

PREVENTION WORKS!

CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT

VI.a. Children of Alcoholics (COAs)

Discussion

“Often, the people hurt most by alcohol abuse and alcoholism don’t even drink; they are the children of alcoholic parents. These children are more likely to experience mental and physical problems and are at a greater risk of being neglected and/or abused. Children of alcoholics are two to four times more likely than other children to become addicted to alcohol themselves. Every community experiences the devastating effects of alcoholism on children.”

Substance Abuse and Mental Health Services
Administration’s (SAMHSA’s) *Children of Alcoholics:
A Guide to Community Action*

Several different labels and acronyms have been applied to children who live—or have lived—in families where parents, older siblings, and other adults engage in substance abuse. The most familiar of these are “children of alcoholics” and “children of addicts,” often referred to simply as COAs. Other terms are “children of substance abusers” (COSAs) and “children of substance-abusing parents” (COSAPs). None of these is precise and accurate, but the intent is to identify children who may be affected by adult alcohol and other drug use. In this discussion, COA is used as a blanket acronym.

COAs are of special, heightened concern to substance abuse prevention programmers, planners, policymakers, and administrators for several reasons. First, they are arguably the largest group of youth whose increased risk for substance abuse has been established. Second, their risk for developing an alcohol- or other drug-related problem is substantially greater than it is for children in families without alcoholism. Third, successful prevention can break a family cycle of alcoholism/addiction that may stretch back over several generations and might continue for many more. And last, but by no means least, there is growing evidence that COAs can and do benefit from prevention, including prevention interventions that are simple, economical, and often intuitive.

There is no annual survey to determine how many COAs there are at any given time. However, based on the results of its 2001 National Household Survey on Drug Abuse (now the National Survey on Drug Use and Health), SAMHSA estimated that more than 6 million children under age 18—about 9 percent of this age group—were living with at least one parent who was

dependent on alcohol and/or an illicit drug. More than 4 million of them lived with a parent who abused or was dependent on alcohol only.¹

In 2006, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) summed up the risks faced by COAs in this way: “being a child of an alcoholic or having several alcoholic family members places a person at greater risk for alcohol problems. Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics themselves than are children who have no close relatives with alcoholism. COAs also are more likely to begin drinking at a young age and to progress to drinking problems more quickly.”²

COSAPs—a term used somewhat interchangeably with COAs—are also more vulnerable to mental health problems than children in families without substance abuse or mental health disorders. To quote from the SAMHSA/Center for Mental Health Services (CMHS) announcement of 2006’s National COA Awareness Week: “Research suggests a close relationship between alcohol problems and mental health. People with mental health problems are at an increased risk for alcohol problems and vice versa.”³

Several studies have found more anxiety-related disorders and depression among COAs, as well as “acting out” kinds of behavior (e.g., rule breaking, defiance, aggression, inattention, impulsivity) associated with attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD).⁴

Yet, most COAs make a positive adjustment to their family circumstances and do not become alcoholics or experience other serious problems, thanks to their resilience and competencies and often aided by supportive adults in their lives. In the Foreword to SAMHSA’s 2003 *Children’s Program Kit: Supportive Education for Children of Addicted Parents*, the SAMHSA administrator wrote: “. . . children of substance abusing parents can and often do overcome the effects of these [family substance abuse] potentially damaging environmental and genetic factors.”

Based on studies of children who grew up in families with alcoholism and/or mental health disorders but did not experience similar problems in their own lives, strategies to support and strengthen resiliency in COAs have been promoted. The National Association for Children of

¹ Office of Applied Studies. (June 2, 2003). *The NHSDA report: Children living with substance-abusing or substance-dependent parents*. Rockville, MD: SAMHSA. Retrieved March 18, 2008, from www.oas.samhsa.gov/2k3/children/children.pdf.

² NIAAA. (January 2006). *Underage drinking: Why do adolescents drink, what are the risks, and how can underage drinking be prevented?* Alcohol Alert No. 67. Rockville, MD: National Institutes of Health (NIH). Retrieved March 18, 2008, from <http://pubs.niaaa.nih.gov/publications/AA67/AA67.pdf>.

³ National Mental Health Information Center. *National Children of Alcoholics Week, February 12-18, 2006*. Rockville, MD: SAMHSA. Retrieved March 18, 2008, from <http://mentalhealth.samhsa.gov/highlights/February2006/children/default.asp#three>.

