poor overall self-care
  - watch for kids/adults' body language & attitudinal changes
  - changes in quality of relationships along with change in dress, attitudes, behaviors, commitments
  - marital conflict, family violence, suicide, hospitalization, or encounters with the criminal justice system
  - even changes in beliefs and desire to live

## Recognizing Eight Symptoms of Alcoholic-Type Drinking

- Preoccupation with next time she/he can drink is the hallmark of a drug dependency.
- Increased tolerance in the alcoholic – first hours of drinking predominantly stimulating rather than sedating.
- Gulping drinks - taking the drug so that it acts quickly/order doubles to get high
- Drinks alone – social settings not required to be using
- Using substances as medicine – panacea, tranquilizer, or nightcap for sleep
- Blackout – an experience of amnesia after drink/using
- Protecting the supply – at home, in trunk, at work
- Non-premeditated use – drinking without thinking or planning

## **Characteristics of Stages of Recovery**

- Physical pain, emotional misery, spiritual suffering
- Resentment of all who intervened
- Worthlessness or grandiosity
- Glimmer of hope can be different
- Accepting and open to HELP
- Reaching out and seeking help
- Repair the wreckage
- Appreciation of spiritual awakening: regain a sense of purpose – progress
- Art of practicing honesty daily
- Belonging: community – integration – unity
- Reaching back to help others in trouble

## **Things We Can Do To Guide the Family of Alcohol and Drug Users**

- The best defense is gaining knowledge, achieving maturity & courage to put that into action. Addiction is an illness impacting all.
- No person is responsible for dependence in another person or for his/her recovery.
- Help for the family is essential. Families can and should seek help – counselor, another pastor so as not to support the disease.
- Well-intentioned mistakes by well-meaning people make recovery difficult.

## **The Congregation Can Help**

- Host a workshop or conference for your church
- Sponsor a Lunch & Learn for clergy association with an expert
- Share what you learn with your spiritual leaders
- Publish more in bulletins about the disease of addiction and treatment
- Remember the intention in prayer and mention during liturgical worship

## **What Can Ministers Do?**

1. Be compassionate about the disease
2. Offer help and hope
3. Experience an open 12-Step meeting to grasp dynamics of A.A.
4. Form an outreach or support group
5. Become aware of resources in area
6. Invite resource persons to speak to your community
7. Invite resource people to speak to clergy groups
8. Attend a Lunch & Learn on spirituality and recovery
9. Include addiction treatment topic in Seminary curriculum
10. Call treatment center for guidance



## CONGREGANT QUESTIONNAIRE REGARDING ADDICTION

1. How often do you drink alcohol, occasionally or regularly?
2. How do you de-stress or take the edge off of pressure at work and in life-experiences?
3. Do you find yourself drinking more than intended to calm or soothe you?
4. Have loved ones asked you to please cut back on your drinking?
5. Do you find yourself drinking before major social events where alcohol is served?
6. Do you use drugs prescribed by a physician?
7. Are you following the recommended doses?
8. Are you using drugs, prescribed or otherwise, to cope with feelings and life?
9. Do you tell yourself only ONE drink/drug but cannot taper off?
10. Do you like the quality of your life and work as it is?
11. Is life working for you given your attitudes and behaviors?
12. What do you feel is missing in your life that would bring you some inner peace?
13. Have you found yourself losing periods of time waking up or not remembering anything that happened to you?



## APPENDIX G

### RESOURCES

#### **Books for Clergy and Other Professionals in Faith Communities**

Black, Claudia. *It Will Never Happen to Me!* Bainbridge Island, WA: MAC Publishing, 1981. (Also available in Spanish.).

Keller, J.E. *Alcoholics and Their Families: Handbook for Clergy and Congregations*. New York: HarperCollins Publishers, 1991.

Project ADEPT. *Committed, Caring Communities: A Congregational Resource Handbook for Addiction Ministries*. Austin, TX, 1995.

Schuckit, Marc Alan, M.D. *Educating Yourself About Alcohol and Drugs: A People's Primer*. New York: Plenum Press, 1995 (revised in paperback, 1998).

United States Catholic Conference. *Communities of Hope: Parishes and Substance Abuse, A Practical Handbook*. Washington, DC, 1992.

#### **Books for Adolescents**

Al-Anon Family Groups. *Courage to Be Me—Living With Alcoholism*. Virginia Beach, VA, 1996.

Rosenberg, Maxine B. *Not My Family: Sharing the Truth About Alcoholism*. New York: Bradbury Press, 1988.

*When Parents Are Addicted*. South Deerfield, MA: Channing L. Bete Co., Inc., 1997.

Shuker, Nancy. *Everything You Need to Know About an Alcoholic Parent*. New York: Rosen Publishing Group, 1993.

## **Books for Elementary Students and Younger Children**

Brown, Cathey; LaPorte, Elizabeth; and Moe, Jerry. *Kids' Power Too! Words to Grow By*. Dallas, TX: Imagin Works, 1996.

Black, Claudia. *My Dad Loves Me, My Dad Has a Disease* (Revised). Bainbridge Island, WA: MAC Publishing, 1997.

DiGiovanni, Kathie. *My House Is Different*. Carter City, MN: Hazelden Educational Materials, 1989.

