

# **Into the Light: Christian responses to Addiction**

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## **Introduction**

Several years ago, the council of the Presbytery of Redstone started a discussion about whether opioids were a problem in its churches. The ensuing discussion resulted in a resounding yes. Pastors and elders talked of attending funerals for overdose deaths, praying for parents whose children were struggling with addiction and pondering how to welcome people seeking help into the church community.

Our decision to intentionally pursue different kinds of ministry for those suffering from substance use disorders led us to discover that church leaders and volunteers are sometimes misinformed about the root causes of addiction. They often aren't aware of the way alcohol and other drug use impacts their congregation and may not stop to think theologically about the challenge of addiction.

This curriculum was created by the addiction ministry network to empower churches to confront the issue of substance use disorders in their communities, explore how the Bible can help us to shape our response and open up discussions about how churches can minister to those suffering from addiction. We hope it can be helpful to you.

### **SUGGESTIONS FOR THE LEADER.**

**Prepare for the class.** Each session includes stories, information, songs and a Biblical reflection and alternative lessons. Read through the Introduction for the Leader so that you have some background for the discussion and know what materials you need. Since not everyone learns through discussion, we have included other activities and songs. Choose the songs, activities or questions that are right for your group. The songs and hymns can be sung, played during a time of meditation or projected as videos to enhance the experience.

**Make it local.** Some communities are facing an opioid epidemic; others are devastated by meth and still others by alcohol. Use the news from your area to inform your discussions.

**Create a safe space.** The shame and fear of addiction grow and fester when they are kept secret. Create a welcoming space by making introductions and being sure the seating arrangements allow for inclusive discussion. People attending the class may be struggling with addiction or love someone who is. It is important that the conversation be respectful of those who are facing the challenges of addiction.

**Make it personal.** A safe space invites those who have faced or are facing issues of substance use disorders to tell their stories. Oftentimes a personal relationship can influence how people view those facing the challenges of addiction. You may find that personal stories may dominate a discussion one day. This is OK. This is ministry. However, if one person's voice dominates week after week, find ways to gently steer the discussion back to the topic by saying "Thank you, let's get back to the topic and hand" and invite another person to speak.

**Know when to refer.** If someone is using the class as a therapy session week after week, it may be best to refer them to a professional counselor. Most counties have a helpline that can suggest next steps. Try an internet search for your county to find the number. Also, sometimes in the course of a study such as this, someone might become overwhelmed with the recognition that he or she, or a close loved one, is suffering a substance use disorder, and it is time to get help now. Below are the phone numbers for the county Drug and Alcohol Programs within Redstone Presbytery. They are ready to take your call and help you get the process started.

**Learn the lingo.** Our understanding of addiction is changing rapidly. In this curriculum, you will not see the word addiction much, but rather substance use disorder. This is because there is a shift toward addressing addiction as a brain disease rather than a moral failing.

**Trust the Spirit.** You may not know everything there is to know about addiction or drugs but trust the Spirit will be in the room with you and that just by talking about addiction issues you are participating in a healing ministry.

Know when to refer. If someone is using the class as a therapy session week after week, it may be best to refer them to a professional counselor. Most counties have a helpline that can suggest next steps. Try an internet search for your county to find the number.

### **Local Resources — Westmoreland County**

#### **Westmoreland County Drug and Alcohol Commission, Inc.**

1 Wendell Ramey Lane, Suite 120, Monessen, PA 15062

Phone: 724-684-9000, ext. 4446      Fax: 724-684-3489

Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.

<http://wedacinc.org/>

In Case of An Emergency Call: 1-800-220-1810, Ext. 2

## **Local Resources — Somerset County**

### **Somerset Single County Authority (SCA) for Drug and Alcohol**

300 North Center Avenue, Suite 360, Somerset, PA 15501

Phone: (814) 445-1530

Fax: (814) 445-1524

Accessline: 1-800-452-0218

A 24-hour toll free number to provide human service information and referral.

<http://www.co.somerset.pa.us/department.asp?deptnum=11>

## **Local Resources — Fayette County**

### **Fayette County Drug and Alcohol Commission, Inc.**

100 New Salem Road, Suite 106, Uniontown, PA 15401

E-mail: [clientservices@fcdaa.org](mailto:clientservices@fcdaa.org)

<http://fcdaa.org/>

Phone: 724-438-3576      Fax: 724-438-3305

Toll Free: **800-856-3576** Toll free number answers 24 hours/day-7 days/week

## **Local Resources — Cambria County**

### **Cambria County Drug & Alcohol Program**

Central Park Complex, 110 Franklin Street Suite 200, Johnstown, PA 15901

Phone: (814) 536-5388 Weekday

Fax: (814) 536-6867

Hours: Monday – Friday, 8 a.m. to 4 p.m.

(814) 535-8531 Weekends/Evenings

<http://www.cambriacountypa.gov/drug-and-alcohol.aspx>

## **Session One**

### **Who We Are as God's People?**

"So now I am giving you a new commandment: Love each other. Just as I have loved you, you should love each other. Your love for one another will prove to the world that you are my disciples." (John 13:34-35)

#### **Preparing for the Session**

##### **Goal of the Session**

Participants will recognize the impact Substance Use Disorders (SUD) are having on their community and church and how we choose to respond.

##### **The Challenge**

Churches tend to not understand and may ignore the social disruption caused by Substance Use Disorders (SUD).

##### **Relevant passages**

- |                    |   |
|--------------------|---|
| John 13:34-35      | <b>Note:</b> <i>Life Recovery Bible</i> , p. 1364, note for passage |
| Ecclesiastes 1:14  |   |
| 1 Corinthians 9:23 | <b>Note:</b> <i>Life Recovery Bible</i> , p. 1466, note for passage |

##### **Suggested Materials**

- Newspaper or online article about AOD abuse or SUD in the community
- Life Recovery Bible (for additional activities)
- Poster board (for additional activities)

##### **Suggested Hymns**

- Christ Be Our light
- They'll know we are Christians by Our love
- Savior, Like a Shepherd Lead Us
- Lord, You Give the Great Commission
- Until the Whole World Hears (Contemporary, Casting Crowns)

## **Background for Leader**

Take one look at the headlines and it's easy to see that opioids and other drugs are impacting our communities and families. The question for many of us in churches is: How does God call us to respond?

For many congregations, issues with substance use disorders (SUD) seem to be outside the church walls — or so they think. But the reality is that parents may be sitting in the pews praying for children who are using drugs, pastors may be called upon to do a funeral for a family member who "died suddenly" or an alcoholic may be hoping that nobody notices that she is hung over and struggling through the service.

Alcohol and other drug (AOD) abuse and dependency remain hidden in the dark because many people don't want to talk about the challenges they face. If they reveal or confess their SUD, they fear judgment and isolation. The user's fear keeps them silent, producing the opinion within churches that SUD issues don't impact those within the church. Thereby believing erroneously, it is only a problem existing outside the walls of the church beyond their ability to address.

While it may seem like addiction only applies to alcohol and other drugs (AOD), the reality is that there are many types of addiction. Church members who would never think to use illicit drugs may have rooms full of clothing from online shopping or secret debts from online gambling. A teen who would never drink alcohol may not be able to go for 20 minutes without looking at the notifications on his or her phone. A pastor who spends hours helping others may be addicted to the comfort found in a half-gallon of ice cream.

Addressing addiction is addressing the longing that we all have for love and wholeness. It acknowledges the emptiness that we try to fill with things other than God. A pastor once asked a former Sunday school student why she used heroin. After a moment of silence, she replied, "Because it makes me feel loved."

## **The freedom to confess**

Why are we hesitant to talk about SUD in the church? A Pennsylvania pastor spent twenty years as an addiction counselor while preaching many Sundays in local churches. He says that he would often mention his weekday job from the pulpit and include prayers for people suffering from a substance use disorder. Often, parishioners would come to him after the service and tell him how addiction was impacting their lives, often admitting that nobody else in the church knew.

The first step in addressing the problem of substance use disorders (SUD) in our communities (and the first step in the 12-step program of Alcoholics Anonymous) is recognizing that there is a problem and that alone we are powerless to solve it. Overcoming addiction, whether it's to drugs, gambling or a phone, requires the power of God and the help of a community.

By being willing to talk about addiction and substance use disorders (SUD), churches can open the door to the healing grace present within Christ's community. Focusing on SUD can remind people that they are indeed loved by the God of the universe. That healing is not just for the one suffering a SUD, but the entire beloved community.

### **Rooted in identity**

In 1939, the story is told about the Nazis' moving into the Netherlands. Dutch theologian, Henry Kramer was asked by a group of Christian lay people, "Our Jewish neighbors are disappearing from their homes. What must we do?"

Kramer answered, "*I cannot tell you what to do. I can tell you who you are. If you know who you are, you will know what to do.*" Later, these people became part of the Dutch Resistance Movement, saving their Jewish neighbors from the horror of the Holocaust. - John A. Stroman, Thunder From the Mountain (Nashville: Upper Room, 1990), 28-29.

While conducting a funeral for a young man who died of an opiate overdose. A local teacher shared this was the eighth funeral she had attended of a former student who had overdosed in the past few years. We hear and read the reports of heroin overdose deaths. Quietly and unnoticed many individuals disappear from our community life. Family members are torn apart, too fearful and embarrassed to let others know their loved one died of an overdose. The shame and stigma of a substance use disorder drives individuals and their families underground and they seem to disappear from our consciousness.

Just as Christians in 1939 asked the question, "What must we do?" when faced with the disappearance of their Jewish neighbors, we too are faced with a similar question. We face a decision about who we are as God's people in responding to the crisis of alcohol and other drug (AOD) abuse and dependency.

We could look around and declare, like the writer of Ecclesiastes, "*I observed everything going on under the sun, and really, it is all meaningless—like chasing the wind.*" (Eccl. 1:14) Concluding there is nothing we can do.

**Or** we could declare the same as Paul, "*I do everything to spread the Good News and share in its blessings.*" (1 Cor. 9:23)

During our moment under the sun, we are called upon to remember who our God is and that we are God's people. How we respond during the defining moments of our lives will determine and define our conduct and personal relationships.

The gospel writer John reminds us that we are a beloved community. As Christians we are called to love one another as Jesus has loved us. This is central to our identity. People inside and outside the church should see us as a place of healing and wholeness for all of God's people. A place where we can confess our sins and addictions, confident of the knowledge that we are forgiven in Christ. A place where we can seek the growth necessary to live our lives to their fullest potential. A place where we can discover the good news of Christ's love and forgiveness, lived out together in community and not just professed.

Admitting that SUD impacts our congregations can feel intimidating or messy. It may go against the corporate identity we have created for ourselves as upstanding citizens. But ignoring our addictions, whatever they may be, keeps addiction hidden in the shadows where it can grow and fester. Kept in the dark, addiction whispers to us that we are not good enough, we are unforgivable and we should live in shame.

Bringing addiction into the light of Christ and his beloved community takes away its power to keep us locked in fear and shame. Declaring God's power and Christ's forgiveness over darkness can begin to free the church to love each other the way that Christ loves us.

As churches, the path before us may never seem clear or straight. We may need to become trailblazers in the darkness, clearing the way for others. For God's Spirit is always lighting the way. Trusting that we are God's beloved, we can begin to respond to the challenge of substance use disorders (SUD).

## **Leading the Discussion**

Session 1

### **Introduction of topic**

- Stories of SUD and its consequences are not difficult to find, frequently local newspapers have a story or two of drug related events in each issue. Begin the session by sharing a story of how SUD is impacting the community in which you live.