⁴ Sher, K. J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health & Research World*, 21(3), 247-254. Retrieved March 18, 2008, from <http://pubs.niaaa.nih.gov/publications/ahrh21-3/247.pdf>.

Alcoholics (NACoA), for example, says that adults can make a positive difference for COAs by helping them to:⁵

- Develop autonomy and independence;
- Develop a strong social orientation and social skills;
- Engage in acts of “required helpfulness”;
- Develop a close bond with a caregiver;
- Cope successfully with emotionally hazardous experiences;
- Perceive their experiences constructively, even if those experiences cause pain or suffering, and gain, early in life, other people’s positive attention; and
- Develop day-to-day coping strategies.

Even in families where alcoholism is untreated, NACoA states that children can be protected—or buffered—from “many of the consequences” of their parents’ problems if healthy family rituals or traditions, such as vacations, mealtimes, or holidays, are highly valued and maintained. Also, if the substance-abusing adult is confronted, if there are consistent significant others in the life of the child or children, and if there is “moderate to high religious observance,” children may be protected.⁶

In the early 1990s, when SAMHSA’s Center for Substance Abuse Prevention (CSAP) began raising awareness that alcoholism tends to run in families, it came as good news to many who were already familiar with family substance abuse problems that “the child in an alcoholic home may be helped whether the alcoholic stops drinking or not! It is not necessary to do anything to change the adult’s drinking behavior.”⁷ It was also deemed important to communicate that labeling COAs as such is unnecessary and could cause harm, that labeling their parents as alcoholics, addicts, or substance abusers or singling them out in front of their peers could increase the stress they are already under. More good news—then and now—is all children will benefit from the kinds of interventions likely to help COAs avoid repeating their parent’s problems.

⁵ NACoA. (August 1998). *Children of alcoholics: Important facts*. Retrieved March 18, 2008, from www.nacoa.net/impfacts.htm.

⁶ NACoA. (August 1998). *Children of alcoholics: Important facts*. Retrieved March 18, 2008, from www.nacoa.net/impfacts.htm.

⁷ SAMHSA. (1995). *The fact is...alcoholism tends to run in families*. DHHS Publication No. (ADM) 92-1914. Rockville, MD: SAMHSA. Retrieved March 18, 2008, from <http://ncadi.samhsa.gov/govpubs/ph318/>.

Facts

- Approximately one in four children is exposed to family alcoholism or addiction or alcohol abuse before age 18.⁸
- Research has documented that COSAPs are more at risk than their peers for alcohol and drug use, delinquency and depression, and poor school performance.⁹
- Children in families with alcoholism have different life experiences than children raised in families without alcoholism. They score lower on measures of family cohesion, intellectual-cultural orientation, active-recreational orientation, and independence than other children. They are more likely to experience higher levels of conflict within the family. Many COAs describe other family members as distant and noncommunicative.¹⁰
- Alcoholism tends to run in families. “Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics than children from families with no alcoholic adults.”¹¹
- COAs are at higher risk for earlier onset of drinking and more likely to progress into drinking problems. A combination of factors is at work: the socialization effects of living in a household where there is alcoholism, genetically transmitted differences in response to alcohol that make drinking more pleasurable and/or less aversive, and greater transmission of risky temperamental and behavioral traits that lead COAs to have more contact with peers who drink earlier and heavier than is true for other children.¹²
- “Children of alcoholics are significantly more likely than children of nonalcoholics to initiate drinking during adolescence and to develop alcoholism, but the relative influences of environment and genetics have not been determined and vary among people.”¹³
- COAs are more likely than others to have school problems; to be truant, drop out of school, repeat grades, or be referred to a school counselor or psychologist. They may have trouble bonding with other students, teachers, and school; they may have anxiety

⁸ Grant, B. F. (2000). Estimates of US children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*, 90(1), 112–115.

⁹ Huang, L. X., Cerbone, F. G., and Gfroerer, J. C. (March 2, 2006). Part I. Children of substance abusers; Children at risk because of parental substance abuse. In *Analyses of substance abuse and treatment need issues*. DHHS Publication No. (SMA) 98-3227. Rockville, MD: SAMHSA, Office of Applied Studies. Retrieved March 18, 2008, from www.oas.samhsa.gov/NHSDA/Treatan/treana08.htm#Intro.

