FAITH MATTERS

Race/Ethnicity, Religion and Substance Use

A Report Prepared for the Annie E. Casey Foundation

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The Annie E. Casey Foundation

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for vulnerable children and families in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the foundation in honor of their mother.

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Executive Summary

The Problem of Substance Abuse

Substance abuse is America's number one health problem—a problem that touches the life of every American child, family, congregation and community. Contrary to popular perception, America's substance abuse problem results not only from illegal drugs like crack cocaine, but also from the "recreational" use of so-called "soft" drugs, like marijuana, and the "extra-medical" use of prescription medicines.[1] A brief accounting of American's substance use and its consequences places the issue in perspective.

Substance users in America

Number of Alcohol Users	120 million
Number of Tobacco Users	72 million
Number of Illegal Drug Users	20 million
TOTAL	**120 million +** *(some people use multiple substances)*

Annual social cost of substance abuse in America

Cost of Alcohol Abuse	$110 billion *(illness, deaths, medical costs, crime)*
Cost of Tobacco Abuse	$138 billion *(medical costs, death, illness)*
Cost of Illegal Drug Abuse	$110 billion *(crime, illness, deaths, medical costs)*
TOTAL	**$358 billion**

Annual substance-related deaths in America

Alcohol-Related Deaths	110,000
Tobacco-Related Deaths	430,000
Illegal Drug-Related Deaths	16,000
TOTAL	**556,000**

In addition to its economic and social cost, alcohol, tobacco and other substance abuse touches the lives of children, families, congregations and communities in a variety of ways, including:

- Abuse and neglect
- Family violence and marriage dissolution
- Acute financial strain
- School and work absenteeism
- Unintentional injuries
- Poor work performance
- Job loss
- Motor vehicle crashes
- Crime and incarceration
- Increased health care costs and numerous physical health problems, including various cancers, cirrhosis and heart disease

Although substance abuse impacts all Americans in some way, research suggests the impact is not shared equally across social classes and among racial and ethnic groups. Poor, and black and Hispanic Americans experience disproportionately the negative health and social consequences of substance abuse, even though they use drugs at rates comparable to, and in some instances, lower than those of whites.[2]

Given the tremendous negative impact of substance abuse, researchers, policy makers and practitioners look to identify factors that protect people from initiating the use of drugs and help people who have become addicted to recover. A growing body of research suggests that religion is an important protective factor against substance use, and that religion may help people who are trying to recover from substance abuse by helping them find meaning, direction and purpose in life.[3]

Although research on the relationship between substance abuse and religion is not new, the issue has gained increased public attention as a central component of recent federal welfare policy (i.e., Charitable Choice) and President Bush's National Drug Control Strategy. In the 2004 State of the Union Address, President Bush asked for an additional $600 million over three years to be provided directly to individuals in the form of vouchers for treatment services. Although a matter of legal debate, these services can now be provided by faith-based organizations and permit prayer, scripture study and other explicitly religious activities believed to aid in recovery from substance abuse. Given the relatively high level of religiosity among many people of color, coupled with the unique strengths of their congregations, this proposed policy change might be of particular importance to black and Hispanic communities' efforts to prevent substance abuse, and to treat and rehabilitate substance abusers.

In this report, we examine the findings of past research and present some new findings on the relationship between race/ethnicity and substance abuse. Key findings from previous studies and from our original analyses are listed below.

- Substance use is widespread in America, across racial and ethnic groups.

Poor, and black and Hispanic Americans experience disproportionately the negative health and social consequences of substance abuse, even though they use drugs at rates comparable to, and in some instances, lower than those of whites.

- The vast majority of America's drug users are white.
- Poor Americans are more likely to use, abuse and be dependent on drugs than their non-poor counterparts, irrespective of their race/ethnicity.
- Despite being more likely to be poor, black and Hispanic Americans use drugs at levels comparable to, and in some instances, lower than white Americans.
- Despite having drug use rates comparable to whites, black and Hispanic Americans are more likely to experience negative consequences from drug use, including being involved in the child welfare system and in the criminal justice system, contracting HIV/AIDS and dying prematurely as a result of drug abuse.
- Religion is an important protective factor against substance abuse and an important support for persons in recovery.
- Religious people are less likely than others to use drugs and less likely to experience negative drug-related consequences.
- Clergy are the first professionals many people with serious personal problems, like substance abuse, contact for help.
- The vast majority of clergy (94 percent) feel substance abuse is an important issue in their congregations. Nearly 40 percent indicate that half or more of the family problems they confront, including divorce, separation, spousal abuse, child neglect or abuse, are substance abuse related.
- Despite the impact of substance abuse on their congregations, only one-third of clergy (37 percent) report they preach a sermon on the topic more than once a year. 18 percent preach on drug abuse annually; 23 percent preach on drug abuse every couple years; and nearly a quarter (22 percent) say they never preach on the topic.
- Clergy could more fully use the resources they have—sermons, members who are helping professionals like social workers and nurses, and their buildings—to educate members of their congregations and communities about substance abuse, and to support individuals and families experiencing substance-related problems.

The following recommendations are derived from the findings of our study.

- Clergy and other faith-based leaders should pursue continuing education about the causes, consequences, risk and protective factors for substance abuse.
- Clergy and other faith-based leaders should preach and teach about substance abuse and its impact on children, families, congregations and communities.
- Clergy and other faith-based leaders should take a public stand against the use of drugs that is consistent with their personal and denominational beliefs and values.
- Clergy and other faith-based leaders should identify and use congregation members with training, expertise and experience in the area of addiction (e.g., social workers, nurses, doctors, persons in recovery) to educate the congregation and create programs and ministries that address the problem.
- Clergy and other faith-based leaders should make space available for prevention activities, as well as programs for persons affected by substance abuse (e.g., Celebrate Recovery meetings).
- Foundations and other funders should support the development and dissemination of culturally sensitive curricular materials to equip clergy to address the problem of substance abuse in their congregations and community.

