

# Introduction

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## ALCOHOL, CLERGY, AND FAITH

With 120 million American teens and adults using alcohol, its abuse is a significant public health issue across the life span (SAMHSA, 2003). Young people between the ages of eighteen and twenty-four spend billions of dollars annually on beer alone. By the time the average teen is eighteen years old, he or she has been exposed to one hundred thousand television beer commercials (Parrott, 1993). A Harvard University survey found that more than eight in ten administrators of four-year colleges viewed students' alcohol use as a problem on campus (Wechsler et al., 2004).

A recent study by the Centers for Disease Control and Prevention found 45 percent of teens reported they had consumed alcohol in the past month and 64 percent of those who imbibed said they were binge drinking, defined as having five or more alcoholic drinks in a row (Miller et al., 2007). Each year approximately five thousand persons under the age of twenty-one die from alcohol-related car accidents, injuries, homicides, and suicides (National Institute on Alcohol Abuse and Alcoholism, 2005). The annual economic costs of alcohol abuse in the United States have been estimated at \$184.6 billion (Harwood, 2000).

Given the magnitude of the problem, it is important that clergy be skilled in recognizing alcoholism and its related issues (Hatchett et al., 2007). Research over several decades has demonstrated that millions of Americans call upon clergy for help in times of trouble, including dealing with problems related to addiction (Weaver, 1995). The 353,000 clergy serving congregations in the United States are among the most trusted professionals in society (Gallup and Lindsay, 1999).

Pastors are often in long-term relationships with individuals and their families, which enables them to observe changes in behavior that may indicate early signs of alcohol and related problems. Furthermore, clergy are accessible helpers within communities that have established patterns of responding to crises. Pastors can help persons with alcohol difficulties connect with mental health professionals.

There is a clear need to train clergy in the area of alcohol abuse (Hatchett et al., 2007). Researchers asked rabbis and Protestant ministers in California to name training areas in which they could use the most help. The rabbis and ministers identified training in alcohol/drug problems as either the most important or second most important area for additional training (Ingram and Lowe, 1989; Lowe, 1986). In a survey of European-American and African-American clergy in Tennessee, researchers asked clergy about their level of confidence as a counselor. Drug and alcohol problems ranked next to last among the areas where the clergy felt confident to offer counsel (Mannon and Crawford, 1996).

The University of Texas Medical Center in Galveston surveyed 75 percent of the pastors in its community (Turner, 1995). It found no ongoing program in congregations for addicted persons, while a majority of the clergy expressed interest in learning more about addictions and enhancing their skills as counselors (Turner, 1995). Pastors also indicate that teen alcohol and drug use is a great concern. In a national survey of clergy, 55 percent indicated that alcohol and drug use was the greatest teen pastoral care concern in their congregation. In the same survey, only one in four of the pastors felt their church's ministry to teens with alcohol or drug problems was good (Rowatt, 1989).

At the same time, research findings consistently support the conclusion that public and private religious involvement can act as protective factors that decrease the potential that a young person will use alcohol and/or other drugs (Wills et al., 2003). Faith communities offer supportive environments that can reinforce family attitudes and teachings against alcohol abuse. Increased family and teen religious involvement has been linked to lower levels of substance abuse and negative attitudes toward substance use. One study in the United States examined a sample of 13,250 students in grades seven to twelve (Bahr et al., 1993). The researchers found that the greater the religious involvement, the less likely it is that a teen will use alcohol, marijuana, amphetamines, or depressants. Adolescents who are involved in faith-based activities are also less likely to have friends who use alcohol and illicit drugs.

This book will address a number of issues of concern to clergy and to those who come to them for guidance about alcohol and such related difficulties as depression, psychological trauma, and gambling. Given the size of the problem, one can assume that there

will be a continued need for clergy and other religious professionals to offer informed help. It is important for them to learn how to recognize alcoholism competently, identify when to make referrals, help persons find available community resources, and train members of their congregations to provide support to affected individuals and families (Hatchett et al., 2007).

### HOW TO USE THE BOOK

*Pastoral Care of Alcohol Abusers* is designed as a basic text for all those who are in ministry, as well as a resource for those training for pastoral ministry. It is written for people of all faiths, with an appreciation for the richness of the intergenerational and multicultural diversity found in religious communities. Its primary audience is clergy and other pastoral workers who work with individuals experiencing alcohol and related problems, such as depression, psychological trauma, gambling, or grief reactions. The book takes a practical approach based on current research. The reader is able to quickly and easily locate information about a range of alcohol abuse and related issues.

Included in each clinical case is information about how a pastor can assess the problem, what aspects of the case are most important, how to identify the major issues, specific directions about what a pastor and congregation can do, when to refer to a mental health specialist, and information about resources that can provide help. National organizations (often with toll-free numbers and Internet addresses) that supply information and support for families facing these issues are identified for each concern addressed. Sections on the value of twelve-step programs and how to make an effective referral as well as a glossary of technical terms are found in the last part of the book.