- Invite participants to share stories they may have heard or experienced about SUD.
- Share the most relevant information from the background page, especially the following:
  - The story of Nazis moving into the Netherlands
  - Information about the church's role in caring for the community

## **Gathering around the Word**

Pray the following or a prayer of your own:

*Lord, as we gather together to explore the issues facing our community, we pray that you will open our eyes and our hearts to the pain of your people suffering from a Substance Use Disorder (SUD). Help us to understand the pain, fear and embarrassment faced by individuals and families and guide us as we seek to respond with compassion and faith made manifest in Jesus Christ. Amen.*

## **Discussion Questions**

1. What do the Bible passages say about who we are as Christians and Christ's church?

Read and discuss each of the following:

John 13:34-35      **Note:** *Life Recovery Bible*, p. 1364, note for passage

Ecclesiastes 1:14

1 Corinthians 9:23 **Note:** *Life Recovery Bible*, p. 1466, note for passage, good insight related to this session's focus.

2. What does John mean when he says we should love one another just as Christ loved us?
3. The question of identity guided the response of the Dutch people to save the disappearing Jews. How does our Christian identity guide our response to the disappearance of people from our communities because of SUD?
4. Are you willing to talk about addiction and other substance use disorders, or would you rather pretend the problems don't exist?

## **Closing – Serenity Prayer** – begin with silent prayer for those with SUD

We suggest using one of three different versions of the Serenity Prayer at the close of each session, we included a suggested version at the end of each session.

American theologian Reinhold Niebuhr, first wrote the prayer for a sermon at Heath Evangelical Union Church in Heath, Massachusetts, used it widely in sermons as early as 1934 and first published it in 1951 in a magazine column. The prayer spread through Niebuhr's sermons and church groups in the 1930s and 1940s and was adopted and popularized by Alcoholics Anonymous and other twelve-step programs.

The most well-known form is a late version, as it includes a reference to grace not found before 1951:

God, give me grace to accept with serenity  
the things that cannot be changed,  
Courage to change the things  
which should be changed,  
and the Wisdom to distinguish  
the one from the other.

Living one day at a time,  
Enjoying one moment at a time,  
Accepting hardship as a pathway to peace,  
Taking, as Jesus did,  
This sinful world as it is,  
Not as I would have it,  
Trusting that You will make all things right,  
If I surrender to Your will,  
So that I may be reasonably happy in this life,  
And supremely happy with You forever in the next. Amen.

## **Alternative Activities for further exploration**

- Create a poster of local articles or stories to illustrate how common substance use disorders (SUD) in your area.
- Using the Life Recovery Bible, read the Recovery Themes in the introduction to the Gospel of John and discuss the section title "The Invitation to Relationship."

## **Session Two**

### **What is a Substance Use Disorder?**

#### **Preparing for the Session**

"A leper came to him begging him, and kneeling he said to him, "If you choose, you can make me clean." Moved with pity, Jesus stretched out his hand and touched him, and said to him, "I do choose. Be made clean!" (Mark 1:40-41)

#### **Goal of the Session**

Substance Use Disorders (SUD) have existed in the public discussion as both a moral deficiency and a disease creating conflicts in our approach to healing. Participants will be able to understand this tension and how science has led us to define SUD as a brain disease.

#### **The Challenge**

Society views on substance use disorders vary. This leads to societal conflicts on how we treat it.

#### **Relevant passages**

Mark 1:40-41

Galatians 5:1, 13, 16-23

#### **Suggested Materials**

Life Recovery Bible (for additional activities)

Whiteboard or newsprint

#### **Suggested Hymns**

Just as I Am, without One Plea

Spirit of the Living God

Here I am, Lord

Out of the Depths

Reckless Love (Contemporary, Cory Asbury)

Oh my Soul (Contemporary, Casting Crowns)

## **Background for Leader**

**Note:** The treatment and prevention fields commonly use the term "Substance Use Disorder(s)" (SUD). This term is less stigmatizing to the user than terms, like, "Addiction" or "Addict."

For over 200+ years, society has held the perspective that a SUD was a moral weakness and individuals were morally flawed and lacking willpower. Scientists researching alcohol and other drug (AOD) abuse labored in the shadows of powerful myths and misconceptions about the nature of addictive behaviors.

However, scientific research over the past 50 years has shown us through empirical evidence that SUD is a brain disease. Research has concentrated on an examination of genetics, environment, developmental issues, brain chemistry, etc. to steadily understand what was happening within human physiology to produce addictive behaviors. In fact, ninety percent of what we currently know and understand about substance use disorders (SUD), recovery and treatment has been learned since 1980.

These two views shaped society's responses to AOD abuse, treating it as a moral failing rather than a health problem, which led to an emphasis on punishment rather than prevention and treatment.

Today the National Institute on Drug Abuse defines a substance use disorder this way:

*A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Addiction is considered a brain disease because drugs change the brain — they change its structure and how it works.*

Today, SUD is defined as a chronic disorder/disease. Chronic diseases cannot be cured with existing medical technologies and are generally progressive, meaning they get worse, if not treated. Many diseases are classified as chronic, i.e., diabetes, cardiovascular diseases, hypertension (high blood pressure), asthma, and chronic obstructive pulmonary disease (COPD), etc. These lifelong conditions can be treated and managed with lifestyle changes.

SUD is indeed many things—a maladaptive response to environmental stressors, a chronic disease, a developmental disorder, a disorder caused by misfiring of brain circuits, and yes, a learned behavior. We will never be able to fully understand or address SUD without being able to talk about and

address the numerous factors that contribute to it — biological, psychological, relational, spiritual, behavioral, societal, economic, etc. Taking the steps to first address it as a treatable medical problem from which people can and do recover is crucial. We should advocate for access to effective treatments which lessens the stigma surrounding a condition that afflicts nearly 10 percent of Americans at some point in their lives.

But, overcoming old ideas and perspectives are difficult. Attitudes fixated on moral outrage leaves too many forgotten and exposed to dying from SUD.

- Approximately 72,000 individuals in 2017 died as a result of Opioid Overdose in the United States
- In 2016, the five states with the highest rates of death due to drug overdose were **West Virginia** (52.0 per 100,000), **Ohio** (39.1 per 100,000), **New Hampshire** (39.0 per 100,000), **Pennsylvania** (37.9 per 100,000) and **Kentucky** (33.5 per 100,000).
- An estimated **88,000 people (approximately 62,000 men and 26,000 women)** die from alcohol-related causes annually. (National Institute on Alcohol Abuse and Alcoholism)
- In 2013, 22.7 million Americans needed treatment for an alcohol and other drug (AOD) problems, but only about 10% or 2.5 million Americans received treatment for an AOD problem at a specialty facility.

**Note:** Check fact sheet on SUD in Appendix F of this curriculum for additional information about AOD usage and challenges.

In public discussions of substance use disorders, the question always arises, "Is addiction a disease or a moral problem?" The answer is both, but then again it is not quite that simple. Research on human physiology and brain function has led us to understand SUD as a brain disease since it profoundly alters the functioning of the human brain in ways that negatively impacts a person's behavior and emotions.

Additionally, people suffering from a SUD behave in ways which are undoubtably reprehensible and abhorrent to general society. The behavioral and emotional actions exhibited by those with a SUD, reinforces societal attitudes of a moral deficiency.

Understanding SUD as a brain disease is important in beginning to effectively provide treatment. However, SUD is not just a physical or psychological disorder. SUD is created by emotional, economic, spiritual and

relational factors within the lives of those impacted and their families. This is why many recovery experts suggest that Christ's church can be part of the healing process.

## **Leading the Discussion**

Session 2

### **Introduction of topic**

Before the session begins, divide a whiteboard or newsprint into two columns, one with the title moral and one with the title medical.

To begin the discussion, ask the participants if they think AOD abuse is a moral or medical problem. Briefly ask for participants to explain their answers. Write the group's thoughts in the appropriate column.

Using the information in the introduction, describe both the medical and moral components of AOD abuse.

### **Gathering around the Word**

Pray the following or a prayer of your own:

*Holy God, you are the Lord of hope and the promise of new life. We give thanks for the life, death and resurrection of Jesus Christ which offers each of us a chance of a new beginning regardless of our past mistakes. We pray in Jesus' name. Amen.*

### **Read together Mark 1:40-41**

Invite participants to reflect up whether AOD abuse and leprosy have anything in common using the following to guide the discussion:

- Leprosy has been around since ancient times, often surrounded by terrifying, negative stigmas and tales of leprosy patients being shunned as outcasts.
- In biblical times, illnesses and disabilities were thought to be the result of sin, that is punishments for moral failings and the victims were blamed for their illnesses.
- Despite this stigma of leprosy, Jesus interacted with lepers and healed them.
- In the late 1800's the medical field began to understand the role of bacteria in illness and effective treatment and success reduced the stigma and shame related to many diseases. Leprosy still impacts communities, but it is now highly treatable.

- Addicts in recovery often refer to being clean, just as the leper does.
- Jesus is clearly communicating the message to us, we are to respond to the requests for healing.

## **Discussion Questions**

1. Has your understanding of SUD as a disease, a moral deficiency or a choice changed as a result of our discussion today? Why? What about your family, friends, coworkers, and others you know?
2. How can our understanding of Jesus' treatment of leprosy guide our own treatment of people with substance use disorders?
3. How might attitudes toward those with SUD change, if more people understood scientific evidence that SUD is a brain disease?
4. How do you perceive that stigma and shame prevents individuals with a SUD and their families from seeking treatment and recovery?
5. What simple steps could a congregation take to improve the opportunities for individuals in your community to recovery from a SUD?
6. Read the section in Life Recovery Bible, p. 1250, Recovery Themes, titled, "*Recovery Is Not the Goal.*" What are the challenges of someone in recovery from a SUD in dealing with the spiritual and relational factors in their lives?

## **Closing - The Serenity Prayer** – begin with silent prayer for those with SUD

The common name for a prayer written by the American theologian Reinhold Niebuhr. The best-known version used by many 12 Step groups:

God, grant me the serenity to accept the things I cannot change,  
 Courage to change the things I can,  
 And wisdom to know the difference. Amen.

## **Alternative Activities for further exploration**

Videos available on YouTube

**Why are Drugs So Hard to Quit** <https://youtu.be/Xbk35VFpUPI>

**Anyone Can Become Addicted to Drugs**

<https://youtu.be/wCMkW2ji2OE>

(check Appendix C for a description of all the videos suggested and length)



## **Session Three**

### **Love and Enabling**

#### **Preparing for the Session**

"But Elisha sent a messenger out to him with this message: 'Go and wash yourself seven times in the Jordan River. Then your skin will be restored, and you will be healed of your leprosy.' But Naaman became angry and stalked away. 'I thought he would certainly come out to meet me!' he said. 'I expected him to wave his hand over the leprosy and call on the name of the LORD his God and heal me!'" (2 Kings 5:10-11)

#### **Goal of the Session**

Participants will be able to identify three actions that enable, rather than help, someone with a SUD.

#### **The Challenge**

As church members we understand we are called to love, but with SUD our understanding of love becomes confused and difficult to practice.

#### **Relevant passages**

2 Kings 5:1-15    Life Recovery Bible, p. 470, footnote on 5:1-8  
                    Life Recovery Bible, p. 471, 12-Step Devotional, Step 1

Luke 10:1-2

Matthew 10:5-14

#### **Suggested Materials**

Life Recovery Bible, see p. 1313, Serenity Prayer - Section at top of page

Poster board and/or newsprint (for additional activities)

#### **Suggested Hymns**

Change My Heart O God

Be Thou My Vision

Lord I Need You (Contemporary Christian, Matt Maher)

Strong Enough (Contemporary Christian, Matthew West)

## **Background for Leader**

In AOD treatment and prevention programs you will frequently hear the word, "enabling." Enabling is any action that removes, alters, or reduces the natural, harmful, often painful consequences of another's behaviors, decisions or choices. For example, if we pay the electric bill for our son's apartment because he spent the money on AOD purchases. Our action prevents him from dealing with the painful consequences and surrendering to his need for treatment.

In general terms, helping is a natural and expected response by most people who have any degree of compassion and kindness in their hearts. We are willing to help those people we love, because we don't wish to see harmful things happen to them.