- Foundations and other funders should convene local, regional and national technical assistance and training programs on the relationship between "faith" and substance abuse, to equip clergy and faith-based organizations to provide services to substance abusers and their families.
- Foundations and other funders should provide resources for additional research on the relationship between religion, race/ethnicity, faith and substance abuse.
- Researchers should analyze existing individual and congregational level datasets to further clarify the relationship between race/ethnicity and substance use.
- Researchers should conduct a large-scale needs assessment of clergy to determine their current knowledge about substance abuse and their needs for additional education and training on the topic.
- Researchers should further examine the relationship between substance abuse and its impact on poverty, child welfare, incarceration and racial/ethnic disparities in health-related outcomes.
- Researchers should conduct research that compares the effectiveness of faith-based versus secular substance abuse interventions.

Preface

The Annie E. Casey Foundation recognizes the impact of substance abuse on children, families and communities—particularly economically disadvantaged black and Hispanic Americans. The Foundation also wants to explore the importance of religion and spirituality to black and Hispanic Americans and the potential of religion, spirituality and faith-based organizations to help prevent and treat substance abuse. Consistent with the mission of the Casey Foundation's Faith and Family Point of View, this report seeks to:

- **Expand knowledge** on the relationship between religion, spirituality and substance abuse within low- income black and Hispanic populations
- **Influence the policies and practices** of congregations and substance abuse prevention and treatment providers
- **Leverage additional resources** for future research, practice and technical assistance on this important topic
- **Positively impact** the lives of children, families and communities

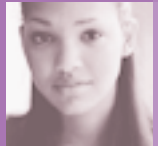
One

One

PART ONE: RACE, ETHNICITY AND DRUGS IN AMERICA

Racial and Ethnic Differences:

- **in Substance Use, Abuse and Dependence**
- **in Substance Use, Abuse and Dependence among the Poor**
- **in the Costs and Consequences of Substance Abuse**
- **in Risk and Protective Factors for Substance Abuse**



One

Race, Ethnicity and Drugs In America

Racial and Ethnic Differences in Substance Use, Abuse and Dependence

Historically, the American publics' understanding of substance use, abuse and dependence has been shaped more by stereotypes and findings from small-scale studies of addicted persons, than by high quality research based on representative samples from the general population. As a result of these stereotypes and limited research, many people perceive substance use, abuse and dependence as problems resulting from the use of so called "street drugs" like crack and heroin, used primarily by poor black and Hispanic populations.

In reality, America's substance use problem encompasses not only these illegal drugs, but also the "recreational" use of "soft" drugs like marijuana, and the extra-medical use of prescription medicines. Recreational use refers to the use of legal drugs like alcohol, illegal drugs like marijuana and cocaine, and the use of other substances like glue, for the specific purpose of altering one's mental state—or in the drug lexicon, "getting high." Extra-medical drug use includes the use of prescription medications in dosages that exceed what has been prescribed by a physician, and the use of other drugs and medications, like Ritalin, for purposes other than those for which they were intended.

In an effort to move beyond stereotypes and address some of the limitations of past research, this report uses data from large, nationally representative studies of the American population. It then examines the prevalence of alcohol, tobacco and illegal substance use, abuse and dependence among black, Hispanic and white adolescents and adults.

The size of the problem

Substance use, abuse and dependence are widespread in America (for definitions of these terms see box). For example, it is estimated that more than four million adolescents between 12 and 17 years old are current alcohol users. More than three million adolescents are current cigarette smokers; nearly four million have used marijuana in the last year; and more than three million have used an illicit drug other than marijuana in the last year. Similarly, over 100 million American adults are current drinkers; nearly 58 million are smokers; and more than 16 million use illegal drugs.

Defining the Terms Substance Use, Abuse and Dependence

Substance use	refers to any use of alcohol; cigarettes or an illegal drug like marijuana, cocaine or heroin within a specific time frame (e.g., daily, within the last month or within the last year).
Substance abuse	refers to use that result in a person: 1. Failing to fulfill major role obligations at work, school or home. 2. Using substances in situations that are physically hazardous (e.g., when driving an automobile). 3. Experiencing substance-related legal problems. 4. Having persistent or recurrent social or interpersonal problems.
Dependence or addiction	involves an ongoing psychological or physical need to use a substance and involves experiencing three or more of the following symptoms in the past year: 1. Tolerance—the requirement to use more of a substance to experience the same effect as experienced when it was used initially. 2. Withdrawal—the physical and psychological effects experienced when use of a drug is stopped (e.g., nausea, craving, depression). 3. Using more for longer periods than intended. 4. Desire to, or unsuccessful efforts to, cut down or control substance use. 5. Considerable time spent in obtaining or using the substance, or recovering from its effects. 6. Important social, work or recreational activities given up or reduced because of use. 7. Continued use despite knowledge of problems caused by, or aggravated by, use.

