

Needs and Solutions for Children & Families Impacted by Alcohol and Other Drug Dependency



Fast Facts

- In 2001, more than 6 million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year¹
- 25% of all children will live with a family member who abuses alcohol or is dependent on alcohol²
- Growing up in a household affected by alcohol/drug abuse can have devastating lifelong consequences on mental and physical health³
- Many of these children were exposed to drugs in utero and may, consequently, have emotional, behavioral and/or cognitive problems; early diagnosis is very important to prevent the development of secondary disabilities (For more information on identifying and understanding these problems, see *Drug Exposed Children: What Caregivers Need to Know* Fact Sheet)

How to Help the Children You Care For:

- Lower risk factors⁴
 - Reduce or discontinue parents'/caregivers' current drug use
 - Establish clear limits and rules with consistently enforced consequences in general, but especially for alcohol, tobacco, and other drug (ATOD) use, in particular early (i.e., before age 18) ATOD use
 - Monitor availability of alcohol/drugs in the household and with friends
 - Provide visible supervision
 - Seek early diagnosis of learning differences (LD) or fetal alcohol spectrum disorders (FASD)
 - Follow recommended strategies for addressing and accommodating learning differences (LD), possible cognitive deficits, and fetal alcohol spectrum disorders (FASD)
- Increase protective factors, including those for families and fetal alcohol spectrum disorders (FASD)^{4,5}
 - Help child identify a safe adult
 - Practice clear, honest, direct communication
 - Be involved in the child's activities
 - Help child be successful in school
 - Encourage responsibility by assigning chores appropriate for age, ability and time
 - Help child have a sense of hope or purpose, see beauty in the world, and connect with a Higher Power
 - Build strong bonds (e.g., establish traditions, have meals together)
 - Ensure child has a good quality home (with consistent routines, regular balanced meals, general safety, etc.), especially from ages 8 through 12
 - Ensure that child spends more than 2.8 years in each living environment or placement [NOTE: this refers both to families that move (e.g., military) and foster placements]
 - Ensure that child's basic needs are met for at least 12% of life
 - Establish a stable, violence free home
 - Protect child from experiencing or witnessing violence against themselves or others

What Can YOU Do?

- Take care of yourself
- Model and teach healthy living skills, step-by-step and with role plays; practice skills and provide visual reminders
- Before attempting any other work, remember to address the family rules that develop in chemically dependent families (don't talk, don't trust, don't feel)
- Always acknowledge and openly discuss addiction and its impact on the children
- Incorporate recommended strategies for addressing and accommodating learning disabilities and possible cognitive deficits in all settings (school, home, courts, etc.)
- Increase developmental assets (visit www.projectcornerstone.org/html/assets/41assets.htm for more information on developmental assets)
- Borrow what works: some effective curricula include *Celebrating Families!*, Strengthening Families Program, Nurturing Families, and SAMHSA Children's Kit
- Advocate for family interventions
- Advocate for education and collaboration
- Be bold: Imagine communities where people live better lives; where children are safe, healthy, happy and educated, where people achieve their aspirations
- Offer hope

“To put it simply, no one system has the mandate, resources or reach to address both client level issues and the larger social problems that exacerbate behavioral health problems such as poverty, racism, inadequate housing/homelessness, poor schools, crime, and disparities in health care status.”

- Steve Hornberger, Integrating Systems of Care: Improving Quality of Care for the Most Vulnerable Children and Families (CWLA Press, March 2006)

End Notes:

¹Substance Abuse and Mental Health Services Administration. *Results from the 2001 National Household Survey on Drug Abuse Volume 1. Summary of National Findings*, (DHHS Publications No. SMA 02-3758, NHSDA Series H-17, Office of Applied Studies). Rockville, MD, 2002

²Grant, B., "Estimates of US Children Exposed to Alcohol Abuse and Dependence in the Family" *American Journal of Public Health*, Vol 90 No. 1, January 2000, p. 112 -114

³Anda, R., *The Health and Social Impact of Growing Up With Alcohol Abuse and Related Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo*, Overview of the Adverse Childhood Experiences (ACE) Study for The National Association for Children of Alcoholics

⁴National Institute on Drug Abuse, *NIDA Notes Drug Abuse Prevention Research Update*, Vol. 16, Number 6, February 2002

⁵Streissguth, A.P., Barr, H.M., Kogan, J. & Bookstein, F. L., "Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)," *Final Report to the Centers for Disease Control and Prevention (CDC)*, August, 1996, Seattle: University of Washington, Fetal Alcohol & Drug Unit, Tech. Rep. No. 96-06, 1996

**For more information on drug endangered children, visit our web site
www.nationaldec.org**

This project was supported by Grant No. 2007-DD-BX-K116 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the U.S. Department of Justice.