The individual with a SUD is driven by their desire to avoid any of the pain, consequences and/or suffering in their life. They want to shift the responsibility for their behavior away from them (where it should be) and give it to others who unknowingly might believe the responsibility belongs to them. They have an intuitive ability to recruit others willing to enable their continued usage and willing to accept the blame for the SUD individual's behavior.

We may view our actions as helpful and compassionate and typically they might be, except when related to AOD usage behavior. No longer helpful, our enabling behavior only allows the SUD individual to believe there is no problem, because any painful consequences are avoided.

For most people, we learn from our mistakes and we have the capacity to self-correct our occasional reckless behaviors. We appreciate family and friends who assist us get through these adverse experiences. Experience can be a powerful force in helping us mature and grow as human beings. In most, life situations when we assist someone who did something they should not have done, we expect them to correct their behaviors and take responsibility for their current and future actions. In most cases, our experience reinforces this view of the world around us.

When SUD behaviors appear, all our calculations about what is normal get distorted and twisted. We find ourselves disoriented and confused. What we thought we knew about life and people and what was normal no longer applies. We have now turned the corner from loving, helpful behavior into enabling. Enabling an individual with a SUD prevents them from experiencing the expected, natural, harmful and painful consequences and deflects their attention away from the chief problem, continued use of

harmful substances. Facing the consequences is the place where they might be open to accepting genuine help and surrender to their SUD.

In any discussion related to SUD, someone will normally respond with the statement, "we can't help them unless they hit bottom," in part, this is true. In an AA meeting you might hear someone state they got into AA because "they got sick and tired of being sick and tired." This statement expresses the experience and feelings of many when they have hit bottom. They have reached a point in their lives where they can only look up or move forward with their lives. The pain, suffering and consequences of their usage has become so intolerable they need to seek a new direction. They have arrived where surrender to their powerlessness is possible. Enabling inhibits their ability to hit bottom.

"We need to learn, when we are being helpful and when our actions are preventing the person from facing responsibility for their behavior. As difficult as it may be for us, we need to allow the natural consequences of their behavior to play out in their lives. They will not surrender willingly to their SUD without a fight, they will get angry, create conflict, make threats, disrupt the lives of those around them, etc., anything to deflect the problems away from their usage. Most people lack the skills, strength and knowledge to effectively cope with these defensive tactics. Dealing with anger and conflict requires most people to seek support and education from others outside the situation. We should never go it alone, if we want success in stopping our enabling behavior." According to Rev. F. Lee McDermott with experience in addictions counseling with families. (see bios)

When we reach the point where we know our enabling behavior is counter-productive and we need to learn how to stop. Just as the SUD individual needs others to succeed in recovery; i.e., treatment centers, counselors, sponsors, etc. We need others to help us stop our enabling behavior. We need the support of people, whether it is group support, counselors, friends, colleagues, AOD service providers, churches, pastor, etc. Seeking help and support of others helps make it less painful, but it will still hurt.

Do not be surprised if you fail at this, SUD individuals are far more skillful at deception than you are. You will get fooled and probably often. Stopping our enabling behavior takes practice and experience to begin to get it right and chances are good you never will completely get it right, so don't feel guilty about it. Don't allow your inability to get it right negatively influence your ministry of helping those in your community.

## **Leading the Discussion**

Session 3

### **Introduction of Topic**

#### **Group Activities**

**Before beginning the session prepare newsprint or a whiteboard making two columns, one titled "Loving" and the other "Enabling."**

Ask participants to list behaviors, under each column. Examples, for enabling, if discussion lags use some of the following: bailing them out of jail; giving them "one more chance," then another, and another; ignoring the AOD use because they get defensive; using AOD along with them; lending them money; lying or making excuses for them to your friends, etc.

#### **List on newsprint or a whiteboard the answers to the following:**

What reasons might someone unknowingly enable an individual's SUD?

How might we support those who are enabling another's SUD who want to stop?

Using the discussion questions, you might want to list the groups responses to the questions on newsprint.

#### **Gathering around the Word**

Pray the following or a prayer of your own:

*Lord, so often we want to help, but sometimes our helping hurts. As we explore your word give us the wisdom to know how to be effective healers rather than enablers. Empower us with ability to give a holy "No" when necessary. In Jesus' name we pray. Amen.*

#### **Read aloud the Scripture 2 Kings 5:1-15 about the encounter between the prophet Elisha and Naaman.**

- Elisha sent a messenger to Naaman to explain how to heal his leprosy. Why did Naaman get angry?
- Individuals facing a problem frequently want an instant solution, instead of doing the work whether easy or difficult to solve their own problems. How would our attitudes toward their treatment enable their continued use?

The individual with a SUD, their main daily priority lies with their use of their drug of choice, their family or significant others take a back seat to this main priority. They avoid accepting responsibility for their drug related behaviors, they seek out and often succeed at getting others to accept

blame. If you know someone with a SUD, you most likely have heard their rationalizations, promises to cut down, to stop but, it doesn't work. Treatment, support, and new coping skills are needed to overcome a Substance Use Disorder (SUD).

### **Discussion Questions**

1. Can you describe any events in your life where someone convinced you to enable their continued AOD usage?
2. When someone recognizes they are enabling someone's SUD, what steps could they take to reduce their enabling behavior?
3. People who stop enabling behavior are often deeply disturbed by seeing the person with SUD suffer from the consequences, how might we assist them through this difficult time in their lives?
4. How is Jesus' command to love one another compatible with making sure not to enable someone with a SUD?

### **Closing – Serenity Prayer – begin with silent prayer for those with SUD**

The most well-known form is a late version, it is longer than versions typically used: (see Session one for details on prayer)

God, give me grace to accept with serenity  
the things that cannot be changed,  
Courage to change the things  
which should be changed,  
and the Wisdom to distinguish  
the one from the other.

Living one day at a time,  
Enjoying one moment at a time,  
Accepting hardship as a pathway to peace,  
Taking, as Jesus did,  
This sinful world as it is,  
Not as I would have it,  
Trusting that You will make all things right,  
If I surrender to Your will,  
So that I may be reasonably happy in this life,  
And supremely happy with You forever in the next. Amen.

### **Alternative Activities for further exploration:**

**Role play.** Invite one person to ask persistently for money to pay rent and bills and another to practice saying no. Some suggested lines for the person asking for help are:

- I don't have enough money to buy my baby formula and diapers. Can you help me out this month?  
I've tried everywhere else. No one can help me. (crying) The baby formula is too expensive, and I don't want to have to steal it.
- I need to take a bus to see my son who is sick in West Virginia. Can you give me money for bus fare?  
If I can't get there, he might die without me seeing him.

Videos available on YouTube

**How do you know if you're enabling a loved one?**

<https://youtu.be/nnEISUce1a4>

**Enabling & Detachment** <https://youtu.be/CQf5fzfqRfA>

**The Ripple Effect of Addiction** <https://youtu.be/6AqvLAGEQQ>

(check Appendix C for a description of all the videos suggested and length)

## **Session Four**

### **They Are More Than Their Disease**

#### **Preparing for the Session**

"They kept demanding an answer, so he stood up again and said, 'All right, but let the one who has never sinned throw the first stone!'" (John 8:7)

"The sacrifice you desire is a broken spirit. You will not reject a broken and repentant heart, O God." (Ps. 51:3, 17)

#### **Goal of the Session**

Participants will be able to see people with a substance use disorder (SUD) are still children of God and are still invited into the Kingdom of God, but their brokenness makes accepting the invitation difficult.

#### **The Challenge**

The conflicting attitudes in perceiving SUD as a moral issue or a disease creates an environment where we fail to see these individuals as children of God.

#### **Relevant passages**

Psalm 51:3, 17 - Life Recovery Bible, p. 715, 12-Step Devotional, Step 6

Luke 15:1-7, 11-32

John 8:2-11 – Life Recovery Bible, p. 1353, 12-Step Devotional, Step 5

#### **Suggested Materials**

Life Recovery Bible (for additional activities)

Audio/Video equipment (for additional activities)

#### **Suggested Hymns**

Amazing Grace

You Are the Lord, Giver of Mercy

Softly and Tenderly Jesus Is Calling

Come, Bring Your Burdens to God

Cry Out to Jesus (Contemporary, Third Day)

Safe (Contemporary, Phil Wickham)

## **Background for Leader**

Shame hinders us in very common ways, through feelings and thoughts of fear, rejection, unworthiness, and self-hatred. People often go through life afraid that they are somehow inferior and unworthy and desperately afraid that other people will discover their dark secrets.

In a broken world, everyone experiences feelings of unworthiness, particularly when we sense others may be imposing conditions or qualifications upon our worthiness. Too often, circumstances in our lives bolster feelings of shame and unworthiness. Misinterpreting life events seemingly confirm our personal myth of alienation and unworthiness.

Sadly, many people, even believers, live their entire lives haunted by the lie of unworthiness. It lurks behind fear. It simmers beneath anger. It encourages excess and addiction. It persistently taunts, unchallenged by the truth that we are unconditionally loved and accepted by God. Left to fester it convinces us that we are our mistakes.

Telling people their behavior is immoral or wrong won't set them free. In fact, it may only deepen the problems of guilt and shame which often fuels their SUD. Reinforcing feelings of guilt and shame in individuals with a SUD, only complicates attempts to intervene and make the decision to enter treatment.

Shame has never been an effective motivation for transformation. Often it is the greatest hindrance to true freedom and wholeness. Shame results in hiding in the shadows and in living behind a facade. A moralistic focus on behavior causes us to remain hopeless in our attempts to change. However, we each need help to heal our brokenness and redeem our guilt and shame. Learning to follow Jesus can bring healing and change, restoring our hearts to the wholeness that He intends for us. We are transformed by grace, love, hope and faith, as Paul states, "*And I will show you a still more excellent way.*" (1 Cor. 12:31, NRSV)

We wouldn't advocate that individuals should be identified by their cancer, heart disease, or diabetes, etc., we should avoid doing the same with individuals dealing with a SUD, these individuals are more than their disease. They are human beings, much like us, broken, wounded, suffering, and in pain. For them a substance controls their mind and body and has denied them abundant life. Like us, they have been extended an invitation into the kingdom, we need to help them say, yes.

Attend any meeting of a 12-step group and you will hear broken people who are not afraid to admit they are broken. There is no pretense in their meetings, if there was, any pretenders would be called on it immediately, not out of meanness, but out of kindness. Each meeting is filled with individuals boldly proclaiming, "Hi, I'm Jeff and I'm an addict." None of this, "I used to be an addict, but God delivered me and now I am no longer." These broken people stay broken forever and they have surrendered themselves to this new reality. Not as a sign of weakness, but in their ability to be real with one another. They now in these new relationships they share a common recovery from SUD and hold each other up, even carry one another when needed. They clap and hoot and laugh and cry with each other. They hug and help each other.

Attend one of their meetings and you will witness a strange and amazing pattern emerge of what the church should be. You intuitively know that God is indeed glorified in these broken men and women, in the midst, of their brokenness? We should be celebrating with these individuals not judging or condemning them. Jesus tells us in the parable of the prodigal, "*We had to celebrate this happy day. For your brother was dead and has come back to life! He was lost, but now he is found!*" (Luke 15:32) They are so much more than their disease, what has once lost can be found.

The fundamental problem with how we often treat them is not that they are bad people who we need to make good. What you see in their recovery and the amazing grace you are given the privilege to witness is that they are broken people who are in the process of being healed and made whole. Sin is the proclivity to make irrational choices rooted in disorder and delusion. There ultimately must be healing of the disorder and delusion through grace and love.

*"Midway along the journey of my life, I woke to find myself in a dark wood, for I had wandered off from the straight path."* writes Dante in *Divine Comedy*. Do we consider ourselves blessed, because we have had in our lives individuals who helped us avoid wandering off from the straight path into a dark wood? People recover from a SUD because someone helps them escape the darkness and enter the light.