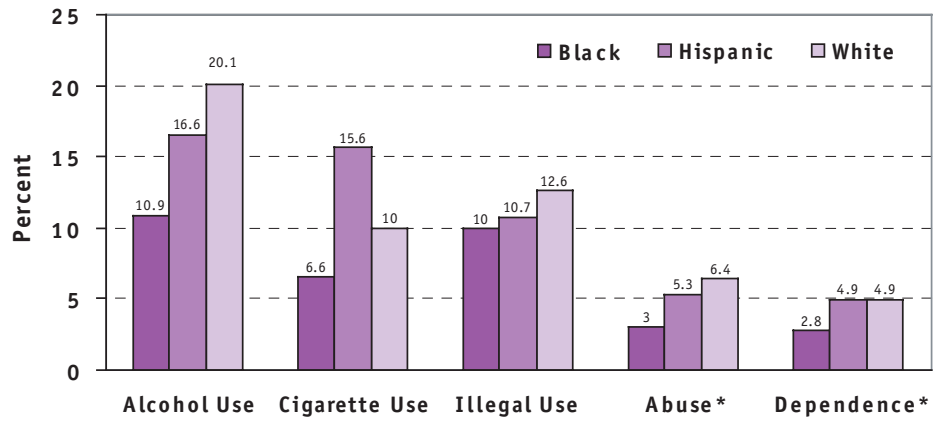
Source: National Survey of Drug Use and Health, 2002

Differences among youth

Just like white youth make up the majority of the youth population, they also make up the majority of American young people who currently drink (72 percent) and smoke (76 percent), and who have used marijuana (70 percent) and other illicit drugs (70 percent) in the past year. Black youth make up nine percent of drinkers, seven percent of smokers, 11 percent of marijuana users, and 10 percent of users of other drugs. Hispanic youth make up 15 percent of drinkers, 12 percent of smokers, 14 percent of the annual marijuana using population and 16 percent of users of other illicit drugs.[4]

The percentage of adolescents, ages 12 to 17, who have used alcohol, cigarettes or illegal drugs in the last month, and the percent that fit the criteria for abusing and for being dependent on alcohol or drugs, are shown in Figure 1. The figure shows that, contrary to popular stereotypes, drug use by black and Hispanic youth is not, on average, higher than that among white youth. In fact, black youth are generally less likely than the other two groups to use alcohol or cigarettes, or to abuse or be dependent on alcohol or drugs.

Figure 1. Black youth are less likely than Hispanic or white youth to use, abuse or be dependant on drugs



*Alcohol or Illegal Drugs

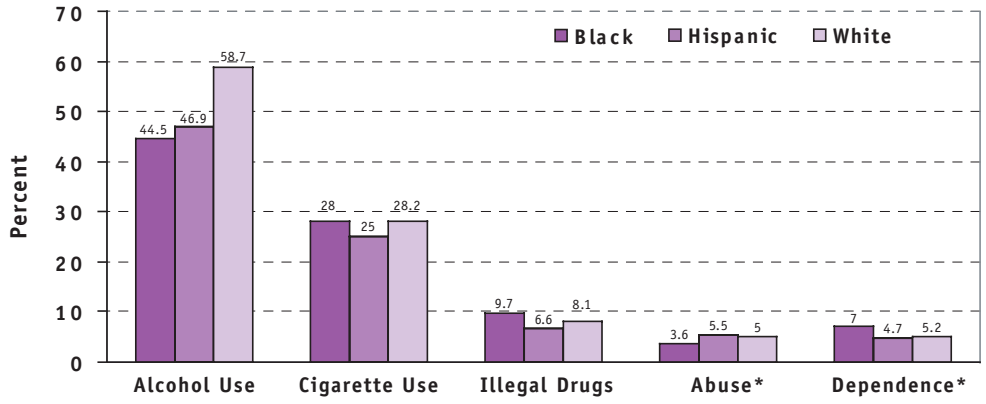
Source: National Survey on Drug Use and Health, 2002

Differences among adults

Consistent with the findings for adolescents, white Americans comprise the majority of adult substance users, making up 76 percent of alcohol users, 73 percent of cigarette users, 73 percent of annual marijuana users and 72 percent of annual users of illicit drugs other than marijuana.[5]

The percentage of adults who have used alcohol, cigarettes and illegal drugs in the last month, and the percentage that fit the criteria for abusing and being dependent on alcohol or illegal drugs are shown in Figure 2. Similar to the results for adolescents, the data do not indicate that substance use, abuse or dependence is substantially higher among black and Hispanic adults than among white adults. In fact, white adults are significantly more likely to have used alcohol in the last 30 days than black or Hispanic adults. Cigarette and illegal drug use and dependence rates are roughly comparable across the three groups, with black adults being slightly more likely to use illegal drugs and be dependent on alcohol or drugs.

Figure 2. Black and Hispanic adults are no more likely than white adults to use or abuse substances



*Alcohol or Illegal Drugs

Source: National Survey on Drug Use and Health, 2002

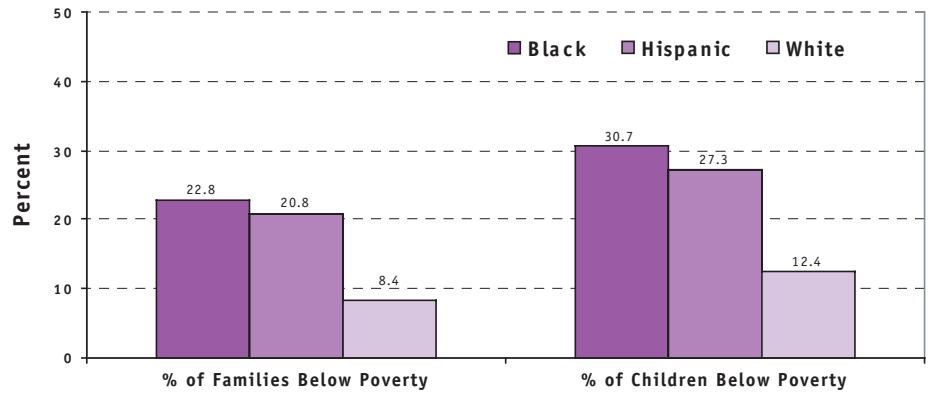
Taken in total, the data presented in Figure 2 indicate that racial/ethnic differences in substance use, abuse and dependence are relatively small. Contrary to popular stereotypes, they are not significantly higher among black and Hispanic Americans than among white Americans.

