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**WORKING WITH  
CLERGY AND CONGREGATIONS  
FOR ALCOHOL  
PROBLEM PREVENTION**

139320

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**DEPARTMENT OF  
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ACQUISITIONS

## FOREWORD

This volume, *Working With Clergy and Congregations for Alcohol Problem Prevention*, and its five companions:

*Building a Successful Task Force for Prevention Planning*

*Community Action Guide: Controlling Billboards in Your Neighborhood*

*Connections for Prevention: Networking strategies for Alcohol Abuse*

*Keeping on Track: Setting Useful Goals for Community-Based Prevention Planning*

comprise part of the final report of contract DADP-A-0134-7 between the California Health Research Foundation, its sub-contractor Evaluation, Management and Training (EMT) Group, Inc., and the California Department of Alcohol and Drug Programs (DADP). Together these manuals comprise a basic reference source for those interested in developing, implementing, or assessing community-based prevention programs.

The project involved two separate evaluations of community prevention efforts. One assessment examined six community-based prevention planning projects and was initiated during the final months of the two-year contract that each of the six organizations had with DADP. The second evaluation examined the start-up operations of two prevention programs, one in a Black community, the other in a Latino community. We were able to monitor and assess these two programs throughout their entire grant period.

The accepted way of presenting research findings is usually through the final report. However, because of the richness and usefulness of the information collected, and the need to ensure its widespread availability to the field, CHRF and EMT, with DADP encouragement, developed these manuals as the best way to report our findings.

## *INTRODUCTION*

More and more, the predominant theme in the field of alcohol and drug abuse prevention is "community". It has become clear that effective prevention efforts include a variety of strategies and draw on the involvement of many different segments of a community. Schools, businesses, government, the voluntary sector, the recovering community, and health organizations -- all are elements of society that are both addressing their own needs and working together with each other to prevent substance abuse community wide.

As community-wide efforts are implemented, what has been the role of organized religion in prevention activities? The subject elicits a wide range of reactions from prevention practitioners. Some are nervous, worried that involving churches and clergy will result in debates over the "sin" vs. "disease" models of substance abuse. Others are pessimistic, assuming that religious groups and clergy will be uninterested in working with people outside of their congregations. Still others invite one or two local clergy members to sit on Task Forces and Advisory Committees, but avoid any in-depth involvement with the religious community.

Others, however, have worked cooperatively with churches and synagogues, clergy and lay people, in a variety of prevention efforts. In these prevention workers' minds, to avoid doing so means ignoring not only the spiritual and ethical focal point of many people's lives, but also a primary source of emotional and practical support. Churches and synagogues and the clergy who lead them are where many people have traditionally gone for help with difficult problems. It is essential that they be involved in any long term effort to make a lasting impact on the substance abuse problems faced by our society today.

Working effectively with a variety of congregations and clergy requires both sensitivity to the diversity of religious beliefs and traditions, as well as an understanding of the role of churches and synagogues as important social support organizations. With this approach, prevention practitioners are more likely to develop viable partnerships and, therefore, reach more people in the effort to prevent substance abuse.

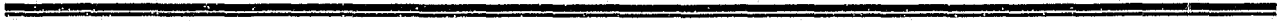
This manual describes some of the issues prevention practitioners will face when dealing with churches and synagogues, clergy and lay people. It will examine some pitfalls, and offer examples of successful partnerships that have been developed by others in the field. The manual also should be useful to members and leaders of churches and synagogues who are interested in involving their congregations in community-wide prevention efforts.

The manual is based on the experience of several prevention programs in California. In each instance, the churches and clergy involved were either Catholic or Protestant; thus, much of the following discussion reflects this orientation. However, many other religions are practiced in this country, and prevention workers need to familiarize themselves with the religious roots of the communities in which they work. Jewish congregations have a long tradition of providing a vital social and spiritual focus within their communities. Asian populations, both established and new, look to their religious leaders and faiths for both spiritual and social support. The Moslem faith is practiced by a significant number of people in this country. In short, our tendency to focus only on mainstream majority religions to the exclusion of others will hamper our effectiveness in community prevention efforts.

