Faith communities in the 21st Century can safeguard those who may be in danger from alcohol and other drugs. This book includes material for adults and youth, which can guide congregations in addressing a critical issue that has often been cloaked in silence.

The Conspiracy of Silence

Alcohol, Other Drugs and the Faith Community

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Acknowledgments
Our gratitude to Margi Denlinger, Kerry Olson, and Sandy Krzyzaniak for helping to craft this book and to Irene Lindgren of Lindgren Design for the insightful art and design.
This book includes a number of exercises and articles that can be isolated and used to support adult and youth programs, presentations, or sermons and homilies. The theme is consistent: the faith community can work with an understanding of alcohol and drug issues to protect and help congregants and our community.

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An Unusual Mission
I. INTRODUCTION

Alcohol, Other Drugs and the Faith Community

It began in 1980 with an unusual phone call from the office of Minnesota’s newly-elected governor, Albert Quie. An unique mission was initiated, which decades later is still going forward and quietly working to the advantage of people of faith.

I was the Board Chair of what is now the Environmental Resource Council (ERC), a non-profit organization supporting the development of public health and ecology policy (www.envrc.org). Essentially, I was invited to the Governor’s mansion to make a presentation on alcohol abuse and other drug abuse problems. That, in itself, was unusual, but when I entered the Governor’s ornate reception area, I was especially surprised. Sitting around several tables were some of the most distinguished religious leaders in the Midwest.

In their religious vestments, there were Roman Catholic and Lutheran Bishops, distinguished rabbinical scholars, well-known evangelical leaders, and a gathering of priests, reverends, and ministers.

By training, I work with epidemiology, so I sometimes talk in statistics, but, for this group, I tried, in the King’s English, to describe the damage and harm created by abusive use of alcohol and other drugs in our community. As I spoke, I noticed that some in the audience seemed ill at ease, although it was clear that all were paying close attention.

Gov. Quie calmly explained to the group that he wanted organizations of faith to participate in an effort to prevent the abuse of alcohol and other drugs and to intervene and help those who are damaged by alcoholism or other drug addictions. He wanted to help those who were hurt and prevent others from getting hurt. He pointed out that he, like them, also had responsibilities for the wellbeing of the community.

In discussions that afternoon, and in the future, it became clear that there was hesitancy by some faith-based organizations to take on this issue, at least publicly. One of the bishops later explained that it was difficult to confront an issue so sensitive and which so powerfully affected personal lives in different ways. He felt that dealing with the issue might create unpleasant guilt among some alcohol users and might be seen as interfering in the personal lives of others. Admitting that congregation members may have abused alcohol could also
reflect badly on the congregation, or even the religious denomination. Beyond that, many religious leaders clearly had no training in addressing substance use and abuse.

Nevertheless, Gov. Quie was convinced that they could do good service by joining in an effort to respond to and prevent harm. In fact, he expected them to do so. Over the next years and decades, we experienced and learned much about what the well-supported faith community can accomplish. It was a challenge, but gradually we began to learn how those in public health and substance abuse could effectively connect with religious organizations. The result has become something of real value.

For a number of years, our organization worked with faith-based groups on this unusual mission.

What follows are materials and tools for congregations of faith, taking on what we have come to refer to as, “the conspiracy of silence.” The objective is to understand and openly address issues of alcohol and other drug abuse within the caring 21st Century faith community.

Bruce Bomier

Bruce Bomier, MPH
Board Chair
Environmental Resource Council
www.envrc.org
II. ALCOHOL AND OTHER DRUG USE AND CONGREGATIONS

Alcohol and Other Drug Use and Congregations

Misuse of alcohol and other drugs may cast a shadow over all other aspects of a good life. Because alcohol and drug abuse thrives in shadows, our programs, especially for communities of faith, work to bring light into those dark areas of potential danger.

The environment and social norms of a community influence choices that people make about using mind-altering chemicals. What the faith community does or does not say about substance use and nonuse has a powerful influence on its members, and consequently the entire community. It’s important to accept the reality that saying nothing is actually saying quite a bit.

Religious organizations in a community can create norms that discourage problem use. Unfortunately, many congregations have not gone beyond an occasional admonition to abstain, or individualized counseling support cloaked in anonymity below the line of vision of the congregation.

The following material has been created to support congregations as they openly work through what constitutes safe, appropriate and healthy decisions about use and nonuse.

We have been working with this sensitive issue for decades, and while, like most things of value, the work is challenging, it brings great rewards.

Let’s Get Real
Alcohol and other drug use problems are found throughout society, including among the laity and leadership of faith organizations. Regardless of faith tradition or denomination, the pursuit of intoxication is, and always has been, part of the human condition. Some individuals may abstain from any use, but the pursuit of intoxication is ingrained at some level in all of human society. It is safe to assume that nearly everyone in contemporary society, and therefore, in any congregation, has been affected, either directly or indirectly by substance abuse.

Surveys of 4,510 members in 23 Minnesota and Texas religious congregations by the Central Region of the Center for the Application of Prevention Technology (CAPT) over a three year period found that:

• Over 21% of respondents reported a family member with an alcohol problem in addition to other problems.

Sometimes saying nothing is saying quite a bit.
• Over 17% reported a family member in formal recovery from an addiction problem.
• Over 4% were in recovery themselves.

The simple truth is that alcohol and other drug use, and sometimes clear abuse, is part of congregations of faith and deserves to be addressed. A necessary foundation for responding to any problem is acknowledging its reality.

In a national survey of clergy, a US Department of Health study of substance abuse found that:

• 94% of practicing clergy considered substance abuse to be an “important” issue they faced within their congregation.
• 38% reported alcohol abuse in half or more of the serious family problems that they confront.

Clearly, the misuse of alcohol and other drugs is a significant problem that cuts across age, race, geographic area, gender, culture, religious, social, and economic backgrounds. Communities of faith are absolutely not immune. However, they often can become a powerful force for preventing and responding to this typically self-inflicted human suffering.

**CONGREGATIONAL READINESS**

In addition to finding substance abuse problems among their members, the study of Minnesota and Texas congregations found overwhelming support among members for their congregation’s involvement in prevention and recovery activities relating to these issues.

When asked about specific activities in which they would support involvement by their faith group, the response was as follows:

The sense of the study was that clergy knew abuse was a problem and congregations wanted to respond, yet, often, nothing happened.

**A CONSPIRACY OF SILENCE**

In spite of both a clear need and the expressed readiness of congregational members to address the issue, there has been a predisposition to silence among faith communities.

Over 30 years ago, Bishop Roger W. Blanchard, Chair of the North Conway Institute, wrote about this silence, ambivalence and lack of action:

> People just don’t talk about drinking. They either do or they don’t. But, generally, they don’t discuss it, and those who do certainly do not discuss it with those who don’t, and vice versa. There is a curious conspiracy of silence around the question of why, where, when, whether, or how much. A curious conspiracy of silence.

Jeannette Johnson, Director of the Research Center on Children and Youth at the University of New York in Buffalo, has written about a “wall of silence” that stands between much of the faith community and people suffering from alcohol and drug abuse and dependence.
One reason for the lack of discussion may be that people simply do not know what to say.

The faith community isn’t alone in confusion about how to discuss this powerful and personally sensitive issue.

While individual leaders in faith communities have developed intervention, treatment and aftercare programs for those facing obviously desperate situations, little has been done to develop prevention programs in congregations, or prepare members to make decisions about substance use and nonuse. Instead, all too often, faith communities stand in silence, perhaps wishfully hoping to turn over the responsibility to schools, government, or other institutions.

Compounding the tendency to defer to silence and lack of action is the reality that discussing the issue often creates discomfort among adults who responsibly use alcohol. There is often an assumed opposition to all alcohol use and presumed readiness to judge any drinker harshly. This has the effect of cutting off communication with a large group of people – the moderate drinkers – who may constitute a majority of the congregation. This is usually the driver for the conspiracy of silence tragedy.

People simply do not know how to approach the awkward conversation of intoxication. What does an alcohol-using parent say to a child moving into the challenges of adulthood?

There was a study done in California that found students as young as middle school age could differentiate between the use and abuse of alcohol. They knew people who had a glass of wine with dinner or an occasional beer and its use didn’t cause problems. Yet, when alcohol was discussed in school, its use was always equated with abuse. The result was that students fundamentally questioned the credibility of the information they were receiving in school and understood that they were not getting the whole story. Presumably, they would also get information from advertisements, which often have a dangerous disconnect with reality.

Prohibition without discussion does not usually work over time among people, families, or nations. It failed miserably with alcohol in America in the 1920s, and as Jack A. Cole, former federal narcotics agent and respected public policy author on abuse has quipped, it even failed the first time it was tried, with Adam and Eve.

Even though a significant number of community members drink alcoholic beverages, most people have not thought out personal guidelines for the use and nonuse of alcohol. They have not developed a set of guidelines to follow when considering, first, whether or not to use alcohol and other drugs and, second, when and how to use in a safe, appropriate and lawful manner if the decision is to use. This ambiguity is so serious that it can prevent adults from the most basic of human responsibilities… protecting our youth.
Guiding Young People

Getting a driver’s license and obtaining the right to drink are considered two of the three major rites of passage from adolescence to adulthood. The other is being perplexed by your first semi-significant other.

Young people safely get through their first awkward romance, but both alcohol use and driving can take a tragic human toll. Compare how we prepare our children for adult choices about the use of alcohol and driving.

How We Learn to Drive - We are buckled in with seatbelts from infancy. We ask parents about the rules and laws, and we learn guidelines, e.g. drive slower when roads are wet or icy and visibility is low. We have opportunities to watch successful role models. We have a proper understanding of context – that most drivers are safe; the extremes (the few crazy drivers) stick out as unacceptable anomalies.

We take driver education in school or learn to drive off-road, perhaps on back roads or in a parking lot, under parental guidance. We study the laws, practice with driving simulators, and experience the feel of an actual automobile in prescribed driving areas. Then, we take a written test to insure we understand the laws that govern traffic behavior.

How We Learn to Drink Alcohol - We watch people drink, often in the mythical world of advertisements and entertainment media. We are constantly bombarded with unreal and unapologetically distorted electronic images, and then we turn “of age” and are let loose. Our society has never agreed on clear guidelines for the use of alcohol, and so typically can’t teach them.

Although our lawmakers have established a minimum legal drinking age, our inability to consistently support and enforce those laws often defeats their purpose, and can seem a model of adult hypocrisy.

Clearly, we don’t have legal or social processes similar to those required for obtaining a driver’s license, in spite of documented dangers from DWIs, overdose deaths, and injuries. Like a parent or community thoughtfully guiding a young person through the safe driving challenge, they must also prepare that person for living in a world that institutionalizes the use of alcohol and other drugs.

Thinking before drinking.
If you, as a leader within your religious community, decide to address the issue of alcohol or any other intoxicant, you are taking on an emotional and serious topic. The style with which you approach discussing something this sensitive requires some careful thought.