Racial and Ethnic Differences in Substance Use, Abuse and Dependence among the Poor

The majority of Americans living below the poverty level are white—21.2 million in total and 6.9 million children under 18. Although the majority of poor Americans are white, larger percentages of black and Hispanic Americans are poor. For example, nearly one out of every four black families (22.8 percent) and one out of every three black children (30.7 percent) are poor. Among Hispanics, one out of every five families (20.8 percent) and one out every four children (27.3 percent) live in poverty. For white Americans, fewer than one out of every 10 families (8.4 percent) are poor, and only slightly more than one in 10 white children (12.4 percent) are poor (see Figure 3).

Research suggests that substance use is higher among the poor than among the rest of the population.[6]

Figure 3. Larger percentages of black and Hispanic families and children than white families and children are poor



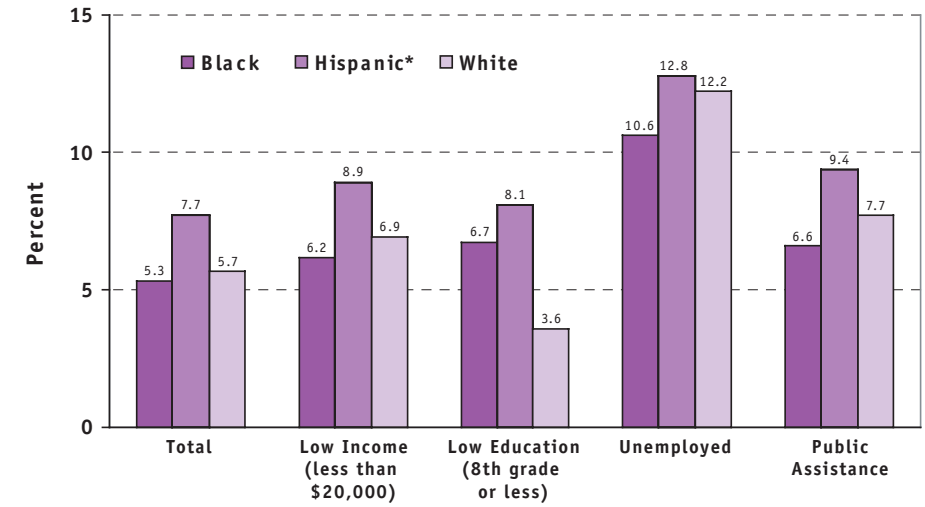
Source: U.S. Census, 2003

The question we address in this section concerns the extent to which racial and ethnic differences exist in substance use among people who are economically disadvantaged. The measures of economic disadvantage include having a relatively low income (less than $20,000 per year); low educational attainment (8th grade or less); being unemployed; and receiving public assistance.

Heavy alcohol use—defined as having five or more drinks in a single sitting, five or more days in a row in the last month—is highest among Hispanics and within each of the indicators of economic disadvantage (see Figure 4). The figure also shows that heavy alcohol use is highest among people who are unemployed, across all three racial/ethnic groups. What is unknown is if heavy drinking causes unemployment, whether unemployment causes heavy drinking, or whether they are both cause and consequence of each other.

Smoking is highest among whites; particularly those who are unemployed and who receive public assistance (see Figure 5). Smoking among unemployed black people and those receiving public assistance is also higher than for the general black population. Compared to blacks and whites, smoking is relatively low among Hispanics across all of the income indicators.

Figure 4. Heavy alcohol use is highest between Hispanics and unemployed

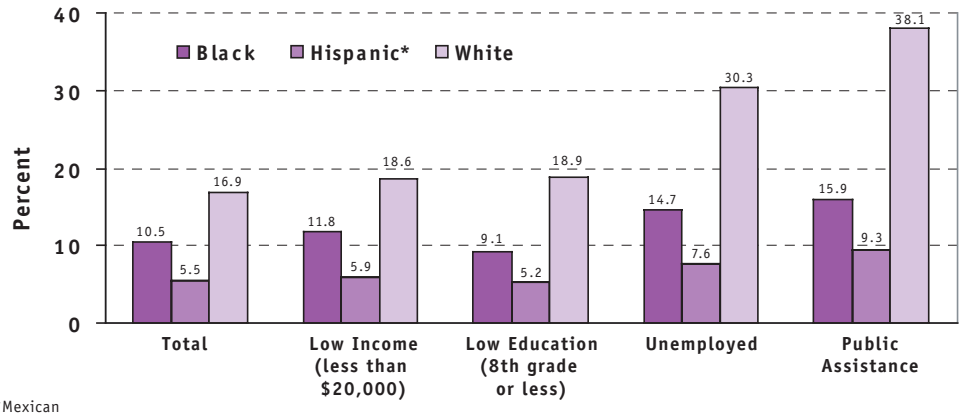


Source: National Household Survey on Drug Abuse, 1991–93

Although the use of illegal drugs in the past year is roughly comparable for black, Hispanic and white adults, it is higher for black and white adults who are unemployed and who receive public assistance (see Figure 6). In fact, black and white Americans who are unemployed and who receive public assistance are almost twice as likely to have used an illegal drug as the rest of the black and white populations.

Overall, the findings in Figures 4 – 6 suggest that heavy alcohol use, regular smoking and the use of illegal drugs are higher among people who are poor, regardless of their race and ethnicity. The findings further suggest that the strength of the relationships among poverty, substance use and race/ethnicity vary depending on the poverty indicator being examined, the substance in question and the specific racial/ethnic group. More specifically, the relationship between poverty and alcohol use is strongest for Hispanics; the relationship between smoking and poverty is strongest for whites; and the relationship between poverty and illegal drug use is equally strong for blacks and whites.