## **Chapter One**

# **RELIGION, SPIRITUALITY AND PREVENTION**

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## Chapter One

# RELIGION, SPIRITUALITY AND PREVENTION

*"Treatment programs have generally viewed the church as a somewhat innocuous part of the community with no real bearing on the psycho-social status of the clients seen in agencies. Prevention program philosophy takes a different attitude toward not only the church, but other institutions in the community which are involved in the day-to-day life of community members." <sup>1</sup>*

The relationship between organized religion, the clergy, and secular alcohol prevention efforts is a complicated one. The complexities result from 1) differences in understanding what causes alcoholism and alcohol problems; 2) beliefs about the appropriate role of organized religion regarding social issues; and 3) opinions about whether churches should "tend to their own" and forget the rest. Feelings can run high around these issues. This chapter will examine each of these three areas of difference and will make some tentative suggestions about the role of organized religion and clergy in alcohol abuse prevention.

### SIN OR DISEASE?

Prevention professionals are sometimes wary of approaching churches whom they believe reject the notion that alcoholism is a disease. Churches hold a variety of opinions on this subject. Some denominations take a strict view that any use of alcohol is sinful. Others tolerate moderate consumption while disapproving of excessive use. Some use wine as part of their rituals. Some allow alcohol to be served at church functions. Some faiths have little difficulty embracing the disease model of alcoholism, while others find the concept incompatible with their theologies.

Yet all denominations and clergy members have to deal with the devastation experienced by members of their congregations who are affected by alcoholism and alcohol-related problems. Regardless of the theological position on the subject, compassionate clergy in any denomination want to see alcoholism and alcohol-related problems curbed.

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## THE ROLE OF ORGANIZED RELIGION IN SOCIAL ISSUES

Contemporary mainstream Christian and Jewish denominations have all taken stands on important social issues. In our country, the tradition of religious freedom has come to mean not only the freedom to practice the religion of one's choice, but also the freedom for religions to assert their opinions on public policy. Issues as diverse as the abolition of slavery, civil rights, nuclear disarmament, and abortion have been arenas for organized religion to become involved and take a stand. And, of course, organized religion had a strong involvement in the formulation of national and local alcohol policy via the temperance movement.

The involvement of organized religion and clergy in social issues flows from two sources, sometimes simultaneously. The first and most fundamental source is the religious and ethical beliefs of a faith. In this instance, an individual clergy person or a religious organization believes that the theology and ethics of their faith are universally true and thus dictate action to bring about social change. This was the case with issues such as anti-slavery, temperance, nuclear disarmament and abortion.

In these instances, the impetus may come from a grassroots level (as in the case of the anti-slavery movement) when individual clergy and local churches become active in a cause that then influences a larger policy-making group such as a national conference of bishops or elders. Or, sometimes a policy already exists within a church dictating a position on a social issue (such as the Catholic Church's opposition to abortion) which then influences members of the church to become activists.

Within the civil rights movement of the 1950s and 1960s, the leadership role of Black churches flowed from a second source. Not only were church leaders moved to take action based on a sense of ethics and values, but they also acted from their central leadership position within Black communities. Their actions were directly on behalf of not only their own congregation members, but of disenfranchised Black people everywhere. Yet their effectiveness was due in large part to the fact that they were a strong political and social force within their own communities:

*As a long-standing tradition, the Black Church has met not only the spiritual, but also the educational, physical and social needs of its members and their families. It has held a missionary vision with respect to its concern for the welfare, advancement and survival of its constituency. The Church, more than any other institution, has been in a position to assist Black people in America to cope with and on occasion to overcome the social and political barriers of unequal access to resources. <sup>2</sup>*

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In the case of alcohol and other drug problems, the example of the Black churches' role in the civil rights movement is illuminating. Although alcoholism and drug abuse is epidemic throughout the country, Black and other communities of color have been affected much worse. Black, Latino and Native American people are dying in much greater numbers relative to their populations than are whites. Their families are being destroyed at a much greater rate. Just as the civil rights movement was an attempt to secure basic citizens rights for the Black community, the alcohol and drug abuse prevention movement in these communities today has the same life and death quality to it. And so once again Black churches are taking leadership roles in making change happen.

### **"US", "THEM" OR "WE"?**

By definition, organized religion is to some degree exclusive. A person is a member of a church because her personal beliefs are compatible with the church's, or he has had a conversion experience, or she was brought up in the faith and feels most "at home" there. There are definite boundaries to congregations. Some are fairly rigid, requiring formal instruction, initiation through rituals and sacraments, adherence to a behavior code, prescribed tithing, and sometimes required evangelism. Other denominations have fairly fluid boundaries where membership is possible without formal instruction, liaisons with other religious and community groups are actively sought, and a diversity of viewpoints and beliefs is accepted.