Every gathering of the faithful is unique, and a complex product of different historical, interpersonal, and social dynamics. You have to speak to your own world, but the following are a few concepts that we feel might be important upon which to reflect:

- When you are meeting to discuss alcohol with a group, remember that virtually every adult participant will have used alcohol, and a substantial number will either have experienced for themselves, or through someone they care about, the consequences of misuse. This may involve a drinking related driving fatality, or compulsive alcohol use and degradation of the relationship with someone to whom they are close. You can be certain that, in any moderately sized group, this will be a highly sensitive topic for some.

- You will likely encounter those who use responsibly but who harbor feelings of guilt or are angry or defensive about their use. This means you have to tread carefully and pay special attention to the participants and the process.

The three classic rules of effective communication involve “ethos,” or gaining the respect and confidence of the group for credibility; “pathos,” or dealing with issues that are important as well as emotive to the participants; and “logos,” or presenting information or insights that speak to common sense and are organized in patterns where messages become self-evident.

Part of the reason a faith community can effectively deal with issues this sensitive is that the participants almost certainly have fundamental confidence in the institution’s commitment to their well-being and its ethical standards (ethos). They trust the people put in charge of discussing this issue, i.e. next to family, people typically trust those who are the custodians of or interpreters of their faith. Also, the human concern surrounding risks associated with misuse of alcohol and other drugs is obvious, heartfelt, and will have been important in the lives of most adults participating in the programs (pathos). The final dynamic involves the validity of the message. It is achieved by providing credible information in patterns that make sense. One of the best techniques is to have the logical conclusions regarding how one deals with intoxication evolve from the group itself (logos).

Next to a caring family, the faith community often has the best chance of making a positive difference for its members if the communications process is well managed.
Given the above, we have isolated seven principles that we think make sense for you to consider as you approach this sensitive issue:

1. **Be aware that you are moving into emotional territory.**
   It is likely that everyone will be interested in the topic, and some will have been profoundly affected by alcoholism or other misuse of alcohol or other drugs. Be sensitive to someone who seems emotional as the discussion progresses. You want to be cautious regarding even subtly pressuring someone to disclose a special history or problems openly. However, you can consider asking the group to write anonymously about experiences. This anonymity option may make sense, but if someone shares something personal and powerful, be prepared. You are not dealing with abstract issues or technical considerations about managing a facility, or debating a budget, or important but often detached theological concepts. You’re dealing with something that may have profoundly touched the lives of a number of the participants. As a discussion leader, you need to be prepared for the unexpected and, occasionally, the emotional.

2. **Pay special attention to the setting.**
   Having a quiet, comfortable, private room is always helpful for any program, but here it is especially important. Providing condiments, such as coffee, cookies, etc., increases comfort and tangibly signals that you care. Consider sitting in a circle or having a round table where subtle permission for group participation emerges. What you are undertaking is a far cry from a classroom presentation. The participants must do more than listen.

3. **Remember, you’re more of a guide than a “boss.”**
   Keep in mind that you control the event, but to the extent participants share information and describe solutions that are personally on target, they will wind up owning and trusting what emerges. Your responsibility is not to “teach” about alcohol or other drugs, but to knowledgeably explore the role intoxicants play in the lives of the participants. Be prepared to ask for questions and provide input, but the real value will be an emerging self-discovery within the group.

4. **Be sensitive to small groups being pulled off on tangents.**
   As is described in some of the exercises, a larger group may be asked to break into smaller groups. Keep yourself detached from any particular group by visiting each of the groups. It’s much more likely that one of the smaller groups may move off on a tangent than would the larger group. Remember, you’re dealing with an issue that for many people will generate strong feelings and strong predispositions. You must gently try to keep the small groups on track and on topic.

5. **Become as comfortable as reasonably possible with the technical aspects of intoxication.**
   To the extent you are able to learn about some of the more basic technical facts about alcohol, alcoholism, marijuana, other drugs, and intoxication in general, it will be helpful. Descriptions of some of the fundamental aspects of intoxication and intoxicants are discussed on the ERC website (www.envrc.org), with a focus on the two most used, significant intoxicants, alcohol and marijuana.
6. Pay attention to your own values while being respectful of those of the participants.
Before you begin any programming, think about what you believe about intoxication. It will be impossible for you to detach from your fundamental values, yet, it’s important to enter into the process with a sense of respect for divergent stereotypes, sentiments, and values of the participants. You have to enter into the process able to guide but also to learn. Your ability to provide perspectives and direction, as well as to be reflective and nonjudgmental, will likely set a tone among the participants and lend credibility to the mission you are undertaking as a group.

7. Listen for quiet voices.
For many discussion topics, the focus is on an organized way to provide technically accurate information. This is not the primary focus here. For dealing with something this sensitive, it is more important to focus on the participants and how they relate to the topic. At some level, even subtle nuances involving everything from facial expressions to someone crossing arms and glaring out the window may become important. It is unlikely to be the learning of information itself that defines program success, but rather, how alcohol and other drugs should best fit into a person’s life. Occasionally asking participants how they feel about what’s being discussed or if they have any insights to offer is a nonthreatening way to get a reading on how the program is moving.

One of our presenters once said that when she begins facilitating a program on alcohol and other drugs with faith organizations, she pretends to pull off a layer of skin so she can more sensitively feel everything that’s happening in the group.

It sounds uncomfortable, but the image is right on.

Good luck!
When open minds bond in search of truth, they are not summed but multiplied one times the other.
This adult study of “Alcohol and Other Drugs Among People of Faith” begins, first, with an examination of what the Bible* says about alcohol and intoxication. Then we examine guidelines for making choices about substance use and nonuse. In the final chapter of this book, we discuss methods for reaching out to family, friends, members of the congregation, or others who may be experiencing challenges with their use of intoxicants.

This section includes a number of discussion topics and exercises that can be selectively used to meet your needs.

There has often been total silence and lack of clear or any guidelines for addressing alcohol and other drug use issues by faith communities. There are a number of reasons for that, primarily, the serious conflict surrounding the fundamental issue of use and nonuse of alcohol.

Some members of some congregations may have considered any use of alcohol or any other intoxicant as a sign of moral weakness, sin, or personal inadequacy. For other congregants, alcohol use is likely bound into the celebration of life.

Among some religious organizations, “problematic” use of alcohol equates with “any” drinking, and use of alcohol becomes a moral problem. Such groups have often been perceived to be inappropriately judgmental by those who accept use. The moralistic wet/dry controversy has resulted in confusion and often an inconsistency in messages. Efforts to prevent or respond to even obvious substance abuse can, consequently, be seen as off-limits to both groups.

Many congregations have difficulty acknowledging that a problem with intoxicants can exist among their membership, even when blatantly obvious. This denial or reluctance to take action may be the result of several factors:

- The evolving understanding of alcoholism and drug dependency as a disease, focusing on a “medical model,” which places substance abuse outside the appropriate role of the faith community.
- A lack of training or preparation of clergy or other religious leaders on this issue, which has led to their simply not knowing what to do when confronting problems.
- A fear by clergy of being “overrun” by the magnitude of complex problems, if these problems are openly acknowledged, and that dealing with the issue will, consequently, become the debilitating responsibility of faith leaders.
- Ambiguity or lack of guidelines for many clergy and lay leaders regarding their own use of

*We are using both the Old and New Testaments of the King James Bible. We understand that different faiths may look to other Bible versions or other religious sources. In some cases, we have summarized the messages and it may be valuable to study and reflect upon the original reference.
alcohol; there may be a predisposition toward guilt among many religious leaders.

- Pride in the congregation and its families, placing them beyond having alcohol problems.
- Lack of awareness in recognizing alcohol or other drug use problems.
- Fear of creating controversy and divisions within the congregation.

These concerns and others contribute to the reluctance of faith leaders and congregation members to openly face the reality of alcohol or other drug use issues.

While this historic lack of involvement is understandable, the fact remains that the faith community can play a valuable healing role in preventing and responding to this most human of problems. No other institution, except the family itself, offers a moral basis that so acknowledges individual self-worth and can impact behavior so profoundly.

The faith community focuses on spiritual needs and, by its nature, can effectively move a person from a troubled life to reconciliation. It is often the faith community that helps people find harmony and wholeness, builds and strengthens relationships, and teaches how to cope with pain and the tribulations of life. Within any congregation, there are numerous opportunities to share information and develop essential skills for health and well-being. If that special power is committed to wisely guiding congregations through the risks and realities of the pursuit of intoxication, a great amount of good can be accomplished.

This discussion guide has been designed to break the “conspiracy of silence” and help adults and young adults in your congregation wisely consider the way alcohol and other drugs are used and abused within our society. More specifically, it will allow participants to:

- Better understand what the Bible and their own faith traditions have to say about the use and nonuse of alcohol, and the state of intoxication.
- Examine their own feelings, values, attitudes and behavior about the use of alcohol and other drugs.
- Support those who choose to abstain from alcohol (a serious but unrecognized problem for many).
- Develop personal guidelines for the legal, safe and appropriate use or nonuse of substances.
- Initiate discussions about the appropriate use or nonuse with family members, congregational members and friends.
- Be able to encounter and support someone whose use of alcohol, tobacco, or other drugs is of concern.

Substance Use in Society.

The terms “drug,” “chemical,” “intoxicant” and “substance,” are often used interchangeably. We are discussing those “chemicals” which, when inhaled, ingested or injected, cause a change in mental function, often considered pleasant. “Substances” may include over-the-counter medications, prescription pharmaceuticals, and both illicit and legal drugs. We are not generally dealing with nicotine and caffeine, which are not associated with a debilitating, even recognizable, state of intoxication.

“Drugs” can potentially improve health and enrich lives, often through the mitigation of pain. Drugs can restore health, comfort the ill, and are sometimes incorporated into the celebration of religious or other special events.
Use of intoxicants, or the pursuit of intoxication, relates to efforts to noticeably alter mood, perception of those efforts, and the consequences.

Examples of a healthy approach to using mood and mind altering substances may include the following: a person with debilitating pain taking a prescribed pain relieving medication, a person who is chemically dependent abstaining from mood-altering drugs, or a person using alcohol in a lawful, moderate pattern with no apparent negative consequences for themselves or others.

**Substance Abuse Problems – What Are They?**

Many substances are mood altering, consequently creating subtle or dynamic sensations of pleasure, as well as relief from pain. These drugs, however, have the potential to cause problems. Substance abuse problems can be defined as spiritual, physical, emotional, or social, resulting directly from a person's reckless pursuit of intoxication.

Other people – family, friends, employers – are often indirectly hurt as a result of another person's misuse of drugs.

Chemical dependency, or addiction, is one example of a substance abuse problem. Other examples include drunken and impaired driving, family problems resulting from behavior, and the use of illegal substances resulting in negative criminal/social consequences.