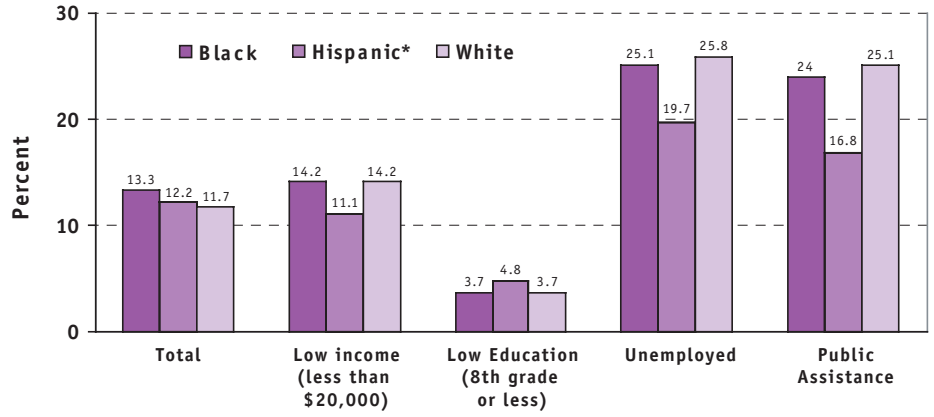
Figure 5. Smoking a pack or more of cigarettes is highest among whites, the unemployed and welfare recipients



*Mexican

Source: National Household Survey on Drug Abuse, 1991–93

Figure 6. Illegal drug use in the last year is highest among blacks, whites, the unemployed, and welfare recipients



Source: National Household Survey on Drug Abuse, 1991–93

Racial and Ethnic Differences in the Costs and Consequences of Substance Abuse

Substance use, abuse and dependence have significant negative consequences on the health and well being of American children, youth, families and communities, particularly those who are poor and of color. These consequences include crime, interpersonal violence, fatal injury, incarceration, abuse and neglect, and various negative health outcomes. Research into a few of the most pressing consequences of substance abuse, particularly where there are substantial racial, ethnic and economic disparities, follows.

Substance abuse and child welfare[7]

- Nationally, black and Hispanic children are dramatically overrepresented in the child welfare system. They are substantiated as abused or neglected at twice the rate of white children and are placed in foster care at four times the rate of white children.[8]
- Black and Hispanic children have a disproportionately higher rate of maltreatment investigations when compared to whites.[9]
- In 2001, almost six million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year.[10]
- In 2000, 19 million children (28.6 percent) 0 to 17 years had been exposed to alcoholism, alcohol abuse, or both in their families at some time in their lives.[11]
- Seven out of 10 cases of child abuse and neglect are made worse by a parent's abuse of alcohol or other drugs. In most cases, the parent's substance abuse is a longstanding problem of at least five years' duration.[12]
- Approximately 67 percent of parents with children in the child welfare system require substance abuse treatment, but child welfare agencies provide treatment for only 31 percent.[13]
- Children whose parents abuse drugs and alcohol are almost three times as likely to be abused, and four times as likely to be neglected, as children of parents who do not abuse substances.[14]
- Children whose families do not receive appropriate treatment for alcohol and other drug abuse are more likely to end up in foster care, remain in foster care longer and re-enter foster care once they return home than children whose families receive treatment.[15]

- Women who stay in comprehensive substance abuse treatment longer than three months are more likely to remain alcohol and drug free than women who leave within the first three months of treatment (68 percent vs. 48 percent).[16]

Substance use during pregnancy[17]

- In 2002, three percent of pregnant women aged 15 to 44 used illegal drugs in the past month; nine percent reported alcohol use in the past month; three percent had five or more drinks in a row in a single sitting (i.e., binge drinking); and 17 percent smoked cigarettes.
- Among pregnant women aged 15 to 44, 24 percent of white women used cigarettes in the past month compared to seven percent of black women and six percent of Hispanic women.
- Among pregnant women aged 15 to 44, six percent of black women used an illegal drug in the past month compared to four percent of white women and two percent of Hispanic women.
- Comparable percentages (approximately three percent) of black, Hispanic and white women engaged in binge drinking during pregnancy.
- Overall and within race/ethnic groups, rates of use of marijuana, cocaine and cigarettes during pregnancy often were significantly higher for economically disadvantaged women—those who were not married, currently not employed, had less than 16 years of formal education, or relied on public aid for payment of the hospital.

Substance-related crime and incarceration

- The number one substance abuse crime in America is drunk driving.[18]
- Eighty percent of current 1.4 million prisoners violated drug or alcohol laws, were high at the time they committed their crimes, stole property to buy drugs, or have a history of drug and alcohol abuse and addiction.[19]
- The 1.4 million substance-involved inmates are parents of 2.4 million children.
- Blacks make up 12 percent of the population and 13 percent of drug users, but they make up 38 percent of people arrested for drug offenses and 59 percent of people convicted for drug offenses.[20]
- Higher arrest rates for blacks and Hispanics do not reflect a higher abuse rate in these communities, but rather a law enforcement emphasis on inner city areas where drug use and sales are more likely to take place in open-air drug markets, and where treatment resources are scarce.[21]
- Crack and powder cocaine has the same active ingredient, but crack is marketed in less expensive quantities and in lower income communities of color.[22]
- A five-gram sale of crack cocaine receives a five-year federal mandatory minimum sentence, while an offender must sell 500 grams of powder cocaine to get the same sentence.[23]
- In 1986, before the enactment of federal mandatory minimum sentencing for crack cocaine offenses, the average federal drug sentence for blacks was 11 percent higher than for whites. Four years later, the average federal drug sentence for blacks was 49 percent higher.[24]
- 1.4 million black men have permanently lost their right to vote because of a felony conviction, often associated with involvement with substances.[25]
- Of the 1.5 million minor children who had a parent incarcerated in 1999, black children were nearly nine times more likely to have a parent incarcerated than white children. Hispanic children were three times more likely than white children to have a parent incarcerated.[26]

