

Addiction, Grace, & Healing:

IMAGES FOR HEALING



Alcohol-Drug Awareness Resources for Congregations

Table of contents

Introduction	2
Secrets to be shared	2
Dan McFadden	
From death to life	4
Anonymous	
A pastor's personal statement	6
The Reverend Walter H. Swetnam	
My parish helped me find the way	7
Anonymous	
Who is Lazarus?	8
Marguerite Olson Fletcher	
The raising of Lazarus	9
The Reverend Dr. Stephen P. Aphthorp	
How to develop an addiction team ministry	10
The Reverend Canon Lyman E. Howard	
Recommended guidelines for the use of alcoholic beverages in the local church	11
The functional alcoholic	12
Janee S. Parnegg	
Intervention: what is it and how does it work?	14
Betsy Tice White	
Church school materials	15
Background for teachers	15
Vinnie Orpen	
Primary and intermediate (K-6)	16
The Reverend Gary Wilkerson	
Junior high school	18
The Reverend Susanne E. Smith	
Senior high/Adult	19
Sherry Harbaugh	
Sermon themes	20
The Reverend Chilton Knudsen	
Children's sermon	21
The Reverend Gary Wilkerson	
Resources	21
Hymns	22
The prayers of the people	23
Bulletin cover	24

Ecumenical team: Sherry Harbaugh and Josselyn Bennett, Lutheran; Lyman E. Howard and Vinnie Orpen, Episcopalian; and David Hancock, Presbyterian.

Advisory group: David Wilder, Larry Jorgenson, and Ken Smith, Lutheran; Janee Parnegg and Betsy Tice White, Episcopalian; David Zuverink and Jane Watt, Presbyterian; and Joyce McFadden, Brethren.

Scripture quotations are from New Revised Standard Version of the Bible, copyright 1989 Division of Christian Education of the National Council of the Churches of Christ in the United States of America. Used by permission.

Copyright © 1991 Evangelical Lutheran Church in America
All rights reserved

Permission is granted for the participating church bodies to reproduce excerpts from this book provided copies are for local use only and each copy carries the copyright notice printed above.

Manufactured in U.S.A.

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

Introduction

Wouldn't it be great if a number of denominations worked together to produce alcohol and other drug awareness resources for their congregations?" This was the beginning of a conversation that led to a two-year process of cooperatively developing this book.

The National Episcopal Coalition on Alcohol and Drugs (NECAD) and the Presbyterian Church (U.S.A.)/Presbyterian Network on Alcohol and Other Drug Abuse (PNAODA) had been producing alcohol-drug aware-

ness resources for a number of years. The Evangelical Lutheran Church in America (ELCA) had some materials from the predecessor church bodies but was eager to develop some new materials for use in congregations.

Representatives from all three groups made a commitment to find a way to develop a book of alcohol and other drug awareness resources together. Church of the Brethren Addictions Network joined the ecumenical team in the process of identifying what should be included.

The process of working

together has been exciting, rewarding, frustrating, time- and energy-consuming, and continually inspiring.

This material can be used throughout the church. It is appropriate for all educational activities: Sunday school classes, workshops, study groups, women's groups, and men's groups. Suggested sermon themes, hymns, and prayers can be used to help center a Service on Addiction Issues.

If you have questions, comments, or suggestions, call your denomination as listed on the back cover.

Secrets to be shared

Do the terms *alcoholism* and *chemical dependency* sound foreign to church families?

When the topic of chemical dependency or alcoholism comes up in church circles, I find that the common reaction is, "Not us. We don't have anyone in our church who has that problem."

Unfortunately, that's not true. I doubt there are many congregations that don't have at least one family struggling with alcoholism or drug abuse, and most congregations have many. But chemical dependency is a secret that too often can't be shared in the church. This denial eventually cuts us off from a large number of neighbors, coworkers, church members, and our own families.

How can the church minister to dependent people and

their families? First, the church must be open to learning about the disease. We must listen to those who are suffering and in pain. We can begin by becoming familiar with some of the terms and concepts used in the treatment of chemical dependency.

Drug addict, alcoholic, pill addict, pothead, and heroin addict all describe someone who is dependent on a chemical, or substance. The chemical may be alcohol, marijuana, Valium, speed, pain pills, or cocaine.

Regardless of the substance, the addiction is similar and the treatment is the same. Therefore, *chemical dependency* means any addiction to a mood-altering substance—whether it is bought illegally from a drug dealer, bought at the liquor store, or prescribed by the family doctor.

Many church people are confused by the fact that chemical dependency is called a disease. They may ask, "Isn't this simply a way to excuse dependent people from their sinful behaviors?"

Nothing could be further from the truth. Those who seek help through treatment and self-help groups such as Alcoholics Anonymous (AA) begin to accept responsibility for their actions and, when possible, to make amends to the people they have hurt. By the time chemically dependent people arrive at AA or at a treatment center, they are in pain and have hit bottom. They begin recovery not because of the fun they've gotten from drugs and alcohol, but because of the pain of the disease.

The most successful treatment has come from those

who accept the disease concept. Chemical dependency does behave like some other diseases, such as diabetes and cancer (although some cancers are curable):

- ◆ Chemical dependency is chronic. It remains with a person for life. The dependent person can never return to using drugs or alcohol without serious consequences. Total abstinence is the only way to begin a successful recovery.

- ◆ The disease is progressive. When drug use is stopped, physical, emotional, and spiritual recovery can begin, but the addictive process progresses even during abstinence. If relapse occurs, the disease is far more advanced than when the drug was last used.

- ◆ Chemical dependency is characterized by stages with identifiable and predictable symptoms. These symptoms can be learned and recognized by anyone. The most significant symptom is the person's loss of control after using drugs or alcohol, even if this happens only occasionally.

- ◆ Untreated chemical dependency is fatal. An addict or alcoholic who continues using the drugs or alcohol will eventually die of the disease. Death can be seen in other ways too—death of a marriage, death of relationships with children, death of faith in God.

For addiction, unlike some diseases, there is a known treatment that works. Individuals and families who choose to get help have every reason to hope.

Getting help means that chemically dependent people must admit their own powerlessness over the chemicals, acknowledging that their lives have become unmanageable.

For family members, beginning recovery means recognizing their powerless-

ness over other people. Often they have tried to "fix" the dependent person, thinking that they are in some way responsible for that person's use of chemicals. Families get so hooked on trying to help that they end up enabling the dependent person to continue using drugs or drinking. Enabling behavior is any behavior that covers up the negative consequences of the dependent person's use.

Treatment for family members and other friends means getting help for their own "addiction"—an addiction to the dependent person. This is often referred to as codependency. Al-Anon is a self-help group for family and friends. Alateen is recommended for children who live in chemically dependent homes. Families Anonymous is for parents and siblings of young people who are chemically dependent.

Recovery is a long process often characterized by relapse. That can be discouraging for a congregation that puts a lot of effort into helping a family, only to see old behaviors return.

"Too often the church wants a quick fix or wants to avoid the pain altogether," says Terry Cizek, a substance abuse therapist from Portage, Michigan, and a member of the Church of the Brethren's Substance Abuse Task Force. "Understanding that relapse is part of the process will help congregations live out a sense of community by ministering to each other."

Sometimes a congregation notices problems developing in a family before the family itself becomes aware, Cizek notes. In a caring way, church members can recommend professional help or support groups before problems become worse.

Before church people can

offer support and assistance to dependent people and their families, we must be aware that the disease exists in our congregations. I know of many church families whose children are struggling with drugs and alcohol. I know youth who come from homes scarred by alcohol. I know adults who grew up in alcoholic homes and are now struggling with personal relationships as a result.

But these problems are not necessarily known by other members of the congregation because families suffering from this disease quickly learn not to talk about it. Don't talk to other church members because of what they might say. Don't talk to other parents; they will only condemn me for being a bad parent. Don't talk to anyone; we're a good Christian family and this can't be happening to us.

In the article "From Death to Life" which follows this article, Grace talks of her experience growing up in a church family. How can the church be a place where she and others like her can come for help, forgiveness, and grace? Here are some first steps:

- ◆ Attend a local open AA, Narcotics Anonymous, Al-Anon, or Nar-Anon meeting. The public is invited to those meetings listed as "open."

- ◆ Offer your church building as a meeting place for self-help groups such as AA, NA, Al-Anon, Nar-Anon, Alateen, and Families Anonymous.

- ◆ Get resources on alcoholism for your church library.

- ◆ Invite a speaker from AA or Al-Anon to talk to a Sunday school class or church group.

- ◆ Know your local treatment centers. Many offer free educational programs for the public and are willing to send

a professional to speak to groups.

The church can become a place where we are no longer afraid to share our "secret." But just as chemically dependent people need to grow in

their understanding of the disease, so, too, the church must grow in its understanding if it wants to minister to those in our midst who are affected by the disease of chemical dependency.

Dan McFadden is a counselor at a treatment center in Illinois and cochairs the Church of the Brethren's Addiction Network.

Reprinted by permission from *Messenger* magazine, Church of the Brethren General Board.

From death to life

I'm Grace, and I'm an alcoholic and a drug addict. More than three decades ago when I boycotted my first teachers' party because of cocktail hour, I never dreamed I was a potential alcoholic. For most of my life I looked down on those using alcohol, cigarettes, or street drugs, never suspecting that I would become addicted to prescription drugs, and, later, alcohol.

