



Remarks by Claudia Black, PhD

During the past 25 years of my professional career as a therapist and educator, I have worked with thousands of people impacted by the legacy of addiction. I would like to share with you such a story.

I asked Jan, a client, to share with me her experiences growing up. She commented,

We were the late night regulars at the local hospital's emergency ward. For instance, one night Mom dropped a gin bottle on her foot and sliced one of her tendons. Another time, she was washing dishes, drunk, broke a glass and sliced a tendon in her arm. On another night she threw a salt-shaker at Dad, got him in the forehead and he needed stitches. Then there was this night . . . the night Mom fell through the plate glass window and was hanging across the glass. I was home alone and found myself trying to pull her off the glass, she's wailing, I'm crying, there is blood all over. I called my dad at work and he simply said I had to somehow get her in. From somewhere I found the strength, but I was just 9 years old, and she was a big woman. With both of us crying and bleeding, I managed to get her into the house.

Some people ask, "Well, what happened then?" Nothing happened then.
This was simply another night in this young girl's life.

Much will occur in the next three years, though. When Jan is 12, her mother will die from esophageal varices. She dies from her alcoholism. Jan will live the next six years of her life with her chemically dependent father. She is one out of every five children who has two substance-abusing parents. This leaves Jan abandoned in the wake of her mother's alcoholism, her mother's death, and now her father's alcoholism. By age 18, Jan is a cocaine-abusing alcoholic, highly promiscuous, bulimic, and actively suicidal. She will take these issues with her as she enters college.

In her twenties, Jan is in and out of psychiatric hospitals, with multiple suicide attempts, and multiple, contradictory, psychiatric diagnoses. Finally, in her fifth psychiatric hospitalization, a physician, the first out of numerous she has seen, identifies her blatant alcohol and cocaine addiction. He tells her that not only is she the victim of her addictions, but that she will also need to address the impact of growing up with alcoholism—as alcoholism has taken an emotional and mental toll throughout her life.

Recently I had the opportunity to meet Jake.

Jake is 18 years of age and attending a drug and alcohol treatment program, as an alternative to court-ordered jail time. This young man's life started with the appearance of some stability. His father was an aerospace engineer, but in time, due to drinking, job changes occurred and fighting became a way of life in Jake's family. And then, as his father was driving under the influence, there was a car accident, and his mother was killed. Consequently, his sister was put into foster care, and Jake doesn't finish his last year of school. He began spending most of his time on the streets. And the streets became a place of belonging. Today this young man is in mandated treatment.

Will Jake recover from the trauma in his life? Will he recover from his addictions? Or will he continue to be another link in the chain of recidivism? It's hard to tell. He is presently trying to manipulate the system. What we know is that much depends on whether or not he receives appropriate help.



Remarks by Claudia Black, PhD (cont.)

What is apparent for both of these families is that, while the possibilities for intervention on some level were there, they did not occur on any level. Employers did not respond effectively, physicians and hospitals did not respond effectively, nor did the child welfare system. Effectively in these cases would mean to have recognized and employed strategies to educate or intervene in the addictive family systems.

As painful as life is for the Jans and Jakes of the world, the story of families affected by addiction has been with us for a long period in our history. The road of addiction is a well-trodden path.

To make that point, I want to share with you a story written and illustrated by George Cruikshank, originally published in 1846, over 150 years ago. This story is entitled **The Bottle**. Here is the 1846 narrative:

- The bottle is brought out for the first time; the husband induces his wife “just to take a drop.”
- He is discharged from his employment for drunkenness; they pawn their clothes to supply the bottle.
- An executioner sweeps off the greater part of their furniture; they comfort themselves with the bottle.
- Unable to obtain employment, they are driven by poverty into the streets to beg, and by this means they supply the bottle.
- An executioner sweeps off the greater part of their furniture; they comfort themselves with the bottle.
- Cold, misery, and want destroy their youngest child; they console themselves with the bottle.
- Fearful quarrels and brutal violence are the natural consequences of the frequent use of the bottle.
- The husband, in a state of furious drunkenness, kills his wife with the instrument of all their misery.
- The bottle has done its work – it has destroyed the infant and the mother; it has brought the son and the daughter to vice and to the streets and has left the father a hopeless maniac.