But even in the most fluid of religious denominations, there are identifiable ways in which a person becomes a member. Acts such as simply signing up, paying a yearly pledge, attending services consistently, and participating in church activities all differentiate members from non-members.

Another way to look at a denomination's boundaries is to consider what kind of linkages have been made with other community groups, religious or secular. Some churches see themselves as primarily interested in ministering to the spiritual and possibly practical needs of their members, but choose to do so by relying largely on the resources of their congregations. Others, particularly churches in economically disadvantaged communities, may take on the roles of advocate and mediator between their members and other community resources. Still others believe in the importance of acting in concert with other churches and groups to better the lives of their members and the community at large.

Clearly, it is congregations who see the importance in forging links with the rest of the community -- in going beyond "us and them" to "we" -- that will be the best candidates for cooperative efforts in community based alcohol abuse prevention activities.

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## **AN EXISTING BRIDGE: THE 12-STEP MODEL**

The previous section describes some of the factors which complicate the involvement of organized religion in alcohol abuse prevention. The Alcoholics Anonymous (AA) tradition, however, has provided a bridge between organized religion and alcoholism recovery that should be recognized by prevention practitioners.

With its emphasis on spirituality and a Higher Power, the AA tradition acknowledges the deep spiritual hunger experienced by addicted people and their families. At the same time, the AA philosophy is clearly non-denominational, embracing people from all faiths or none at all, and disclaiming any affiliation with organized religion. Thus, the connection between AA and religious congregations traditionally has been either a practical one, as when a church provides meeting space for 12-Step groups, or a personal one, as when individuals including clergy members enter recovery through a 12-Step program.

In the past several years, the 12-Step model has been adopted by many other people who have come to perceive the dysfunction in their lives as a product of addiction. Family members and friends of substance addicted people have adopted the 12-Step model as a framework for their own recovery. Recently, this model also has been applied to the notion of addicted organizations and communities. Thus, while community-based prevention presumes intervening before substance addiction and abuse and their related problems take place, many people see this effort as closely linked to the recovery process. Just as an alcoholic's family must enter its own recovery both to save their own lives and sanity as well as to stop enabling the alcoholic in his disease, so must a community confront its co-dependence on the substance abusing behavior of its members if it wishes to develop effective prevention strategies.

The spiritual underpinnings of the 12-step model, then, function as a bridge between recovering individuals, religion, and community prevention. The notion of a recovering community is one that can resonate with the desire on the part of most organized religions to create communities that nurture values and ethics commonly held across religions. AA and other 12-Step groups will continue to remain independent and accepting of all religious beliefs. What the 12-Step philosophy has done, and will continue to do, is highlight the common human spiritual impulse and thus widen the common ground upon which people from all religions can meet to deal with addiction and recovery. It is from this ground that community prevention efforts can continue to grow.

## Chapter Two

### GETTING INVOLVED

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## Chapter Two

### GETTING INVOLVED

What motivates clergy and congregations to become involved in alcohol prevention efforts? This chapter takes a look at the benefits, obstacles, and motivations for involvement, and then discusses the primary avenues of involvement.

#### BENEFITS TO PREVENTIONISTS

It is useful to recognize the concrete benefits of involving congregations and clergy in community prevention efforts. The following is a partial list:

- Preventing alcohol-related problems is a goal that calls upon a community's sense of responsibility and ethics. There is a common denominator of moral and ethical values which cuts across nearly all denominations. For many people, organized religion is the source and focal point of these values. Thus, involving churches in community prevention work highlights the ethical basis of the effort.
- The involvement of a congregation or clergy person in a prevention effort can lend a degree of credibility and sanction to the work.
- Many congregations are highly effective information networks.
- Members of congregations are often each others' primary caregivers and social supports; thus, involving them has an impact on many other people within their network.
- Congregations often have facilities and resources that they may be willing to make available to prevention programs;
- Congregations are a good source of volunteers;

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- Weekly religious services and Sunday/Saturday Schools are good forums for presenting information about prevention efforts.
  - Congregations may offer supportive and educational services to their members, such as counseling programs, bereavement outreach, lecture series, study groups, etc., which can provide opportunities for prevention work.