It didn't happen overnight. I sort of slid into my disease, looking for something to help me feel better, ease the pain, give me energy while taking off a few pounds, and calm my inner anxiety. God knows I had plenty of anxiety!

I grew up in a hardworking, nondrinking Brethren farm family where hard work, cleanliness, and goodness were values equated, almost, to godliness. I took my parents' values and doubled them for myself. Yet in my own perfectionist eyes, I could never work hard enough or be good enough for what I thought my parents and God expected of me.

I was a sensitive and a religious child, baptized when I was 10 years old, with perfect attendance at Sunday school for eight consecutive years. I never "parked" with my boyfriend. I was the all-around good girl.

Yet my life was a catch-22. The harder I tried to be good,

the more I fell short and the more I heaped coals of judgment on myself. (I also tossed a few judgmental looks at others and felt guilty about this!) I could easily buy the definition of sin as falling short of what God would have us be, for certainly I was falling short. Yet I did not know where to go for this sinfulness.

I got married, and our sons were born. My responsibilities increased as my husband worked hard in school while holding a job or two on the side. He then became busy in his profession, and I was often left with the small boys for long periods. Isolated and alone, I began to question my ability to fulfill the role I held most sacred—motherhood. Depression set in, and with it fear of suicide which my father had so often threatened. Medical problems followed. I hoped for a chemical solution to my problems, and well-meaning physicians compassionately and obligingly tried to help me by prescribing numerous drugs.

It is difficult to say when I crossed over the invisible line into addiction. It probably happened when we were on the mission field for our first term. As medical problems mounted and depression worsened, my drug consumption increased. The medicines became a problem in and of

themselves. I did not know it then, but at some point my body began to need the pain to legitimize my drug use: I was hooked, caught in the web of addiction. Grace, the "good girl," needed pills to face life.

In the later years of my chemical dependency, I added another sedative drug, alcohol, and it intensified my guilt in a way that no other drug had done. I hid my drinking.

I remember a month-long family trip. I had bought one bottle of vodka on the trip and hidden the empty in my sons' wastebasket, even though my husband knew I had it. Discovering the empty bottle, my youngest son confronted me, saying, "Mom, I don't mind if you drink, but why do you have to hide it?" I didn't know why then, but I hid it because I was an alcoholic deep in denial, even to myself. Denial was part of my disease.

My family was into denial as much as I. They had lived with broken promises and canceled plans, with excuses and mood swings, with demands and a sedated, absent mom. Yet they often denied these things were happening, covered up for me, and explained away or denied their own feelings. In fact, they considered much of our family behavior as normal.

I cannot separate my illness

and depression of those years from my chemical dependency. I have no idea where one ended and the other began. As my sense of guilt increased, so did my feelings of isolation and aloneness.

I prayed long and hard for God to help me—to deliver me from my pain, to give me a ray of light, hope, and direction. I was diligent in church work and prayer and meditation (which too often slipped into prayer and medication!). I never stopped believing that God loved me. I often lamented, “I know whose I am. I just don’t know who I am!” I could not feel God’s love, acceptance, and grace. I could not love, forgive, or accept myself.

God’s answer to my earnest prayers came in a strange way. I could accept going to a month-long, inpatient treatment program for chemical dependency, but I was totally unprepared for being sent to a halfway house for alcoholic women. A nice Brethren lady like me, 600 miles from home for six months with a bunch of drunks! Yet I had no question that this was God’s will for me.

Slowly, physical and emotional healing took place for me at *Transitus House* (Latin meaning “from death to life”). Of even greater importance was the spiritual mending that began. It was there as I was patiently taught the life-changing spiritual power of the Twelve Steps of Alcoholics Anonymous that God’s love, forgiveness, grace, and acceptance began to become real to me.

In these simple Twelve Steps I found a workable way to put life and meaning into what the church had been trying to teach me for half a

century. I attended meetings where others shared their stories of pain and struggle, their experiences of falling short, their sense of sinfulness. They witnessed, both verbally and nonverbally, to the transforming power that came in surrendering their will and their lives to God. As they talked, I knew I was one of them—no better and no worse. In accepting myself as Grace, alcoholic and addict, I began to accept myself as being whole and healed, a redeemed sinner, one of God’s chosen and loved persons. By looking myself straight in the eye and accepting my weaknesses, I was able to claim my strengths as well as to embrace and rejoice in the whole me.

I continue to attend meetings and work closely with a sponsor, a mentor who is lovingly confrontive as well as supportive. She can see my progress when I am blind to it and pick up signs of old behaviors and “stinking thinking” long before I am aware of them. I still lean heavily on friends who knew and loved me in my “using” days and nurture and love me still. I am grateful for these persons.

For years I prayed for peace of mind, for the ability to love myself as God loved me. I had prayed for the sense of life task and empowerment and energy to carry that out. I had asked for real joy in living, for courage to change, for spiritual growth. I struggled, I searched, and I worked. I struggle less now, yet these things are becoming a reality in my life. God is doing for me what I could not do for myself.

Gradually, recovery has come within my family too. They attended two family

programs while I was in treatment. My husband now goes to Al-Anon for himself, not to learn how to keep me sober or straight. Our sons are getting help in their own ways through counseling, Adult Children of Alcoholic Groups, Al-Anon, reading, meditation, and just being open. All are active in church fellowships.

My daughter experienced the most trauma as my disease progressed. Our relationship was the most painful and broken. Gradually, through family counseling, prayerful searching, love, and just plain letting go, God’s miracle of healing and forgiveness is being worked out in our relationship too. It’s amazing to watch the family transformations.

Do you wonder that I say I am grateful to be an alcoholic? Sister Anna Mow, a teacher/friend, used to assure me that the “dark hours of the soul” were a God-given trust not to be discounted, discredited, or denied. I encourage people to embrace their individual dark hours and to witness to God’s healing power in their lives. So often we hide our pain as under a bushel when, in fact, the world needs our beam of faith, hope, and light.

In respect for the AA tradition of maintaining personal anonymity at the level of press, I have used the pen name Grace. Somehow the name fits. It is only by the grace of God that today I can personally share my experience, strength, and hope.

If you wish to contact the author, write to “Grace”, c/o *Messenger*, 1451 Dundee Ave., Elgin, IL 60120.

Reprinted by permission from *Messenger* magazine, Church of the Brethren General Board.

A pastor's personal statement

There is always an element of risk in telling someone who we really are. I have just had the experience of telling a pulpit nominating committee that I am a recovering alcoholic and attending AA is an important part of my life. I am happy to report that this information was well received and that I will soon be serving a group of persons who called me even though they knew that I have this disease.

I remember the fear and trembling in my voice at that earlier session meeting when I asked for a 30-day leave of absence to be treated for alcoholism. The request came as a surprise to them for I had been very discreet in my drinking. In the three years I had been their pastor, I had neither missed work nor had I ever been seen in public while under the influence of drugs or alcohol. Although they were doubtful that I had serious problems in this area, they did trust me when I shared how much my private drinking was hurting me, and they did grant the request.

My first Sunday back in the pulpit is a day I will never forget. What does a pastor say to his people on such an occasion? Armed with simple notes about the prodigal son, and praying that God would give the courage for these thoughts to be shared, I entered the sanctuary. The church was packed. As I walked down the aisle, the people stood and clapped.

Some of them did not understand how or why their minister was an alcoholic, but this ovation was their way of saying that they did not need to understand before they could love. This level of support also answered a question which had haunted me for several years: If the shepherd feeds the sheep, who feeds the shepherd? In this case it was the sheep.

I am deeply grateful for the support of my family, the congregation, and the ministerial relations committee of the presbytery. I have not always been this lucky.

Alcohol use was not a part of my early life. I was born to a deeply religious, totally abstinent missionary family. My first taste of alcohol came during my senior year in high school. I abused it some in college but did not drink at all in my seminary days or in my first pastorate. I turned to alcohol and barbiturates as a crutch to help me deal with stress during my second pastorate.

It was confusing to me that the very things I used to help me cope with life were the things which were turning against me. I did not know what to do about myself, for I was powerless to control how much alcohol and drugs I used. My family members were just as locked into reactive patterns of behavior as I was to my patterns of drinking.

Neither the presbytery nor the session knew what to do with a minister who abused

alcohol. There was little support because no one knew what to do. It was as if no one had ever heard of treatment centers or AA. It was also as if persons in caring professions should be immune to problems of this sort. I thank God each day that public attitudes are changing, not only in recognition of the vulnerability of persons in caring professions, but also in better public knowledge of what can be done to help and support a family when this type of crisis occurs.

In these three and a half years of enjoying a happy sobriety, I have discovered other pastors who have struggled with these same problems and come forth victors. But I have also found those who prefer not to talk about these issues, who believe the problem of substance abuse is not within their scope of ministry. I have sometimes suspected various reasons: 1) judgmental attitudes about the use of alcohol in general, 2) the fact that greater information in this field might require them to examine their own use of alcohol and tranquilizers, 3) the fact that they are frustrated with a problem that does not have simple theological solutions, or 4) that they feel threatened by the nonsectarian spiritual dimensions of the AA model of recovery.

This area is wide open to pastors who want to help. If the minister is knowledgeable about the subject he or she can learn to recognize the

problem, make wise referrals, and be supportive to family members who turn to them for help.