To the individual with a SUD, their denial is not always about the specific drug used or the disease, but often the belief that nothing can be done. Stigma and shame convince those with SUD that they have gone too far for redemption. They have grown accustom to the dark wood and forgot that there is any light. Normal life for them has become darkness.

We are called by God to regard them as people who are broken, but not beyond the reach of grace. People held in bondage and living in the darkness by a drug, which has robbed them of the capacity to recognize their identity as a child of God. The darkness where they live daily prevents them from seeing the light of Christ. A light which we are called to offer to all of God's children. The impact that AOD has on a person's brain complicates their capacity to see their own brokenness and the bondage they are experiencing. They mistake their current life as normal.

We make the mistake in believing those lost in SUD, as some anonymous, faceless individuals whom we can avoid. Sooner or later, we acknowledge the fact, them are our own sons and daughters, nieces and nephews, siblings, aunts and uncles, parents and grandchildren. Jesus reminds us in the parable of the lost sheep, (Luke 15:1-7) we should rejoice over each new person who has been found, because there is always room for one more. Those lost in a SUD are more than their disease, they are children of God.

## **Leading the Discussion**

Session 4

### **Introduction of Topic**

Those who suffer from substance use disorders are not nameless, faceless people, but those whom we know and love. Invite participants to name someone they know who has been touched by addiction. Next to their name (it can be fictitious) write other things about them such as their familial role (mother, daughter, son, etc.), their gifts or talents or something about their personality. Try to capture the whole person.

### **Gathering around the Word**

Pray the following or a prayer of your own:

*Jesus, we remember the way that you reached out to the people who were despised. You showed love to those who were greedy, adulterous or lost. Form us into the kind of people who see beyond the mistakes and recognize your reflection in the people we meet. In the name of the Father, Son and Holy Spirit. Amen.*

**Read John 8:2-11 aloud.** Invite the participants to discuss the following:

- What do we know about the woman in the story? How is she defined? Have you ever wanted to know more about her? Would it be so easy to cast stones if you knew whose daughter she was or if she had children or was helpful to her neighbors?

- Why do you think Jesus came to her aid?
- Are we more likely to cast our own stones at people with a substance use disorder than other failings? Why or why not?

**Read Psalm 51 aloud**, remember it is the psalm that King David wrote after he had an affair with his married neighbor Bathsheba. Invite participants to discuss the following:

- How are these two Bible stories similar? How are they different?
- Do we define King David defined by his adultery the way we do the woman in the previous story? Why do you think this is?

### **Discussion Questions**

1. It can be easy to define someone by their SUD. How can we get to know more of the person?
2. If the reason we have become fearful of ministering to others is because we have forgotten who we are, how does knowing who we are in Christ help us to overcome our fears?
3. How might Jesus be asking you to see those who have committed sins? Does Jesus provide a good example of how to respond?
4. Can we ever really conquer our sin?

**Closing – Serenity Prayer** – begin with silent prayer for those with SUD

Another short version of the Serenity Prayer appearing in 1950

O God and Heavenly Father,  
Grant to us the serenity of mind to accept that which cannot be changed;  
courage to change that which can be changed, and wisdom to know the  
one from the other, through Jesus Christ our Lord. Amen.

### **Alternative Activities for further exploration**

Videos available on YouTube

#### **Transcending Addiction and Redefining Recovery**

<https://youtu.be/gzpTWaXshfM>

#### **From Addiction to Long-term Recovery**

[https://youtu.be/LE\\_9PJn1mnA](https://youtu.be/LE_9PJn1mnA)

**You Are Not Alone** <https://youtu.be/OO00xzf2Al4>

**Eliminating the Shame and Stigma of Addiction**

<https://youtu.be/1Q5-j30opt0>

(check Appendix C for a description of all the videos suggested and length)

## **Session Five**

### **Restoration of Hope**

#### **Preparing for the Session**

I am scorned by all my enemies and despised by my neighbors— even my friends are afraid to come near me. When they see me on the street, they run the other way. I am ignored as if I were dead, as if I were a broken pot. I have heard the many rumors about me, and I am surrounded by terror. My enemies conspire against me, plotting to take my life. But I am trusting you, O LORD, saying, “You are my God!”  
(Psalm 31:11-14)

#### **Goal of the Session**

Participants will examine the pain and isolation experienced by individuals with a SUD and how hope can be a slippery reality for them and how we need to prayerfully and thoughtfully consider our response.

#### **The Challenge**

Those with a SUD face scorn and dread daily by their neighbors related to their behaviors, believing that hope has left them behind. Society frequently reinforces this attitude and deepens their guilt.

#### **Relevant passages**

Psalm 31:11-14

Psalm 139:14 – Life Recovery Bible, p. 775, Serenity Prayer Devotional

Romans 8:38-39

#### **Suggested Materials**

Life Recovery Bible (for additional activities)

Audio/Video equipment (for additional activities)

#### **Suggested Hymns**

I Surrender All

Just a Closer Walk with Thee

As the Deer

I am Redeemed (Contemporary, Big Daddy Weave)

Come to the Table (Contemporary, Sidewalk Prophets)

In the Eye of the Storm (Contemporary Ryan Stevenson)

## **Background for Leader**

Individuals in the depths of their SUD do on occasion have lucid moments of clarity where they understand the full gravity of their situation. Many are certain, they have gone too far. They have squandered the opportunity for God's grace, hope and love to apply to them. Unlike the psalmist, they would find it difficult to affirm "*I am trusting you, O Lord,*" (Ps. 31:12)

Amid all the problems and the consequences people with a substance use disorder (SUD) have suffered, they find themselves living uncomfortably, often for years, understanding that they are scorned by their communities and a horror to their neighbors.

A man in his mid-50's called his daughter after many years. He wanted her to know he was in treatment to remain sober. She told him to never call again. She did not care if he was sober or dead. She wanted nothing to do with him. He understood her lowly opinion of him, he had never been much of a father, but he was grasping at that moment for hope.

He wondered, "What am I to do if no one in my life cares, if I am sober or dead. Why is sobriety worthwhile if it makes no difference to the people I care about."

Often people in recovery face the seemingly impossible task of forming new relationships, because they have destroyed most of their past relationships. Rather than being vulnerable and trusting new people, they choose isolation instead of new relationships because they are afraid. They are fearful they will do the same with new relationships or that others will outright reject them due to their past.

Individuals with a SUD understand why their acquaintances, family, and friends find them a subject of dread. Social isolation is an attempt to protect themselves, which continues even in early recovery. They need help, setting them free from this view of themselves and need a community to help them discover that in Christ they are a new creation. As Christians we are called to proclaim a message they have never heard and invite them to believe in someone they have never known.

The loss of hope in the face of downfalls and disappointments is a sure spiritual sign that we are relying on our own strength and accomplishments and not on God's strength and providence. "*The Lord himself goes before you and will be with you; he will never leave you or forsake you. Do not be afraid; do not be discouraged*" (Deut. 31:8).

Involvement in a community helps to keep hope alive. A.A. tells members to call their sponsor if they feel like a drink. The simple process of speaking to another person about general things of life, connects them productively to another individual. The personal attention helps their mind go somewhere else and the desire for a drink diminishes.

Many church members who have had a challenging or stressful day, have benefited from attending a church dinner, Bible study or some other fellowship opportunity. Just being in fellowship diminishes stress, worry or concerns and promotes renewal and refreshment. The break does not immediately solve the problem of addiction, but the conversation with another provides a respite until the desire to use passes.

Finding a trustworthy person or community of hope makes it possible for recovering individuals to reveal their secrets, because hope makes life less painful. Hope allows recovering individuals to share their pain with others. Hope allows them to open themselves to their own personal stories of sufferings, endurance, and character. Telling their stories allows God's love to enter their hearts and hope to take root. For the possibility of recovery from any chronic disease, the individuals need to believe in the potential for hope and recovery. Treatment success leads to hope. Recovery promotes hope.

A primary role of congregations and communities should be to serve as agents of recovery hope. When people have hope, they are more willing to risk the challenges and confront their fears about entering treatment. They are willing to share their secrets with others who have expressed a genuine interest in helping to make their hope real.

Most individuals in their early recovery struggle in forming new, appropriate early relationships. Those suffering from a SUD tend to isolate themselves from those they have loved and/or formed superficial, destructive relationships which chiefly exist to support their continued usage. Both of these relational challenges reinforce a view of future hopelessness.

Like all of us, people with a SUD and their families are seeking a place where they can belong, a place where they are accepted. A place that allows healing and wholeness to develop and mature.

A young woman shared her story of recovery to a group of pastors. Her sponsor suggested she become involved in a church after being released from prison. She decided to attend a church recommended to her.

She entered the church on Sunday morning and declared out loud, "I just got out of jail after two years because of a heroin addiction." Two women standing by the door heard her declaration and approached her and hugged her. They told her that her past was not important here, she was welcome and loved here. She said she cried the rest of the morning because she had never experienced so much joy and unconditional love in her life. This is how we give hope.

## **Leading the Discussion**

Session 5

### **Introduction of Topic**

- Provide the opportunity of lighting a candle to symbolize the light of Christ for someone or for a family that is struggling in addiction.
- Read aloud 1-2 written testimonies, a video of people who have recovered or an invited guest to share their personal testimony
- Have information or brochures for local support groups available. (AA, NA, Al-Anon, Nar-Anon)

*"I pray that God, the source of hope, will fill you completely with joy and peace because you trust in him. Then you will overflow with confident hope through the power of the Holy Spirit."* (Rom. 15:13)

### **Gathering around the Word**

Pray the following or a prayer of your own:

*Lord, we live in a broken society that tells some people they are worthless. But you have given us the good news that even the least, the last and the lost are your beloved. May we be bearers of this good news to those individuals and families suffering from substance use disorders. In Jesus name we pray. Amen.*

### **Read aloud Psalm 31:11-14**

Sometimes when we have done something wrong, we are convinced that everyone knows about it and can see it in us. Ask the participants if there was a time when they felt unworthiness like the psalmist? Or a time when they felt burdened with guilt because of something they had done or not done?

Was there ever a time when they worried about their salvation?

**Read aloud Romans 8:38-39** and invite participants to reflect on the following:

- Why is this good news to you?
- What might it mean to someone with an SUD?
- How might a family member of someone with an SUD hear this?

### **Discussion Questions**

1. Tell the story of the woman who walked into church and announced she just got out of jail from the Background for Leader. Ask participants: How would our church have responded?
2. Do you believe that a *learning to hope* is an important part of recovery? Why or why not?
3. How do you see the church providing *hope* for an individual wanting to recover?
4. Sometimes, *hope* can be the only thing that keeps a person going on the path to recovery. How can the church offer hope?

### **Closing – Serenity Prayer** – begin with silent prayer for those with SUD

The most well-known form is a late version, it is a long version and is typically used: (see Session one for details on prayer)

God, give me grace to accept with serenity  
the things that cannot be changed,  
Courage to change the things  
which should be changed,  
and the Wisdom to distinguish  
the one from the other.

Living one day at a time,  
Enjoying one moment at a time,  
Accepting hardship as a pathway to peace,  
Taking, as Jesus did,  
This sinful world as it is,  
Not as I would have it,  
Trusting that You will make all things right,  
If I surrender to Your will,  
So that I may be reasonably happy in this life,  
And supremely happy with You forever in the next. Amen.

## **Alternative Activities for further exploration**

- Invite a leader from an AA or NA group speak at your church.
- If AA or NA already meets in your church, talk with the leaders and ask how the church could extend hospitality to the group. Ex. supply dessert at a meeting, leave worship service information on the tables, etc.
- Organize a prayer chain for those in your congregation affected by SUD.