The Drunkard's Children

- Neglected by their parents, educated only in the streets and falling into the hands of wretches who live upon the vices of others, they are led to the gin shop to drink at that fountain which nourishes every species of crime.
- Between the fine flaring gin palace and the low dirty beer shop, the boy thief squanders and gambles away his ill-gotten gains.
- From the gin shop to the dancing rooms, from the dancing rooms to the gin shop, the poor girl is driven on in that course which ends in misery.
- Urged on by his ruffian companions, and excited by drink, he commits a desperate robbery. He is taken by the police at a three-penny lodging house.



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- From the bar of the gin shop to the bar of the old bailey, it is but one step.
- The drunkard's son is sentenced to transportation for life; the daughter, suspected of participation in the robbery, is acquitted. The brother and sister part forever in this world.
- Early dissipation has destroyed the neglected boy – the wretched convict croups and dies.
- The maniac father and the convict brother are gone. The poor girl, homeless, friendless, deserted, destitute, and gin-mad, commits self-murder.

Those were the Jan's and Jakes of 150 years ago.

That was 1846. It is now 2001. What has changed? 150 years ago, there were no automobiles, airplanes, computers and websites, but Cruikshank tells us there were people who recognized the relationship of alcohol and addiction to loss of jobs, to health, to family violence and incarceration; to the ongoing legacy to the children, and the multiplicity of addiction that is rampant in our country.

While the nature of addiction or its consequences have not been changing, one of the most important distinctions between history and now is the potential of recovery for both the alcoholic/addict and the family.

Until the advent of the Twelve Step programs, we did not have any ongoing programs for recovery. AA (Alcoholics Anonymous) began in 1935; today in the United States and Canada we have 59,839 groups registered and an estimated 1,327,019 members.

Al-Anon is celebrating its 50th birthday this year. Today there are 15,151 Al-Anon and 1,527 Alateen groups registered in the United States and Canada. Estimated membership of both groups is 216,814. Those numbers expand when we include figures of additional countries throughout the world. AA and Al-Anon are widely recognized as primary recovery resources.

As much as this needs to be celebrated, and deserves to be celebrated, we have a culture with many more active alcoholics and drug abusers than those in recovery. We certainly have many more family members affected negatively by the disease than healing in recovery

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that there are 26 million alcoholics and alcohol abusers in the United States today. The National Institute on Drug Abuse (NIDA) reports 1.5 million users of cocaine; 413,000 users of crack cocaine; and 200,000 users of heroin. The use of crystal methamphetamine is on the rise since 1994, the rate of marijuana initiation is at the highest level since the 1970s, and there is widespread abuse of barbiturates and prescription pills.

What we sometimes fail to remember is that alcohol has historically been and continues to be our number one drug of abuse. But the disease of alcohol and other drug addiction isn't a disease of isolation; it is clearly a family disease. Some 76 million Americans, about 43 percent of the U.S. adult population, have been exposed to alcoholism in the family.

For every person addicted to alcohol or drugs, it is estimated that approximately another four, usually immediate families members, are directly affected—husbands, wives, committed partners, mothers, fathers, brothers, sisters and children, young and adult.



Remarks by Claudia Black, PhD (cont.)

With that thought, let's go back to the statistics just mentioned. We have 1.3 million people in AA, and 216,000 in Al-Anon. That's six times the number of alcoholics in AA than family members in Al-Anon. Given that four people are immediately impacted by one person's active alcoholism, how might the impact of addiction be reduced if we had four times the number of family members in recovery programs?

How might the impact be reduced if we had educational and treatment programs that at least minimally addressed the confusion, fear, and pain suffered by family and children when the addict enters treatment?

As a country, our directives, messages, legislation, and policies regarding addiction are predominantly directed at one person's addiction and related behavior—the alcoholic or addict. This ignores the fact that it is the addictive family system—comprising the other one to four people most directly affected—that perpetuates the disease and continues to be of major cost to our nation.

Research is telling us that:

- Families affected by alcoholism often exhibit increased family conflict, emotional or physical violence, decreased family cohesion, increased family and social isolation, increased stress, illness, financial problems and frequent family moves.
- Separated and divorced men and women are three times as likely as married men and women to say they have been married to an alcoholic or problem drinker.
- Studies of violence against women within the family consistently document high rates of alcohol and other drug involvement.
- A significant factor in the recidivism of women in prison is their personal relationship to alcohol and drug abusing men.

From a research perspective, we know so much more about children, but we are seriously lacking in a research base about spouses, parents and siblings of the alcoholic and substance abuser.