## **BENEFITS TO RELIGIOUS CONGREGATIONS AND CLERGY**

Benefits of an alliance with prevention workers flow both ways. Clergy and congregations can realize these benefits:

- Most clergy recognize that the church alone cannot meet all of the needs of its congregation. Allying with other community resources, then, will better serve its members.
- In some cases, a church may have a history of leadership in other social issues important to its community. Taking an active part in alcohol problem prevention is yet another way to improve the quality of life for its members.
- A congregation may attract new members by engaging in a cooperative prevention effort.
- Most churches recognize the need to become involved in community issues as a way to stay in touch with the problems and needs of society at large. In this way, churches stay current and dynamic.
- Organized religion's involvement in community issues is one way to ensure that the ethical and value orientation is kept central.

## **OBSTACLES TO WORKING WITH ORGANIZED RELIGION**

Given these benefits, what keeps preventionists and religious groups from working together?

### **Obstacles Created by Preventionists**

Obstacles are created both from the perspective of preventionists and clergy/religious.



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- A sense of estrangement from all religion or the religion in which the prevention worker was raised;
  - A judgmental attitude toward particular religions;
  - A fear that involving a particular religion may alienate others from participating in the prevention effort;
  - A lack of familiarity with the role of various churches and synagogues in the community;
  - A lack of understanding of the organizational structure, protocol, and hierarchy of a particular church or synagogue;
  - A lack of familiarity with a congregation's traditional approach to dealing with alcohol abuse and related problems among their membership.

## **OBSTACLES CREATED BY ORGANIZED RELIGION**

Clergy and members of religious congregations also create obstacles:

- An insistence on viewing alcoholism and related problems strictly as a result of sinful personal behavior and, therefore, something that is a matter to be dealt with only between the individual and God;
- A concern that religious beliefs will not be respected by others;
- A tendency to focus solely on the needs of congregation members by drawing only on the resources of the congregation;
- A desire to remain in control of how the issue of alcohol abuse prevention is addressed within the congregation;
- Denial by clergy or other congregation leaders of their own substance abuse problems, or the existence of the problem within their congregations;
- A general reluctance to get involved in any community effort that is not specifically related to religious matters.

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From this web of benefits and obstacles, positive working relationships between religious congregations, clergy, and preventionists have been developed in many communities and settings. The following sections describe some of the ways in which clergy and churches/synagogues have become involved in alcohol prevention efforts.

## MOTIVES FOR INVOLVEMENT

Individual clergy or congregations become involved in prevention activities in response to a variety of impetuses. Embarking on a prevention effort is a decision to enter into a change process. Like any other decision to change, this one is motivated by a variety of reasons. Here are some common motivations:

- *Response to a tragic incident.* A car full of young people celebrating graduation night crash and are killed; there is evidence that the driver and most of the passengers had been drinking. A police undercover operation at a local high school reveals widespread drug dealing on campus. Gang- and drug-related drive-by shootings terrorize a community. Several teenagers attempt suicide; most admit having drug and alcohol problems. These kinds of front page stories can rouse a formerly apathetic community to look for some kind of collective action that can prevent future tragedy. Clergy take to the pulpit to deplore the conditions which led to the tragedy. Congregation members' anxiety over the safety of their children rises.

The meaning of the Chinese character for "crisis" -- "opportunity and danger" -- is an apt description of this situation. People are jolted into seeing the danger and cast about for opportunities to deal with it. Like others in the community, clergy and their congregations are sensitized into action.

- *Personal experience.* A church leader's son enters a treatment program and recovers. A minister's relative dies of alcoholism complications. A priest in recovery is assigned to a new parish. A Youth Minister is concerned about the drug and alcohol use of some of his young people. When people personally encounter the effects of substance abuse, they may begin to look for answers and help. As denial gives way, there is a need to reach out to others. These are points of opportunity for involvement in prevention efforts.
- *A related common concern.* Despite differences in beliefs, congregations tend to have many common concerns. A desire to strengthen families and a concern for children and youth are two primary ones. Sometimes it is easier to involve clergy and their congregations in issues that are non-controversial

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-- for example, improving the lot of youth in the community -- rather than on the narrower and possibly more sensitive area of substance abuse.