Videos available on YouTube

**Step 2: Hope** from 12-step series <https://youtu.be/F8W5UgKHJrI>

Preston's Story about Drug Addiction Recovery

**Step 11: Personal Revelation** from 12-step series

Lindsay's Story about Heroin Addiction Recovery

[https://youtu.be/0\\_qifv1kkpI](https://youtu.be/0_qifv1kkpI)

(check Appendix C for a description of all the videos suggested and length)

## **Session Six**

### **Healing and Recovery**

#### **Preparing for the Session**

"Three different times I begged the Lord to take it away. Each time he said, "My grace is all you need. My power works best in weakness." So now I am glad to boast about my weaknesses, so that the power of Christ can work through me." (2 Cor. 12:8-9)

#### **Goal of the Session**

Participants will recognize that the church has the capacity to offer hope, understanding, and healing to families and individuals.

#### **The Challenge**

Congregations often fail to understand that God can use them as the agent to bring healing and grace to others.

#### **Relevant passages**

2 Corinthians 12:8-10

Matthew 9:9-13

#### **Suggested Materials**

Life Recovery Bible (for additional activities)

Audio/Video equipment (for additional activities)

#### **Suggested Hymns**

Amazing Grace

My Faith Looks Up to Thee

What Wondrous Love is This

Nobody loves Me like You (Contemporary, Chris Tomlin)

My Hope is in You (Contemporary, Aaron Shust)

Resurrection Power (Contemporary, Chris Tomlin)

There Is a Balm in Gilead (vs. 1-2)

I Need Thee Every Hour

## **Background for Leader**

Recovery from any illness, like cancer, heart disease, diabetes or SUD creates a great deal of confusion, fear, struggle, and pain. In the early stages of recovery, the person may perceive the road set before them too dangerous and difficult to travel. Initially, they may be too frightened to begin the journey. They feel overwhelmed by the decisions that need to be made in order to travel into this unknown territory. Those who have decided to begin the journey need the support of others to discover the courage to open themselves to the opportunities that treatment and recovery brings.

A difficult journey requires a lot of trust in God. Having a friend or community for support and not taking the journey alone, enriches their lives. Those suffering from long-term illnesses like a SUD need to understand they are more than their disease.

People in recovery are seeking a place where they can belong, a place where they are accepted. In early recovery they might not know this is what they need, which is why trustworthy companions are so important. As a pastor and counselor, Lee McDermott often extended invitations to recovering people to join him at Sunday morning worship. Their response was frequently, "I'll go back to church after I get my act together."

McDermott's response was, "*God is ready for you now, I would hope the church could be the place where you can get your act together.*"

"Sadly, many recovering people came to believe that the church was unwilling to accept them until their act was together; that the church only accepted perfect people, not flawed ones," Rev. McDermott says.

The counselor recognized that to have any chance to keep his act together, both he and the recovering person needed God each day.

Jesus does not call us to go and find disciples who are already disciples. He says, "Go and make disciples." Taking some liberties in paraphrasing Paul, he might say to us, "*God proves he loves us first, while we still don't have our act together.*" (Rom. 5:8, McDermott's paraphrase)

*"As Jesus was walking along, he saw a man named Matthew sitting at his tax collector's booth. 'Follow me and be my disciple,' Jesus said to him. So Matthew got up and followed him."* (Matt. 9:9) Jesus knew that it was a religious violation to break bread with tax collectors, social outcasts and misfits, not to mention to be in close contact with a diseased woman. Still, he broke bread with them all. Gathered around a common table, they clearly were a group gathered in fellowship. Jesus is literally a "friend of

sinners." He did these things because he believed that showing mercy is never against the law of God. By sitting down with misfits and outcasts, Jesus earns the disdain of the purity-conscious Pharisees. Jesus turns the tables, telling them that he has come to call not the righteous, but sinners. "*Go and learn what this means,*" he orders them, "*I desire mercy, not sacrifice*" (Matt. 9:12-13, NRSV).

Once, when Sue Washburn was standing by the church door, she heard a deacon look out into the church parking lot as a man with long hair, a big beard and jeans made his way to the entrance. "Oh no, who is that?" the deacon asked in dismay. Rev. Washburn turned to her and said, "That's my cousin!"

In calling Matthew to be one of his disciples, Jesus picked one of the most unlikely individuals; a tax collector who by profession was despised by his own people. Jesus had the ability to see past the long beards and outward appearances and into the heart, seeing not only what we are, but also what we could be.

What did Matthew see in Jesus that made him instantly ready to leave everything to follow Jesus? At that moment, maybe Matthew saw in Jesus the hope of true friendship and peace with God. Maybe he experienced the irresistible grace of God.

Early church theologian Augustine stated, "*Our hands and hearts are full of those things which prevents us from filling them with God's grace.*" Their hands are not just full of their drugs of choice, but they may be filled with hopelessness, despair, pain and confusion. Those impacted by a SUD need our help to let go of their grip upon those things which hold them captive. Our task is to help set them free and open their hands and hearts to accepting God's grace. The role of the church is both relational and spiritual, offering hope, understanding and healing to families and individuals affected by AOD.

The dilemma that people with a SUD face is that they don't want to empty their hands of their drug of choice, because they are afraid that there will not be anything left to fill their hands or lives. They have arrived at the point where they believe hope, love, grace and other good things are beyond their reach.

We often link grace to joy and gladness, but grace does not always come yoked to good times or happy circumstances. As well as being "amazing," grace can also come as suffering grace, difficult grace, painful grace, costly grace, or illogical grace. Despite its various forms, grace is always enough

grace. As Paul discovered about his own life and struggles to rid himself of his thorn in the side, "*Each time he said, 'My grace is all you need. My power works best in weakness.' So now I am glad to boast about my weaknesses, so that the power of Christ can work through me.*" (2 Cor. 12:9)

Stories of recovery and hope can be quite inspiring, but sadly many deal with daily struggles and pain during their initial recovery. Regrettably, some lose their battle with a SUD. We need to tell the story of grief and struggle, as well as the stories of success.

## **Leading the Discussion**

Session 6

### **Introduction of Topic**

Read Augustine's quote aloud: "*Our hands and hearts are full of those things which prevents us from filling them with God's grace.*"

- Invite participants to share the things that fill their hands and hearts each day. What worries do they have for family? Safety? The future? What are the things that they cling to, in order to feel safe and secure?
- Ask participants to imagine the life of someone dependent on drugs or alcohol. What might fill their hands and hearts? What worries might they have for family? Safety? Their future?

### **Gathering around the Word**

Pray the following or a prayer of your own:

*Healing God, so many of us walk through life wounded in some way. Our hearts get broken, our confidence gets shaken, our hope dries up. As we study together, show us the amazing grace that is enough to get us through this life. In the name of the Father, Son and Holy Spirit. Amen.*

### **Read 2 Corinthians 12:8-10**

Ask the group if they or someone they love has experienced a long illness. Assuming some have, invite reflection on the following:

- Did they ask God to take it miraculously away? Did that happen? How did they deal with it if it lasted longer than they wanted?
- Where did they experience God's grace?
- Was the church community helpful?
- Have you ever been part of a formal or informal support group because of illness (yours or a family member)? Was it helpful? If so, why?

- If the person could not be healed, how did they handle their grief? Did they ever feel the need to hide the story as the parent of an addict might?

## **Read Matthew 9:9-13**

Reflect upon the following:

- If Jesus walked into your church, who would he find? Would he find people who consider themselves to be sinners, or gatekeeper, like the Pharisees, who act as if certain people don't belong there?
- What do you think Jesus means when he says he wants mercy and not sacrifice?

Engage in further discussion using the following questions.

## **Discussion Questions**

1. What kinds of people does your church welcome easily? Who do they welcome warily? Has anyone ever been to your church and not been welcomed?
2. Do people who struggle see Christians and churches the way Matthew saw Jesus? In other words, do they feel an irresistible call to grace when they enter our buildings or encounter us in the community?
3. How is your church a supportive community? How might it support people with a substance use disorder or their families?
4. Most of us know the song Amazing Grace and expect grace to be joyful. Have you ever experienced suffering grace, difficult grace, painful grace, costly grace, or illogical grace? Can you share how that happened?

## **Closing - The Serenity Prayer** – begin with silent prayer for those with SUD

The best-known form used by many 12 step groups:

God, grant me the serenity to accept the things I cannot change,  
 Courage to change the things I can,  
 And wisdom to know the difference. Amen.

## **Alternative Activities for further exploration:**

Videos available on YouTube

**Redefining Recovery** <https://youtu.be/k7T01kJlnk8>

**Step 8: Forgiveness from the 12-step series**

Larry's Story about Drug Addiction Recovery

<https://youtu.be/nIVsE33THZQ>

(check Appendix C for a description of all the videos suggested and length)

**In preparation for next week's lesson,** invite participants to engage one person in your congregation this week, telling him or her what you have been learning about substance use disorders. Gage their response and why he or she has that response. Be prepared to report back next week, not using any names.

## **Session Seven**

### **Engaging Our Congregation within the Community**

"No, O people, the LORD has told you what is good, and this is what he requires of you: to do what is right, to love mercy, and to walk humbly with your God." (Micah 6:8)

#### **Preparing for the Session**

##### **Goal of the Session**

Participants will recognize ways they can engage their congregation to offer loving acceptance of individuals who suffer with a substance abuse disorder (SUD) as well as their families.

##### **The Challenge**

Churches tend to ignore the social disruption caused by a SUD, often because they believe they are powerless to make a positive difference in their community.

##### **Relevant passages**

Micah 6:8 – Life Recovery Bible, p. 1147, Footnote Micah 6:6-8

James 1:5, 22-25 – Life Recovery Bible, p. 1601, 12-Step Devotional, Step 10  
Life Recovery Bible, p. 1602, Footnote, 2:14-26

##### **Suggested Materials**

Newspaper or online article used for Session One may provide hints during this session.

Life Recovery Bible (for additional activities)

Audio/Visual equipment

##### **Suggested Hymns**

Be Thou My Vision

Blest Be the Tie That Binds

Breathe on Me, Breath of God

Christ Be Our Light

Give Me Your Eyes (Contemporary, Brandon Heath)

Glorious Unfolding (Contemporary, Steven Curtis Chapman)

God of Grace and God of Glory  
Great are You, Lord  
Great is Thy Faithfulness  
Help Somebody Today  
Here I Am, Lord  
Lord, Speak to Me, That I May Speak  
Lord, You Give the Great Commission  
Our God Is an Awesome God (Contemporary, Michael W. Smith)  
Shine, Jesus, Shine

## **Background for Leader**

Diana had dealt with a substance use disorder and a bipolar disorder beginning in her teenage years. At age 16, her parents kicked her out of their home, and she lived on the streets. At age 43, she entered a medicated-assisted recovery program, though she stopped the use of alcohol and opiates, she continued to use marijuana. Despite the marijuana use, her life did improve, but she still faced many challenges. When she wrecked her car, she had no money for repairs. She depended on social services and others to provide her with trips to the grocery store and doctors' visits.

After nine years being free of opiates and alcohol, Diana developed a relationship with a woman who invited her to church. Her new friend's husband shared how he had recovered from alcoholism and how his faith in God had helped him in his recovery. This couple and later the church helped Diana with the challenges she faced. The people of the church helped Diana by making safety repairs to her trailer, provided transportation to medical appointments and shopping, and helped her move to a new low-income home. Shortly before her move, Diana confessed to one close church friend that she was still using marijuana and wanted to stop, because she felt she had been living a lie saying she was drug free. Together they flushed the remaining marijuana. Several weeks later, Diana asked if she could be baptized.

Diana's faith grew tremendously in the following years. Although she still suffers deep periods of depression due to her bipolar disorder, she manages to read her daily devotional and continues to lean on Christ and her church friends for help with her illness and the daily challenges she faces. Her life has become an inspiration to others in the church.