The pursuit of the feeling of intoxication through use of a chemical substance is and has been part of human behavior throughout both recorded and pre-recorded history. Problems associated with the use of mind and mood altering chemicals have been endemic to all societies, and both secular and religious institutions have tried to influence and control use and abuse. The challenge of finding the right response to intoxication has been so complex, emotional and elusive that even the most respected institutions often stand mute or turn away from confronting the issue.

As a group, we are going to try to learn more about this fundamental part of the human condition and our society.
SESSION 1 - A THEOLOGICAL PERSPECTIVE - WHAT THE BIBLE SAYS

BACKGROUND INFORMATION

This program was designed in collaboration with Roman Catholic, Eastern Orthodox, Protestant Christians, and Jews. We are using both Old and New Testament texts in this exercise. While we are using the basic King James Bible, the concepts we are trying to identify should be identifiable for most participants.

INTRODUCTION

Facilitator: Begin with a welcome and an overview of the program topic. Stress the importance of being together in the spirit of community and honest inquiry to discuss and better understand these important but sometimes difficult to discuss issues.

Consider inviting the group to join you in prayer. The following prayer is one we have used, but you may, of course, consider creating one most likely to be meaningful to your own congregation/audience:

May we be enlightened as we journey through this study. May we grow in our commitment to breaking down the silence, apathy, and lack of action that so often surrounds the misuse of alcohol and other drugs. May we learn to safeguard others and ourselves from harm, especially the young. May we find the courage and skill to be of thoughtful and compassionate service when someone’s misuse may be causing harm to themselves or others.

—Amen.

After the opening prayer or program description, you may wish to provide one or two presentations to help assure that the issues we are discussing are described to the point where everyone is talking about the same thing.

It may be helpful to invite a religious leader with a theological background in your faith to describe how issues of use of alcohol and the pursuit of intoxication are approached in a religious sense.

Following this, there could be a brief technical description of alcohol and other drugs. (A summary of a scientifically-oriented discussion of the nature of alcohol and other drug use follows.)
SESSION 2 - A SCIENTIFICALLY-ORIENTED PERSPECTIVE (OPTIONAL)

There are literally millions of documents discussing intoxication from a technical perspective available on the Internet, and this issue often comprises whole bookshelves in libraries. The following is a brief technical description of what is generally accepted in terms of a secular understanding of alcohol, other drugs, and intoxication.

As you are reading this document or listening to this presentation, there are literally billions of little understood, complex electrical transactions occurring within your brain. Mostly, they involve water and water soluble chemicals interacting with a configuration of lipid or non-water soluble chemicals. They all are being impacted with a remarkably intricate pattern of electrical pulses created by your body. Your body behaves a bit like a dry cell battery generating faint rhythms of constant electric energy. This delicate but amazing process is properly encased in one of the toughest bones in your body, your skull. It is super-protected because this electrical/chemical process of integrating information from the outside world, thereby creating thought, is fragile and precious. From a scientific perspective, that process is, “how you function as you.”

When this chemical process is interfered with through the introduction of some compound, either a naturally produced hormone or an external chemical found in nature and artificially introduced into the brain, the way one sees the world (and consequently our thinking process and behavior) changes. In some ways, for a period of time we are no longer exactly the same person.

In the case of alcohol, there is an ever so slight change to the water that makes up 70% of our brain, and a condition that some find pleasurable (and others don’t like) is the result. In the case of drugs, such as marijuana, that don’t combine with water, there is an impact upon the brain lipids or chemicals that don’t easily blend with water. The result in both cases is “intoxication.” Perception is altered, as are feelings and behavior.

Sometimes the impact is slight and barely perceptible, such as when ingesting coffee or inhaling nicotine, where the impact on thought or perspective is subtle. Using stronger intoxicants, particularly in heavy doses, can create varying degrees of intoxication, inebriation, or incoherence.

How one behaves after exposure to a high-impact intoxicant involves five dynamics:

1. Type of intoxicant
2. Dose of intoxicant (how much was taken into the body)
3. Environment or setting
4. Nature of the person, including personality and experience with intoxication
5. If more than one intoxicant is used (different intoxicants can work on different mental processes and the impact on behavior can be more like multiplying them than adding them together)

The risks associated with intoxication fall into three categories:

1. Behavior becomes aberrant, dangerous, and possibly harmful to one’s self and others.
2. Side effects cause collateral physical damage (overdose or shutting down life support; lung cancer from tobacco; liver damage from alcohol).

—Albert Einstein

Science without religion is lame, religion without science is blind.
3. Dependency or addiction, which occurs when pursuit of the pleasure of intoxication evolves to dominate a person’s life, and compulsive use diminishes a person’s ability to function and experience a healthy and normal life (sometimes this involves tissue tolerance and metabolic change – physical dependence – sometimes a hard to control, driving desire to feel the pleasure of intoxication, sometimes both).

It is just about impossible to identify any society, either contemporary or historical, which has not institutionalized the pursuit of intoxication and also established restrictions involving both social pressure and formal laws to control use. Archaeologists have found evidence of alcohol use long before recorded history. Often, there are separate and more restrictive rules applied to younger people, primarily based on the documented higher risks. Almost all overdoses causing death involve young people drinking lethal amounts of alcohol.

In the United States, alcohol is clearly the intoxicating drug that causes the most damage. Tobacco use relative to health issues, including lung cancer, causes physical addiction and great physical harm, but its intoxicating properties are not typically significant.

In 2014, Dr. Robert Brewer, working with the Federal Centers for Disease Control, reported that there were approximately 88,000 deaths per year as a direct result of alcohol use. A cause of these deaths included alcohol poisoning, in which an individual, usually a young person, consumed so much alcohol that the body’s nervous system simply shut down. Other causes of death directly related to alcohol intoxication included liver disease from prolonged heavy use among older people, as well as car crashes, hunting accidents, drownings, etc.

Alcohol misuse is a serious national public health problem. In 2014, the federal government surveyed 138,000 adults of drinking age and determined that 29% reported using alcohol in what the government defined as “excessive levels.” The definition used was: having five or more drinks in one sitting during a week, or 15 or more drinks during the entire week for men, and four drinks in one sitting, or eight drinks over the course of the week for a woman. Dr. Brewer also reported that 90% of that population of excessive drinkers could likely be persuaded to change their drinking patterns with preventive outreach. This could involve a physician simply describing the risks, or an advertising campaign promoting public health and awareness. Appeal from a significant other in the life of the user to better control their drinking would often be enough to change behavior. He also made it clear that 10% of that group should be considered “alcoholics” or “drug dependent.” In those cases, dynamic therapy and complete lifestyle changes involving unqualified abstinence would be required.

Alcohol can cause the tissue tolerance and metabolic changes that are part of a powerful state of dependency, which degrades the lives of those who use, and those who care about those who use. However, for many, the problems with alcohol simply involve overuse or unwise use, which can be curtailed with awareness and support from others. It’s important to point out that, for the majority of users, the survey found that use of alcohol seemed to fit into their lives with no detectable harm to themselves or others.

In the 21st Century, we are living in a world where different types of intoxicants can move about in quantity quickly, where social norms and rules are blending and changing, and where inexpensive mass production can make intoxicating compounds easily available. As a consequence, society as well as individuals need to establish guidelines for how to live in a world where intoxication can be easily achieved.
SMALL GROUP DISCUSSION 1 - What Do You Think?

Each of us brings different experiences, feelings, thoughts, and attitudes about the use of alcohol and other drugs within our families, peer groups, and community. Recognizing that substance use is a significant part of life in our culture, it is important to accept the reality of abuse, as well. Equally important is the realization that not everyone believes the same things about use of these substances. Often, the attitudes of people around us have influenced our decisions about personal use. Understanding our own feelings and beliefs is an important place to start in working through our relationship to the pursuit of intoxication.

First, let’s try to come to terms with what we believe.

GROUP EXERCISE - What are we talking about?

Facilitator:
Step 1. Divide the group into small groups of 4–6 members. Select a worksheet or parts of a worksheet from Chapter VI - Establishing Faith Sensitive Guidelines pages 44–50. Hand out the selected worksheet and discuss the topic. Participants will be asked to share their responses. Ask them to work individually and to complete a selected worksheet without consulting others. Then discuss the individual responses in the small group.

Step 2. After identifying agreements and disagreements within the small groups, instruct each group to consider the following questions:

• Have you, as an individual or as a group, formed compatible opinions on the use of alcohol and other drugs?
• Were there clear-cut answers to any of the questions?
• What factors in your personal life influenced how you responded to the statements?
• Can you reflect upon what your Bible or religious teachings say about the use and nonuse of intoxicating substances?

Step 3. Bring everyone back together as a larger group and discuss the exercise. You may wish to select a representative from each small group to describe their discussion. An opening topic might be, “Were there any particularly interesting or controversial discussions that took place in your small group that you would like to share?

An alternative way to discuss this would be to ask the participants to form a stand-up continuum from Strongly Agree to Strongly Disagree on selected questions. Then give several people an opportunity to discuss why they are standing where they are.
SMALL GROUP DISCUSSION 2 - What Does the King James Bible Say?

There are 228 references to wine and 19 references to “strong drink or intoxicant” in the King James Bible. The messages can be interpreted as contradictory and have led to understandable confusion. While the scripture does not forbid the drinking of wine or other alcoholic beverages, it does speak against inappropriate and irresponsible intoxication.

GROUP EXERCISE - What the Bible Says

Facilitator:

Step 1. Divide the class into two groups. Give one group the scripture references (page 23) that could be used to affirm the use of wine, and the other group the references that could be used to oppose its use/misuse (page 24). Perhaps, ask them to read the actual scripture cited. After they have read the references, they should prepare a short written statement supporting their personal views of alcohol use in terms of the scripture statements they have read. The groups should then share perspectives.

Step 2. Ask the groups to now put their positions on intoxication into a contemporary setting and have an informal discussion on the pros and cons of drinking alcohol today. Could the same principles relate to marijuana or other drug use that leads to intoxication? How about nicotine or caffeine use?

Step 3. Discuss the themes that the Bible seems to convey on the use of alcohol. Can those themes be seen as consistent?

The following are two thoughtful conclusions reached by faith groups in the past:

- “Wine is affirmed as part of God’s creation to be used wisely and carefully. Drunkenness and over-indulgence are inappropriate and unacceptable.”
- “One interpretation could be that neither permissive sanctions nor dictatorial prohibitions seem to be the answer to faithful living. When drinking contributes to the joyous celebrating of life, its use is appropriate and should be affirmed. When drinking or intoxication leads to destruction of a person’s relationships, degrades health, or undermines a quality life or especially hurts a person’s family, it is inappropriate and should be condemned.”

Step 4. Discuss how the group’s and/or the above conclusions support the teachings of the faith community to which the group belongs. Are they compatible? Is there work to do to integrate this position into the policies and practices within the congregation?
AFFIRMING REFERENCES

It may be valuable to study the exact wording and read the passages in context.