I believe that I have experienced a personal resurrection in my own life. I owe this, at least in part, to persons on my session and in the presbytery

who cared enough to be informed when I needed it most. Thank God for such people!

The Reverend Walter H. Swetnam is a Presbyterian minister. This article was first written in 1981. More than nine years

later, I remain the pastor of the church mentioned in the opening paragraph of this article. This is still a solid pastoral relationship and I continue to have a good sobriety of almost 13 years.

Copyright © 1981 Walter H. Swetnam. Used by permission.

My parish helped me find the way

Our minister encouraged the congregation to seek the church's help in life's ups and downs, but it took me a while to muster up the courage to go. First I went for counsel about one daughter's marital problems, later when my son was getting married, again when another adult daughter began drinking excessively, and finally for help with my husband's alcohol problem. Fortunately, this same understanding minister recognized a familiar pattern in our family problems. He sent me first to Al-Anon and then to a clinical psychologist, who was my mainstay for several years thereafter.

But something was still missing. Although I considered myself a nurturing and forgiving mother and wife, my life wasn't all that it should be. Something seemed to be lacking on the spiritual side. Even though I am a cradle Episcopalian who truly loves God, at times I feel very inadequate in my knowledge about God and, in the early days of Al-Anon, I couldn't see how the Twelve Steps fit into my church life at all.

When Father M. came to our parish as a consultant for our stewardship campaign, he openly shared the fact with us that he was a recovering alcoholic. Could he be the necessary connection to help me integrate my understanding of the Twelve Steps with my understanding of the church?

At that time my daughter's drinking was still causing problems, and we had allowed her to come back home to live. I made an appointment to talk with Father M. about the situation. His response was the essence of tough love: "If you allow her to stay at home, her drinking will probably kill her." Up to that point I had been confusing Christianity with softheadedness. There was nothing Christian about allowing my daughter to drink herself to death under our very noses. I saw that she would have to suffer in order to make a breakthrough, and that I would need a lot of help in allowing her to go through that suffering.

Father M. introduced me to the National Episcopal Coalition on Alcohol and Drugs, a

nationwide church group dedicated to advocacy and to recovery. He also told me about our diocesan Office of Pastoral Care, which became an important resource for me. My hope continued to grow. Eventually an addictions team ministry was established in our parish to help those troubled by the effects of alcoholism and other forms of addiction. I had been taking a course on alcoholism and addiction, and as I became more open to God's healing love, I was able to become a part of this ministry, with encouragement from others.

Today, because someone in my faith community understood the family disease of addiction, four members of my family are in Twelve Step recovery programs. Some of us have had an occasional relapse, including me. However, God has been present for me throughout this struggle. God, in God's mercy, was revealed to me when I opened myself to my church and those around me. I still need help and will continue to need it. The difference is that now I know where to go. My parish helps me find the way.

Who is Lazarus?

There is no biblical evidence that Lazarus was an addict. As Jesus called Lazarus to come out of the tomb and told those nearby to unbind him, so the addicted or codependent person is called to new life and is unbound with the help of caring people: Twelve Step groups, treatment centers and supportive Christians. In this drawing Marguerite Olson Fletcher has caught a moment in the unbinding when Lazarus is not certain he wants to go on with the unbinding. Change and new life are scary challenges.

I am Lazarus. I am an addict. I have visited death and am slowly coming back to life. The bondages of my addictions still cling and bind as I struggle to overcome old destructive patterns. My recovery of life is a step-by-step process; layer by layer the history of my disease is revealed and healed. Sometimes I am afraid to be unwrapped. The deep wounds of my addictions cause emotional, physical, and spiritual pain. I feel my isolation like a cocoon, shielding me from the world I left behind, from the people I have hurt and disappointed, from my own shame. I need to heal in my own time and I need to find a safe place to recover my life and faith.

We are all Lazarus. Most everyone is affected at some point in his or her life by the disease of alcoholism or addiction; in our families, through our friends, in our schools, at our jobs. We are also beginning to recognize the pervasiveness and interrelation of addictive behavior whether through substance

abuse or abuse of ourselves and others through compulsive use of relationships, time, money, work, causes, etc. The alcoholic/addict in our midst is like the tip of an iceberg, calling attention to a lethal situation. Some of us share the chemical disease. Most of us are caught up in some form of dependent behavior which can mirror the insidious pattern of addiction and be just as deadly unless we, too, are called back to life.

Lazarus is our colleague, our support. Jesus calls his friend from the tomb. Lazarus emerges with a powerful new wisdom. He can now walk with Jesus in an empathy which not even the disciples share. He knows what it means to enter into death and

return to the living. The addicts in our midst carry the experience of Lazarus. We need them as witnesses and guides. They have gone before; they have pioneered the great healing programs of our century, Alcoholics Anonymous and Al-Anon. In the loss and recovery of his friend, Jesus was given partnership and support for his own immense journey. We all have the opportunity for fellowship with Lazarus. Lazarus is an icon of recovery.

Marguerite Olson Fletcher, artist, recovering Christian, is a member of a Lutheran parish in California.

Copyright © Marguerite Olson Fletcher. Used by permission.



Copyright © Marguerite Olson Fletcher. Used by permission.

The raising of Lazarus

Jesus began to weep” (John 11:35).

This is the only account in any of the four Gospels where we see Jesus crying. His tears of sadness may have been prompted by his grief at the death of his dear friend Lazarus mingled with his compassion for Mary and her sister Martha who were grieving. Death had taken their brother, Lazarus. “Martha said to Jesus, ‘Lord, if you had been here, my brother would not have died. But even now I know that God will give you whatever you ask of him’” (John 11:21-22).

Many Christians living a life of faith, grounded in Jesus’ death and resurrection, believe that when someone is lost to the living death of chemical dependency and codependency, there is nothing that can be done. They wrap that person in burial shrouds, grieve over him or her and say, “If the Lord had been there, he would not have died.” And Jesus says to us, as he said to Mary and Martha, “Your brother will rise again. . . . I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die. Do you believethis?” (John 11:23, 25, 26).

While Mary and Martha are inconsolable, still there remains a seed of faith. Martha says, “But even now I know that God will give you whatever you ask of him” (John 11:22).

Surprisingly, all that is necessary to begin to unwrap the shrouds of chemical dependency is one or two people who have that small seed of faith and are willing to get a chemical health work-

shop going. With good training, scores of clergy and key laity can come away knowing what to do to unbind the burial shrouds of someone’s alcoholism, drug addiction, or codependency.

By and large, the one or two people with that seed of faith begin with the planting of their own seed; that is, they start small. They poll a few members of the congregation who might be interested in addressing the problems of alcoholism and drug addiction in the congregation. When there is a core of people who feel committed, the next step is to approach the pastor and solicit his or her backing. With the pastor’s encouragement and blessing, a specific ministry is established. Some call it addiction team ministry or ATM. Some call theirs congregational assistance program or CAP and some call it support team ministry. Whatever the name of the special ministry, the next step is to answer the question, “What can we do in this congregation to address the problems of chemical dependency?” At this stage it could be helpful to use some of the resources found elsewhere in this resource book. It is most important that concise and accurate material be used in order for ATM or CAP personnel to establish a clear understanding of their ministry. The point is to raise the level of awareness, understanding, and compassion to the point that chemical dependency is understood as a sickness, not a sin. The idea behind this approach is that when a congregation understands alcoholism and drug addiction as a disease, then the hope of resurrection is and can be made available to a

suffering “Lazarus.” Members of the ATM or CAP are educated, ready, and faith-filled to the extent they are comfortable unwrapping the burial shrouds. When a person helps another into treatment and recovery it is a resurrection experience for everyone involved. Where once it seemed the only possibilities were filled with anger, hurt, and resentment connected with a person dying with alcohol or drug abuse, now there is a cosmic breakthrough wherein everyone involved is thrilled with the reality of new life, new hope, new joy.

Jesus need weep no longer. In every congregation those who are dying of chemical dependency can now be raised to recovery. Church bodies from mainline denominations to the fundamental free churches are answering “Yes!” when Jesus asks, “Your brother, your sister will rise again. . . . Do you believe this?” It takes a Mary and a Martha to raise him or her, however—one, two, or three gathered together in Jesus’ name who even in their fear or doubt are able to say: “But even now I know that God will give you whatever you ask of him” (John 11:22). Even the raising of Lazarus.

The Reverend Dr. Stephen P. Apthorp, an Episcopal priest, is the author of *Alcohol and Substance Abuse: A Handbook for Clergy and Congregations*, is Director of Alcohol and Substance Abuse Prevention in Tucson, Ariz., and conducts chemical health workshops worldwide.

Copyright © Stephen P. Apthorp. Used by permission.

How to develop an addiction team ministry

Addiction to alcohol and other mind-altering drugs is as pervasive in the church as it is in the public at large. Many congregations are discovering that more than 80 percent of their own people are affected directly either by their own addiction to alcohol or by someone else's addiction. We are not powerless to influence this situation for the better. There are community resources, both professionals and experienced, qualified nonprofessionals, who are willing and waiting to help. The objective of the addiction team ministry (ATM) is to bring the suffering person and the resources together.

Expecting the clergy to know all the answers to addiction problems that come to their attention is unrealistic. As a prominent drug counselor has properly observed, "Clergy must be shepherds, not veterinarians." They need help. The people in the pews are uniquely positioned to give it. They are where the action is: the factories, the business places, the schools, the streets, and in the homes.