¹⁰ NACoA. (August 1998). *Children of alcoholics: important facts*. Retrieved March 18, 2008, from www.nacoa.net/impfacts.htm.

¹¹ U.S. Department of Health and Human Services. (2007). *The Surgeon General's call to action to prevent and reduce underage drinking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved March 18, 2008, from www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf.

¹² U.S. Department of Health and Human Services. (2007). *The Surgeon General's call to action to prevent and reduce underage drinking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved March 18, 2008, from www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf.

¹³ NIAAA. (1997). *Youth drinking: Risk factors and consequences*. Alcohol Alert No. 37. Rockville, MD: NIH. Retrieved March 18, 2008, from <http://pubs.niaaa.nih.gov/publications/aa37.htm>.

related to performance or be afraid of failure. Reasons for these differences have not yet been determined.¹⁴

- COAs are more at risk for disruptive behavioral problems and are more likely than non-COAs to be sensation seeking, aggressive, and impulsive.¹⁵
- COAs have greater difficulty with abstraction and conceptual reasoning and may need very specific, concrete directions and instructions.¹⁶

Federal Resources

SAMHSA

www.samhsa.gov

SAMHSA includes three Centers that engage in program activities focusing on substance abuse treatment, mental health services, and substance abuse prevention.

SAMHSA's CMHS

<http://mentalhealth.samhsa.gov/child/childhealth.asp>

The Child and Adolescent Health section of the CMHS site offers resources to help children who have, or show signs of developing, mental health problems, including children experiencing stress due to problems within their families.

SAMHSA's CSAP

<http://prevention.samhsa.gov/>

CSAP works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work and school environments, drug- and crime-free neighborhoods, and positive connections with friends and family. Children living in families with alcoholism, other substance abuse, and/or co-occurring mental health problems are included in audiences targeted by CSAP and its programs. The CSAP site includes Communities That Care, the Prevention Platform, and various prevention education tools.

CSAP's A Family Guide To Keeping Youth Mentally Healthy & Drug Free

www.family.samhsa.gov/

This public education Web site communicates with parents and other caring adults about ways to promote children's mental health and prevent the use of alcohol, tobacco, and illegal drugs. The Web site provides tips on talking with your child, getting involved in

¹⁴ NACoA. (August 1998). *Children of alcoholics: Important facts*. Retrieved March 18, 2008, from www.nacoa.net/impfacts.htm.

¹⁵ National Association for Children of Alcoholics. (August 1998). *Children of alcoholics: Important facts*. Retrieved March 18, 2008 from www.nacoa.net/impfacts.htm

¹⁶ NACoA. (August 1998). *Children of alcoholics: Important facts*. Retrieved March 18, 2008, from www.nacoa.net/impfacts.htm.

your child's life, setting rules with consequences, being a role model, supporting your child's social development, and monitoring your child's activities.

CSAP's Building Blocks for a Healthy Future

<http://bblocks.samhsa.gov>

Building Blocks for a Healthy Future is an early childhood substance abuse prevention program for parents and caregivers of children ages 3 to 6, developed by CSAP to teach them the basics of prevention and promote a healthy lifestyle. Building Blocks helps open lines of communication with young children—and make it easier to keep those lines of communication open as they grow older.

CSAP's Too Smart to Start (TSTS)

<http://toosmarttostart.samhsa.gov/>

TSTS is a CSAP underage alcohol prevention initiative targeting parents/caregivers and their 9-to-13-year-old children.

SAMHSA's Center for Substance Abuse Treatment (CSAT)

www.csat.samhsa.gov/publications/youcanhelp.aspx

Created for the substance abuse treatment system in the United States, this CSAT Web area includes information and links to resources useful to the prevention field, as well as to treatment providers and the general public.

SAMHSA's Health Information Network (SHIN)

www.samhsa.gov/SHIN

SAMHSA's Health Information Network (also known as the National Clearinghouse on Alcohol and Drug Information and the CMHS Knowledge Exchange Network clearinghouse) stores publications, video products, and archived Webcasts for and about COSAs. These products can be ordered free or at cost from SHIN. Some SAMHSA products available here are of special note:

SAMHSA's Children of Alcoholics: Guide to Community Action

<http://download.ncadi.samhsa.gov/prevline/pdfs/ms939.pdf>

This guide provides information and resources to help community groups raise awareness about the impact of family alcoholism on children. Contents include media messages, sample materials, and directions for organizing a local COA awareness public education program.