There are an estimated 26.8 million children of alcoholics in the United States. Preliminary research suggests that over 11 million under the age of 18 live in a family system with a member who is alcoholic. We know that:

- These children are at higher risk for placement outside of the home.
- They are more likely to enter foster care and remain longer in foster care than do other children.
- They exhibit signs of depression and anxiety more so than other children
- Their rate of total health care costs is 32 percent greater than that for children from non-alcoholic families. Admission rates to hospitals are 24 percent greater and hospital stays on average 20 percent longer.
- In general, they do less well on academic measures. They also have a higher rate of school absenteeism and are more likely to leave school.
- They are almost three times likelier to be abused and more than four times likelier to be neglected than other children.



Remarks by Claudia Black, PhD (cont.)

A report released in January 1999 by the National Center on Addiction and Substance Abuse at Columbia University says:

There is no safe haven for the abused and neglected children of drug and alcohol abusing parents. They are the most vulnerable and endangered individual in America. They are costing our country billions of dollars in child welfare costs today.

But we must remember that it is the addicted family system, not just the addict. The wife of an alcoholic, raised in an alcoholic family herself, shares:

As I was growing up I really remember wanting only one thing and that was to do it differently than how it was being done around me. Two days before my twenty-third birthday, with my husband in jail for a drinking and driving charge, I looked into the passive eyes of my child whom I had just thrown across the living room floor, and I felt my world and sanity crumble. I was doing it exactly as they had done it.

These, by the way, are the most visible children affected by addiction. In fact, they are the minority. Better than 80 percent are not so visible, suffering in silence. They are what we clinicians describe as the family heroes, family placators, the lost children. When we walk inside the addicted family, we are sometimes surprised to see children who do not appear to be blatantly hurting.

What we fail to acknowledge is that they are children whose survivorship skills are allowing us to turn our heads away until the time comes when their defense mechanisms no longer work and the internalized shame and unspoken pain permeates into their adult lives.

While research is able to document the more measurable forms of abuse, even more prevalent and less measurable is verbal abuse—the name-calling, the blaming, the severe criticizing. And emotional abuse—the broken promises, the lying, the unpredictability.

Families learn to tolerate the hurtful. They come to expect it. They learn to discount their own perceptions and their reality. They succumb to the dysfunctional family rules, “Don’t Talk, Don’t Feel, Don’t Trust, Don’t Think, Don’t Question.” All in an attempt to cope. All dominated by the rules of silence. Be it in our medical systems, our schools or our faith communities, we rely on the children’s ability to get lost in the shuffle.

While all children wake up in a world that is not of their own making, children of alcoholics and drug addicts awake in a world that does not take care of them. They have to find their own way. As they become adults we don’t recognize they are the over-represented clientele filling our doctor’s offices with disproportionate health problems filling family service clinics with problems parenting their children; and commonly repeating the generational cycle of active addiction by being at high risk:

- 1) to marry someone who is addicted to alcohol or other drugs, and
- 2) to become an alcohol or drug abuser due to both genetic and family environmental factors.



Remarks by Claudia Black, PhD (cont.)

Everyone raised with addiction vows to themselves or to someone else that IT WILL NEVER HAPPEN TO ME. They genuinely believe they are going to be able to do it differently. But the legacy continues as family members act out spiritual and emotional bankruptcy, often running, seeking medicators.

The irony is that, with appropriately constructed education and intervention strategies, prevention is possible. We have learned how to treat the addicted person. We also know that treatment works. Successful treatment outcomes often depend upon retaining the person so that the full benefits of treatment can be obtained. Research tells us that family members play critical roles in motivating individuals with drug and alcohol problems to enter treatment, stay in it, and maintain sobriety.

In spite of what we know, we dance around creating direct resources for the persons most influential to ongoing recovery, the spouse and the parents of the addict. We dance around providing resources for the affected family. We dance around resources for the most identifiable high-risk child for alcoholism, drug addiction, and future mental health problems. Each time we focus on the addict without focusing on the family we are in denial about breaking the cycle of addiction.

We have billions of federal dollars going into programs for alcohol and drug abusers, be it in our correctional facilities, community alcohol and drug programs or mental health agencies and faith communities. If we take seriously that addiction is a family disease, a generational disease, then the time has come to allocate a portion of those dollars to programs that address targeted prevention as well as intervention specific to the addictive system. Addiction does not repeat itself generationally out of spontaneous combustion. It repeats itself because we don't strategically intervene with the family.