1. Genesis 27:28: Wine is not singled out for special attention, but is directed among other gifts to be richly enjoyed.

2. Deuteronomy 32:14: Wine from “the blood of the grape” is one of God’s blessings in the land of Canaan.


4. Proverbs 31:6-7: Wine can be used effectively as an aid in coping. It almost appears by some to describe an appropriate escape.

5. Matthew 11:18-19: Jesus “came eating and drinking” and many condemned him for it.

6. John 2:1-11: Jesus pursued a lifestyle that included drinking wine as a way of celebrating the coming of the Kingdom. The wedding at Cana is an example.

7. Matthew 26:26-29: Jesus used wine as a sacramental element of the New Covenant or sacrament expressed through communion.
Negative References

It may be valuable to study the exact wording and read the passages in context.

1. **Genesis 9:20-24**: Although drunkenness is not specifically condemned, wine contributed to Noah’s violating the Torah.

2. **Genesis 19:30-36**: Wine and drunkenness caused Lot to commit a shameful act.

3. **Esther 1:10 -12**: The use of wine places people in danger.

4. **Proverbs 20:1**: A warning against the danger of wine and strong drink.

5. **Romans 13:13**: Drunkenness is condemned.

6. **1 Corinthians 5:11**: Do not associate with a drunkard.

7. **Romans 14:13-23**: While “everything is indeed clean, it is right not to eat meat or drink wine or do anything that causes your brother (or sister) to stumble.”
Session 3 - Setting Personal Guidelines

Background Information
In today’s culture, there are two accepted, apparently contradictory, value sets regarding how alcohol and other drugs are viewed. One is that alcohol in particular can sometimes be used in healthful ways that enrich a quality life. Alcohol can be drunk in moderation, heightening perceptual pleasure, and it can positively contribute to social and even spiritual events. Medicinal drugs that relieve pain can promote and restore health to the body and mind. The other reality is that use, by personal choice or physical predisposition, can degenerate into addictive, immoderate, health-destroying and risk enhancing lifestyles harming the user and others.

Accepting the first reality, while protecting against the second, is a sensitive endeavor that touches and impacts every aspect of our community: political, medical, judicial, social, familial, personal and spiritual.

Who establishes guidelines for substance use in our society—schools, parents, the alcoholic beverage industry, the criminal justice system, the medical community?

While each of the above plays a significant role, the faith community has often been overlooked as the obvious catalyst for nurturing development of these guidelines. Even though a significant number of faith community members drink alcoholic beverages, most have not worked through belief systems regarding appropriate or inappropriate alcohol use. They have not developed a set of age specific guidelines for society to follow when considering, first, whether or not to use, and secondly, if a reasoned decision to use is reached, how to use in a safe, appropriate and legal manner.

In our congregations and in our homes, we can help one another work through this life challenge.

What should the role of alcohol be in a healthy family, at religious or social events, at family social events? How can young people best learn to make responsible decisions about whether or not to drink, or for that matter, use other drugs? How can we be of assistance to those whose lives have been harmed by alcohol and other drug use problems? How can we encourage people who use alcohol to drink moderately and to respect those who choose not to drink? How can we prevent the illegal use of alcohol, marijuana and tobacco?

A tangential issue, but one of significance to many, is the use of intoxicants for religious purposes. Wine is part of the religious practice involving Christian sacraments (transubstantiation), and marijuana use is part of some Rastafarian faith practices. The use of tobacco and certain hallucinogenic natural substances are lawfully used in Native American ceremonies. In many societies, intoxicants seem to run the continuum from evil to sacred.

Confusion!
Hardly a day goes by that the media don’t carry stories about the “war on drugs,” meth houses, teenage drinking, drunk driving fatalities, Fetal Alcohol Syndrome, athletes using steroids, marijuana laws, fatal drinking games among college students, lives torn apart by alcohol use, etc. We are also bombarded with advertising showing alcohol as profoundly joyful, as well as new medications that can improve health or provide comfort. Legal, as well as illegal, drugs are part of life in our society, as is the human drive to pursue intoxication and society’s concern about controlling abuse.

In the wake of this chaos, a reasonable person requires personal guidelines.

Our language has myriad terms for “intoxication.” Some include: substance abuse, chemical abuse,
addiction, responsible use, tee-totaling, alcoholism, drug addict, chemical dependency, party animal, congenial drunk, a gracious host, a drunk, space cadet, a sot, a pothead – the words go on and on. Yet, there is no clear definition of what we are really talking about. Add this to the fact that the terms “substance,” “chemical,” and “drug” are often used interchangeably. It’s easy to understand why there is confusion. Importantly, this confusion contributes to inconsistent guidelines as to when the use of a mind altering substance is necessary versus unnecessary, healthy versus unhealthy, appropriate versus inappropriate, low risk versus high risk, enjoyable versus tragic.

Many mind altering “drugs” have the potential to improve our health and enrich our lives through pain relief. “Drugs” in general support healing, protect us from disease, help our bodies fight infection, speed recovery from injury, and comfort the terminally ill. In many faiths, drugs are a key component of the celebration of religious, social and other meaningful events.

Examples of typically accepted, healthy behaviors include:

- Appropriate use of prescribed pain relief medications.
- Moderate recreational use of alcohol.
- Abstinence from alcohol use for personal, religious, or health reasons.
- Abstinence from use of tobacco.
- Abstinence from illicit drug use.

- Acceptance of the potential for abuse of all mind altering drugs.

The abuse of alcohol and other drugs is real and has the potential to cause serious health, legal, economic, emotional and spiritual problems. People can experience a variety of problems resulting from inappropriate use of these substances, only one of which is dependency or addiction. Examples of other substance abuse problems include:

- Impaired or intoxicated driving, or any at-risk behavior.
- Family, group, or even congregational tension due to erratic or disrespectful behavior.
- Underage use.
- Substance misuse by older adults who are physically vulnerable and have not come to terms with reduced physical tolerance to mind altering substances.
- Harm to a developing fetus.

Considering that mind-altering substances can both improve our health and cause serious problems, it becomes important to establish personal guidelines for making safe, healthy, legal and appropriate choices about their use and nonuse. Clarifying personal guidelines can also serve as the basis for early intervention when someone else is engaging in unhealthy or risky use.

Alcohol Discussion Topic: Black and White, or Shades of Gray?

Alcohol is an example of a substance about which there is confusion and, often, oddly contradictory guidelines for use. There has been significant lack of agreement about the use and nonuse of alcohol from a community and, especially, a religious perspective. Historically, members of some

*Therapeutic marijuana use and recreational use is legal and accepted in much of the non-Western World and is now legally sold to adults in some European nations and American states. With close to half of young American adults (under 30) having used marijuana, the manner in which our society comes to terms with marijuana use as a recreational drug is a serious and often divisive issue confronting us.
congregations have considered use of alcohol as a sign of moral weakness, sin or personal inadequacy. For them, the only option is total abstinence. This largely religious-driven view resulted in criminalizing most use of recreational alcohol in America between 1920 and 1933 (Prohibition).

Conversely, for many, the use of alcohol is gratefully accepted as a part of the celebration of life. For them, any expressed concern over problematic use of alcohol is often confused with opposition to any drinking. By identifying the use of alcohol as a moral problem, religious organizations are sometimes seen as judgmental, or potentially hypocritical.

So, we know that a significant number of people choose to abstain from any alcohol use, while others experience alcohol-related problems, including chemical dependency. There are many terms for becoming “addicted,” as discussed previously. Generally, it involves a compulsive need for the feeling of intoxication, often causing the user to sacrifice relationships, social and professional competencies, health, and many other aspects of a quality life.

Yet, there is a large percentage of people who are neither abstainers nor problem/dependent drinkers. These people choose to use alcohol legally, moderately and safely. By failing to affirm the safe, legal and appropriate use of alcoholic beverages, Western society has historically created the image of two distinct groups – users and nonusers. As a result, a wedge of prejudice is sometimes driven between them. This subtle wedge is an important component of the conspiracy of silence that washes over much of the faith community.

One result of this has been the labeling of individuals. Nonusers have been referred to as “winners,” “saints,” “healthy,” and/or “moral.” Meanwhile, users have been referred to as “sinners,” “losers,” “sick,” or “immoral.” These latter labels do not reflect the behavior of moderate, occasional users. Labels can serve as troubling obstacles to discussing the appropriate use and nonuse of alcohol in the faith community and, for that matter, in society or even within a family. They interfere with developing clear guidelines for responsible behavior.

We have to look beyond “winners” and “losers.” What is needed is an approach that removes the divide between users and nonusers. It’s important to face down this awkward and harmful silence. We perhaps should regroup nonusers with moderate, appropriate, occasional users, and identify a clear set of guidelines regarding risky, illegal, inappropriate, unhealthy and possibly dependent use. People who follow these guidelines may choose to abstain from alcohol or choose to use occasionally, moderately and safely. This new grouping is now better able to impact abusive use to the advantage of themselves and the community.

**Establishing Personal Guidelines**

**Facilitator:** Depending upon the nature of the group and your time constraints, consider reviewing Chapter VI – Establishing Faith Sensitive Guidelines (page 43). Select one or more of the exercises, encouraging group discussions in the development of personal guidelines regarding alcohol and other drugs.

Being sensitive to the participants who do not wish to come forward, you may be able to request volunteers to describe situations in which they, personally, or others, have violated, or complied with, what they now consider to be responsible guidelines.

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*Look beyond winners and losers.*

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Try to create a list, with input from the group or groups, of appropriate and inappropriate life approaches to alcohol, other drugs and intoxication.

The thinking process in establishing guidelines compatible with one’s faith and our understanding of the dynamics of misuse is perhaps the key value of this program.

**Intervention**

Again, depending upon the nature of the group and time constraints, consider selecting exercises dealing with the act of intervening with someone else’s use of alcohol and other drugs. *Chapter VII - The Intervention (page 53)* describes this challenge, provides group exercises, and outlines a traditionally successful seven step process for intervention.

If possible, ask a volunteer to describe a situation in his or her life when they perhaps should have intervened. It is extremely important not to use individual names or any other unique identifier.

**Conclusion**

Ask participants to share what they have gained as a result of participating in this program. If they are comfortable describing how they may change their perspectives on alcohol and other drugs, that may be important for the group to hear.

Depending on the situation, you may ask how their faith community should consider changing how it approaches the “alcohol, other drugs, and intoxication” dilemma.

Having begun with a prayer, consider concluding with a prayer. Decide what would be appropriate for the group. The following is a prayer we have used:

> God, we believe that it is your will that we be whole and healthy, and that we should help others to achieve health and wellness. We thank you for providing us with the strength and support we receive through our family, friends, and faith. We ask that you now grant us the wisdom and strength to live well and to help others.
> —Amen

[Thank everyone for attending.]
V. YOUTH PROGRAMS FOR CONGREGATIONS

Considerations and Approaches for Addressing Alcohol and Other Drugs

How each family unit has chosen to approach the pursuit of intoxication will be somewhat unique. It’s important to understand something about the decisions that families of your participating young people have made and their values regarding alcohol and other drugs. In the end, if the process of your program for young people blends effectively with their families’ values, you will have created a truly powerful event.