◆ The first and most important place to begin is with the elected representatives of the congregation. Ask them to develop a statement of purpose that reflects their commitment to being part of the solution to the problem. Ask that a policy be established regarding the use of alcoholic beverages at church activities. (See recommended

policy on page 11.) The church's representative leadership may want to establish a policy reflecting its desire to establish an ATM in your church. Proceeding in this manner also helps the congregation understand that its leaders are not denying the seriousness of the problem but earnestly want to minister to those who are being injured by addiction.

◆ Next, identify the people in the congregation who, because of their personal and professional concern, are best equipped to act as lay ministers to those troubled by addiction. They should be active members of one of the Twelve Step support groups (Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon). There may also be teachers, clergy, and other professional therapists and counselors who are knowledgeable about the misuse of alcohol and other drugs. Invite them to meet together and enlist their support in the addiction team ministry of your church. (A note of caution: Do not make a public announcement asking for volunteers; let the ATM be by invitation.)

◆ Third: Establish the goals and intentions of your ATM. To help your efforts, bring in substance-abuse experts and use the many instructive films on the various addictions. Make vital connections with treatment resources, prevention personnel, and law-enforcement agencies. As your

knowledge increases, numerous doors of opportunity will open.

◆ Fourth: Present your plans for ministry to the leadership, asking for its approval and endorsement. Be prepared to address any concerns they might express. You may find that they want to be advised about any plans for church and community activities. Also, be prepared to explain your requests for funding through the church budget.

◆ Fifth: Evaluate each phase of your activity. Because we are human, we will make mistakes. The trick is to learn from whatever happens. Develop a regular format for appraisals: what was most helpful, least helpful, and why?

◆ This last suggestion may seem obvious, but it needs to be said: make prayerful intercession a vital and continuing part of your activities and planning. (See final prayer in "The Prayers of the People," page 23.) Allow the Holy Spirit to infuse your mind, your motives, and your energy.

The Reverend Canon Lyman E. Howard is a NECAD board member and a retired Episcopal priest.

For more information regarding Addiction Team Ministry, contact any of the following:

◆ The National Episcopal Coalition on Alcohol and Drugs, 876 Market Way, Clarkston, GA 30021, 404-292-2610.

◆ ELCA Division for Congregational Life, 8765 W. Higgins Rd., Chicago, IL 60631, 800-638-3522.

◆ Presbyterian Church (U.S.A.)/Presbyterian Network on Alcohol and Other Drug

Abuse, Social Justice and Peacemaking Unit, Office of Human Services, 100 Wither-
spoon Street, Louisville, KY
40202-1396, (502) 569-5793:

◆ Church of the Brethren Addictions Network, Rt. 4 Box

136, North Manchester, IN
46962, 219-982-8280 or 800-323-8039.

Copyright © Lyman E. Howard. Used by permission.

Recommended guidelines for the use of alcoholic beverages in the local church

Many churches have never endorsed the prohibition of using beverages containing alcohol among adult members. Scripture offers Jesus' example of the use and serving of wine in his first miracle at Cana and in the institution of the Holy Eucharist. If an adult member elects to use alcohol, however, moderate usage is expected. Church members should be educated regarding those conditions that might consequently compromise the health and safety of oneself or others. Many churches also support and feel they have a responsibility to those people who abstain from the use of alcoholic beverages for whatever reason.

Many churches do not serve alcoholic beverages at social functions, but for those that do the following guidelines are given:

◆ All applicable federal, state, and local laws should be obeyed, including those governing the serving of alcohol to minors.

◆ Alcoholic beverages and food containing alcohol must be clearly labeled as such.

◆ Whenever alcohol is served, nonalcoholic alternatives should always be offered with equal attractiveness and accessibility.

◆ The service of alcoholic beverages at church events should not be publicized as an attraction of the event.

◆ The group or organization sponsoring the activity or event at which alcoholic beverages are served must have permission from the church for this plan. Such groups or organizations must

also assume responsibility for those persons who might become intoxicated and must provide alternative transportation for anyone whose ability to drive may thus be impaired.

◆ Recognizing the effect of alcohol as a mood-altering drug, it would be advisable to consider the nature of the function at which alcoholic beverages are proposed to be served.

◆ Chemical usage other than alcohol is clearly controlled under federal, state and local laws and, as such, should be forbidden at any church function.

These guidelines are adapted from a resolution passed by the 1985 General Convention of the Episcopal Church.

The functional alcoholic

The functional alcoholic is a: husband • wife • doctor • lawyer • priest • bishop • mother • father • butcher • chief of police • secretary • boss • carpenter • artist • son • engineer • Realtor • sister • brother • laundryworker • letter carrier • the President • the First Lady • teacher • blue-collar worker • contractor • banker • computer expert • janitor • daughter • soldier • psychiatrist • sailor • grammar school student • high school student • college student • truck driver • dentist • golf pro • ski instructor • movie star • waitress • minister • nurse • cousin . . . and everyone else.

The functional alcoholic does not necessarily:

- ◆ Get drunk every time he or she drinks.
- ◆ Drink a large amount.
- ◆ Have hangovers.
- ◆ Miss a lot of work.
- ◆ Drink during the day, or even during the week.
- ◆ Drink every day, week, or month.
- ◆ Look bleary-eyed.
- ◆ Have slurred speech.
- ◆ Stagger.
- ◆ Get unpleasant or belligerent with other people.
- ◆ Drink in the morning.
- ◆ Become physically abusive.
- ◆ Become verbally abusive.
- ◆ Crave a drink.
- ◆ Show up late for work.
- ◆ Have any kind of withdrawal symptoms.
- ◆ Get a DWI.
- ◆ Ever look drunk.
- ◆ Have blackouts.

The family usually sees the first symptoms but is frequently unable to evaluate what those symptoms mean and often attributes them to other causes.

The functional alcoholic does have personal problems that are caused by or related to the use of alcohol such as:

- ◆ Sleep problems
- ◆ Financial problems
- ◆ Sexual problems
- ◆ Thinking problems
- ◆ Mood problems
- ◆ Health problems
- ◆ Flash anger problems
- ◆ Relationship problems
- ◆ Social problems
- ◆ Emotional problems
- ◆ Self-esteem problems
- ◆ Family problems
- ◆ Employment problems
- ◆ Spiritual problems
- ◆ Legal problems

All these problems usually do have alternative and very plausible explanations. How, then, does anyone identify a developing addiction problem? Certain things do begin to happen and when examined carefully, a pattern slowly emerges. The following list is by no means complete but includes indications of the types of things to look for. Remember, the alcoholic is often a brilliant super achiever, is employed, and frequently is an admired citizen (right there in the midst of his or her problem).

The family sometimes notices that their functioning alcoholic may:

- ◆ Drink the first couple of drinks quite rapidly, but that isn't such a big deal, is it?
- ◆ Fix a drink first thing upon arriving home to relax, to calm down, after a hard day. It seems to be an innocent enough ritual.
- ◆ Require a drink before dealing with any family problems, for example, Johnny's report card, washing machine breaks

down, Aunt Matilda coming to visit, etc.

- ◆ Consume a "drink or two" more even after others have quit.
- ◆ Have a ritually important nightcap "in order to sleep."
- ◆ Frequently seem unable to have just one or two drinks, but doesn't seem to get really drunk.
- ◆ Show discomfort in situations where no alcohol is available, for example, dislikes going to restaurants where no liquor is served, avoids even fun activities where there is no chance to drink.
- ◆ Make an excuse to leave a party early where the alcohol flow is moderate, even though his or her companion is having a good time.
- ◆ "Draw a blank" about conversations or happenings which occurred while drinking, which would normally be remembered (blackouts).
- ◆ Explain his or her drinking, even though no one asked.
- ◆ Make a big deal out of not drinking for a few days, weeks, or months.
- ◆ Makes promises that aren't kept.

The functional alcoholic may miss work, at first sporadically, because of:

- ◆ The 24-hour flu, especially popular on Monday
- ◆ Sinus headaches
- ◆ Food poisoning
- ◆ "Allergy flare-ups"
- ◆ Minor accidents (sprained ankle, broken toe type; he or she usually asks someone else to make the excuse call to the place of work)
- ◆ Upset stomach
- ◆ Severe illness in family
- ◆ Death in family
- ◆ Bad cold
- ◆ Back pain

- ◆ Car trouble
- ◆ Migraine
- ◆ Cramps
- ◆ Toothache
- ◆ Illnesses that are often related to excessive use of alcohol but provide legitimate excuses all by themselves, for example: ulcers, gastroenteritis, diabetic crisis, carditis, hypoglycemia, colitis
- ◆ Illnesses where clear-cut medical determination cannot always be made. Most doctors are rather reluctant to say to the patient that that pain in the head, neck, back, shoulder etc. does not really exist, even when they cannot identify the cause.