We need to go where our families are:

- We need to go into our schools, where meeting children's needs through educational support groups could not only bring them clarity and hope; it could help meet the presidential learning objectives. When considering how to spend our Drug Free School dollars, we need to remember that while we are doing our broad-brush approach to prevention of drug abuse and violence, it is also pivotal to focus on the high-risk children of addiction. At the same time we must be careful not to put a mental health diagnosis on these children. By far the vast majority of these children are not sick, what they need is clarity and practical support.

There is growing evidence that children respond to support groups, and – what should be dear to someone's ears – they are the least costly to provide. Group programs reduce feelings of isolation, shame and guilt. Resiliency research is telling us, that with such supportive efforts, these children demonstrate increased autonomy and independence, better ability to cope with difficult emotional experiences and better able to develop coping strategies.

- We need to go to our faith communities. We can ask them to offer support to family members. They are in a position to develop age-appropriate groups for children of addiction, and support groups and educational programs for spouses, parents, and siblings.

- Families and children are in our doctors' offices, where all too often no one ever asks if they are worried about someone at home who uses drugs or abuses alcohol. So identifiable and, yet no one tells them that alcoholism and drug addiction are diseases, that they are not at fault, and that there are adults whom they can trust.



Remarks by Claudia Black, PhD (cont.)

- When an alcoholic or addict goes to treatment, the family is frequently not asked or even expected to be a part of the process. They are asked to be patient, to be helpful when the addicted person returns home. Irrespective of the behavior of the addict, family members are left with their imploding angers, humiliation, fears, sadness, and shame. They only know their helplessness. The tragedy is that we enable the family's isolation, when we know how to intervene.

So often spouses and parents aren't told that they can change their lives in a way that no longer enables the addict and empowers them in the process. Resources are not made available to the family to empower them in a manner in which they could garner self-esteem, make healthier decisions, garner physical and mental health, and end the cycle of addiction.

While federal dollars are being spent on the addicted person to stem the tide of addiction, very little is allocated to treating the family, where the very embryo of recidivism is created. When the federal government dictates where its monies go, it requires of agencies stringent record-keeping that is directly tied into receiving funds. Therefore, the federal government also has the ability to require an intervention process with the family of those people being treated for alcohol and drug abuse. Just as record keeping is an integral part of addiction treatment, so should be modules of education, therapy, and support for the immediate family.

By putting money into programs that treat addiction, and then specifying that a portion of these dollars be allocated to families and children, the target becomes those most immediately impacted by addiction, those whose costs economically, socially, and spiritually could bankrupt our country. If these services were to become a reality, it would provide an opportunity for Twelve Step recovery programs. Neither the government, the helping professionals, nor anyone else, can promote, endorse, or finance any Twelve Step programs. They operate from a basis of attraction rather than promotion, but we can provide the platform for the invitation. It is within the Twelve Step community that ongoing recovery lives.

A 1999 Al-Anon survey reported that nearly two-thirds of its members indicated that the treatment or counseling they received before coming to Al-Anon played an important part in their deciding to attend Al-Anon. By contrast, only 1 percent reported being referred by correctional facilities. And, what has stayed constant for the past 17 years is that employee assistance programs refer only 4 percent. In Alateen, only 9 percent were referred through school systems. The members in this survey also reported strong improvements in their mental health/well-being and ability to function each day at home/work/school. And Al-Anon and Alateen are cost free.

There is no one answer for addressing the ills of addiction, but there is a direct target. How might the lives of families be altered when we intervene directly with the family and children not just the addict?

I speak to you today as a group with the ability to effect change. Each and every one of us, individually and collectively, will play a role. If we are going to do any more than simply repeat a cycle of knowledge every 150 years, we need to be a part of the solution. I have no doubt the solutions lie by effecting change within the family system. It is my hope that, since we know what to do, we have the courage to do it.

All statistics used in these remarks were substantiated by Al-Anon; Alcoholics Anonymous; the National Association for Children of Alcoholics; the National Center on Addiction and Substance Abuse, Columbia University; NIAAA; and NIDA.

Claudia Black, PhD, a NACoA Founder, is a renowned addiction author, speaker and trainer internationally recognized for her pioneering and contemporary work with children of alcoholics, family systems, and addictive disorders.