*It is not uncommon for several churches and synagogues to be struggling separately but in parallel fashion with the task of shaping programs that will attract and keep their young members actively involved . . . there are common elements in the missions of almost all religious groups that would enable them to work cooperatively in some areas of youth development . . . without any group feeling that it is sacrificing its sectarian interests or compromising its own teachings.* <sup>3</sup>

In the course of dealing with youth issues, the need for substance abuse prevention will naturally arise.

- *Peer influence and observing examples.* Often, clergy are most effective in motivating each other to consider participating in or adopting prevention efforts. Likewise, if a clergy person or congregation observes other congregations or clergy participating in prevention activities with positive results, the example can have a ripple effect.
- *Top-down influence.* Less frequent are instances where a higher policy making group such as a diocese or conference suggests that local congregations address specific issues. Sometimes curricula or guidelines are provided to assist individual clergy. Occasionally, it is the local congregation that lags behind the larger church organization in dealing with issues such as substance abuse.

In each of the above cases, there are opportunity points that preventionists can use to begin to build working relationships with clergy and congregations. In the case of tragic incidents, it is the genuine grief and desire to prevent future loss. In the case of personal experience, it may be part of an individual's recovery process to be of service to others; or, it may be simply an "aha experience" --a matter of finally recognizing the existence of a problem and the need to address it. For clergy and congregations willing to work cooperatively on related common issues, it is the recognition that a problem is larger than one group's resources. Peer influence and examples work by reducing skepticism and demonstrating that an action is compatible with one's beliefs. And while top-down mandates may meet with resistance, they may also create a need to find help in implementing the new activity.

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## AVENUES OF INVOLVEMENT

Congregations and clergy become involved in alcohol prevention efforts in several different ways. They can be categorized as follows:

- *Practical support.* Congregations can support prevention efforts by providing meeting space, equipment and printing capabilities for 12-Step groups, task forces, and community education events.
- *Information channel.* This ranges from allowing alcohol prevention messages and information to be published and distributed through congregation bulletins and mailings, to allowing speakers to address the congregation during services or other organized church events.
- *Education and awareness.* Congregations may sponsor special one-time events, a series of workshops or other events that present information on alcohol issues. Or, material may be woven into existing religious education offerings, including Sunday School. Outsiders may be brought in, and/or congregation members and clergy may receive training to provide the education.
- *Supportive services and referral.* Clergy, staff, lay leaders, and volunteers within a congregation may become knowledgeable about outside resources that are available to help families with alcohol-related problems so that they can refer people appropriately and advocate for those services. Likewise, by becoming more knowledgeable about the disease of alcoholism, effective intervention techniques, and ways of being supportive, they can better help people in need.
- *Participation in joint efforts.* Clergy and congregations may participate either in interdenominational or cooperative community prevention efforts. These may include jointly sponsoring a forum on alcohol issues, attending community problem solving workshops, joining task forces, and lobbying for changes in alcohol policy.
- *Leadership.* Clergy and their congregations may take a leadership role in catalyzing change in their communities regarding alcohol and other drug abuse. They may chair task forces, hold organizing meetings, recruit others to participate, and devote significant amount of time and resources communicating the prevention message to their congregations. They may lead public demonstrations of support for changes in alcohol policy.

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These are the primary ways in which congregations and the clergy may become involved in alcohol prevention efforts. How should preventionists approach clergy and their congregations to stimulate involvement? The next chapter looks at some strategies.



## Chapter Three

### **WORKING WITH THE CLERGY AND THEIR CONGREGATIONS**

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## Chapter Three

# WORKING WITH THE CLERGY AND THEIR CONGREGATIONS

As when asking any community member or group to become involved in a prevention effort, preventionists must be thoughtful about the approach they take with clergy and congregations. The following are some suggestions of strategies you can use to build bridges to the religious community.

- Locate key informants who are either members of the congregation or who are otherwise familiar with it. From these people, find out the following:
  1. What is the organization structure of the congregation, including hierarchy, the role of clergy and lay leadership, and protocol? Make sure that you follow that protocol.
  2. What is the informal power structure within the congregation?
  3. Is there a congregation secretary? Plan to become acquainted with her; she is often a key gatekeeper to the clergy and can smooth the way for getting permission to use church facilities or timely appointments with other church staff.
  4. What are the demographics of the membership of the congregation, including age, ethnic composition, income levels?
  5. What is the church's position on alcohol use?
  6. What have been the congregation's or clergy person's previous activities in this area?
  7. What is the congregation's or clergy person's history of involvement in other community issues?