Substance-related illness and deaths

- Relative to whites, black people disproportionately suffer many physical consequences of alcohol abuse, including cirrhosis of the liver, esophageal cancer, hypertension, obstructive pulmonary diseases, severe malnutrition and fetal alcohol syndrome.[27]
- For many alcohol-related causes of death other than cirrhosis, Hispanics have been found to have similar or lower mortality rates than whites. One important exception to this is the finding that the death rate among Hispanics from alcohol-related motor vehicle crashes exceeds that of whites and blacks.[28]
- Blacks were 24 percent of drug-related hospital emergency room episodes and 25.9 percent of drug abuse deaths in 1999, although they were only 12 percent of the population.[29]

Substance abuse and HIV/AIDS

- As of December 2002, the cumulative number of AIDS deaths was as follows: blacks 347,491, whites 364, 458, and Hispanics, 163,940.[30]
- Black men are more likely than all males to contract HIV through injection drug use (IDU) (32 percent vs. 26 percent).[31]

Substance use, abuse and dependence have significant negative consequences on the health and well being of American children, youth, families and communities, particularly those who are poor and of color.

- In 2000, two-thirds of black female cases (66 percent) were contracted through heterosexual contact (often with an injection drug user); 31 percent were transmitted through IDU.[32]
- HIV-positive individuals in care are poorer than the general population. The HIV Cost and Services Utilization Study found that compared with others in the non-elderly population, adult patients with HIV were about half as likely to be employed, to have a household income above the 25th percentile, or to have private insurance.[33]
- In 2000, the HIV exposure category for new AIDS cases was heterosexual contact for 65 percent of Hispanic women and IDU for 32 percent, roughly the same as for black women.[34]
- In 2000, the HIV exposure category of men who have sex with men (MSM) accounted for 47 percent of cases among Hispanic males, injection drug use (IDU) was the exposure category in 33 percent of cases; heterosexual contact in 14 percent; and MSM/IDU in five percent.[35]
- The second leading cause of HIV infection among black and Hispanic men is injecting drug use, but needle sharing is not the only substance abuse related risk factor related to HIV.[36, 37]
- Studies show that 62% of children born to HIV infected mothers are black.[36]
- Regardless of race/ethnicity, people who use alcohol and drugs are more likely to engage in unprotected sex when they are under the influence of substances.[38]

Based on this research, black and Hispanic Americans clearly experience substance-related problems at a greater level than their representation in the population, despite using alcohol, tobacco and other drugs at levels that are comparable to that of whites.

Racial and Ethnic Differences in Risk and Protective Factors for Substance Abuse

There are characteristics of individuals, their relationships, their social environments and of the broader society they live in that can increase or decrease the likelihood they will become involved with drugs. The characteristics that **increase** the likelihood of using drugs are called **risk factors**. Examples of risk factors include having friends who use drugs and living in neighborhoods where drugs are readily available. Characteristics that **decrease** the likelihood of using drugs, even if they possess or are exposed to risk factors, are called **protective factors**. Examples of protective factors include having negative attitudes toward drugs and doing well in school.

Important individual level risk factors include personality characteristics such as being a "risk-taker" and having positive attitudes toward and beliefs about substance use.[39] Important relational or interpersonal risk factors include substance use among family members and friends.[40] Key environmental risk factors include laws and norms favorable to substance use, the availability of substances, and neighborhood poverty and disorganization.

Past research has focused primarily on individual and interpersonal risk factors as explanations for racial/ethnic disparities in use and problems. But recent research suggests that racial/ethnic disparities in substance-related problems may stem, at least in part, from racial/ethnic differences in socioeconomic status and racial/ethnic differences in exposure to environmental risk factors.

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Heightened socioeconomic risk factors

Black and Hispanic Americans are exposed to more of the numerous socioeconomic risk factors associated with substance abuse than are white Americans. For example, compared to whites, black and Hispanic Americans have lower incomes, are more likely to be unemployed, have less wealth, receive less pay for equal years of education, and are much more likely to live in poverty. In addition to being more likely than white families to be poor, black and Hispanic families are significantly more likely to live in areas of concentrated poverty. Given that extreme economic deprivation relates to substance use and the experience of substance-related problems, many black and Hispanic children, youth and families are clearly at elevated risk.[41]

Highlights of research on the relationship between socioeconomic indicators and substance use are listed below.

- Although poor black men experience more alcohol-related problems and consequences than poor white men, high socioeconomic status black men actually experience significantly fewer alcohol problems and consequences than high socioeconomic status white men.[42]
- The percent of black and white women who are heavy drinkers is about the same among women who have not completed high school. But among women who are more highly educated (12 or more years of education), black women are less likely to be heavy drinkers.[43]
- Compared to white women, black women are more likely to have a history of alcohol dependence and to be dependent on alcohol. But further analysis of the data reveals that if black and white women have the same economic resources, there would be no difference in the number who are alcohol dependent.[44]

Heightened contextual risk factors

Research on contextual risk factors for substance abuse, like community-level indicators of poverty, laws and norms that encourage use and the high levels of drug availability indicate that black and Hispanic Americans are at higher risk than white Americans.

- Compared to white communities, black and Hispanic communities have more billboards advertising tobacco and alcohol products, and more retail alcohol outlets. The number of alcohol outlets is related to the amount of violence experienced by a community.[45]
- High alcohol content malt liquors in large containers are disproportionately marketed to blacks and Hispanics.[46]
- Black-oriented magazines contain more alcohol and tobacco advertisements than magazines that target the general population.[47]
- Illegal drugs, particularly those associated with higher race disparities in incarceration rates, are more readily available in black and Hispanic communities. Interestingly however, if drugs were equally available in white communities there would be no difference in crack cocaine use among blacks, whites and Hispanics.[48]

Heightened legal risk factors

Laws surrounding who can and cannot use what drugs, under what circumstances, are another set of contextual-level influences on substance use behavior. In theory, these laws are the same for black, Hispanic and white Americans. In practice, however, this is not always the case. Some examples follow.