The functional alcoholic may have the family convinced that they are the cause of such symptoms as:

- ◆ Disinterest in family projects: home repairs, gardening, meal preparations, auto upkeep, kid's school work or special school programs, going out or staying home.
- ◆ Irritability, "throwing a fit" over trivial things, argumentativeness.
- ◆ Aloofness, sarcasm.
- ◆ Ever-wider mood swings—super happy or very down.
- ◆ Melancholy and/or extremes of anxiety.
- ◆ Forgetfulness, for example, appointments not kept, errands not done.
- ◆ Disinterest in sex or an aggressive attitude toward sex.
- ◆ Spending more time alone.
- ◆ Any change in personal appearance—weight loss, weight gain (bloat).
- ◆ Skipping meals or picking at food.
- ◆ Annoyance over or evasion of any discussion of his or her drinking.

- ◆ Complaints over the use of or lack of money.
- ◆ Procrastination.
- ◆ Becoming more and more withdrawn and isolated.

And still none of these signs may seem to be directly connected to excessive drinking. There are always other explanations, such as the death of a friend or relative, job pressure, health problems, divorce or separation, or "passages."

As the early stage functional alcoholic slides into the middle stage, we begin to see more obvious signs:

- ◆ Flushed face or grayish pallor.
- ◆ Eyes less clear.
- ◆ Nervous symptoms, for example, high-keyed, possible chain smoking; constant coffee drinking; a very uptight appearance.
- ◆ His or her drinking becomes less and less predictable. Sometimes drinks "normally," sometimes really "ties one on."
- ◆ He or she makes sure there is "enough" liquor in the house. Buys in large economy sizes. He or she is very upset if it runs out, goes to elaborate and frequently inconvenient lengths to replenish supply; might even arrange a sudden visit to a friend where drinks are sure to be offered.
- ◆ He or she may be having more frequent memory blanks (blackouts).
- ◆ When confronted about his or her drinking, becomes irritable, defensive, angry or belligerent and tries to blame the confronter.
- ◆ Might have a morning drink—a beer or two "to get going."
- ◆ Explains (rationalizes) his or her drinking, for example:
 - drank on an empty stomach—it really hit him or her;

- by accident, had to switch drinks—gin to rum, etc., and those are "fatal" combinations;
- someone spiked the drinks;
- wasn't drunk—had low blood sugar;
- not drunk—was coming down with the flu.

- ◆ He or she only drinks wine or beer. No one could be an alcoholic on such "mild" drinks, could they?
- ◆ He or she shifts the issue to you; if you weren't so nagging, penurious, extravagant, thoughtless, picky, cold, demanding, etc., he or she wouldn't be forced to drink so much.

Remember, normal drinkers don't ever have to try to control their drinking; they don't ever have to go on the wagon; they don't ever have to drink only beer and wine; and they can consistently predict how much they will drink, where they will drink, when they will drink, and how it will affect them.

Note:

One 12-ounce beer has .42 ounces of alcohol.

One 4-ounce glass of wine has .40 ounces of alcohol.

One 1-ounce jigger mixed drink has .40 oz. of alcohol.

In other words, a drink is a drink; alcohol is alcohol.

Janee S. Parnegg is President of NECAD's Board and a certified addictions counselor in New Mexico.

Copyright © 1990 Janee S. Parnegg. Used by permission.

Intervention: what is it and how does it work?

The life-saving technique known as intervention can help an alcoholic or addict recognize that he or she suffers from a destructive but treatable disease. One-on-one confrontation with an alcoholic or addict is unlikely to lead to recovery. Group pressure from all those who care about the addicted person, however, carries enormous power. The process of intervention uses that group pressure to turn the life of the suffering family around.

An intervention begins when a spouse, parent, child, or other concerned person approaches an addiction counselor for help with an addictive family situation. The concerned person is usually in considerable pain, and the addict is suffering too, although he or she cannot say so. Behavioral problems are all part of the picture at this stage; such problems actually can help to support the message of the intervention when it is finally carried out.

For the intervention to succeed, it is vitally important that the addiction professional be well trained in the intervention technique. An ill-prepared or botched intervention is worse than no intervention at all. Anyone planning to initiate an intervention should invest the time in securing the right professional help to make it succeed.

As preparation for the intervention, the counselor helps the family member or members come to understand that the drinking or drugging

is the primary problem, not a symptom of some deeper distress. When the concerned person is able to see this, the intervention process can then move to the next step.

Identifying the key persons around the addict/alcoholic comes next. The person who first came for help can assist in identifying the most meaningful persons in the addict/alcoholic's life—best friend, coworker, doctor, priest, children, or parents. Once a list of these persons has been compiled, they are then invited to join in a meeting with the counselor. This stage of the intervention process has two goals:

- 1) The accumulation of enough facts to verify the presence and progression of the disease of alcoholism/addiction;

- 2) The motivation of family members and friends to present these supporting facts to the alcoholic or addict in a way he or she can hear.

This key group will meet with the counselor at least once or several times. They will be asked to draw up lists of specific instances in which the drinking or drugging has had painful personal consequences for them. An item on such a list might be the following: "Dad, two weeks ago I asked you to come to my first basketball game of the season. You promised you would do it, but when the day came you stopped off for drinks on the way home from work, and you never made it to the game. I felt let down

and angry. I think your drinking is out of control, because it's destroying our relationship. You don't seem to care about me anymore. I'm starting not to want to be around you, and that makes me very sad."

As they compile their individual lists, the counselor also works with family members and friends to help them understand the nature and progress of the disease of addiction. Denial, rationalization and other defensive mechanisms, blackouts, and repression are some of the topics ordinarily covered. The family is helped to understand that the alcoholic/addict is out of touch with reality, and that together they have the power to break through with the healing truth.

Another important task for the intervention counselor is that of looking at the emotional state of those taking part in the intervention. Some potential participants are immobilized with fear when they think of confronting their loved one. Others may be so angry that they come across as resentful and punishing, instead of conveying the needed sense of encouragement and support. Anyone taking part in an intervention must be able to express unconditional love for the addict. Someone with an axe to grind or an old score to settle is best left out of the proceedings. The skillful counselor will be able to enlist the full participation of most indi-

viduals by showing them that, without their help, the alcoholic/addict will suffer more and more painful losses, perhaps life itself, to this relentless and progressive disease.

Once the cast of characters for the intervention is in place and the lists have been compiled and approved, the possible outcome of the intervention will be discussed. The group must be educated about the various forms of help—inpatient treatment, intensive outpatient treatment, Alcoholics Anonymous or Narcotics Anonymous. They must also be prepared to request that the addict/alcoholic accept the alternative they think is best in the circumstances.

The counselor will give them an opportunity to work with “what if”—what they will do if the alcoholic rejects all their alternatives. Once the group has been brought to a unity of purpose and understanding, they will be asked to imagine the alcoholic/addict’s most likely excuses for not accepting help and consider a way around each of these excuses.

For example, “I can’t go to

treatment now because of that big project at the plant,” can be answered thus: “We’ve already spoken with your boss about it, and he thinks your input will be much more valuable after you’re sober and starting a healthy recovery. The project has been put on the back burner until you’re home from the treatment center.” It is wise to communicate in advance with the proposed treatment facility to make sure a bed is available and financing can be arranged. Suitcases may even be packed and airline tickets bought, so that at the end of the intervention, if the addicted person accepts treatment, he or she can be driven directly to the treatment center or airport.

Finally, the counselor leads the group through a rehearsal of the intervention, to make sure that the real thing will go smoothly and as planned. An order of presentation is usually chosen according to the various participants’ level of influence with the alcoholic/addict. Many counselors feel that the element of surprise is essential to the success of the intervention.

When the intervention has been thoroughly prepared and all due care taken, the person who is the object of everyone’s concern usually finds it all but impossible to resist the truth being presented—that he or she is dangerously ill and in desperate need of healing. Sometimes the addicted person may reject the help offered. Even in this situation, however, the intervention succeeds in one respect because the family secrets are finally shared, and the lines of communication are opened up at last. One more family has taken the first step on the journey of recovery.

Betsy Tice White serves as editorial consultant to NECAD and is the author of *Smoke Screen: How a Good Kid Got Hooked on Drugs and What He and His Family Did About It*.

For further information on intervention, see the resources listed after “How to Develop an Addiction Team Ministry,” contact your local substance abuse agency, or call Johnson Institute, 800-231-5165.

Copyright © Betsy Tice White. Used by permission.

Church school materials

Background for teachers

Research shows that as many as 35 percent of children in average classrooms come from addicted families. Even though a child’s parents may not be addicted, the parents themselves may have grown

up in a family where someone was addicted. So many children are affected, that if you notice any student having difficulty with this information, you may want to talk with him or her afterward about your concern. Maybe he or she needs someone to

listen. Be sure to read each article in this book before teaching. If additional help is needed, contact your pastor, Addiction Team Ministry, local substance-abuse agency, or a member of an appropriate Twelve Step program.

The following information may be used as a guide to help to inform students, particularly primary and intermediate age groups, about alcoholism/addiction:

One out of ten people in our town, in our church, will get this illness which is called *alcoholism* or *addiction*. People who suffer from this disease are called *alcoholics* or *addicts*. The alcoholic reacts to alcohol as a diabetic reacts to sugar. She or he might drink beer, wine, wine coolers, or cocktails. Some people can drink alcohol and never get the illness, but others do get it—some very soon, others later in life. The doctors are still studying why some people are alcoholics and some aren't, and they know a lot more than they used to. All kinds of people are alcoholics. They come from every race and religion, they are rich and poor, old and young, famous people and everyday people, popular and lonely people. An alcoholic may not act the same as he or she did before the illness got control of him or her. The family becomes confused. They often think they caused the problem. But honestly, no one can make another person get the disease of alcoholism.