SAMHSA's Children's Program Kit (with videos on DVD)

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17245>

The *Children's Program Kit* (2003, Inventory Number: CPKIT-D) is designed to provide materials for substance abuse programs so that they can initiate educational support programs for the children of their clients in substance abuse treatment. The program will

teach children skills such as problem solving, coping, social competence, autonomy, and a sense of purpose and future. The toolkit has activities for children in elementary school, middle school, and high school. It contains information for therapists to distribute to their clients to help parents understand the needs of their children and training materials including posters and DVDs for substance abuse treatment staff members who plan to offer support groups for children. [*Note: Despite this focus on treatment providers, much of the kit's contents can be easily adapted for use in prevention programs.*]

SAMHSA's *Children's Program Kit: Offering Hope, Recovery and Resilience to Children of Addicted Parents*

<http://ncadi.samhsa.gov/multimedia/webcasts/w.aspx?ID=238>

This archived Webcast program explores effective strategies for improving the lives of children of alcohol- and drug-dependent parents and examines SAMHSA's *Children's Program Kit*, developed to encourage appropriate programs and services to help these children. Leaders of SAMHSA, CSAP, CSAT, NACoA, and White Bison are participants in the program.

SAMHSA's *Native American Children's Program Kit*

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17286>

This edition (2005, Inventory Number: NCPKIT-D) of SAMHSA's *Children's Program Kit* was adapted for use with and by American-Indian audiences and developed with assistance from White Bison and other American-Indian community members.

White House Office of National Drug Control Policy/National Youth Anti-Drug Media Campaign's Freevibe/Concerned About Your Parent's Drug Problem?

www.freevibe.com/Drug_Facts/index.asp

Freevibe.com was created for the National Youth Anti-Drug Media Campaign, a program of the White House Office of National Drug Control Policy, to provide teens with the knowledge and personal empowerment to reject drug use and other risky behaviors.

Stopalcoholabuse.gov

www.stopalcoholabuse.gov

Stopalcoholabuse.gov is a portal of Federal resources for information on underage drinking and ideas for combating this issue. Those persons interested in underage drinking prevention—including parents, educators, community-based organizations, and youth—will find information and links to many resources here.

Private Organizations

Al-Anon/Alateen

www.al-anon.alateen.org/

Al-Anon is an international self-help “12-step” program based on Alcoholics Anonymous for families and friends of alcoholics. Alateen groups, for younger members, are sponsored by adult Al-Anon members.

NACoA

www.nacoa.org

The association seeks to create more effective services in communities, increase public awareness, and provide training and training resources for those who want to help COAs. NACoA operates a clearinghouse and maintains the Information on Drugs and Alcohol (IDA) database originally developed at SAMHSA’s Health Information Network.

Phoenix House Center on Addiction and the Family (formerly COA Foundation)

www.coaf.org/

The Phoenix House Center on Addiction and the Family (COAF)—formerly the COA Foundation—develops curriculum, other educational materials, reports, and other information about parental substance abuse for professionals and the general public.

White Bison/National Association of Native American Children of Alcoholics

www.whitebison.org/

White Bison works in American-Indian communities to promote healing and the Wellbriety Movement. According to the White Bison Web site, “Wellbriety teaches that we must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on individuals, families and whole communities. The Well part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing everyday.” While focused on the needs of American Indians, White Bison welcomes the participation of non-Native people and organizations.

Construction of a section of White Bison’s Web site devoted to the National Association of Native American Children of Alcoholics (NANCOA) is under way in 2008. White Bison may be contacted through its site or by telephone for further information.

Strategies/Programs

Strategies recommended for programs for COAs, or in which they may be included, are similar to substance abuse prevention strategies for other youth. An article by James G. Emshoff, Ph.D., and Ann W. Price, M.A., was published in *Pediatrics*¹⁷ and describes these four basic prevention strategies for COAs:

Information/Education

COAs often have misconceptions about alcohol, alcoholism, and what constitutes appropriate drinking among adults who choose to use alcohol. Materials should provide factual information about alcohol, alcohol abuse and alcohol dependence, or alcoholism to reduce misconceptions. COAs also need to be educated about their risk for psychosocial problems, especially alcoholism.