One of the best ways to cause this convergence is to, first, help parents understand their dominant role in their children’s approach to alcohol and other drugs, and then, to help the parents define and express their values as part of the program. This is asking a lot, and don’t expect every family to embrace the message or request for input. Hostility is unlikely, but apathy frequent.

Communicating with Parents Prior to a Program

Attached is a draft message to consider sharing with parents, and an exercise you may choose to use to obtain the parents’ insights for potential incorporation into the youth program. Using these is not necessary, but may be helpful. Both communicate a sincere respect for the parents and their values. The paper can be handed out if it seems appropriate and the questionnaire sent home with the students. Properly focusing on the power and responsibility of the parents, the questionnaire will bring home the reality of differences in approaches and, perhaps most significantly, encourage the family to think together about intoxication.
Our faith community wants to help provide support for our youth in addressing the challenges they will confront as they mature. Alcohol and other drugs (legal and illegal) will be present in the world into which they are moving. We hope we can be part of creating a strong set of values that will serve to protect them, enrich and safeguard their spiritual and secular lives, and benefit our community. We absolutely understand that it will be you, the parents, who will be the greatest influence on how they interact with alcohol and other drugs.

You’ve been teaching your children about life in quiet ways since their eyes first focused in on you. Remember your surprise when they knew you were worried about a friend, or perhaps that they seemed to know when there were money problems before they knew exactly what money was? They see small things and hear quiet voices, and their attention has been riveted on you their entire life. You’ve likely also instructed your children in direct or subtle ways how you feel about intoxication in general and probably even specifically about alcohol. They have something of a fix on what you think is important, or right, wrong, or dangerous.

When you showed disgust at drunken behavior, or smiled at a “dope joke” on television, you were teaching your children.

Directly discussing the issue is one way to bring it all together, blending in honest information about the risks of use and leaving no room for doubt or confusion about your values and concerns. You probably have telegraphed your core values to your children already, so you’re not starting from scratch. The way you approach this issue relates to your own unique relationship with your children. But, considering the world they are entering, where the pursuit of intoxication and use of alcohol and other drugs is institutionalized, clearly zeroing in on your values at this point in their lives makes sense.

To be effective, you’ll have to get across that you’re being as honest as you can, that you know what you’re talking about and, especially, that you want to know, and care about, what they think. The discussion needs to be open and thought out, and should go deeper than, “As long as you’re under my roof…”
Before any discussion with your son or daughter, be clear in your mind how you want them to view alcohol and other drugs. Based on your life experience and other reliable information, you probably will have a good idea about what a person confronting the pursuit of intoxication in our society should know. Once you clarify in your own mind what’s important to you and what you think is valuable to get across to your children… stop! Slow down and take a deep breath. Physicaly close your eyes and remember.

Dust off the feelings as well as the memories of your own teen years. Remember the sense of frustration at being half adult and half child. Remember the passion. Remember what it meant to finally get the use of a car, even for an evening, and the world it opened up. Remember the tiny blemish on your skin that made you feel like a leper, or what a glance from someone special meant. The stars were brighter and the music more profound, and though you tried, it was getting harder and harder to automatically accept your parents’ values when a fascinating new world was being rolled out in front of you. The years of love and reliance on your family wouldn’t wash away, but if they—your parents—had something to say, it would be best if it made sense in your new, colorful world.

Of course, now “they” are you.

You Rule!

Before there were government programs or school health classes on alcohol and drugs, there were mothers and fathers who guided their children by lamplight, candlelight, or campfire. This fundamental relationship is still alive and well, and it is the best chance for your son or daughter to make it in a complicated world. The faith community can help and support the family, but as valuable as our efforts may be, they are subordinate to the power of the family.

When it seems that you’re no longer one of the three most important things in your child’s life (friends, friends, and friends), look a little deeper. You may have to work harder to get something across and prove to them that you know what you’re talking about, but you’re still “the one.”
Dear Parent,

We are going to be discussing alcohol and other drugs with young people and would appreciate life experience input from you. Please comment on the following if you’re comfortable doing so and continue on the back if necessary:

1. Can you describe a time when you observed someone seriously misusing alcohol?

2. Have you observed advertisements for alcohol that you felt were effective, but misleading or harmful? If so, can you describe what they were and both why they may be effective and how they may harm people?

3. Do you have personal guidelines regarding the use of alcohol? Please share them if you are comfortable doing so.

Thank you!
Alcohol and Other Drug Programming for Faith-Oriented Youth Groups

The real value in this program is based on interactions and discussion. The goal is to have the young participants create guidelines for how they envision themselves approaching the use of alcohol and other drugs. However, to begin with, it is important to make certain that we have common ground for discussing the fundamental dynamics of alcohol and other drugs, both in terms of the sacred and the secular.

Each religious faith, denomination, and congregation will likely have at least generalized faith-based guidelines for approaching the use of alcohol and possibly other intoxicants (coffee, tobacco, medical pharmaceuticals). The adult education module in this book includes Old and New Testament Biblical references to alcohol, which comment both on use of alcohol and the consequences of intoxication (see Chapter IV, Adult Programs Bible Study module page 18-22). This may be an appropriate exercise for some youth programs.

A Faith Perspective

It may be valuable to have a professional in the area of theology who is familiar with the values and principles of your particular faith discuss the conceptual interpretations of alcohol use and intoxication, or substance abuse in general, from your faith's perspective.

If they are comfortable doing so, it may also be enlightening to request a person who has worked from a religious or professional counseling perspective to discuss, in anonymity, specific dilemmas they faced. Presentations should be age-sensitive, but reflect the realities of use and misuse.

Following the theological-oriented input, the program may choose to describe the pursuit of intoxication from a scientifically-oriented perspective. There are a number of publications describing the impact of different intoxicants from a technical or secular perspective. We are providing a summary scientific description of the human pursuit of intoxication that may be helpful. The use is optional.

The young watch and learn more from our actions than our attitudes.
A Scientifically-Oriented Perspective

There are literally millions of documents discussing intoxication from a technical perspective available on the Internet, and this issue often comprises whole bookshelves in libraries. The following is a brief technical description of what is generally accepted in terms of a secular understanding of alcohol, other drugs, and intoxication.

As you are reading this document or listening to this presentation, there are literally billions of little understood, complex electrical transactions occurring within your brain. Mostly, they involve water and water soluble chemicals interacting with a configuration of lipid or non-water soluble chemicals. They all are being impacted with a remarkably intricate pattern of electrical pulses created by your body. Your body behaves a bit like a dry cell battery generating small rhythms of constant electric energy. This delicate but amazing process is properly encased in the toughest bone in your body, your skull. It is super-protected because this electrical/chemical process of integrating information from the outside world, thereby creating thought, is fragile and precious. From a scientific perspective, that process is, “how you function as you.’’

When this chemical process is interfered with through the introduction of some compound, either a naturally produced hormone or an external chemical found in nature and artificially introduced into the brain, the way one sees the world (and consequently our thinking process and behavior) changes. In some ways, we are no longer exactly the same person.

In the case of alcohol, there is an ever so slight change to the water that makes up 70% of our brain, and a condition that some find pleasurable (and others don’t) is the result. In the case of drugs, such as marijuana, that don’t blend with water, there is an impact upon the brain lipids or chemicals that don’t easily blend with water. The result in both cases is “intoxication.” Perception is altered, as are feelings and behavior.

Sometimes the impact is slight and barely perceptible, such as when ingesting coffee or inhaling nicotine, where the impact on thought or perspective is subtle. Using stronger intoxicants, particularly in heavy doses, can create varying degrees of intoxication, inebriation, or incoherence.

How one behaves after exposure to a high-impact intoxicant like alcohol involves five dynamics:

1. Type of intoxicant
2. Dose of intoxicant (how much was taken into the body)
3. Environment or setting
4. Nature of the person, including personality and experience with intoxication
5. If more than one intoxicant is used (different intoxicants can work on different mental processes and the impact on behavior can be more like multiplying them than adding them together)

The risks associated with intoxication fall into three categories:

1. Behavior becomes aberrant, dangerous, and possibly harmful to one’s self and others.

—Albert Einstein

Science without religion is lame, religion without science is blind.

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2. Side effects cause collateral physical damage (overdose or shutting down life support, lung cancer from tobacco, liver damage from alcohol).

3. Dependency or addiction, which occurs when pursuit of the pleasure of intoxication evolves to dominate a person’s life and the compulsive use diminishes a person’s ability to function and experience a healthy and normal life (sometimes this involves tissue tolerance and metabolic change – physical dependence – sometimes a hard to control, driving desire to experience the pleasure of intoxication, sometimes both).

It is just about impossible to identify any society, either contemporary or historical, which has not institutionalized the pursuit of intoxication and/or established restrictions involving both social pressure and formal laws to control use. Archeologists have found evidence of alcohol use pre-dating recorded history. Often, there are separate and more restrictive rules applied to younger people, primarily based on the documented higher risks – the overwhelming number of overdoses causing death involve young people drinking lethal amounts of alcohol.

In the United States, alcohol is clearly the intoxicating drug that causes the most damage. Tobacco relative to health issues, especially lung cancer, causes physical addiction and great harm through disease, but its intoxicating properties are not typically significant.

In 2014, Dr. Robert Brewer, working with the Federal Centers for Disease Control, reported that there were approximately 88,000 deaths per year as a direct result of alcohol use. Causes of these deaths included alcohol poisoning, in which a young person consumed so much alcohol that the body’s nervous system simply shut down.

Other causes of death included liver disease from prolonged heavy use among older people as well as car crashes, hunting accidents, drownings, etc., which were directly related to alcohol intoxication. Alcohol can cause the tissue tolerance and metabolic changes that are part of a powerful state of dependency that degrades the lives of those who use, and those who care about those who use. Regular heavy use of marijuana, especially by young people, has been associated with social disconnection and a sort of numbing apathy. The term, “burnout,” is sometimes used to describe these heavy users.

In the 21st Century, we are living in a world where different types of intoxicants can move about in quantity quickly, where social norms and rules are blending and changing, and where inexpensive mass production can make intoxicating compounds easily available. As a consequence, young people need to establish guidelines regarding how they intend to live their lives in a world where different types of intoxication can be easily achieved.
Reviewing Intoxication from a Faith and Scientific Perspective

Facilitator: After reviewing intoxication from a faith and scientific perspective, discussing how people make decisions about intoxication should follow. Since alcohol and other drugs are illegal for youth to use, the focus should first be on describing some of the aspects of pressure to use, in terms of realistic situations in which they may find themselves. Also, we are creating a foundation for adult use.

Our experience has been that these discussions can provide motivation and opportunity for thinking about, and developing, guidelines regarding alcohol and other drugs.