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- If possible, have another clergy person -- preferably from the same denomination -- make the initial contact with clergy. Or, have a member of the congregation make the contact. Or ask someone else known to and trusted by the clergy person but who is not a congregation member. If none of the above is possible, it means that you should first work on involving a person who fits one of these categories in your prevention effort. Contacting a clergy person "cold" may work, but the odds are better if your contact is bridged by someone he or she already trusts.
  - If you are a member of a congregation in your community, it may be easiest for you to begin there, on familiar territory.
  - In some cases, it may be appropriate and effective for prevention workers to participate in church-related activities as a way of building trust among the congregation and community. However, this should be done only if it flows from a sincere interest on the part of the preventionist. For example, a white prevention worker working in a largely Black community joined a gospel choir as she got to know the people in that community. Her interest in gospel music pre-dated her work with the community, but it turned out to be an excellent way for her to build trusting relationships with the people.

In another project, a Catholic Latino prevention worker who lived in another town began attending Mass and other events at a church in the community in which she was trying to initiate prevention activities. Doing so allowed her to cement relationships with that parish's priests and congregation members more quickly.

- As you do your homework in a community, you will get a sense of what clergy and congregations will be more sympathetic to your prevention effort. Those make a logical starting point; after you have successfully involved them, they can spread a positive message to other clergy.

However, it is important to focus not only on the more "liberal" churches to the exclusion of the more "conservative" ones (or vice-versa) because the prevention effort may then become associated with only one end of the doctrinal spectrum. You may get faster results with one or the other, but it is important to create longer-range strategies to involve as many congregations as possible. Most mainstream congregations, and quite a few others, can be brought into prevention efforts in some way. Some will take more time and patience.

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- Remember that while opinions on alcohol use may vary among faiths, the concern for family and youth is a constant. Framing your prevention message in terms of strengthening families and helping youth will align it better with most denominations' perspective.
  - Likewise, remember that all prevention activities to be sponsored or offered by a church or synagogue must be consistent with that congregation's belief system. You will need to be open and creative in your willingness to adapt your program to fit that belief system. Framing the prevention message in language that reflects the congregation's values and beliefs will add to the credibility of the message.
  - Examine your own religious biases. Do you feel judgmental about the faith of the congregation you are dealing with? If so, you will need to deal with that feeling before you can work effectively with them. It may be necessary for you to find someone else to act as the primary contact with that faith. Working with clergy and congregations may offer you a good opportunity to heal your own inner wounds regarding your experience with religion. Like any other community work, a negative personal attitude on the part of the organizer will act as a barrier to effective organizing.

## THE CHURCH AND COMMUNITIES OF COLOR

Historically in this country, churches and synagogues have played central leadership roles -- spiritual, political, and social -- in communities which identify strongly with their cultural origins. As a primary tie to the old country and cultural roots, churches served this function for European immigrants of the 19th and 20th centuries. Today, although some white European ethnic neighborhoods still look to their churches for a source of social and spiritual support, assimilation into mainstream American culture has reduced the degree of ethnic identification of most congregations. Few ethnic European churches or synagogues still provide strong political leadership and advocacy for their memberships. \*

For communities of color, however, the leadership role of the church is still central. In the Black community, the church still provides strong social support and political leadership. The foremost Black leader of the 20th century, Dr. Martin Luther King, Jr., was a Baptist

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\*This holds true for most mainstream Protestant and Catholic churches. An exception is some Jewish congregations which have a history of activism against anti-Semitic laws, attitudes, and crimes in this country. Another deviation is the emergence in the last several years of the political activism of conservative Christian clergy and congregations. However, this activism is different since it is not aimed at advocating for the rights of their members, but rather changing laws that will affect all of society. In addition, the movement is not locally oriented but national in scope.

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minister. Rev. Jesse Jackson has run for president in the past two elections, the last time emerging as the number two Democratic candidate in a field of eight. Perhaps more than with any other cultural group in this country, the Black church still functions as the moral, political, and social center of its people.