David had been in recovery for nine years from alcoholism and very active in area AA meetings, helping others in recovery. A local pastor had developed a relationship with David and after a year of invitations to attend worship, David accepted. Many church members gave a warm welcome to David's presence in the life of the church, but there were a few negative voices. This group was vocal and brash with their litany of objectives; "I remember when he created problems in school," "I remember how he destroyed his father's car," and "I saw how drunk you used to get." They were only capable of viewing him as he once was, but incapable of viewing him as he was now, a contributing, productive member of the community. To David's credit he maintained his presence in the life of the church for several months, but the comments did not decrease and eventually, he decided he needed to find another place of worship.

The church offers something that no single person and no other organization explicitly can – the grace and love of our Lord Jesus Christ. In order, for there to be wholeness and healing, the entirety of a person – body, mind, and spirit – must be touched by the love of God. If not by you and your congregation, then who? Perhaps, through these sessions you have been brought to this point for just such a time as this.

We are called as individuals to do justice, love kindness, and walk humbly with our God (Micah 6:8). The command is clear and simple, but for the church the way forward is not clear-cut and obvious. However, you don't have to figure it out by yourselves. All we must do is ask God for the wisdom needed to find ways to love and serve our neighbors. God will pour out wisdom so that the Lord's will may be done.

The writer of James doesn't mince words when it comes to ministry. He agrees with Micah's call to DO what is right when he famously says: Faith, without works, is dead (James 2:17, 26). Our compassion and concern for those with a SUD and their family needs to be changed into action.

Given these two biblical mandates, what matters is that we *do something*. We can't allow ourselves to be paralyzed by the enormity of the situation. Do something. The Lord guides us, preparing the way ahead, or leading us suddenly in another direction. Don't wait to feel confident or have a sense of "This is it!" Explore the possibilities. Be willing to fail and try again. God can offer direction AND correction

Here are some practical, hands-on ways to turn faith into action:

- In worship, Bible studies, and other times your congregation gathers, ask for prayer concerns and lift up the concerns of SUD.

- If you have recovering people in your congregation, invite them to share their stories. If not, invite others in recovery in your community to speak to your congregation.
- Make literature available for prevention and treatment and promote local treatment and recovery efforts.
- If you are a pastor, use the Life Recovery Bible for illustrations that have to do with recovery or find stories of recovery in the Big Book of Alcoholics Anonymous to use in sermons.
- Make your church available to 12-step groups or consider starting one. Al-Anon and Nar-Anon, support groups for family members and friends of those with a SUD, respectively, if they are not widely available, yet are immensely helpful so the loved ones don't feel like they're alone.
- Organize a prayer walk (or drive) and walk/drive the route regularly. A prayer walk involves identifying organizations and places in your community that offer services for the SUD individual, or even where the individuals are known to gather and/or live. Gather in front of each place and quietly lift up the concerns that can be found there.
- If there is a local rehabilitation facility, find out more about their work and what their needs are.
- Offer special worship services, such as a Service of Wholeness and Healing and Blue Christmas. Resources are available in the Book of Common Worship, other denominational worship books, and online.
- Organize and/or host an Addiction 101/Narcan (overdose medication) training event for your community.
- Include SUD awareness and education in each newsletter and weekly bulletin.
- Become familiar with the psalms of lament. Memorize passages. These raw and honest cries to God can be a knot to hold onto when someone is at the end of their rope.

**One final note:** Be aware of the boundary between the services that treatment professionals are trained for, such as mental health counseling and social services, and what the church is called to do. The church has its place in serving the individual with a SUD by offering something others can't – the grace and love of God in Christ Jesus.

**Introduction of topic**

Read the stories about Diana and David (in the Background for Leader) about how different churches responded to these two individuals in their recoveries. Invite participants to share their reactions.

**OR**

Read the following poem and invite participants to share their reactions. When have they felt such comfort, safety, and acceptance at church?

"Oh, the comfort – the inexpressible comfort  
of feeling safe with a person ---  
having neither to weigh thoughts nor measure words,  
but pouring them all right out  
just as they are, chaff and grain together  
certain that a faithful hand will take and sift them,  
keep what is worth keeping,  
and then with the breath of kindness, blow the rest away."

- Dinah Craik, A Life for a Life, 1859

**Gathering around the Word**

Pray the following or a prayer of your own:

*Lord Jesus, we seek to follow your example and show love and forgiveness to those around us. We confess that sometimes we don't have the right words or know the best way to do that. Help us to start those hard conversations and empower us to be agents of your healing. We pray in Jesus' name. Amen.*

**Read aloud Micah 6:8** and invite reflections on what it means to DO what is right or to DO justice in response to a SUD.

**Read aloud James 1:5.** Ask participants to create a list of questions to ask God about how the church can help those with a SUD. Write the list of questions on newsprint or a whiteboard. Pray each of the questions.

**Read aloud James 1:22-25.** In an abbreviated lectio divina, ask participants what words, phrases or images stand out to them and what they think the Holy Spirit is saying to them.

Engage in further discussion using the following questions.

## **Discussion Questions**

1. Which of the practical suggestions catches your attention? Why? Do any other ideas come to mind?
2. What objections might there be to these ideas? How would you address them?
3. What is one step you can take to address the problem of SUD within the next three weeks?
4. James calls the church to persevere. Ministry to those with a SUD is not easy. There are success stories, and there are stories of heartbreak. Sometimes, in ministry and to the ministered, there is one step forward and two steps back. How can you encourage the congregation to keep on keeping on in the face of seeming “failure?” How do you define success anyway?

## **Closing – Serenity Prayer** – begin with silent prayer for those with SUD

Another short version of the Serenity Prayer:

O God and Heavenly Father,  
Grant to us the serenity of mind to accept that which cannot be changed;  
courage to change that which can be changed, and wisdom to know the  
one from the other, through Jesus Christ our Lord. Amen.

## **Alternative Activities for further exploration**

- Read God’s instruction and promise in Genesis 12:1-3. Then consider Abraham and Sarah’s journey toward that promise, as recorded in the subsequent chapters. Discuss the following from the point of view of a journey: the church’s steps into SUD ministry, the one affected on the path to recovery, and the walk of someone who loves him or her.
- Read and share local churches responses to the opioid crisis in Presbyterians Today magazine at  
<https://www.presbyterianmission.org/story/pt-0319-rural/>
  - Invite participants to share what they thought were the best ideas.
  - Discuss what programs are already offered by other churches or organizations and brainstorm ways to partner with other groups.
- Invite a recovery specialist to address this session to talk frankly about what those who have a SUD need and don’t need from the church community. Recovery specialists are those who have beaten addiction.

**Videos available on YouTube**, watch and discuss

**Lessons a Drug Addict can Teach You**

<https://youtu.be/ytVxYTavE1U>

**From Addiction to Long-term Recovery**

[https://youtu.be/LE\\_9PJn1mnA](https://youtu.be/LE_9PJn1mnA)

**Step 12: Service** from the 12-step series

Erik's Story about Drug Awareness Recovery

<https://youtu.be/7avoFnypIg>

(check Appendix C for a description of all the videos suggested and length)

## **Appendix A**

### **Other Resources**

Arterburn, Stephen and David Stoop. *The Life Recovery Journey: Inspiring Stories and Biblical Wisdom as you Work the Twelve Steps and Let Them Work You*. Carol Stream: Tyndale Momentum, 2015. book.

Arterburn, Stephen and David Stoop. *Understanding and Loving a Person with Alcohol or Drug Addiction: Biblical and Practical Wisdom to Build Empathy, Preserve Boundaries, and Show Compassion*. Colorado Springs: David C. Cook, 2018. book.

Arterburn, Stephen and David Stoop with Larry Werbil and Janelle Puff. *The Life Recovery Workbook: A Biblical Guide through the Twelve Steps*. Carol Stream: Tyndale Momentum, 2007. Book.

Baker, John with foreword by Rick Warren. *Celebrate Recovery: Stepping Out of Denial Into God's Grace, Participant's Guide 1, The Journey Begins, Revised Edition*. Grand Rapids: Zondervan, 2012. Book.

Baker, John with forward by Rick Warren. *Celebrate Recovery: Taking an Honest and Spiritual Inventory, Participant's Guide 2, Revised Edition*. Grand Rapids: Zondervan, 2012. book.

Baker, John with forward by Rick Warren. *Celebrate Recovery: Getting Right with God, Yourself, and Others, Participant's Guide 3, Revised Edition*. Grand Rapids: Zondervan, 2012. book.

Baker, John with forward by Rick Warren. *Celebrate Recovery: Growing in Christ While Helping Others, Participant's Guide 4, Revised Edition*. Grand Rapids: Zondervan, 2012. book.

Baker, John, General Editor. *NIV Celebrate Recovery Study Bible: New International Version*. Grand Rapids: Zondervan, 2014. book.

Baker, John. Johnny Baker and Mac Owen. *Celebrate Recovery: 365 Daily Devotional - Healing From Hurts, Habits, and Hang-Ups*. Grand Rapids: Zondervan, 2013. book.

Benz, Jonathan with Kristina Robb-Dover. *The Recovery-Minded Church: Loving and Ministering to People with Addiction*. Downer's Grove: IVP Books, 2016. book.

May, M.D., Gerald G., *Addiction and Grace: Love and Spirituality in the Healing of Addictions*, HarperCollins Publishers, New York, NY, 1988

- Rohr, Richard. *Breathing Under Water: Spirituality and the Twelve Steps*. Cincinnati: Franciscan Media, 2011. book.
- Rohr, Richard. *Breathing Under Water: Spirituality and the Twelve Steps - Companion Journal*. Cincinnati: Franciscan Media, 2015. book.
- The Life Recovery Bible: New Living Translation*. Tyndale House Publishers, Inc., 2017. book.
- Williams, Don. *Jesus and Addiction: A Prescription to Transform the Dysfunctional Church and Recover Authentic Christianity*. San Diego: Recovery Publications, Inc., 1993. book.
- Z., John. *Grace in Addiction: The Good News of Alcoholics Anonymous for Everybody*. Charlottesville: Mockingbird Ministries, 2012. book.

### **Children's Books:**

- My Dad Loves Me, My Dad Has a Disease: (A Child's View: Living with Addiction) – by Claudia Black
- Someone I Love Died from a Drug Overdose – by Melody Ray
- The Dragon Who Lives at Our House – by Elaine M. Palmore
- An Elephant in the Living Room, the Children's Book – by Jill M. Hastings & Marion H. Typpo

### **Books for Parents:**

Parent of An Adult Addict: (Hope for the Broken Road) – by Arlene Boehnlein-Rice (2014) This is from a Christian parent's perspective – good basic information that addresses a range of concerns – including not blaming themselves

A Parent's Guide to Teen Addiction: (Professional Advice on Signs, Symptoms, What to Say, and How to Help) – by Laurence M. Westreich, MD (2017)

Setting Boundaries With Your Adult Children: (Six Steps to Hope and Healing for Struggling Parents) – by Allison Bottke (2008) This one is good for dealing with any destructive choices by adult children

### **Devotional:**

Anchored: A Devotional Guide for Parents of Addicts – by Deborah Baily (2017)

## **Appendix B**

### **Web Based Resources**

For information on understanding drug abuse and addiction, see the booklet, *Drugs, Brains, and Behavior—The Science of Addiction*, at

[www.nida.nih.gov/scienceofaddiction](http://www.nida.nih.gov/scienceofaddiction)

For more information on **prevention**, visit

[www.nida.nih.gov/drugpages/prevention.html](http://www.nida.nih.gov/drugpages/prevention.html) or  
[www.drugabuse.gov/related-topics/prevention](http://www.drugabuse.gov/related-topics/prevention)

For more information on **treatment**, visit

[www.nida.nih.gov/drugpages/treatment.html](http://www.nida.nih.gov/drugpages/treatment.html) or  
[www.drugabuse.gov/related-topics/treatment](http://www.drugabuse.gov/related-topics/treatment)

