

The Effects of Parental Substance Use Disorders on Children and Families

Presented By

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A little about me...

- Licensed Clinical Professional Counselor
- Certified Alcohol and Drug Counselor
- Adolescent Treatment Endorsement
- Registered Co-Occurring Disorder Professional – Supervisory Level
- Over 32 years working with Children, Adults and Families in the field of Addiction Treatment and Behavioral Health

My colleagues and I in a staff meeting circa. 1990



What is a Substance Use Disorder?

SAMSHA defines Substance Use Disorders (SUDs) as follows:

- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Who is SAMSHA and what does he know?

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SAMSHA resources for today's presentation

- **Suggested Resources**

- [What Is Substance Abuse Treatment? A Booklet for Families](#)
Created for family members of people with alcohol abuse or drug abuse problems. Answers questions about substance abuse, its symptoms, different types of treatment, and recovery. Addresses concerns of children of parents with substance use/abuse problems.
- [Alcohol and Drug Addiction Happens in the Best of Families](#)
Describes how alcohol and drug addiction affect the whole family. Explains how substance abuse treatment works, how family interventions can be a first step to recovery, and how to help children in families affected by alcohol abuse and drug abuse.
- [It's Not Your Fault \(NACoA\) \(PDF | 12 KB\)](#)
Assures teens with parents who abuse alcohol or drugs that, "It's not your fault!" and that they are not alone. Encourages teens to seek emotional support from other adults, school counselors, and youth support groups such as Ala-teen, and provides a resource list.
- [It Feels So Bad: It Doesn't Have To](#)
Provides information about alcohol and drug addiction to children whose parents or friends' parents might have substance abuse problems. Advises kids to take care of themselves by communicating about the problem and joining support groups such as Ala-teen.
- [After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department](#)
Aids family members in coping with the aftermath of a relative's suicide attempt. Describes the emergency department treatment process, lists questions to ask about follow-up treatment, and describes how to reduce risk and ensure safety at home.
- [Family Therapy Can Help: For People in Recovery From Mental Illness or Addiction](#)
Explores the role of family therapy in recovery from mental illness or substance abuse. Explains how family therapy sessions are run and who conducts them, describes a typical session, and provides information on its effectiveness in recovery.

All can be found at <https://www.samhsa.gov>

What do the numbers tell us?

In Brief...

- Based on data from the combined 2009 to 2014 National Surveys on Drug Use and Health, about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a past year substance use disorder (SUD). SUDs are characterized by recurrent use of alcohol or other drugs (or both) that results in significant impairment.
- About 1 in 10 children (7.5 million) lived in households with at least one parent who had a past year alcohol use disorder.
- About 1 in 35 children (2.1 million) lived in households with at least one parent who had a past year illicit drug use disorder.

What does that mean?

- **Background:** Parent substance use disorders (SUDs) can have negative impacts on children, including lower socioeconomic status and more difficulties in academic and social settings and family functioning when compared with children living with parents without an SUD.
- **Method:** This report uses data from the 2009 to 2014 National Surveys on Drug Use and Health (NSDUHs) to determine the number of children living with a parent who had an SUD (alcohol use disorder or illicit drug use disorder). The analysis is based on a sample size of 22,200 adults aged 18 or older with at least 1 related child aged 17 or younger residing in the household.
- **Results:** Based on combined 2009 to 2014 NSDUH data, about 8.7 million (12.3 percent) children aged 17 or younger lived in U.S. households with at least one parent who had an SUD. About 7.5 million (10.5 percent) children lived in households with at least one parent who had an alcohol use disorder, and about 2.1 million (2.9 percent) children lived in households with at least one parent who had a past year illicit drug use disorder.
- **Conclusion:** The annual average of 8.7 million children aged 17 or younger living in U.S. households with at least one parent who had an SUD highlights the potential breadth of substance use prevention and treatment needs for the whole family—from substance abuse treatment for the affected adults and prevention and supportive services for the children.

When does SUD impact a family?

In the early stages of substance use disorder, the symptoms and side effects may not impact family functioning and the family may not show any signs of stress.

“The effects of a SUD on a specific family or a concerned significant other are influenced by the severity of the disorder, the presence of other serious problems (e.g., psychiatric illness), the behaviors exhibited by the family member with an SUD, the available support for the family, and the family members' coping strategies. Some family members are more resilient than others and are less prone to the adverse effects of the SUD.”

But as the condition progresses, families can experience...