Alcoholics don't realize that they are sick, but there is lots of help for them and many, many families get well. We all need to know what to do.

Vinnie Orpen is a retired teacher and serves on the Board of NECAD.

PRIMARY AND INTERMEDIATE (K-6)

Theme

I care about me

Scripture

Matthew 18:10-14

Goals

To develop an awareness that:

- ◆ Jesus cares about and loves us each unconditionally;
- ◆ Jesus wants us to love and take care of ourselves;
- ◆ Jesus wants us to make decisions that are good for each of us;
- ◆ we need to learn skills to resist peer pressure to do things we know are not good for us to do;
- ◆ alcoholism/addiction is a disease;
- ◆ children who are living with active alcoholism at home need friends to help them by:
 - a) praying for them,
 - b) including them in group activities and listening to their feelings.

These materials can be used for one or two class sessions and can be the body of a children's sermon. (See page 21.) The situation and age group will determine how you use them.

Preparation

This lesson has four parts: craft projects, story using projects, discussion, and story presentation as children's sermon (if appropriate in your situation).

Read through the whole lesson and plan how the materials will be used. If you have only one session, you can prepare the projects ahead of time. If you will spend two Sundays, the first one can be spent making the projects.

PART 1: CRAFT PROJECTS

Materials needed if you do all projects

- Poster board (three or four pieces)
- Old magazines, scissors, paste or school glue
- Crayons, markers, or paint
- Six strips of cloth (primary colors, 6' x 3" each)
- Twelve pieces of yarn (6" each); staples or tape (alter-

native to cloth and yarn: poster board and colors)

- Three long strings (3' to 12', depending on size of class)
- One sheet of construction paper for each child and teacher
- One paper clip for each child and teacher

Divide the class into work groups with each group being responsible for one of the craft projects. (For small Sunday schools, each grade may do one of the projects. The sixth grade class can read the story, assigning parts to be pantomimed. They can read through, plan, and practice the pantomime while the others are doing their projects.)

If you will be taking part in the children's sermon, explain to the students that they will be sharing the story with the congregation during a children's sermon.

Group 1: Make a collage on poster board with as many pictures of alcohol and other drugs as you can find in old magazines. (Have scissors, paste, and a large assortment of magazines available.)

Group 2: Using poster board, draw, color, or paint a large thunderstorm with lightning.

Group 3: Make a rainbow stole. (A rainbow picture on poster board may be substituted for the rainbow stole.) Use 6' lengths of colored cloth (five or six different colors, like red, blue, green, yellow, purple, and orange). Cut or precut the material into 3" strips, each 6' long. Loosely tie the strips of cloth with colored yarn every 12". The rainbow stole will be 6' long.

Group 4: Make a friendship string. Make outlines of everybody's hand in the class, including the teacher's, on different colored construction paper. Put each person's name on his or her hand outline.

Cut out the hands and attach them with paper clips to a long string.

Group 5: Make a collage on poster board with as many pictures of people who need help as you can find in the magazines. (Have scissors, paste, and a large assortment of magazines available.)

PART 2: STORY

The teacher may read the information in the teacher's background section.

Sit so that everyone can see each other's projects as they are used to help illustrate the story. At the appointed place in the story each person or group will display the appropriate project.

I care about me

I lay in my bed saying my nightly prayer. "Dear God, I need you! I had a scary day today! A kid I know offered me pot and beer. (*Have Group 1 stand and show its collage of alcohol and other drugs and remain standing.*) It shocked me, God! I didn't know what to say. I felt scared and alone."

"You're a baby," the kid said. "No one will ever like you!"

I cried as I ran home. "I don't want drugs or beer. But I do want people to like me. What should I do, God?"

And then I fell asleep. God appeared in my dreams and said, "Come with me for a while." We flew to a rainbow as it pushed a thunderstorm away. (*Have Group 2 hold up its thunderstorm painting in the front of the alcohol and other drug collage to block it from view.*)

The storm had been loud and threatening, like a bully scaring a younger child. (*Have Group 3 hold up its rainbow stole or rainbow picture in front of both of the other projects to block them from view.*)

The rainbow colors danced and sang as they gently touched the earth. Everyone who saw the rainbow felt happy and soon forgot about the storm. The rainbow spoke to me and said, "I am God's gift to you."

"I will share you with frightened people," I said.

God smiled at me and said, "I care about you. And I need you." (*Groups 1, 2, and 3 may sit.*)

We flew to a playground. Some friends were playing together. (*Group 4 may stand and display its friendship string.*) As new kids came to the playground they were quickly invited to join in the fun. The playground was filled with running and jumping, laughter and hugging. The group of friends got larger and larger and larger.

Whenever the friends were around, loneliness always hid. The friends spoke to me and said, "We are God's gift to you!"

"I will share you with everyone who is lonely," I said. (*Have Group 3 stand and display its rainbow stole again. Every time the phrase, "God smiled at me and said, 'I care about you. And I need you!'" is said, the rainbow stole will be held up.*)

God smiled at me and said, "I care about you. And I need you!" (*Have Groups 3 and 4 sit.*)

We flew to a young girl sitting in the street and crying. (*Have Group 5 stand and display its collage of people who need help.*) Her bicycle had hit a rock and she had been thrown to the street. Blood ran from her skinned knees. The front wheel was bent. Bending to help her were her parents, their eyes filled with love and concern. I suddenly realized that they were my parents. The girl was me!

They carried my bicycle and me home. Soon the bike was

fixed, my knees were bandaged, and my tears had stopped. My parents spoke to me and said, "We are God's gift to you!"

"I will share you with everyone who is hurt and needs love," I said. (*Have Group 3 hold up the rainbow stole again.*)

God smiled at me and said, "I care about you. And I need you!" (*Have Groups 3 and 5 sit down.*)

Finally we flew to the house of the kid who offered me pot and beer. Her mother and father were yelling and hitting each other. (*Have Group 2 stand and hold up its painting of the thunderstorm.*) They were both drunk.

(*Have Group 1 stand and hold up its collage of alcohol and other drugs.*) The house was a terrible mess. "You're a baby!" They screamed at her. "No one will ever like you!"

She ran from the house crying. She huddled under a tree and lit a joint. The pot had become her only friend. (*Have Groups 1 and 2 sit down. Have Group 5 stand and show its collage of people in need of help.*)

Her tears spoke to me and said, "I need you! I had a scary day today. I am frightened. I am lonely. I need love." The girl fell asleep under the tree.

"Can I help her? Can I be her friend?" I asked God. (*Have Group 3 stand and display the rainbow stole. Have Group 5 stay standing too.*)

God smiled at me. . . . Then I woke up. I walked to school with a rainbow in my eyes. The dream lived in my heart. God's smile surrounded me. (*Have Group 3 place the rainbow stole around the teacher's neck or whoever is reading the story. Group 3 may then be seated.*)

"Hey baby! Last chance! Want some pot and beer?" the kid said.

"No thank you!" I said. "I care about me. But I can be your friend!" I said. (*Have Group 4 stand and display the friendship string again.*)

"Would you like to go to the playground with me?" I asked. And God smiled.

PART 3: DISCUSSION

In age-appropriate groups, let the children tell you what they thought and felt about the story. Let them give you examples of peer pressure to drink or do drugs; to be liked; to reject "bad" kids. Make no judgments. Let them talk. Acknowledge how hard it is to be a kid and make good decisions. Let them share what they might do when they feel scared, lonely, or hurt. Let them share how they might help someone else who is scared, lonely, hurt, and/or in need of a friend.

Scripture

Read Matthew 18:10-14.

Close with prayer

Say, "Let's thank Jesus for his tremendous love for each of us. Let's ask Jesus to help us to love and care for ourselves, to make choices that are good for us, and to know what to do when we are scared, lonely, or hurt."

Keep all of the projects for the children's sermon. Remind the students of their participation.

The Reverend Gary Wilkerson is a Lutheran pastor in Philadelphia, Pa.

"I Care About Me" copyright © Augsburg Publishing House. Used by permission of Augsburg Fortress.

JUNIOR HIGH SCHOOL

Objectives

Class members will be able to:

- ◆ identify scripture passages that describe appropriate and inappropriate use of alcohol;
- ◆ describe how biblical views about drinking relate to

their experiences and those of their families;

- ◆ discuss how Noah experienced drunkenness and Lazarus experienced death and new life.

Materials

Have on hand enough Bibles to go around, 3" x 5" cards, a chalkboard or butcher paper to tape on the wall, and an old sheet torn into wide strips.

PART 1: BIBLE STUDY

Select from the Bible verses below the passages you believe would be helpful for your class to discuss. All of them refer to alcohol and drinking. Explain that in Bible times, the commonly known alcoholic drinks were wine and "strong drink," which was usually beer made from barley. Distilled or hard liquors like gin weren't available until the fifteenth century. You may also explain that a glass of beer, a glass of wine, and an ounce of hard liquor all contain about the same amount of alcohol. Here are several categories of verses.