Skills Building

Among COAs, the development of competencies can be protective, helping them cope with stress and reducing their risk status. Focusing on competency is considered preferable to the deficit model of prevention on which some programs are based.

Social Support and Socioemotional Issues

Self-efficacy, the ability to establish and maintain close relationships and effective ways to express feelings and solve problems are often seen as important aspects that help COAs increase their personal–social competence and coping abilities. Such competencies can increase COA adaptation to stressors in their lives. Group participation fosters social support.

Alternative Activities

Alternative activities give COAs the chance to participate in activities that exclude alcohol, tobacco, and other drugs. Some kinds of alternative activities, such as sports, peer leadership programs, or experiential programs like Outward Bound, can increase self-efficacy and self-esteem. They may provide a positive peer group and increase problem-solving and communication and other skills. Alternative activities can be either a component of comprehensive programs or focused exclusively on alternative activities.

Similarly, for lay audiences, information about helping COAs is simple and easy for most adults who encounter COAs to put to use.

The following is from CSAP's original brochure, *The Fact Is...Alcoholism Tends to Run in Families*:¹⁸

¹⁷ Emshoff, J. G. and Price, A. W. (1999). Prevention and intervention strategies with children of alcoholics. *Pediatrics*, 103, 1112–1121.

¹⁸ SAMHSA. (1995). *The fact is...alcoholism tends to run in families*. DHHS Publication No. (ADM) 92-1914. Rockville, MD: SAMHSA. Retrieved March 18, 2008, from <http://ncadi.samhsa.gov/govpubs/ph318/>.

How can COAs be helped to “bounce back?”

This is where the good news is really exciting:

The child in an alcoholic home may be helped whether the alcoholic stops drinking or not! It is not necessary to do anything to change the adult’s drinking behavior. And helping a COA does not require special training or skills.

Simple acts of kindness and compassion can make a big difference in the lives of COAs. Just by “being there” to lend an ear, share normal interests and activities, talk about feelings, accept their mistakes, and support and encourage their friend-making efforts, YOU will be helping.

What else helps COAs?

Tell them that they did not cause alcoholism and cannot cure or control it. But they can learn to cope with it. Make clear that children are not responsible for solving grown-up problems.

Understand that COAs often build up defenses against the pain, shame, guilt, or loneliness they may feel. They may show off, act tough, keep secrets, or hide. You may help by just accepting them for who they are. Encouraging them to share their thoughts and feelings will help them learn to trust others and accept and adjust to their lives.

Get them involved in something about which they feel good. It can be something small like taking care of a pet; or a hobby such as collecting rocks, or stamps, or comic books; or a sport. Go slow, don’t push, but keep trying.

Do something with them on a regular basis, even if it’s only twice a year, such as on the 4th of July or Martin Luther King’s birthday. Providing some consistency and showing that adults can be counted on are important assurances for young people who may have experienced many broken promises and unpredictable parental behavior.

Gently help them get positive attention from others. Let them know they are wonderful, special, and cared about just because they are who they are. Again, go slowly, but tell them often.

Help them see life as really living even though there are times and situations that may be very painful. Help them see beyond their present circumstances. Help them feel connected to nature, art, and history; to heritage, culture, religion; to their community. Help them build a larger picture of their lives and their world than their families’ current problems.

Help them understand that it is okay to ask for help. Assure them that getting help is a sign of strength. Offer some examples from your own life so they'll know how it's done and that it really is okay.

More things to DO:

[Just for Kids Section \(NACoA\)](#)

Follow through if a child asks for help, because it probably required a lot of courage for her/him to do so. Know the local number for Alateen and other sources of help you can offer as needed. Let them know they aren't alone; there are approximately 11 million COAs under the age of 18. Collect information about alcoholism to discuss with the child when it's comfortable for both of you to do so. Be aware and respectful of cultural differences, such as family structure, customs, values, and beliefs. Be aware that some COAs may have been mistreated and may be threatened by displays of affection, especially physical contact. Help them make discoveries, positive connections; instill enthusiasm for life and all its many possibilities.

Remember, it is important not to label or stigmatize COAs or their families. If children identify themselves as COAs, be prepared to refer them to school counselors or professional therapists for additional support.

Strengthening Families Program

www.strengtheningfamiliesprogram.org

The Strengthening Families Program (SFP) is a 14-session family skills training program designed for the high-risk, 6- to 12-year-old children of substance abusers.