- (1) Emotional burden. Family members may feel anger, frustration, anxiety, fear, worry, depression, shame and guilt, or embarrassment.
- (2) Economic burden. Money spent on substances or the loss of jobs or reliance on public assistance may cause an economic burden.
- (3) Relationship distress or dissatisfaction. Families may experience high rates of tension and conflict related to the SUD and the problems it causes in the family.

Effects on the family continued...

- (4) Family instability. This may result from abuse or violence. Family breakup may occur because of separation, divorce, or removal of children from the home by Children and Youth Services.
- (5) Effects on the developing fetus and children. Alcohol use during pregnancy can harm fetal development thereby causing [birth defects](#) and problems in child development. Infants born to opioid-dependent mothers are at increased risk for [neonatal abstinence syndrome](#), which can contribute to developmental or cognitive delays. Children of parents with SUDs are at increased risk for abuse or neglect, physical problems, poor behavioral or impulse control, poor emotional regulation, conduct or oppositional disorders, poorer academic performance, psychiatric problems such as depression or anxiety, and substance abuse.
- (6) Effects on parents. Mothers with SUDs may show less sensitivity and emotional availability to infants. Parents of a child with a SUD may feel guilty, helpless, frustrated, angry, or depressed.

Children Living with Parental Addiction: Important Facts

1. Alcohol and other drug use disorders tend to run in families. Children of addicted parents are more at risk for substance use disorders than are other children.

- Children of addicted parents are the group of children most at risk of becoming alcohol and drug abusers due to both genetic and family environment factors.
- Children with a biological parent who is alcoholic continue to have an increased risk (2to9 fold) of developing alcoholism even when they have been adopted. This fact supports the hypothesis that there is a genetic component in alcohol and drug addiction.
- Recent studies further suggest a strong genetic component, particularly for early onset of alcoholism in males. Sons of alcoholic fathers are at fourfold risk (of future substance abuse) compared with the male offspring of non-alcoholic fathers.
- Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will also.
- Adolescents who use drugs are more likely than their non-addicted peers to have one or more parents who also use drugs.
- The influence of parental attitudes on a child's drug-taking behaviors may be as important as actual drug abuse by the parents.
- An adolescent who perceives that a parent is permissive about the use of drugs is more likely to use drugs.

Important Facts continued...

2. Family interaction is defined by substance misuse 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.

3. The following family problems have frequently been associated with families affected by addiction: 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.

- 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.
- Sons of addicted fathers are the recipients of more detrimental discipline practices from their parents.

Even More Important Facts...

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

- Three of four (71.6%) child welfare professionals cite substance abuse as the chief cause for the dramatic rise in child maltreatment since 1986.
- Most welfare professionals (79.6%) report that substance misuse 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.
- In a sample of parents who significantly maltreat their children, alcohol misuse specifically is associated with physical maltreatment, while cocaine abuse exhibits a specific relationship to sexual maltreatment.
- Children exposed prenatally to illicit drugs are 2 to 3 times more likely to be abused or neglected
- Children of drug addicted parents are at greater risk for placement outside the home.
- Three of four child welfare professionals (75.7%) say that children of addicted parents are more likely to enter foster care, and 73% say that children of parents with an alcohol use disorder stay longer in foster care than do other children.
- 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.
- 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 the care each of these babies is \$460.18

Where do SUD and ACEs come together?

What is the ACE test?

- The ACE (Adverse Childhood Experience) test is a measure of traumatic experiences that examines the relationship between adverse childhood experiences and adult health and social outcomes. Examples of ACEs include family separation, mental, or physical abuse. The ACE test is based on the ACE Study conducted by Kaiser Permanente and the CDC.

What are ACEs?

- The ACE study looks at three categories of adverse experience: childhood abuse, which included emotional, physical, and sexual abuse; neglect, including both physical and emotional neglect; and household challenges, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had an incarcerated household member. Respondents were given an ACE score between 0 and 10 based on how many of the 10 types of adverse experiences they reported experiencing.