If you provided the parents with the input form, the results could be a part of the discussion and might be a good place to start, i.e. a review of their parents’ (anonymous) guidelines.

Then discuss potentially realistic situations in which the young participants may find themselves, and encourage them to discuss their responses to those situations.

Attached are several discussion situations that can be presented verbally or distributed in written form for group discussion.
DIRECTIONS: For this activity, "media" is defined as any means of communication that reaches or influences large numbers of people. The following situations describe ways that we all are influenced by media. Read each situation and then discuss.

1. While watching football on TV, you notice that many of the commercials are for beer.

Do you think commercials influence people to buy the product? Why or why not?

Are they trying to influence young people (under legal drinking age) to drink beer? To think differently about beer? Why or why not?

Why do certain commercials appeal to certain people?

Do you think that you, perhaps without knowing it, are influenced in how you see beer?

Will the advertisements change you in terms of whether or not you drink beer or buy a certain brand when you are an adult?

2. Your friend sees a t-shirt advertising a brand name cigarette. Many of his friends already have one. He has his own money to buy one, but his mother says, “no.”

Was she right?

If he doesn’t smoke tobacco, would wearing the shirt change him? Would it change others?

Why do alcohol, marijuana and tobacco businesses put their images on clothing?

3. Your friend knows her parents do not approve of her listening to music that includes songs with lyrics about drugs, but she listens anyway.

Does listening to music that contains songs with drug themes really influence people? How?

If they asked your opinion, what would you say to her, or to her parents?
DIRECTIONS: You or your friends may find yourself in situations where you have to make a decision regarding alcohol or other drugs. Discuss the following situations and see if you can develop rules to guide you in how to approach issues of alcohol or other drug use.

1. You are babysitting for a lady who lives three miles (just barely walking distance) from your home. When she returns home, you realize the woman is drunk. She is stumbling when she walks into the house and is slurring her words when she speaks to you. After she pays you, she tells you that someone else will watch the children while she drives you home. What could you do? What other information would you need to know to make the best decision?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________

2. You are at a neighborhood park and an older kid comes by and offers you and your friends a cigarette. Some of your friends take one. They try to talk you into taking one. What could you do or say? You don't want to smoke and do want to be accepted by your friends. What other information would be helpful to know? Would you act differently if it was a marijuana cigarette?

_______________________________________________________________________________
_______________________________________________________________________________
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3. You are staying overnight at your friend's house. When the parents go to sleep, your friend gets a couple of beers from the refrigerator and hands you one. What do you do?

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4. A good friend of yours tells you that his older sister smokes marijuana at parties sometimes and can give you both some to try. He says that she told him that she really likes feeling high. What should you do? Even if you don’t take him up on his offer, should you tell anyone else?

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5. You have gone to the mall with a group of friends. After an hour or so, one of them says that her parents aren’t home and she suggests going to her house. She tells you all that her parents usually have wine in the kitchen and they never keep track of how much is in the bottle. What do you do and what are your options?

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6. A neighbor tells you that his father often gets drunk and “rough” with him, and it really scares him. He says he doesn’t know what to do and he seems to be getting more and more distraught. What more information would you want to know about the situation?

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7. Your favorite uncle takes you on a fishing trip. You really have fun, but at night he becomes drunk and it scares you. You still really like him and in the morning he’s fine again, but you’re shook up. What do you do? What more information would you want to know about this situation?

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YOUTH PROGRAM EXERCISE

What’s a Kid To Do

DIRECTIONS: Here are some situations where people have made a decision about alcohol, tobacco, other drug use and violence. Does the situation involve risk? What is meant by “risk” may differ from person to person and should be part of the discussion. Each person should place an X on the line showing the amount of risk they think is involved. Then talk about why they put the X where they did.

1. Every day after school, Becky hurries home and smokes a cigarette before her parents arrive home. It seems to help her become more alert so she can focus on her piano practice and homework.

2. Jake’s parents had a high school graduation party for him and served beer to his friends at the party who were of legal age to drink.

3. When some of Bob’s friends started smoking marijuana, he did not want to feel left out but decided not to be with them when they used marijuana, but not to report them to their parents or the police.

4. Brian’s parents have several beers after working in the yard on a Saturday afternoon.

5. Brian’s parents have several beers during a break while working in the yard.

6. Jane, a fifth grader, attends a wedding dance with her parents. Alcohol is available and no one is checking, so Jane decides to sneak a drink.

7. Jason heard that another boy was going to bring some beer with him to the church camp. Jason decides not to drink any beer, but also not to tell anyone.
Guidelines for Now and for the Future

Facilitator: The following three questions have been used to help participants focus on our society and their evolving personal guidelines. It would be possible to also present these three questions to adults in the congregation or even religious leaders. It could be done anonymously. It may make for an interesting comparison with the responses from youth. If you identified an adult whom they respected, this could be an especially high-impact exercise for the youth.

1. Can you describe a time when you observed someone seriously misusing alcohol, either in person or in a movie or television program? What made it “misuse?”

2. Have you observed an advertisement for alcohol or tobacco products that you felt might be both effective and harmful? If so, can you describe why the image and message were likely to be effective?

3. Do you have personal guidelines regarding the use of alcohol or other drugs for the future? Would you be comfortable sharing them? What or who influenced your personal guidelines?

After discussing the results of the above three questions, the participants can write a letter about what they think are sound guidelines for using alcohol or other drugs for themselves when they reach the age of 18 (this may or may not be the legal age for alcohol consumption, but it is an age when they will need to start making decisions about things like alcohol use).

This is an interesting exercise. Essentially, participants are developing a set of guidelines that may be applicable for themselves, but the exercise is also contributing to serious decisions that will be required of them someday, about the role alcohol and other drugs will play in their lives.

After completing the personal letters to themselves, the group can discuss them. The letters can be retained in confidence by the facilitator. When the discussion is complete, participants address envelopes to themselves writing “please forward” on address section. It will be the facilitator’s responsibility to place them in the mail when the participants reach 18. Perhaps you may decide to include a personal message with the letters. These good faith discussions about guidelines will be of interest. This special and personal message from the past may be of value at a pivotal point in time in their lives.

If you undertake this program, it would be a courtesy if you would send a paragraph or so regarding how it went. We will use the information to enrich our programming. If we share your input, we will honor anonymity. You can communicate with us through our website at www.envrc.org, or via email at think@envrc.org.

Good luck, and thank you for taking time to work with young people!
GUIDELINES FOR NOW AND FOR THE FUTURE

1. Can you describe a time when you observed someone seriously misusing alcohol, either in person or in a movie or television program? What made it “misuse?”

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2. Have you observed an advertisement for alcohol or tobacco products that you felt might be both effective and harmful? If so, can you describe why the image and message were likely to be effective?

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3. Do you have personal guidelines regarding the use of alcohol or other drugs for the future? Would you be comfortable sharing them? What or who influenced your personal guidelines?

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After discussing the results of the above three questions, write a letter to yourself about what you think are sound guidelines for using alcohol or other drugs, which will be mailed to you when you reach age 18.
VI. ESTABLISHING FAITH-SENSITIVE GUIDELINES*

Thinking About Intoxication

Every adult has feelings, sentiments and stereotypes about alcohol and other drug use for themselves and what they think is preferable for others. These are often not well thought out or clear in people’s minds. The use of alcohol and other drugs is often a personal part of life and discussion about it is often relegated to the shadows. Thinking this issue out in discussions with others is valuable and important.

Religions and Intoxicants

Just as intoxication has been part of the human condition in its many aspects and forms from prehistory, it has also become integrated into religious life. Often this integration involves use as a sacrament, but more often, there have been guidelines and prohibitions focusing on intoxicants and intoxication.

Wine is often mentioned in the Old and New Testaments and is part of the principal Sacrament of Communion in the Christian tradition. While different Christian faiths treat this Sacrament differently in terms of transubstantiation, or the literal conversion of wine to sacramental blood, wine is usually the traditional starting point for the Sacrament of Communion.

Tobacco, peyote, and other hallucinogenic intoxicants are part of a number of Native American religious ceremonies. The Mayan of Central America incorporate the use of distilled alcohol in religious ceremonies. Rastafarianism, a religious faith practiced in Central America, the Caribbean, and parts of Central Africa, is often associated with the use of marijuana derivatives. Although the faith itself does not require use of marijuana compounds, marijuana is often used.

Much has been written regarding religious faith and intoxicants. Religious dogmas often focus on the dynamics of intoxication and the human condition. A person’s religious faith often, understandably, influences their personal decisions about use. As you discuss personal guidelines, reflect on how your religious faith has influenced your approach to alcohol, other drugs and the state of intoxication.

The following exercises involve discussing and clarifying a person’s guidelines for alcohol, other drug use and intoxication. Also reviewed is some factual information regarding alcohol and levels of intoxication, and a summary of 10 areas of alcohol and other drug use that involves personal guidelines is provided.

*The material and exercises from this chapter may be used as stand-alone materials or as support for the adult and, selectively, the youth programs outlined in Chapters IV and V.
**DIRECTIONS:** A number of situations that involve actual or intended intoxication substance use are described below. For each situation, choose from the words provided those that best describe the use. Apply no more than three words per situation. You will be asked to share your responses in a small group. Do your best with limited information, but if there are situations where more information would be especially important, note what that information would involve.

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Unhealthy</th>
<th>Moral</th>
<th>Immoral</th>
<th>Wise</th>
<th>Foolish</th>
<th>Low Risk</th>
<th>High Risk</th>
<th>Legal</th>
<th>Illegal</th>
<th>Responsible</th>
<th>Irresponsible</th>
<th>Appropriate</th>
<th>Inappropriate</th>
<th>Necessary</th>
<th>Unnecessary</th>
</tr>
</thead>
</table>

1. A person drinks one or two beers each evening to help get to sleep.  
   **Important additional information:**

2. Parents allow a 16-year old to have a glass of wine with the family at home.  
   **Important additional information:**

3. Over the counter medication is taken (in increasing amounts) to help deal with the grief and emotion over the death of a spouse.  
   **Important additional information:**

4. A person enjoys watching the late evening news and having a drink before going to bed.  
   **Important additional information:**

5. A new resident of a senior citizens “high rise” is used to having a drink or two every evening. She decides not to change her habit in her new location, even though she is now part of a community.  
   **Important additional information:**

6. A person has a bottle of beer before mowing the lawn on a hot afternoon.  
   **Important additional information:**

7. After drinking seven beers in a little over six hours on a Saturday night, a 300-pound man leaves the party and drives home.  
   **Important additional information:**
8. A person uses marijuana without an oncologist’s support to relieve discomfort caused by cancer-related chemotherapy.

Important additional information

9. During an outdoor, informal church committee meeting, one of the members smokes tobacco in a pipe, without asking nonsmokers if it bothers them.

Important additional information

10. Two adult softball players on the church/synagogue team share a 12-pack before a team dinner after a close loss (no driving).