- Retailers are more likely to sell cigarettes to minors in black communities, and to sell them to black minors, irrespective of community racial composition.[49]
- Despite laws mandating reporting of all women testing positive for drug use during pregnancy, doctors in Florida reported pregnant drug-using black women to authorities at 10 times the rate they reported white women, even though the women had similar levels of drug use.[50]
- Between January 1995 and September 1996, 73 percent of I-95 motorists detained and searched by Maryland state police were black, while 20 percent were white. However, black motorists comprised only 18 percent of the motorists violating traffic laws, and statewide, equal proportions of black (28.4 percent) and white (28.8 percent) motorists were found with drugs.[51]

Given racial/ethnic differences in socioeconomic status, the extent to which substances are more available in low-income and non-white communities, and the extent to which people of color are more aggressively targeted to consume alcohol, tobacco and illegal drugs, it is important to ask why racial/ethnic differences in substance use and its related consequences are not even greater. One possible explanation might be the influence of an important protective factor to which many people of color are exposed—religion—the focus of Section 2 of this report.

two

PART TWO: RELIGION, SPIRITUALITY, RACE, ETHNICITY AND DRUGS

Religion as a Protective Factor Against Substance Abuse

Racial and Ethnic Differences in Religion and Substance Use:

- **Individual Level Findings**
- **Congregational Findings**

two

Religion, Spirituality, Race, Ethnicity and Drugs

Religion as a Protective Factor against Substance Abuse

In this section, we address several questions about religion, spirituality, race/ethnicity and substance abuse.

- What are religion and spirituality?
- What is it about religion that might help keep people from using drugs or might help those who have developed substance abuse problems recover?
- What is the relationship between religion, race/ethnicity and substance use, at both the individual and congregational levels?

Defining the terms—Religion and Spirituality

Generally, spirituality is considered as a characteristic of individuals, while religion is considered to be a social or organizational phenomenon. For present purposes, we adopt the definitions of religion and spirituality offered in Koenig, McCullough and Larson[52]:

Religion is an organized system of beliefs, practices, rituals and symbols designed to:

- facilitate closeness to the sacred or transcendent (God, Higher Power, or ultimate truth/reality) and
- foster an understanding of a person's relationship and responsibility to others in living together in a community.

Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to, or arise from, the development of religious rituals and the formation of community.

A recent review of over 150 studies on drug and alcohol abuse found that people who are more highly religious are less likely to use substances and less likely to experience substance-related consequences. Existing research also suggests that religion and spirituality are related to improved treatment outcomes and continued sobriety among former substance abusers.[53]

The use of religion and spirituality in preventing and treating substance abuse has been well established. But the reasons for these relationships continue to be unknown. Possible ways religion may influence substance use and recovery include establishing moral order, providing opportunities to acquire learned competencies, and providing social and organizational ties.[54]

Establishing moral order

Key aspects of moral order include:

- Establishing specific moral directives or rules of self-control and personal virtue, such as abstaining from the use of alcohol, tobacco and illegal drugs
- Facilitating spiritual experiences that help solidify moral commitments and constructive life practices (e.g., answered prayers)
- Providing role models that, for example, abstain from drug use or have overcome addiction.

Acquiring learned competencies

Important learned competencies—skills and knowledge—that religion and faith communities can provide include:

- Promote spiritual health in ways that prevent and cure substance abuse—providing a shared meaning system that encourages a positive self worth, shared values, and life purpose; fostering self-regulation and problem solving; and promoting esteem that prevents extreme risk taking/thrill seeking behavior
- Community and leadership skills that can be used for religious purposes and outside of religion (e.g., facilitating recovery groups, designing prevention programs)
- Coping skills and social support that can be used to handle life stressors and resist urges to turn to drugs as the solution to everyday problems
- Activities that can increase knowledge as well as provide alternatives to using drugs

Providing social and organizational ties

Key social and organizational ties that may be relevant for prevention and/or recovery include:

- Being an important source of social capital—having relationships with people of all ages, life stages and experiences, the majority of whom are not substance abusers, and some have successfully dealt with substance abuse
- Providing social network opportunities to build multiple layers of relationships with persons who share cultural and moral beliefs and can hold one another accountable for behavior like attending AA meetings and worship services
- Facilitating linkages to the community through various programs and events that can expand horizons, and enhance competencies and knowledge of resources like employment, prevention programs and recovery groups

Additionally, the connections that religion and spirituality establish between individuals and God or a "higher power" may meet their spiritual and psychological needs, and help them discover meaning and purpose in life.

Although the majority of the research shows that religion and spirituality are correlated with abstinence, reduced substance use and recovery, it is possible that some aspects of religion or spirituality could be a risk factor for substance abuse. For example, people who have a wrathful, punitive concept of God might be at higher risk to develop substance abuse problems.[55] In fact, only four of the 150 studies mentioned earlier showed a positive relationship between religion and substance use.[56]

Racial and Ethnic Differences in Religion and Substance Use: Individual Level Findings

Nationally, more than 90 percent of Americans believe in God and the vast majority are affiliated with a religious denomination. Nine out of 10 say they pray regularly, and more than 40 percent indicate they attend religious services weekly or more.[57] Compared to white Americans, black Americans generally say religion is a more important part of their lives, engage in various individual religious practices (e.g., prayer, scripture reading, listening or watching religious programming), and belong to religious denominations that prohibit the use of alcohol or tobacco.[58,59] Research on religiosity among Hispanic populations indicates that their religious behaviors closely approximate those of whites, and that although many of them are Catholic, an increasing number are joining Pentecostal churches—organizations that often have conservative values regarding the use of substances.[60]

Although there is a growing body of research on the relationship between substance use and religion, surprisingly little of it examines the racial/ethnic differences in this relationship or the role of religion as a potentially important factor that may help protect people of color against substance use and its consequences.