1. Wine is part of God's creation, and is intended to be honored and enjoyed.

- ◆ Psalm 104:15 (gifts God gives to his people)
- ◆ Deuteronomy 32:14 (God cares for Jacob)
- ◆ Exodus 29:40 (wine is part of the offering)
- ◆ John 2:1-10 (Jesus and the wedding at Cana)
- ◆ Genesis 27:27-28 (Isaac blesses Jacob)

2. On the other hand, drinking can also create trouble and misery for the drinker and others.

- ◆ Proverbs 23:29-33 (it "bites like a serpent")
- ◆ Ephesians 5:18 (Paul warns against getting drunk)
- ◆ Genesis 9:20-27 (Noah gets drunk)
- ◆ Romans 13:13 (Paul warns against drunkenness)

◆ Genesis 19:30-38 (Lot gets his daughters pregnant while he is drunk)

3. Wine, the "fruit of the vine," is one of the elements which is shared at Communion.

◆ Mark 14:22-25 (Jesus consecrates the bread and wine)

Discuss these passages using the following questions: Which statements did you expect to find? Which were a surprise? Which of the Bible passages indicate that alcohol may be used with God's blessing, and which indicate that it can be misused? What did you learn from the Bible study that will be most helpful for you?

PART 2: NOAH STORY

Ask the students what they know about Noah. Read through the story about Noah getting drunk, Genesis 9:18-27. If there seems to be confusion, explain to the class that one of the rules by which the Israelites lived stated that no child should ever see his or her parents without their clothes on. Discuss the Noah story using the following questions: What did Noah do? What did Ham do? What did Shem and Japheth do? Do you think it was fair that Noah got mad at Ham and not at his two brothers? Which of the Bible verses about drinking apply to what Noah was doing? How would you feel toward Noah if you were his son Ham? How would you feel toward your brothers? How would you feel if you were Shem or Japheth? Has anything like this ever happened to you?

Consider and informally discuss the issues of peer pressure raised by the following information: People who drink too much or excessively use other drugs, even if the doctor has prescribed them, can end up hurting them-

selves, their families, and other people. A person doesn't even have to be an alcoholic or addict to have harmful things happen because he or she drank or used. In our country, accidents, suicide, and homicide are the leading causes of death among teenagers. All of these things are much more likely to happen among kids who are drinking, smoking marijuana, and using other drugs. And we know that most kids, including Christian kids, *will* use alcohol and marijuana, and perhaps other mood-altering chemicals, before they finish high school. (It may be helpful to share some of the information from the teacher background section. If there is a recovering person in the congregation or community who would be willing to answer questions, you may want to invite him or her to this session.)

PART 3: LAZARUS STORY

Look at the story about Lazarus and his two sisters in John 11:1-44, and the time that Jesus didn't show up in time to save Lazarus from dying. You may want to have the story read, or may prefer to summarize it for the class. Summarize some key points from the articles "Who Is Lazarus?" and "The Raising of Lazarus" in this book.

Ask if one member of the class would volunteer to be Lazarus. Have that person sit in a chair, while others wind him or her up in strips of sheeting. Wind your Lazarus up gently, till he or she can't get up alone. Your Lazarus could also be the alcoholic/addict in your family: neither one is going to be able to change himself or herself. Your Lazarus could even be someone who loves an alcoholic/addict, because that person can't change by

himself or herself either. Discuss with the class how to get your Lazarus out of the bandages and then do it.

If the class has trouble getting started, you may want to give some suggestions such as naming the strips with names of things which keep us in bondage. Examples might include: dishonesty, selfishness, hiding behind masks, irresponsibility, resentment, harmful actions, arrogance, or self-sufficiency. Then ask what characteristics would be helpful in removing the bondages. Examples could be: honesty, caring, self-disclosure, responsibility, making amends to people hurt, prayer, or willingness to be open to God. The students could help to unwrap the strips as they give additional suggestions. Talk about how we can't raise ourselves from the dead, but have to have help from a power outside ourselves to experience resurrection.

Use these questions for discussion but caution the class that they need not name names if they don't want to and to use care in naming names if they choose to do so. Do you know anyone: Who got hit by a drunk driver? Whose family kicked them out for drinking? Whose grades went bad? Who died or almost died from drugs, including alcohol? Who got help for themselves to quit using or drinking, or being hurt by the user? What kind of help worked?

Many people have been brought back to life from alcoholism or chemical dependency when they were willing to accept help. Help comes in a variety of ways, from God's direct call to the heart, to letting a friend or teacher or pastor in, and then going to treatment or AA, Al-Anon, or Alateen. The important thing

is to ask for help.

Close the class with prayer, thanking God for the opportunities we have, that we can learn and ask for help, as we learn about ourselves, our families, and God's creation.

The Reverend Susanne E. Smith is a clergy member of Bethany Lutheran Church in Englewood, Colo.

SENIOR HIGH/ADULT

Theme

Addiction, grace, and healing

Scripture

John 11

Goals

- ◆ To enable participants to make connections between the story of Lazarus and the process of recovery from addiction;
- ◆ To increase awareness of the role of the congregation in the process of recovery from addiction and co-dependency;
- ◆ To encourage follow-up activities that will continue to offer support to individuals and families affected by addiction.

Preparation

Read all of the articles, church school materials, and sermon themes in this book.

Decide on Plan A, B, or C or use your creativity to develop your own Plan D.

Materials

Plan A: Bibles and copies of the following:

- ◆ "Sermon Themes" (page 20)
- ◆ "From Death to Life" (page 4)
- ◆ "Who Is Lazarus?" (page 8)

Plan B: copies of the following:

- ◆ "Secrets to Be Shared" (page 2)
- ◆ "The Raising of Lazarus" (page 9)
- ◆ "How to Develop an Addiction Team Ministry" (page 10)

- ◆ “My Parish Helped Me Find the Way” (page 7)

Plan C: copies of the following:

- ◆ “The Functional Alcoholic” (page 12)
- ◆ “Intervention: What Is It and How Does It Work?” (page 14)
- ◆ “A Pastor’s Personal Statement” (page 6)

PLAN A: BIBLE STUDY

Follow your usual format for Bible study or divide into small groups to discuss the various themes listed in “Sermon Themes.” Each small group could take one or two of these themes and discuss the issues among themselves for the first half of the session. Each group may also want to spend a few minutes looking at the sketch of Lazarus and discussing the artist’s perceptions contained in “Who Is Lazarus?”

The second half of the session might be spent with each small group reporting back to the large group what

connections they have made between Lazarus and recovery from addiction. The story entitled “From Death to Life” could be read aloud to close as a way of reinforcing those connections.

PLAN B: DISCUSSION OF ARTICLES IN THIS BOOK

Using the copies of the articles listed under “Materials,” divide into small groups to discuss the issues that may be raised about the role of the congregation in the recovery process.

Each group could be given a copy of the article, “My Parish Helped Me Find the Way.” In addition, give to each group a different one of the following: “Secrets to Be Shared” or “How to Develop an Addiction Team Ministry” or “The Raising of Lazarus.”

The discussion questions for these articles might include: What does our congregation already do that is similar to what is suggested in this article? What could our congregation be doing that we

are not yet doing? Who might be interested in exploring this further? Each small group may want to report back to the larger group near the end of the session.

PLAN C: DISCUSSION OF ARTICLES IN THIS BOOK

This plan may be of particular interest to those who have some questions and concerns about family members or close friends. The discussion could focus on the materials in the articles, “The Functional Alcoholic” and “Intervention.” An informal atmosphere of questions and answers might be helpful. If there are any recovering persons who would be willing to be a part of this session, the discussion may be enhanced from personal experiences. The article entitled “A Pastor’s Personal Statement” could be read aloud near the end of the session.

Sherry Harbaugh is a specialist in Family Ministries in the ELCA, Division for Congregational Life.

Sermon themes

Text: The Raising of Lazarus; John 11

This text is rich in possibilities for Alcohol and Drug Awareness

Sunday sermons. First noted are themes which come from the story as a whole. Then noted are the themes which are found in particular verses or subsections of the text.

The text as a whole

1. Recovery from addiction (or from the crippling effects of being in close relationship with someone who is

addicted) is a lot like rising from death to life. This broad theme could be explored in a sermon which holds out the characteristics (evidence of grace received) often found in recovering people:

- restored relationships (Lazarus given back to his family);
- a “second chance” at life, a new beginning;
- gratitude at being spared from death (addiction is a leading cause of death in this country);
- movement from darkness of the tomb (confusion,

despair, anger, grief) into the light of day (clear thinking, hope, accurate perceptions, honesty, etc.).

2. The shared nature of addiction and recovery could be described as a parallel to the shared grief felt by all the participants in the story, with the closest family members (Mary and Martha) being the most severely affected.

3. Comment on the role of addiction in moving us into deeper faith. Note how the story tells about the movement from doubt and questioning to strong faith

convictions. Addiction, when faced as the terminal disease it truly is, prompts us to make decisions, order our priorities, and redirect our lives.

4. The entire story emphasizes that rising to life is a deep experience, felt in the spirit as well as the body. Within each such rising—including the recovery process—is the presence of God, here manifested in the person and work of Jesus. At the heart of recovery is the power of God, offered to those who surrender themselves to this divine power. Through Twelve Step programs and other avenues of healing, alcoholics and addicts discover God's power to heal as we acknowledge our powerlessness to cure or control our disease.

5. More than any other issue, the matter of death reminds us of our own powerlessness. Death is the single issue which shatters our fantasy that the exertion of our own willpower can change a situation. The concept of our own powerlessness, as revealed in Step One of the Twelve Steps, is the doorway into recovery. Alcoholism and other addictions are diseases over which we are indeed powerless.