Important additional information

11. A woman continues to have a daily glass or two of wine after she becomes pregnant.

Important additional information

12. Champagne is served in the activity hall adjacent to a church/synagogue as part of a wedding reception (the wedding was held at the church/synagogue).

Important additional information

13. To conclude their date, a couple returns to his place for a few drinks (they have not known each other long).

Important additional information

14. A member of the clergy has a drink with several congregational members at a social gathering.

Important additional information

15. Wine is served to school-aged young people as part of a religious ceremony or sacrament.

Important additional information

After completing this exercise, discuss the following questions:
1. Was it easy to choose words that describe each situation?
2. What were your typical criteria or guidelines for deciding whether the use was appropriate or inappropriate?
3. Recall a situation in your life (or in a movie, literature or TV program) where someone’s use of alcohol was absolutely inappropriate.
DIRECTIONS: The following guidelines evolved out of a number of programs held among people of faith discussing the use of alcohol and other drugs being necessary or unnecessary, healthy or unhealthy, low risk or high risk, and appropriate or inappropriate. Do they make sense to you?

1. **The use of alcohol should be seen as a personal choice for which each person is accountable.**

   No one should feel pressured to drink or made to feel uneasy or embarrassed because of a personal choice not to use alcohol. Many people will choose to use alcohol safely, moderately and appropriately. Others will simply have no desire to experience the effects of alcohol. Some people with a family history of chemical dependency or alcoholism may choose not to risk any use of alcohol. Others may have a medical reason not to use.

   The bottom line is that no one should feel that he/she must drink alcohol to be accepted.

   a) **In what kinds of situations do adults feel pressured to use or not use alcohol?**
   b) **What factors influence your personal choices about alcohol use?**
   c) **How might a family history of alcoholism influence personal choice?**

2. **Alcohol use should not be seen as essential for enjoying family or social events.**

   The real value of parties and other social activities is being with friends and, perhaps, taking time out from the pressures of work, school, or life in general. Drinking alcohol should not be seen as a necessary component for having fun and being with friends. If alcohol is used, it can be an enjoyable complement to other activities, not a focus for socializing. Actually, focusing on alcohol use as the main reason for getting together results in intoxicated people who get sick, can’t carry on a coherent conversation, and often aren’t much fun to be around.

   a) **Are there events in your life where it seems that alcohol is essential?**
   b) **Do you believe that most people agree with your answer to the above? Why or why not?**
   c) **Should drinking be one of the primary activities at some social events?**
   d) **How do you feel in situations where drinking is the primary activity?**
   e) **Do you think you would have had different attitudes about these questions at a different age?**

3. **Illegal use of drugs inherently creates specific health, legal, and ethical risks and should be avoided and discouraged.** Reasons why:

   - Can remove your civil liberties
   - Dosage is unpredictable
   - Purity is unpredictable
   - Can result in a criminal record
   - Can promote a criminal subculture

   a) **What drugs are illegal, but often used?**
   b) **What are their specific risks?**
   c) **How does illegal drug use affect reputation?**
   d) **Is it ever appropriate to use an illegal drug?**
   e) **When a recreational intoxicant moves from illegal to legal (marijuana/alcohol), does it become safer?**
4. Drinking that leads to impairment or intoxication is unhealthy and risky.
Getting drunk is not a condition to be admired, laughed at or taken lightly. Rude, destructive or just plain foolish behavior triggered by alcohol use is socially unacceptable. It may also indicate an alcohol use problem. Drinking games often result in drunkenness and can present serious risks for those involved.

- **a) What patterns of alcohol use are generally socially acceptable? Is drunkenness ever socially acceptable?**
- **b) Are there circumstances in which excessive drinking is tolerated in your community?**
- **c) Do you think most people generally agree with this standard?**
- **d) Should drunkenness be considered prima facie irresponsible? Could drunkenness be indicative of personal problems?**
- **e) Is it appropriate to sometimes laugh at (not with) people who are drunk? Could humiliation be positively instrumental in a person’s realization of inappropriate conduct?**

5. There are times when it is important for everyone to abstain from alcohol or other drug use.
Examples include:
- When recovering from chemical dependency
- When the alcohol or other drug use is illegal
- When pregnant or nursing
- When operating equipment – motor vehicles, motorcycles, boats, tools, firearms, etc.
- When swimming, skiing, climbing, or doing other risky physical activities
- When performing in athletics or fine arts
- When taking certain medications
- When engaged in a critical personal interaction or discussion

- **a) What effects of alcohol make the above guidelines important?**
- **b) In what situations does your faith clearly direct you to abstain?**
- **c) What would you say to a close friend who is pregnant and drinking? Pregnant and smoking? Using steroids? Swimming and drinking? Smoking marijuana while studying? Drinking and driving?**

6. Tobacco use has significant health risks.
The relationship between tobacco use and increased risk of heart disease, a variety of cancers and lung diseases has been clearly demonstrated.

- **a) Does your workplace have a smoke free policy?**
- **b) Are you comfortable asking someone to refrain from smoking in your presence?**
- **c) Do you think people believe that “smokeless” nicotine is low risk behavior (snuff or chewing tobacco)?**
- **d) What do you think about “vaping” or inhaling nicotine through steam, as opposed to inhaling burning tobacco?**
7. Medications should only be used as prescribed or according to directions. 
Drugs, both prescription and over-the-counter, should be used only when needed and all labels and 
instructions should be carefully followed.

a) Do you think people often share prescription medications? Why? 
b) What are some of the dangers of using someone else’s medication? 
c) How do the costs of medical services or drugs impact use of prescription drugs?

8. There are personal limits of moderation for everyone who chooses to use alcohol. 
Factors that influence the effects of alcohol include:

• Body weight.
• Strength and number of drinks. A 12 oz. bottle of beer, a 9 oz. wine cooler, a 5 oz. glass of wine 
or 1.5 oz. of distilled spirits contain approximately the same amount of alcohol. A person can 
become just as intoxicated drinking beer, wine, wine coolers or distilled spirits.
• Time between drinks, during which you metabolize alcohol out of your body.
• Eating while drinking, which slows down the absorption of alcohol into the blood stream.
• As people age, their metabolism changes, reducing the amount of alcohol a person can safely 
consume.
• Fatigue and emotions such as frustration, anger and loneliness can increase the effects of alcohol 
on a person’s behavior.
• Due to the differences in body composition and chemistry, females may be affected more than 
males of equal weight, after drinking the same amount of alcohol.

a) How do the above factors influence personal limits? 
b) What are the gender differences that can affect personal limits of moderation? 
c) Under what conditions should you intervene to help someone establish personal limits of moderation? 
(How?)

9. There are ways to minimize health and safety risks when serving alcohol. 
Examples include:

• Think hard about whether or not it makes sense to even serve alcohol.
• Emphasize friendship, conversation and other activities, rather than drinking alcohol.
• Offer a variety of attractive non-alcoholic drinks that are easily available and, once taken, don’t 
visually “stand out.”
• Provide a variety of foods and limit salty foods.
• Serve all drinks to guests, rather than having an open bar.
• Inform guests whether or not beverages such as punch contain alcohol.
• Stay alert and assume responsibility to be aware of and protect a guest who may have had too much to drink.
• Create an environment that allows guests to feel comfortable making a personal choice about limited alcohol use or non-use.
• Actually ask who the designated driver will be if there will be subsequent drinking and presumed driving.

  a) How can non-alcoholic drinks be made to appear attractive?
  b) What kinds of activities can reduce the emphasis on alcohol use?
  c) What steps can be taken to help non-using guests feel comfortable?
  d) To what extent SHOULD the person(s) holding social events be responsible for seeing that alcohol, if used, is used legally, moderately, and safely? To what extent ARE they responsible?

10. Avoid situations where someone else’s alcohol or other drug use may put you at risk.
Examples include:
• Not riding with an impaired or intoxicated driver.
• Exercising caution in unfamiliar environments.
• Recognizing high-risk sexual situations.
• Being aware of those whose alcohol use leads to reckless or aggressive behaviors.
• Limited control relating to disagreements.

Can you identify other examples of high-risk situations?
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ACTIVITY 3 - WORKSHEET

**PERSONAL GUIDELINES**

What are your personal guidelines for choices about alcohol and other drug use and nonuse?

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ACTIVITY 4 - WORKSHEET

Alcohol Concentration (AC) Guidelines

Because of the tragic accidents involved with drinking and driving, most people consider the following AC tables as guidelines for criminal prosecution. In reality, understanding the thresholds of alcohol use compromising your behavior should be considered for many activities in your life. Fixing a lawnmower, having a serious personal discussion, trying to understand a complicated, stressful situation, or dealing with personal despair are all activities that intoxication can impact.

Understanding what certain amounts of alcohol can do to you is an important skill.

What the Law Says About “Legal Limits” to Drive

We know that everyone is different in terms of metabolism and behavior, but state laws have established benchmarks. State guidelines may differ, but we will describe the most accepted contemporary standards used by law enforcement. Reviewing what benchmark is presently used may be helpful in quantifying levels of likely impairment.

Remember, in order for this limit to be helpful, you must decide what is “low risk” drinking BEFORE you begin drinking. Research has clearly shown that a person who has started to drink will underestimate his/her Alcohol Concentration level. The first rule is, “think BEFORE you drink.”

Here are some sample guidelines:

Step 1: Using the appropriate AC chart on the following page, find the column that is closest to your weight. If your weight is between two columns, use the lower weight column to ensure that your calculations will be within limits that are likely legal and low risk.

Step 2: Read down the column you located in Step 1 that is closest to your weight until you find an AC level of .04. This is the highest AC level you can reach without typically showing impairment of body functions and skills that affect your driving and other behavior.

Step 3: To calculate your AC level, subtract the time factor from the figure on the chart to obtain the approximate AC. For example, for a 160 lb. man who has had 4 drinks in two hours, take the figure .09 (from the chart for males) and subtract .03 (from the Time Factor Table) to obtain an AC of 0.06%.

Body Weight: Calculations are for people with a normal body weight for their height, free of drugs or other affecting medication, and neither unusually thin nor heavy.

Driving: There are two ways to ensure that your AC level does not impair your ability to drive:

1) pace your drinks at a rate that never results in a cumulative AC level of greater than .04; or,
2) allow enough time after drinking for the body to eliminate enough alcohol so that the AC level remaining is not greater than .04 before you drive.

Remember, judgment is one of the first areas impaired by alcohol, and once you have exceeded a .04 AC level, it becomes increasingly difficult to accurately assess your level of impairment. All too often, “sober judgment” gives way to something less.

If you drink enough alcohol to go beyond an AC level of .04 or higher, the best thing to do is to find another person to drive you, or call a cab, or wait. The following Time Factor Table will help you determine when enough alcohol will have been eliminated from your body to reduce your AC level to below .04.