Living with an addict is an ACE

(Adverse Childhood Experience)

- The ACE study defined parental addiction in a straightforward way “Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?”
- There are several layers to parental addiction that make it an ACE. The first is that someone who is *addicted*, not just a casual user, to a chemical is going to be in an altered mental state regularly. Depending on their chemical of choice, this may render them less aware of their surroundings, minimally responsive, overly responsive, irritable, aggressive, or with impaired judgement, sensory perception or motor skills. A chemical addiction of any sort can impair a parent’s ability to connect with their child.
- It takes money for an addict to acquire their chemical of choice; an addicted parent may use money earmarked for food, rent or diapers to buy their drug of choice, or they may resort to drug dealing or other crime to satisfy their addiction. This exposes their children to potentially dangerous adults, and the increased risk of arrest, itself an ACE, also increases the child’s odds of foster care placement or other major disruption in their lives.
- If there are two or more caregiving adults in the home, the drug abuse is likely to cause strife in the home and increases the odds of one parent divorcing or separating, which is another ACE.
- **Please visit <https://stopabusecampaign.org/take-your-ace/what-is-parental-addiction/> For more information and to check your ACE score.**

So how can we help?

Suggestions found in

CHILDREN IMPACTED BY ADDICTION: A Toolkit for Educators

Educate yourself

- Read this booklet from cover to cover
- Learn the 7Cs and share them with students impacted by parental addiction
- Talk with the school social worker, counselor or psychologist about family addiction

Observe

- There are probably students in your class who appear withdrawn and students who cause trouble and disrupt the class. In either of these scenarios, the student may be asking for help Listen
- Focus on what they are saying
- Give plenty of eye contact
- Don't interrupt
- Reflect feelings e.g. "You sound so worried." "I know it's not easy to talk about these things"

Things to do continued...

Validate

- Let the student know that you hear and understand what they are communicating to you
- Do not judge them or their parents
- Acknowledge what is said
- Ask questions to show your concern.

Empower

- Use the 7 Cs as a guide to help them understand ways they can help themselves
- Identify safe people in their lives to whom they can turn for help
- Help them connect with people and activities that will promote feelings of self-efficacy

Focus on the Child's Needs

- If parents contact you directly about their child's struggles, show them kindness and understanding, but remain focused on the child's needs.
- It is not your role to handle intra-familial conflict

And finally...

Support

- Let your students know that you understand their struggles and that you are there for them
- All students could benefit from the Lessons to Help on the reverse page Know your Limitations
- Seek the help of staff who are trained to help children and families with addiction
- Don't try to handle issues that are outside of your expertise

Important messages for COAs to hear include:

- Addiction is a disease of the brain.
- 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, and your parents still love you even though they are struggling with a serious disease

One way to do that is by teaching them the 7 C's:

I didn't CAUSE it

I can't CONTROL it

I can't CURE it

I can help take CARE of myself by:

COMMUNICATING my feelings

Making healthy CHOICES and

CELEBRATING me

For every do, there's a don't.

- **DON'T** act embarrassed or uncomfortable when a child asks you for help. Your reaction may discourage the child from seeking help and increase his or her sense of isolation and hopelessness.
- **DON'T** criticize the child's alcohol or drug using parent or be overly sympathetic. The child may gain the greatest benefit just by having you listen.
- **DON'T** assume that the child doesn't love their parent.
- **DON'T** share the child's problems with others who do not need to know. This is not only important for building trust; it also protects the child.
- **DON'T** make plans or promises with the child that you cannot keep. Stability and consistency in relationships are necessary if the child is to develop trust.
- **DON'T** try to counsel the child unless you are trained and employed to do so. Refer the child to the student assistance support group in your school or, without such a program, to a local Alateen group.

In Conclusion...

- **You do not necessarily need to identify these children to help them.**

Just by being receptive and helpful to all your students, you have a good chance of helping some who may suffer from the emotional and behavioral dynamics created by familial addiction. In lessons on substance use and misuse, you can discuss the impact of addiction on family life. All your students can draw useful information from such discussions.

- **Prepare yourself to respond when a child comes to you with a personal problem.**

You can learn ahead of time about the resources that are available in your community to help such children and their families. You can prepare yourself to listen effectively, and you can learn what you should and should not say, and what you should and should not try to do.

- **In fact, you can do much to help such children help themselves.**

You can show them how to keep themselves safe, how to turn to adults who can be trusted, and how to find activities that will bring them joy and a sense of accomplishment, such as sports, faith-based youth groups, and school music groups.

More References and Resources

- [https://www.addictionpolicy.org/hubfs/Kit4Teachers ALt 2018-4.pdf](https://www.addictionpolicy.org/hubfs/Kit4Teachers_ALt_2018-4.pdf)
- <https://www.psychologytoday.com/us/blog/the-athletes-way/201607/harvard-study-pegs-how-parental-substance-abuse-impacts-kids>
- <https://www.ncbi.nlm.nih.gov/pubmed/29794556>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725219/>