Specific themes within the entire text

1. Addiction is like being "bound," as Lazarus was bound by grave clothes (verse 44). Recovery is the process of "unbinding"—for both the addict and those whose lives are touched by addiction.

2. Recovery begins—and continues—with growth in honesty. Honesty means telling the truth. Feelings are a part of every human circumstance. Jesus himself was not afraid of the honest acknowledgment of feeling (verse 35).

3. Blaming is one of the ways people avoid taking responsibility for their own healing and recovery. If we can blame another, we place responsibility for our distress on another person. See verses 21, 32, and 37 about blaming and responsibility.

4. Denial is one of the barriers to recovery for the addicted person as well as for those close to the addict. There is some portrayal of denial in this story too. (See verses 11-13.) Note that it is not Jesus who expresses denial, but those who hear him. Upon realizing that they have not really heard him, Jesus speaks more plainly (verse 14).

5. The cloth over Lazarus's face is a helpful symbol of the loss of one's true identity in

addictive processes. When life is given to Lazarus, his face is also uncovered, and we see him as he really is. So, too, in the disease of addiction, the addict (and those around the addict) yearns to return to the clarity of knowing "who I am." Recovery often begins when people can name a truth about themselves: My name is _____, and I am an alcoholic.

The Reverend Chilton Knudsen is an Episcopal priest who serves as clergy advisor to the NECAD Board and is administrator of the Office of Pastoral Care in the Diocese of Chicago.

CHILDREN'S SERMON

Share the story, "I Care About Me!" found in the Primary and Intermediate Sunday school material (pages 17-18). Sharing the story takes 4-8 minutes. Let the children from each group be responsible to display their own project at the designated times during the story.

At the end of the children's sermon, you may have one of the children or a representative Sunday school teacher "formally" present the rainbow stole to you, the pastor.

While wearing the new rainbow stole, read Matthew 18:10-14. Dismiss the children to the pews.

Resources

Books

Alcoholics Anonymous. Third ed. Alcoholics Anonymous World Services Inc. New York, NY, 1976.

Apthorp, Stephen. *Alcohol and Substance Abuse: A Handbook for Clergy and Congregations*. Second ed. Wilton, CT, 1990.

Beattie, Melody. *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*. Center

City, MN: Hazelden Foundation, 1987.

Black, Claudia. *It Will Never Happen to Me*. New York, NY: Ballentine, 1987.

Black, Claudia. *My Dad Loves Me, My Dad Has a Disease*. Denver, CO: MAC Publishing, 1982.

Callahan, Rachel and Rea McDonnell. *Adult Children of Alcoholics: Ministers and the Ministries*. Paulist Press, 1990.

Carnes, Patrick. *A Gentle Path*

Through the Twelve Steps: for All People in the Process of Recovery. CompCare, 1989.

Eschner, Kathleen H. and Nancy G. Nelson. *Drugs, God and Me*. Loveland, CO: Group Publishing, 1988.

Johnson, Vernon E. *I'll Quit Tomorrow*. New York, NY: Harper and Row, 1980.

Johnson, Vernon E. *Intervention: How to Help Someone Who Doesn't Want Help*.

Minneapolis, MN: Johnson Institute, 1986.

Keller, John. *Minister to Alcoholics*. New York, NY: Harper and Row, 1991.

Keller, John E. *Let Go, Let God*. Minneapolis, MN: Augsburg, 1985.

Larsen, Earnie. *Old Patterns, New Truths*. New York, NY: Harper and Row, 1988.

May, Gerald G. *Addiction and Grace*. New York, NY: Harper and Row, 1988.

Milam, James and Catherine Ketcham. *Under the Influence—Myths-Realities-Alcoholism*. New York, NY: Bantam, 1987.

Morreim, Dennis. *The Road to Recovery*. Minneapolis, MN: Augsburg, 1990.

Parham, A. Philip. *Letting God*. New York, NY: Harper and Row, 1987.

Twelve Steps and Twelve Traditions. Alcoholics Anonymous World Services Inc., New York, NY, 1952.

Videos

The following 16 mm films and ½ inch VHS videos (plus 10 additional films and videos) are available on loan to congregations and other groups through the Brethren Audio-Visual Library, 7105 Sterling Rd., Harrisburg, PA 17112; (717) 545-2916. These resources were purchased through a grant from the Margaret Nininger Carl Trust Fund.

Is There an Elephant in Your Sanctuary? (26 min., VHS). This video explores how churches can respond to alcoholism and drug abuse.

Lots of Kids Like Us (28 min., film). A story of children trying to cope with their father's alcoholism. Told poignantly by children, the story emphasizes that lots of children have the same troubling experiences with alcohol problems in the family, and that there are people who can help.

Soft Is the Heart of a Child (30 min., VHS). A dramatic film that deals with the sensitive subject of how children are affected by alcoholism in the family.

The Man Who Loved a Challenge (25 min., VHS). A neighborhood pastor's experience when a new resident reveals he's a recovering alcoholic who will help church groups address the reality of alcoholism.

Hymn suggestions for an Alcohol/Drug Awareness Sunday

FIRST LINE	E'82	L'78	P'55	P'90
Opening hymn				
Praise, my soul, the king of heaven	410	549	31	478
All creatures of our God and King	400	527	100	455
Morning has broken	8	—	464	469
Gradual				
Amazing grace, how sweet the sound	671	448	275	280
Come, thou Fount of every blessing	686	499	379	356
The King of love my shepherd is	645	456	106	171
Offertory				
Dear Lord and Father of mankind	652	506	416	345
Beneath the cross of Jesus	498	107	190	92
Lord, make us servants of your peace	593	—	—	374
Communion				
Breathe on me, breath of God	508	488	235	316
Love divine, all loves excelling	657	315	399	376
Deck yourself (thysself), my soul, with gladness	339	377	—	506
Closing				
Joyful, joyful we adore thee	376	551	21	464
Now thank we all our God	396	533	9	555
Lift high the cross	473	377	—	371

Note: E'82 = *The Hymnal* 1982 according to the use of the Episcopal Church; L'78 = *Lutheran Book of Worship*; P'55 = *The Hymnbook* published by the Presbyterian Church; P'90 = *The Presbyterian Hymnal* 1990.

The prayers of the people

Let us pray for the whole people of God in Christ Jesus, and for all people according to their needs.

For the peace of the world, for the welfare of the Holy Church of God and for the unity of all peoples, let us pray to the Lord.

Lord, have mercy.

For all the clergy and people, let us pray to the Lord.

Lord, have mercy.

For our President, for the leaders of the nations, and for all in authority, let us pray to the Lord.

Lord, have mercy.

For this city (town, village . . .) for every city and community, and for those who live in them, let us pray to the Lord.

Lord, have mercy.

For the good earth which God has given us, and for the wisdom and will to conserve it, let us pray to the Lord.

Lord, have mercy.

For the aged and infirm, for the widowed and orphans, and for the sick and suffering, let us pray to the Lord.

Lord, have mercy.

For those who through addiction to alcohol and other drugs have lost their health and freedom, let us pray to the Lord.

Lord, have mercy.

For those who suffer as a result of another's addiction or abuse of alcohol and other drugs, let us pray to the Lord.

Lord, have mercy.

For those who care for the victims of addiction; for professionals and members of support groups; for all those in our churches who make a difference for good as they minister to the addicted and the afflicted, let us pray to the Lord.

Lord, have mercy.

For those who are recovering from addiction, let us pray to the Lord.

Lord, have mercy.

For _____, let us pray to the Lord.

Lord, have mercy.

For the poor and the oppressed, for the unemployed and the destitute, for prisoners and captives, and for all who remember and care for them, let us pray to the Lord.

Lord, have mercy.

For all who have died in the hope of the resurrection and for all the departed, let us pray to the Lord.

Lord, have mercy.

For the deliverance from all danger, violence, oppression, and degradation, let us pray to the Lord.

Lord, have mercy.

For the absolution and remission of our sins and offenses, let us pray to the Lord.

Lord, have mercy.

That we may end our lives in faith and hope, without suffering and without reproach, let us pray to the Lord.

Lord have mercy.

Into your hands, O Lord, we commend all for whom we pray, trusting in your mercy; through your Son, Jesus Christ our Lord.

The leader adds this prayer:

O blessed Jesus, you ministered to all who came to you. Look with compassion upon all who through addiction have lost their health and freedom. Restore to them the assurance of your un-failing mercy; remove the fears that attack them; strengthen them in the work of their recovery; and to those who care for them give patient understanding and persevering love; for your mercy's sake. Amen.

(LBW page 50; BCP, Prayers of the People Form 1)

When Jesus called his friend from the tomb, Lazarus emerged with a powerful new wisdom. He knew what it meant to enter into death and then, miraculously, return to the living.

Those in our midst who are recovering from alcoholism and/or other drug addiction carry the experience of Lazarus. We *need* them as witnesses and guides. They have gone before us; they have pioneered the great healing programs of our century: Alcoholics Anonymous and, for the family, Al-Anon.

In the loss and recovery of his friend Lazarus, Jesus was given a partnership and support for his own immense journey, still to come. Surely we can all use the experience of a partnership with a Lazarus, for Lazarus is indeed the great icon of recovery.



Copyright © Marguerite Olson Fletcher. Used by permission.