Mercury, Catherine. *Think of Wind*. Rochester, NY: One Big Press, 1996.

Tabor, Nancy Maria Grande. *Bottles Break*. Watertown, MA: Charlesbridge Publishing, 1999.

## **Selected Additional Resources for Addiction Problems:**

### **How To Find Help/Referrals**

If you do not already have effective addiction treatment facilities to recommend to those in your faith community, you may wish to contact the following state or national resources for more information. In the case of a family member who is seeking help for a spouse or parent, encourage family members to participate in Al-Anon or Alateen while helping them to find a “family intervention specialist.”

## **Substance Abuse and Mental Health Services Administration**

SAMHSA's National Helpline

1-800-662-HELP

<http://www.findtreatment.samhsa.gov>

### **SAMHSA's Health Information Network (SHIN)**

SHIN includes the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC). SHIN connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance use disorders.

SAMHSA's Health Information Network

<http://www.samhsa.gov/shin>

Phone: 1-877-SAMHSA-7 (1-877-726-4727)

TTY: 1-800-487-4889

## **National Association of State Alcohol and Drug Abuse Directors**

Each state has a department of alcoholism/drug addiction prevention and treatment services, a governmental agency responsible for the alcohol- and addiction-related programs, resources, and initiatives offered throughout the state. States vary widely in the titles of these agencies and in their organizational affiliation within state government structures. In some instances, the alcohol and drug abuse agencies are combined with mental health services. To locate your state agency, look in your telephone directory under "State Government" listings or contact:

National Association of State Alcohol and Drug Abuse Directors  
1025 Connecticut Ave., NW, Suite 605  
Washington, DC 20006  
Phone 202-293-0090  
<http://www.nasadad.org>

## **The National Council on Alcoholism and Drug Dependence (NCADD)**

NCADD is a nonprofit, national voluntary health agency with a hundred local affiliates that are well acquainted with the problems of those with addictions and are dedicated to helping them. Information about addiction and alcohol treatment opportunities is available through the local affiliates. In some instances, counseling of addicted persons and their families may be provided through the local unit. Look for the listing of your local NCADD affiliate in the telephone directory. If you are having difficulty locating a unit near you, contact:

NCADD  
244 East 58th Street, 4th Floor  
New York, NY 10022  
Phone: 212/269-7797 / Fax: 212/269-7510  
<http://www.ncadd.org>

## **The National Association for Children of Alcoholics (NACoA)**

NACoA directs The Clergy Education and Training Project and works in partnership with major national faith organizations and federal agencies to provide tools for the effective education of clergy in all venues of service and levels of formation to facilitate their ability to address alcohol and drug problems that impact the people they serve. NACoA is a membership and affiliate organization and a clearinghouse for information and support materials for children of alcoholics and for those in a position to assist them. NACoA has videos, booklets, and newsletters. For more information, contact:

National Association for Children of Alcoholics  
11426 Rockville Pike, Suite 301  
Rockville, MD 20852  
Phone 301-468-0985 or 1-888-55-4COAS  
<http://www.nacoa.org>

## **The Rush Center of the Johnson Institute**

The Rush Center's Faith Partners program engages and assists people of faith in the development of congregational teams that promote the prevention of alcohol and drug abuse problems and support and value recovery from addiction. Contact:

The Rush Center  
2525 Wallingwood Drive  
Building 8, #804  
Austin, TX 78746  
1-888-451-9527  
<http://www.rushcenter.org>

## **Alcoholics Anonymous (A.A.)**

A.A. is a voluntary fellowship open to anyone who wants to achieve and maintain sobriety and is an important adjunct to many treatment programs. The fellowship was founded in 1935 by two individuals in an effort to help others who suffer from the disease of alcoholism. A.A. is the oldest of the organizations designed to help alcoholics help themselves. It is estimated that there are more than 2 million members in local A.A. groups worldwide. For further information, look under "Alcoholics Anonymous" in your telephone directory. The Alcoholics Anonymous General Service Office can help to locate a nearby affiliate. Contact:

A.A. World Services  
P.O. Box 459  
New York, NY 10163  
Phone 212-870-3400  
<http://www.aa.org>

## **Al-Anon**

Al-Anon is an organization for spouses and other relatives and friends of alcoholics. Al-Anon groups help families cope with the problems that result from another's drinking, and they help foster understanding of the alcoholic through sharing experiences. Local groups are listed in your telephone directory under "Al-Anon Family Groups." Al-Anon Family Group Headquarters can assist you in finding a local meeting. Contact:

Al-Anon Family Group Headquarters  
1600 Corporate Landing Parkway  
Virginia Beach, VA 23454-5617  
Phone: 757-563-1600  
<http://www.al-anon.alateen.org>

## **Alateen**

Alateen, part of Al-Anon, is for young people whose lives have been affected by the alcoholism of a family member or a close friend. Members of Alateen fellowships help each other by sharing their experiences, hopes, and strength. Alateen is listed in some telephone directories, or information may be obtained by contacting local Al-Anon groups. If you are having trouble locating an Alateen meeting near you, contact Al-Anon Family Group Headquarters at the previously listed address. Alateen also has a Web site at <http://www.al-anon.alateen.org/alateen.html>.









DHHS Publication No. (SMA) 4286  
Printed 2009