For more information about **the costs of drug abuse** to the United States,

[www.drugabuse.gov/related-topics/trends-statistics#costs](http://www.drugabuse.gov/related-topics/trends-statistics#costs)

For information about **prescription opioid misuse and heroin use**, go to:

[www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction](http://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction)

For information about **cocaine**, go to:

[www.drugabuse.gov/publications/research-reports/cocaine/what-cocaine](http://www.drugabuse.gov/publications/research-reports/cocaine/what-cocaine)

Large List of Web Links related to Alcohol and other Drugs provided by the National Institute on Drug Abuse

[www.drugabuse.gov/about-nida/other-resources](http://www.drugabuse.gov/about-nida/other-resources)

**NIDA for Teens** [teens.drugabuse.gov/](http://teens.drugabuse.gov/)

**Easy-to-Read Drug Facts** [easyread.drugabuse.gov/](http://easyread.drugabuse.gov/)

**National Institute on Drug Abuse for Teachers**

[teens.drugabuse.gov/teachers](http://teens.drugabuse.gov/teachers)

**National Drug and Alcohol Facts Week® - January 21–26, 2020**

[teens.drugabuse.gov/national-drug-alcohol-facts-week](http://teens.drugabuse.gov/national-drug-alcohol-facts-week)

**OverdoseFREEPA** [www.overdosefreepa.pitt.edu/](http://www.overdosefreepa.pitt.edu/)

**DRUG TAKE-BACK** Locations in Pennsylvania - Search for prescription drug take-back locations in your county.

[apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx](http://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx)

**Centers for Disease Control and Prevention (CDC)** web page on **Opioid Overdose** – page has links to some very useful information.  
[www.cdc.gov/drugoverdose/index.html](http://www.cdc.gov/drugoverdose/index.html)

**GROWING UP DRUG FREE: A Parent's Guide to Prevention**  
[www.dea.gov/pr/multimedia-library/publications/growing-up-drug-free.pdf](http://www.dea.gov/pr/multimedia-library/publications/growing-up-drug-free.pdf)

## **Substance Abuse and Mental Health Services Administration**

SAMHSA has a variety of resources available as PDF files. A sample of those publications are below, use the search function to find the download page. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. [www.samhsa.gov/](http://www.samhsa.gov/)

### **Opioid Overdose Prevention Toolkit**

This toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. Access reports for community members, prescribers, patients and families, and those recovering from opioid overdose.

### **Alcohol and Drug Addiction Happens in the Best of Families**

This brochure describes how alcohol and substance misuse affect the whole family, how substance use disorder treatment works, and how family interventions can be a first step to recovery.

### **What Is Substance Abuse Treatment? A Booklet for Families**

This brochure is for family members of people living with substance use disorders. It answers questions about substance use disorders, their symptoms, different types of treatment, and recovery. The brochure also addresses concerns of children of parents living with substance use disorders.

### **What Individuals in Recovery Need to Know About Wellness?**

This document explains to consumers the importance of wellness and how it affects overall quality of life, particularly for people living with mental illness. It also gives a brief overview of the eight dimensions of wellness: social, environmental, physical, emotional, spiritual, occupational, intellectual, and financial.

### **The Next Step Toward a Better Life**

This brochure describes the stages of recovery from alcohol and drug misuse, and what to expect after leaving detoxification services. It offers guidance on adjusting to sobriety, and long-term recovery. The brochure also discusses legal issues, and lists resources.

## **Appendix C**

### **YouTube and Other Video Resources**

#### **Transcending Addiction and Redefining Recovery**

Jacki Hillios at TEDxBoulder

Time: 13:19

Why are some individuals able to transcend their addiction while others are not? What do people really need to escape the shame of their addiction and achieve sustained recovery? Jacki's talk focuses on answering these questions and demonstrates how resilience of the human spirit intersects with social contextual factors to set the stage for those struggling with addiction to choose a pathway to health. <https://youtu.be/gzpTWaXshfM>

#### **Redefining Recovery**

Tom Gill at TEDxRutgers

Time: 9:50

They say recovery is a gradual process; change doesn't happen overnight. Tom shares the tumultuous journey of a recovering addict and how small steps to reach out made a big impact in his perspective of the world. Tom Gill spent many years of his life in despair, trapped by the throes of addiction to substances. Through a series of revelations and willingness to accept outside help to overcome his struggles, Tom was able to overcome these impediments and is now on the road to success. He attributes his change to outside help and escaping his own thoughts by reaching a hand out to those struggling. <https://youtu.be/k7T01kJlnk8>

#### **Lessons a Drug Addict can Teach You**

Lauren Windle at TEDxSurreyUniversity

Time: 15:49

Journalist and recovering addict Lauren Windle took her first line of cocaine when she was eighteen a decision that marked the beginning of her journey into addiction. Now four years clean she shares her story of addiction, recovery and freedom, outlining the 12 steps to recovery through the perspective of her story. Lauren believes it's not just those who have hit rock bottom who need self-reflection and shares the lessons everyone could learn from recovering addicts.

<https://youtu.be/ytVxYTavE1U>

#### **Eliminating the Shame and Stigma of Addiction**

Kathryn Helgaas Burgum at TEDxFargo

Time: 14:18

What if people could change the way they view addiction? Kathryn sheds light on the addiction crisis through personal storytelling and encouragement that addiction is treatable and recovery is possible. Kathryn became First Lady on December 15, 2016, when her husband Governor Doug Burgum was sworn in as the 33rd Governor of North Dakota. Kathryn has donated her time and leadership to supporting and developing initiatives for fighting addiction in North Dakota's communities. <https://youtu.be/1Q5-j30opt0>

**From Addiction to Long-term Recovery** Time: 3:06  
Chrystal McCorkel and Kristin Varner are in long-term recovery. Now, they help other Pennsylvanians who struggle with addiction as part of The Rase Project.  
[https://youtu.be/LE\\_9PJn1mnA](https://youtu.be/LE_9PJn1mnA)

**Why are Drugs So Hard to Quit** Time: 2:00  
Quitting drugs is hard because addiction is a brain disease. Your brain is like a control tower that sends out signals to direct your actions and choices. Addiction changes the signals in your brain and makes it hard to feel OK without the drug. This video from NIDA explains addiction in simple terms.  
<https://youtu.be/Xbk35VFpUPI>

**Anyone Can Become Addicted to Drugs** Time: 2:00  
You might think that only some types of people can get addicted to drugs. The truth is, it can happen to anyone, whether you're young or old, rich or poor, male or female. <https://youtu.be/wCMkW2ji2OE>

**The Ripple Effect of Addiction** Time: 9:18  
Brennan Harlow at TEDxDayton  
We often hear about the effects of substance abuse on the individual, but what about the impact it has on those around the individual. A Junior at Chaminade-Julienne, Brennan shares his personal story about that ripple effect. Brennan is driven by his love for his family and community, and he hopes that by sharing his story he can make an impact in the greater Dayton area.  
<https://youtu.be/6AqvLAGEQQ>

**You Are Not Alone** Time: 4:31  
Celebrities and families of addicts share insight into breaking the stigma around alcohol and drug addiction to create a dialogue for healing and transformation to remind others no matter how bad it has been that you are not alone and there is always hope. <https://youtu.be/OO00xzf2AI4>

**I Thought I Knew** Time: 5:42  
The Partnership for Drug-Free Kids  
Real stories of addiction and recovery. If you or someone you love is struggling with addiction, you are not alone. [https://youtu.be/OpL\\_YrSCAE4](https://youtu.be/OpL_YrSCAE4)

**How do you know if you're enabling a loved one?** Time: 7:43  
Are you helping? Or are you enabling? There's a difference between the two - but when it comes AOD addiction, they aren't always easy to distinguish. The video goes into two very different worlds to find out what separates codependency and enabling behaviors from unconditional love and support for a SUD loved one.  
<https://youtu.be/nnEISUce1a4>

## **Enabling & Detachment**

Time: 2:02

Father Joseph Martin

Father Martin discusses enabling and detachment when it comes to alcoholism.

<https://youtu.be/CQf5fzfqRfA>

## **Recovery Stories** both written stories and video stories

From the web site – **Faces and Voices of Recovery**

<https://facesandvoicesofrecovery.org/resources/recovery-stories.html>

## **National Recovery Month** – Each September

Review the personal stories of people recovering from mental and/or substance use disorders, both written and video stories.

<https://recoverymonth.gov/personal-stories/read>

## **Series of Selected 12-Step Videos**

**by The Church of Jesus Christ of Latter-day Saints**

The following videos were produced by the Mormons on the 12 Steps and are short for use during sessions. They state and interpret the 12-steps differently than the traditional 12-step program, so you may like this or not, but the stories help to understand the issues those with a SUD suffer. The outcomes that are portrayed in this video series do not reflect the possible range of outcomes that may be experienced by others.

### **Step 2: Hope**

#### **Preston's Story about Drug Addiction Recovery**

Time: 3:43

Preston was living in a basement with his brother, who was also addicted to heroin and cocaine, when their intense cravings finally drove them to steal. Preston wondered if he could ever be forgiven, so he prayed to find out. The hope he felt in response to his prayer was the beginning of a miraculous recovery. Step 2 - Hope: Come to believe that the power of God can restore you to complete spiritual health.  
<https://youtu.be/F8W5UgKHJrI>

### **Step 7: Humility**

#### **Holly's Story about Drug Addiction Recovery**

Time: 4:19

Holly's life seemed almost perfect from the outside, but her addiction to drugs nearly ended it all. As she recovered, she asked God to remove her shortcomings. Her humble question allowed Him to give her the peace, hope, and guidance she needed to become the person she yearned to be. Step 7 - Humility: Humbly ask Heavenly Father to remove your shortcomings. <https://youtu.be/DMYprBs5QsM>

## **Step 8: Forgiveness**

### **Larry's Story about Drug Addiction Recovery**

Time: 5:13

Larry's drug addiction started when he was a teenager, following a troubled childhood. He decided to run away from his broken home and went 13 years without speaking to his father. His anger at his parents fueled his addictive behavior. Seeking forgiveness for himself and for others was key to his recovery. Step 8 - Seeking Forgiveness: Make a written list of all persons you have harmed and become willing to make restitution to them. Those who face addictions often struggle with the consequences of their choices for many years, sometimes for their whole lives. <https://youtu.be/nIVsE33THZQ>

## **Step 11: Personal Revelation**

### **Lindsay's Story about Heroin Addiction Recovery**

Time: 5:13

Lindsay had surrendered herself to the idea that she would be addicted to heroin for the rest of her life. Her kids started living with her mom and she started living out of a car. By the time she was caught by the police, prayer and personal revelation seemed foreign to her. Then she discovered for herself that communication with God is the only hope for true recovery. Step 11 - Personal Revelation: Seek through prayer and meditation to know the Lord's will and to have the power to carry it out. [https://youtu.be/0\\_qifv1kkpI](https://youtu.be/0_qifv1kkpI)

## **Step 12: Service**

### **Erik's Story about Drug Addiction Recovery**

Time: 3:35

One night, Erik's drug addiction led him to overdose and fall three stories from a building. Still recovering from his addiction and his fall, Erik knows that sharing what he has learned with others who need help is one of the most miraculous aspects of recovery. Step 12 - Service: Having had a spiritual awakening as a result of the Atonement of Jesus Christ, share this message with others and practice these principles in all you do. <https://youtu.be/7avoFnympIg>

## **Appendix D**

### **Glossary of Terms**

#### **Addiction, Alcoholic, Addict, Chemical Dependency, Substance**

**Abuse:** Many terms over the years have been used to define those with a substance use disorder. The word "Addiction" is still used extensively, but the treatment and prevention fields are attempting to get others to use the term, "Substance Use Disorders" (SUD). This term carries less stigma and shame for those suffering this brain disease. The following is a definition using the word, "Addiction".