It is possible for a person who has consumed a large amount of alcohol to stop drinking, sleep for several hours, and still have an AC level high enough to significantly impair their driving the next morning. This is because sleep slows down metabolic processes.
ACTIVITY 4 - WORKSHEET

**Alcohol Concentration (AC) Guidelines**

**Estimating Table for Women**

<table>
<thead>
<tr>
<th>Drinks</th>
<th>100</th>
<th>120</th>
<th>140</th>
<th>160</th>
<th>180</th>
<th>200</th>
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**Estimating Table for Men**

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<th>Drinks</th>
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<th>140</th>
<th>160</th>
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</tbody>
</table>

**Step 4:** Calculate the maximum number of drinks you can have without reaching an AC level of .04.

1 Hour _________
2 Hours _________
3 Hours _________
4 Hours _________
5 Hours _________

**Time Factor Table**

<table>
<thead>
<tr>
<th>Hours since first drink</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>Subtract from AC level</td>
<td>.015</td>
<td>.030</td>
<td>.045</td>
<td>.060</td>
<td>.075</td>
<td>.090</td>
<td>.105</td>
<td>.120</td>
</tr>
</tbody>
</table>

**Note:** Be sure to subtract .015 for each hour after drinking, including the first.
VII. THE INTERVENTION

Intervening with a Person’s Use of Alcohol or Other Drugs

Should you intervene with a person’s use of alcohol or other drugs? If the answer is “yes,” use the 7 Steps to Helping Others on page 55 for approaching a person for whom you are concerned.

Regardless of their personal choices, most people will experience times when someone else may be using alcohol or other drugs in what appears to be dangerous or unhealthy patterns. When that happens, what is your responsibility? What should you do when a family member or friend seems to be drinking too much, or using other drugs, including medicine, in ways that concern you? What if your concern is for someone you know only slightly? What if, like the Good Samaritan, you have reason to be concerned about a stranger?

Our society is stamped with messages that warn us to “keep quiet” when we encounter behaviors that concern us. Many remember a mother saying, “If you can’t say something nice, then don’t say anything at all.” Or, “If you are going to live in a glass house, you had better not throw stones.” Others remember religious traditions that say, “Judge not, lest you be judged,” or, “Let him who is without sin cast the first stone.” Add to this a feeling that many people have that they simply don’t know enough about problems such as alcoholism, drug addiction, compulsive gambling, etc., to know when something is really wrong. Often, people are simply reluctant to get involved in someone else’s business. “What if I make a mistake and say something insulting?”

The result is that when people observe what they believe involves risky or inappropriate behavior, they walk away from someone who may really need help. Where is the line between being callous to someone who may be in need, and respectful/tolerant of someone else’s way of life?

A Gallup survey once found that 94% of Americans feel it is their responsibility to speak to a friend who has problems with alcohol or other drugs, but only 38% said they felt “…very confident or comfortable” in actually speaking to that friend; they didn’t know what to do or say.

The issue for many is actually not “if,” but “how” to help. A simple and straightforward approach to letting someone know you are concerned can sound a lot easier to do than actually reaching out to help.

Not everyone will be thankful that someone cares enough to share his/her concern. As a parent, friend or peer, none of us can control what a person says or does in reaction to what we say about something personal, but we can control what we say, how we say it, and where and when we talk to a person about whom we are concerned. If it’s handled the right way, it will usually work out.
There is no single method for sharing concern about another person’s way of life. Every human relationship works in its own complex pattern. While there is no magic rule for intervening, the following principles have helped guide others in approaching someone about whom they have concerns regarding alcohol or other drug abuse. We have worked with this process for many years and have developed confidence in the approach.

**THE INTERVENTION**

Some years ago, in a program dealing with intervention for those one cares about who may be at risk, possibly regarding alcohol or other drugs, something quite powerful happened.

Following the description of a young athlete who was suffering under an alcoholic father, and distraught about his sister’s use of drugs, the young man’s grades and athletic performance were on a downward spiral. One adult participant seemed visibly shaken. He was an athletic director who had often dealt with students he felt might be like the boy being discussed. Sorrowfully, he told the facilitator his response to performance failure was typically punishment — running laps or push-ups to the point of pain was his automatic solution. Trying to understand problems was outside of his line of vision or responsibility.

“I don’t think I helped,” he emotionally blurted out to the facilitator. “You can’t undo the past,” he was gently told, “but you are an athletic director; you can guide your coaches in identifying and helping boys like that.”
7 STEPS TO HELPING OTHERS
The See it, Say it, Learn From it, 7 Step Process

1. I care.
Get across to the person that you care about him/her. Establish a personal connection to reduce defensive feelings.

You are a good friend, and I’m upset because I see you doing things that are dangerous and I worry about you.
I care about you and don’t want you to hurt yourself.
You can do so much for others – I want to make sure you’re okay.
The important part of any faith is to care about others, including you.

2. I see.
Tell the person exactly what he/she has done that concerns you. Present facts, not impressions, based on what you see.

Last night you had eight beers in less than three hours and then tried to drive home.
Last night you came in two hours late and smelled of alcohol/marijuana.
You became so angry yesterday that some people were afraid that you were going to hit Fred or smash the television.
You look troubled and seem to be hurting.

3. I feel.
Tell the person how you feel about the way you see him/her acting. Remove blame from the interaction.

I get angry…
I get scared…
I get sad…

4. Listen.
After you tell the person that you care and have described what you’ve seen and how you feel, it’s important to listen to the response. A variety of responses can be expected. Many people will say nothing. They may not have been prepared for this and will not be ready to talk with you. Some may become angry and tell you it’s none of your business. Others may thank you and say they’ll make changes in their behavior. Some may share surprising information with you, often including a problem that goes beyond what you expected.

5. I want.
Tell the person what you would like to see him/her do.

I want you to see a counseling professional.
I do not want you to drink alcohol at all until you are old enough to do so legally.
I want you to tell me ahead of time when you are going out and you want to drink, and let me know who’s driving.
I want you to go to a shelter.
6. I will.
Tell the person what you are willing and able to do to help. This can range from simply being available as a good listener to helping arrange a meeting with someone who can professionally help. If the person chooses to say nothing, let him/her know that the door is open to discuss this at any time.

*I'll always be here if you need a friend with whom to talk.*
*I'll help you make an appointment to speak to a counselor.*
*I'll drive or pick you up.*

Remember, the best time to talk with someone about an important topic is:

- When you feel comfortable and private
- When you're not likely to be disturbed
- When you have time to talk things through
- When neither of you has been drinking or using drugs

If the behavior that concerns you does not change, or if you discover a serious problem, additional help may be necessary. Assisting a person to get the best professional help available is often the most caring action anyone can take. Some schools have trained counselors who can be helpful. Many companies have employee assistance programs. Communities often have a network of professional people who can be contacted. In addition, a variety of self-help groups, including Alcoholics Anonymous and Al-Anon, can provide help for many people.

7. I learn and share.
Once you have gone through this process, hopefully helping someone for whom you care, you will also have learned something of value. It’s important for you to sit back and reflect upon exactly what happened. What you experienced or learned also may be extremely helpful for others. Could you anonymously share what you learned and your insights?

If you could take a moment and respond to the following questions and send them to us, we will make them available for others. We know this process won’t always work out, and it will never work out exactly as you planned, but what you experienced can help us help others. Remember, we want no unique identifiers about those involved, and your email will be held in confidence. Please help us help others – email us at think@envrc.org.

This is some of the information and insights we think would be helpful:

> Briefly summarize the situation or why you chose to act (or not act).
> What was the setting like?
> What was the general response?
> What did you learn? Were there any surprises?
> Would you interact with the person or another person in the same way again?

Please share with us any other comments you think may be of value. We will put your experiences and insights to good use.

Thank You!
**EXERCISE 1 - WORKSHEET**

### SHOULD I INTERVENE?

When should you take responsibility for intervening with others, including those for whom you have direct responsibility, and others for whom you have no traditional responsibility?

You have seen this person using alcohol in a destructive or unsafe way on several occasions and strongly suspect he/she is at risk. Should I intervene?

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<tr>
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<th>Yes</th>
<th>It Depends… (on what?)</th>
<th>No</th>
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<tbody>
<tr>
<td>Your underage son or daughter</td>
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<tr>
<td>Your significant other</td>
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<td>Your brother, sister or best friend</td>
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<td>Your neighbor</td>
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<td>A person you know well who works for you</td>
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<td>A person you know well for whom you work</td>
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<td>Your son’s or daughter’s coach</td>
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<td>Your religious leader</td>
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<td>Your mail carrier</td>
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<td>Your best friend from high school with whom you had lost contact</td>
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What are your personal guidelines for deciding if or when you should intervene in another person's potentially inappropriate use of alcohol or other drugs?

What does your faith say about intervening in the lives of others? (For Christians, consider the parables regarding, "casting the first stone," and the "Good Samaritan.")

What do your religious leaders say about rights and responsibilities to intervene in the lives of others?
EXERCISE 2 - WORKSHEET

INTERVENING DISCUSSION

DIRECTIONS: Listed below are examples of situations that can occur involving someone's inappropriate use of alcohol or other drugs. For each situation, discuss what you might say or do, or list what other information you would want to have prior to making a decision on intervening.

1. You overhear several underage young people talking about a keg party coming up after Friday's ball game.

_______________________________________________________________________________
_______________________________________________________________________________

2. Your daughter/son has come home late two out of the last three nights and on one occasion smelled of what you think is marijuana.

_______________________________________________________________________________
_______________________________________________________________________________

3. A person in their 70's embarrasses him/herself at a party after having several drinks, making everyone uncomfortable.

_______________________________________________________________________________
_______________________________________________________________________________

4. You learn that your 13-year-old daughter/son has been smoking tobacco cigarettes every day for some time. (What if it was a neighbor's daughter/son?)

_______________________________________________________________________________
_______________________________________________________________________________

5. You notice a friend is attending your weekly book club less often and is instead going to the bar with new friends.

_______________________________________________________________________________
_______________________________________________________________________________

6. One of the choir members, after her husband died, does not sing in the church anymore and sometimes seems extremely confused and unhappy. You know she has been prescribed medication.

_______________________________________________________________________________
_______________________________________________________________________________

7. A young friend of your adult son has returned from a road trip to a state that has legalized marijuana. After a softball game, several of a group are going to “party.” You sense it may involve marijuana use. Marijuana possession is illegal in your state.

_______________________________________________________________________________
_______________________________________________________________________________
This book provides organizations of faith with contemporary insight and support in protecting congregations and communities from risks of alcohol and other drugs.

Eighty percent of Americans adhere to a specific religion. Parents entrust their children to be influenced by religious groups and people in desperation consistently seek their support. No other institution, with the exception of family, can touch their ability to influence human behavior.

The science of public health can best describe the realities and risks, and the faith community can best marshal the values and strength needed to protect and enrich lives.

Science and religion can be profoundly enriched through mutual respect and understanding, as Dr. Rev. Martin Luther King Jr. put it, “The two are not rivals.”