Likewise, the Latino population has strong cultural ties to the Catholic Church.<sup>b</sup> Particularly for first generation immigrants, the church is a source of familiarity, comfort, spiritual and social support. Unlike the Black community which, since the abolition of slavery, has developed a wide array of social, educational, and voluntary associations, the newer Latino populations may have only their churches as a significant supportive institution. Some churches have become strong political advocates for their populations, while others restrict themselves to providing spiritual and social support. In either case, the opinion of the clergy carries a great deal of authority with many Latino people.

Similarly, the religious leaders of newly immigrated Asian populations play an important role in the leadership of their communities. There are many different cultures and languages among these new immigrants, and most Americans are completely unfamiliar with both the cultures and the languages. Developing relationships with religious leaders in these communities is much more difficult, yet no less important.

The Native American population presents yet a different picture. Official government policy for many years dictated the destruction of Native American culture and suppression of its religions. Conversion to Christianity was urged, so that today many Native American people are members of a variety of Christian denominations, both Protestant and Catholic. In addition, Native Americans have been displaced from their communities and home lands again and again, so that a large percentage are dispersed within our cities. Along with those who live on reservations, most live in poverty. Among all populations in this country, Native Americans suffer from the highest incidence of alcoholism and alcohol related problems. As one Native American story-teller and psychologist explains:

*When a people are subjugated and forced to assimilate, the first thing that is lost is the antidote to the illness. The illnesses remain and multiply, but the antidote is gone.*<sup>4</sup>

In recent years, Native Americans working to reverse this tragic trend have drawn on traditional spiritual ways to enhance the recovery process. This effort is coming not only from those who practice the old ways exclusively, but also from Native American Christian clergy who have come to see the necessity of creating a spirituality that combines the old

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<sup>b</sup>In the past few years, several Protestant evangelical denominations have made significant progress in attracting Latino people to their churches. Thus, while most still identify with Catholicism, others have switched their affiliations to Protestantism.

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ways with the new. Traditional rituals such as the use of the sweat lodge, rites-of-passage, songs and dances have been incorporated into both recovery and prevention programs. Traditional cultural symbols are woven into prevention and recovery messages. Elders become involved. Traditional arts such as basket weaving, pottery, and leather tooling are used as part of recovery and as activities for young people in prevention programs. The restoration of cultural pride is seen as essential to the recovery and prevention.

Thus, for preventionists working with communities of color, it is absolutely essential to work with clergy, other spiritual leaders, and religious congregations in developing culturally appropriate and effective prevention programs. Ideally, prevention workers (or at least key people on the staff) should be of the same ethnic background as the community. Perhaps more so than for other communities, prevention efforts in communities of color should be seen as long-range commitments. They most likely will have to deal with related issues such as poverty, unemployment, lack of housing, hunger, lack of adequate child care, and inadequate transportation. Alcohol prevention efforts cannot solve these problems alone. But they must be prepared to address them as integral to the web of community need.



## **Chapter Four**

### **CONCLUSION**

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## Chapter Four

### CONCLUSION

*"Perhaps some day in Catholic Churches across the country a statement from the U.S. Bishops will be read, not in a whisper that is lost in the wind, but in a voice that is heard above the confusions and storms of life: "We the Bishops judge the current need to be a process of education about the widespread disease of alcoholism so that all believers struggling under this burden can experience a sense of hope for the future, a word of encouragement to take steps toward a full and authentic life." <sup>5</sup>*

This hopeful vision is one clergywoman's dream for the future. In many denominations, groups have been organized to address the issue of alcohol abuse both among clergy and among the faithful and to advocate for changes in church policy and practice. Often started by recovering clergy and lay people, these groups continue to challenge their church leadership to address alcoholism and alcohol related problems.

But these efforts may or may not have trickled down to the grassroots level. Prevention workers in the community must deal with "what is", and in many cases "what is" is the same kind of denial that exists in the rest of society. The process of confronting that denial must be a gentle one, respecting religious values and beliefs, couched in the terms of the faith.

In many communities, however, congregations and clergy are primed for involvement in alcohol prevention efforts. And in some communities, their involvement is critical. Learning how to work with clergy and their congregations has become a necessity for prevention workers. An important resource for preventionists who want to embark on this course is the experience of other prevention programs who have done so. The bibliography of this manual lists additional written sources of information; the Resources section lists organizations and networks. Sharing expertise is essential to developing more and more effective approaches to working with clergy and organized religion in alcohol prevention efforts.



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