"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death." *Adopted by the ASAM Board of Directors 4/12/2011.*

**(Making) Amends** are acts of restitution, repaying the literal and symbolic debts accrued in a SUD, by recovering people for the harms they inflicted on others. The term emerged from three of A.A.'s Twelve Steps: Step 8: "Made a list of all persons we had harmed, and became willing to make amends to them all"; Step 9: "Made direct amends to such people wherever possible, except when to do so would injure them or others"; Step 10: "Continued to take personal inventory and when we were wrong promptly admitted it." Making amends diminishes guilt and anchors recovery upon the values of responsibility, justice and citizenship and opens them to the potential for atonement and forgiveness. In A.A., amends are made only when doing so would not injure others.

**AOD or ATOD** these abbreviations are related, **AOD** "Alcohol and other Drugs" and **ATOD** "Alcohol, Tobacco, and other Drugs."

**Chronic Diseases** are disorders that cannot be cured with existing medical technologies and whose symptoms and damage to the individual is progressive unless treated. Chronic disorders vary in their onset from sudden to gradual and are highly variable in their course (pattern and severity) and outcome. The prolonged course of these disorders places a sustained strain on the resources of the individual and their family and friends. Chronic addictive disorders call for a process of sustained recovery management.

**Detoxification** is a process of allowing the body to rid itself of AOD while managing the symptoms of withdrawal; often the first step in an AOD treatment program.

**DUI – Driving Under the Influence** The classification of a criminal offense where an individual is operating a motor vehicle under the influence of a substance which impairs their ability to operate a vehicle. Most common is alcohol, but other drugs can impair an individual's ability to operate a vehicle, i.e., prescription medication, marijuana, cocaine, and other illicit drugs.

**Enabling** is a term used in treatment and prevention, in which is the act of "enabling" means any actions intended to help the individual with a SUD which inadvertently results in harm to the enabled and the enabler. These actions protect the person not yet in recovery from the consequences of their addictive behaviors, rather than being helpful, and increase the probability they continue in their AOD usage.

**Hitting Bottom** is a term used in treatment to indicate an experience by an individual with a SUD of complete anguish and despair. Studies have long affirmed the role of this "hitting bottom" experience: heightened AOD-related consequences and threat of greater consequences and/or a dramatic breakthrough in self-perception in the initiation of recovery.

**Intervention** is a process of precipitating a change-eliciting crisis in the life of a person experiencing a substance use disorder by conveying the consequences of his or her behavior on family, friends and co-workers.

**Naloxone** an opioid antagonist medication approved by the FDA to reverse an opioid overdose. Naloxone (also known by brand names Narcan® and Evzio®) is the medication historically used in hospitals and ambulances to reverse opioid overdose and keep people alive. Naloxone is only effective for opioid overdoses. It cannot reverse an overdose from alcohol, cocaine,

or other drugs if opioids are not present. But since most overdose deaths involve opioids, it is an important rescue medication. Naloxone is very safe. Giving naloxone to someone who has not taken opioids will not harm them, so it is routinely used whenever overdose is suspected.

**Naltrexone** A long-acting opioid antagonist medication that prevents receptors from being activated by other opioids. Naltrexone is used to treat alcohol and opioid use disorders.

**NIDA** - "National Institute on Drug Abuse"

**Overdose** occurs when a person uses enough of a drug to produce a life-threatening reaction or death.

For example, signs of an opioid overdose include:

- Unconsciousness or not being able to wake up;
- Slow, shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from the person who cannot be woken up; and
- Fingernails or lips turning blue/purple.

**Physical dependence** occurs with the regular (daily or almost daily) use of any substance, legal or illegal, even when taken as prescribed. It occurs because the body naturally adapts to regular exposure to a substance (e.g., caffeine or a prescription drug). When that substance is taken away, (even if originally prescribed by a doctor) symptoms can emerge while the body re-adjusts to the loss of the substance. Physical dependence can lead to craving the drug to relieve the withdrawal symptoms. Tolerance is the need to take higher doses of a drug to get the same effect. It often accompanies dependence, and it can be difficult to distinguish the two.

**Powerlessness** is the acknowledgement of one's inability to control the frequency and quantity of AOD intake and its consequences through an act of personal will. It is most embodied in Step One of the A.A. program: "We admitted we were powerless over alcohol—that our lives had become unmanageable."

**Primary** references a disease that arises spontaneously and is not associated with or caused by a previous disease, injury, or event, but that may lead to a secondary disease. A substance use disorder is a primary disease, meaning that it's not the result of other causes, such as emotional or psychiatric problems.

**Program** has come to have many meanings within American communities of recovery. Using the term “program” has come to be synonymous with Twelve Step recovery, as “How long have you been in the Program?” and with the Twelve Steps, as in “I’ve been in the A.A. Fellowship for quite a while, but I’ve only been working the Program (the Steps) this past year.” The term reflects the combination of activities that make up Twelve Step recovery: meetings, reading, fellowship, prayer and meditation, service work, and other activities reflected in the Twelve Steps.

**Recovery** is the experience of a meaningful, productive life within the limits imposed by a history of a SUD. Recovery is both the acceptance and transcendence of limitation, the process of rising above and becoming more than a disease and achievement of optimum health. Recovery, in contrast to treatment, is both done and defined by the person within the scope of their unique problems.

**Relapse** is a common occurrence in many chronic health disorders, including SUD, that requires frequent behavioral and/or pharmacologic adjustments to be treated effectively. In a SUD, relapse is not uncommon, symptoms may appear a week or two prior to a return to AOD use after an attempt to stop. Research has taught us that stress cues linked to AOD use (such as people, places, things, and moods), and contact with AOD are the most common triggers for relapse. Lapses back to AOD use indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed. Treatment providers have been developing therapies to interfere with these triggers to help patients stay in recovery.

**Spiritual Awakening** the term comes from the A.A. Step Twelve begins, “Having had a spiritual awakening as the result of these Steps. . .” and in the book *Twelve Steps and Twelve Traditions* (page 106), Bill W. describes what happens: “Maybe there are as many definitions of spiritual awakening as there are people who have had them. But certainly, each genuine one has something in common with all the others. . . When a man or woman has a spiritual awakening, the most important meaning of it is that he has now become able to do, feel, and believe that which he could not do before on his unaided strength and resources alone. He has been granted a gift which amounts to a new state of consciousness and being. He has been set on a path which tells him he is really going somewhere, that life is not a dead end, not something to be endured or mastered. In a very real sense he has been transformed, because he has

laid hold of a source of strength which, in one way or another, he had hitherto denied himself."

**SUD - "Substance Use disorder"** a medical illness caused by disordered use of a substance or substances. According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. A SUD can range from mild to severe.

**Surrender**... according to Dr. Harry Tiebout's (1949) classic paper on the subject, is the collapse of "the unconscious forces of defiance and grandiosity" and "accepting without reservation or conflict the reality of his condition and his need for help." Tiebout noted that such a collapse could mark the beginning of a process of continuing change or could be a transient experience followed by a rigid, primitive hold on sobriety or a return to drinking and the resurgence of defiance and grandiosity. He noted that true surrender was followed not just by sobriety but "internal peace and quiet." While experiences of acceptance, powerlessness and surrender mark the very core of the change process in Twelve Step recovery, recovery programs for historically disempowered groups often emphasize the self-assertion rather than surrender.

(The) **Twelve Steps** are the actions taken by the early members of Alcoholics Anonymous that resulted in their continued sobriety and which were subsequently suggested as a program of recovery for other alcoholics in the text, *Alcoholics Anonymous*. The Twelve Steps are reproduced in virtually all A.A. literature and have been adapted for application to a wide spectrum of human problems.

**Step One:** We admitted we were powerless over alcohol and our lives became unmanageable.

**Step Two:** Came to Believe that a Power greater than ourselves could restore us to Sanity.

**Step Three:** Made a Decision to Turn Our Will and Our Lives Over to the care of God as WE UNDERSTOOD HIM.

**Step Four:** Made a Searching and Fearless Moral Inventory of Ourselves.

**Step Five:** Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

**Step Six:** Were entirely ready to have God remove all these defects of character.

**Step Seven:** Humbly asked him to remove our shortcomings.

**Step Eight:** Made a list of all persons we had harmed and became willing to make amends to them all.

**Step Nine:** Made direct amends to such people wherever possible, except when to do so would injure them or others.

**Step Ten:** Continued to take personal inventory and when we were wrong, promptly admitted it.

**Step Eleven:** Sought through prayer and meditation to improve our conscious contact with God as WE UNDERSTOOD HIM, praying only for knowledge of HIS will for us and the power to carry that out.

**Step Twelve:** Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

**Withdrawal** symptoms that can occur after long-term use of a drug is reduced or stopped; these symptoms occur if tolerance to a substance has occurred and vary according to substance. Withdrawal symptoms can include negative emotions such as stress, anxiety, or depression, as well as physical effects such as nausea, vomiting, muscle aches, and cramping, among others. Withdrawal symptoms often lead a person to use the substance again.

## **Contributors to this Curriculum**

## **Appendix E**

This curriculum was a group project of the Addiction Ministry Network in the Presbytery of Redstone. Each contributor provided a variety of skills in writing, planning, research, editing, sharing experiences and knowledge and telling stories.

**Linda Chicka** is an elder at Poke Run Presbyterian Church. She worked as a certified drug & alcohol prevention specialist for 24 years educating youth, families, and businesses on knowledge and skills development on ATOD. In retirement, she continues to share her knowledge with those dealing with substance use disorders.

**Elizabeth Comer** is the Director of Clinical and Case Management Services for the Westmoreland Drug and Alcohol Commission. She has 14 years of experience working in the human services fields to include drug and alcohol, mental health, and medical social work. She had a bachelor's degree in Criminal Justice and a master's degree in Social Work and is a master's level licensed social worker.

**Daniel Foster, M.D.** is an Elder and Deacon, serving on the Mission Committee at the Westminster Presbyterian Church in Greensburg, PA. He is a retired Radiologist and former Director of the Radiology Dept. at Westmoreland Hospital. Overseas short-term mission changed his life. He is interested in addiction both as a medical problem and as a social problem so frightening and devastating to so many people and society.

**Duffy Greba** is a retired counselor and a recovering alcoholic for 26 years. For Duffy recovery is still just as hard as when he started. According to Duffy, "Working with this group helps me and I want to help others with their addiction. I hope my input can help others and their families."

**Lynn Mance** is a ruling elder, a Presbytery Wide Commissioned Pastor in the Presbytery of Redstone and serves as pulpit supply in the Presbytery of Kiskiminetas. She is retired from a 30-year career in healthcare. She has a family history of alcoholism and a heart for those who struggle with addiction in need of God's intervention.

**Walter Maynard** is an elder at Westminster Presbyterian Church in Greensburg, Pa. He has retired after 32 years in the education. Interested in the Opioid Crisis after knowing friends and neighbors than have been affected by the crisis. Walter volunteers time with local programs that serve in recovery of those dealing with substance use disorders.

**Rev. F. Lee McDermott** has 20 years of experience providing direct AOD treatment and prevention services as an addiction counselor and an additional 20+ years working to enhance knowledge about AOD abuse and the potential ministry among pastors and congregations. Serves two congregations in Redstone presbytery in Fayette County, PA.

**Rev. Alice Tondora** is new to addiction ministry, but she jumped in with both feet – helping to organize a Johnstown Nar-Anon group, teaching at Peniel Drug and Alcohol Treatment Center, and becoming a member of the Cambria County Drug Coalition Faith-Based Committee. She serves as pastor of the First Presbyterian Church in Johnstown for 10 years.

**Sue Washburn** is the pastor of Reunion Presbyterian Church. The community she serves had the highest percentage of overdose deaths in Westmoreland County prompting Westmoreland County social services to begin prevention efforts there. Sue became involved with addiction ministry after recognizing that several of the young people had connections to Presbyterian churches.