

Policy on Alcohol and Other Drug Abuse
Adopted by the Executive Council, 1999

The Diocese of Fond du Lac officially recognizes alcoholism and other forms of drug abuse as a treatable human disease that manifests itself in a three-fold impairment of body, mind, and spirit. In so doing, the Diocese agrees with medical and mental health authorities in viewing alcohol and other forms of drug abuse as a major health concern of our society. It affects not only the problem drinker, but also his or her family and, as a group, the excessive drinker affects detrimentally a variety of areas of social existence. Alcoholism is to be understood as the social and physical state that is reached when an individual's use of alcohol seriously interferes with his or her interpersonal relationships with the family, on the job, or with his or her general behavior.

The illness of alcoholism or other drug abuse is not limited to any segment of society. It has nothing to do with education or lack of it, wealth or absence of it, management or labor, profession, race or creed. As a result of alcoholism, the individual experiences dysfunction in personal life style and deterioration of his capacity for significant relationships with others.

We believe that the Church, as a redemptive fellowship of Christian believers, must be sensitive to the need for exercising a healing ministry to the problem drinker or addict and to members of his or her family. It is also a proper area of concern that the Church be prepared to give guidance to those confronted with the alcoholic and/or other drug abuser in whatever way.

The Bishop, as chief pastor of the Diocese, joins the Commission on Alcoholism and Other Drug Abuse in a sense of responsibility to these sick members of the Church. Recognizing alcoholism and other forms of drug abuse to be treatable, we will support, assist, and encourage effective treatment of this monumental health problem.

With this in mind, the following is a series of guidelines and suggested procedures for those who, in whatever capacity, work with alcoholics and other drug abusers and their families.

1. It is understood that alcoholism and other forms of habitual drug abuse are diseases that are treatable and should not be approached with punitive action, but rather in a pastoral manner. We seek to enlist the support and the cooperation of the whole Diocese in a pastoral approach to this particular problem.
2. There should be selected a number of Diocesan consultants and advisors on alcoholism and other drug abuse, and the treatment of the illness, to assist the Bishop, Clergy of the Diocese, and the Commission on Alcoholism and Other Drug Abuse, in dealing with the individual problem from the very start. The consultants and advisors, who may or may not be members of the Commission, will screen and assess the extent and depth of the problem and will make recommendations for the referral of the person to appropriate resources for assistance and for follow-up with the person when treatment is initiated. Such advisors and consultants might consist of active members of Alcoholics Anonymous, Recovered Alcoholic Clergy Association (RACA), members and professionals from the fields of medicine, psychology and psychiatry, and others experienced in the field of addictive diseases.
3. There should be instituted an educational program to inform Clergy and Laity alike regarding the whole problem of alcoholism and other drug abuse. It is suggested that this can be done at Clergy Conferences and Lay Training Institutes. It is further suggested that Diocesan Publications such as The Clarion be employed for creating a healthy climate of understanding.
4. Job protection should be viewed as a primary matter. The Commission and Consultants will be available to vestries and other employers. The person under treatment should be afforded security in the job where he is, both during and after treatment time. It is likewise important that the recovering alcoholic have equal job opportunity after his recovery begins. It further is of great importance that following the beginning of recovery, attitudes toward him be free of prejudice. A recovering alcoholic is, in a very real sense, a problem-solving person, rather than a problem person.

5. Aid in various forms should be enlisted in the early recognition of this illness. There is need for sensitivity on the part of all who are confronted by an alcoholic or other drug abuser to certain distress signals being put out by him, such as failure on the job, problems in the family, legal problems, financial distress, ill health and abnormal behavior.
6. Once the illness is recognized, some kind of creative and therapeutic intervention should be initiated. It is an absolute necessity that there be a strong, firm, consistent and loving confrontation with the afflicted person regarding the reality of his or her situation. This is done by a variety of people, by the vestry or other employer, wardens, friends, peers, spouse, and other family members. The Commission on Alcoholism and Other Drug Abuse will offer itself for consultation and advice.
7. The policy of job protection and re-employment should not be applied to alcoholics and other drug abusers who refuse treatment or deny their need for help in identifying, understanding and overcoming their illness. It is often beneficial, particularly for the alcoholic, to allow him or her to suffer the consequences of his actions, and we are showing concern for the person when we allow him to do so.
8. In approaching the treatment of the alcoholic, all possibilities should be considered. Such resources may include medical treatment (detoxification), psychotherapy, private and public institutions (rehabilitation centers), Alcoholics Anonymous, Al-Anon and Alateen (for the family), a change of jobs, or even suspension from the present job.
9. This Policy has used the phrase RECOVERING ALCOHOLIC several times to designate one who has accepted the reality of his situation, has received treatment, and is not drinking. This is a more accurate term than “recovered”, since alcoholism and other drug addictions are arrested, not cured. For this reason, treatment should not be viewed as a “one shot” deal. Treatment must have considered and careful follow-up. A continuum of care is best undertaken by the alcoholic so that sobriety becomes a way of life. For thousands of alcoholics, a regular participation in Alcoholics Anonymous has not been just a continued treatment, but has been a means to a richer, more meaningful life.
10. The Commission on Alcoholism and Other Drug Abuse has heard of developing organizations similar to Alcoholics Anonymous, for those addicted to compulsive, destructive behavior not connected to chemical abuse (e.g. Gamblers Anonymous). We will be alert to these and will seek information in regard to groups and treatment for these disorders and will have such information available.

In conclusion, the Commission on Alcoholism and Other Drug Abuse offers itself as a source for literature, films, and other materials which might be useful to those concerned about alcoholics and other drug abusers. We will attempt to be informative to those seeking help, the sick, or those concerned with the sick. We will attempt to be knowledgeable in relationship to treatment facilities and will at least be able to serve in a referral capacity. We will be happy to be consulted and in so doing, believe we are participation with our Lord in His healing ministry.

Prayer for the victims of addiction:

O blessed Lord, 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 unfailing mercy; remove from them the fears that beset them; strengthen them in the work of their recovery; and to those who care for them, give patient understanding and persevering love. Amen.