Differences among youth

Youth (10th graders) who attend religious services weekly are much less likely to have used marijuana in the last year (Figure 10) than those who never attend religious services. Similarly, 10th graders who say that religion is a very important part of their life are much less likely to have used marijuana in the last year (Figure 11) than are students for whom religion is not important. Religious young people (8th, 10th and 12th graders) were also found to be less likely than less religious youth to smoke cigarettes, drink alcohol, or use illegal drugs, other than marijuana (data not shown).

Figure 10. Youth who attend religious services weekly are less likely to use marijuana than those who never attend

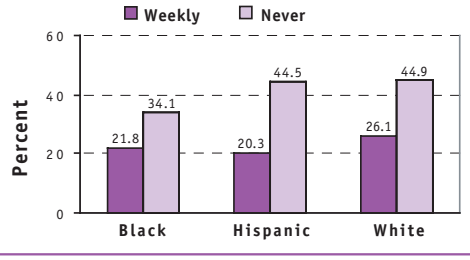
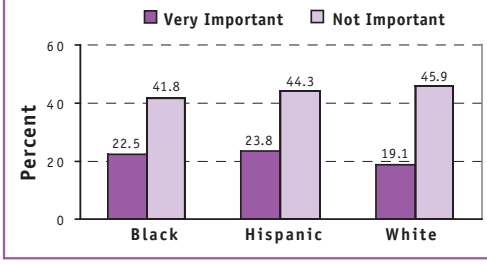


Figure 11. Youth for whom religion is very important are less likely to use marijuana



Source: Analyses of Monitoring the Future Data, 1999 – 2000 combined.

Differences among adults

Similar to the findings for youth, more highly religious adults—those who have attended religious services regularly in the last year (52 or more times) and who strongly agree that their religious beliefs are very important to them—are less likely than their non-religious peers to be current alcohol users (see Figures 12 and 13).

In addition to its relationship to abstinence and reduced likelihood to use substances, past research suggests that religion and spirituality are important in the treatment and recovery from substance abuse and substance abusers' efforts to obtain physical and spiritual health. In fact, spirituality is central to 12-step support groups—one of the most common components of substance abuse treatment and the recovery process.

Figure 12. Adults who attend religious services regularly are less likely to be drinkers

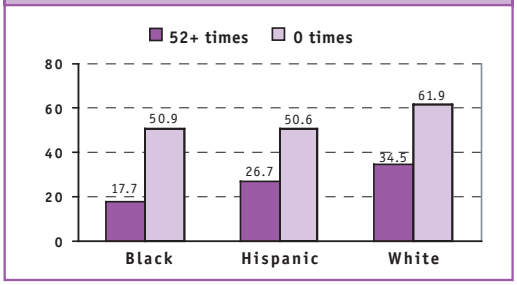
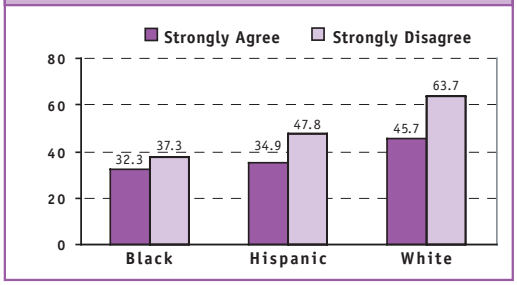


Figure 13. Adults who strongly agree that their religious beliefs are important to them are less likely to be drinkers



Source: Analyses of the National Household Survey on Drug Abuse Data.

Alcoholics Anonymous 12 Steps

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.

The foundation of Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and other 12-step programs is a belief in, and connection to, a Higher Power, a cornerstone of spirituality and spiritual health. Other steps in the journey to recovery directly parallel remaining dimensions of spiritual health. Step 1, admitting powerlessness, reorients individuals to their relationship to God and their inability to manage alcohol and other life events. Steps 2, 3, 5 and 11 create or restore a positive connection to the divine via dependence, surrender, authenticity and spiritual practices like prayer and meditation. Steps 4, 6 and 7 promote self-awareness by conducting a moral inventory, accepting character defects and admitting shortcomings. Connection to others — awareness of harm inflicted on others and serving others — is the goal of Steps 8, 9 and 12.

Research on racial/ethnic differences in AA participation finds that a positive relationship exists between AA attendance and abstinence for black, Hispanic and white participants, and that more white than black and Hispanic alcoholics attend AA than attend formal treatment. The research further finds that Hispanic clients achieve greater gains in AA involvement than white clients do, even though they attend fewer meetings.[61]

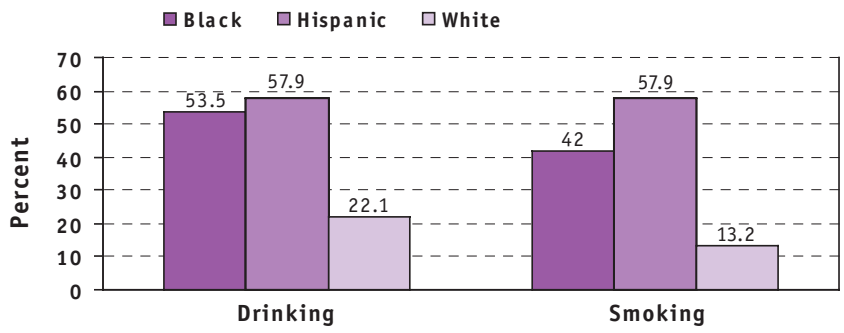
Racial and Ethnic Differences in Religion and Substance Use: Congregational Findings

Existing data suggest that clergy widely recognize drug-related issues as critical problems that face their congregation members and communities. For example, in a study of over 1,000 Philadelphia congregations, substance abuse (86 percent) and drug trafficking (79 percent) were the first and third most frequently mentioned problems affecting the community.[62] Similarly, a recent study of 320 clergy found that the vast majority (94 percent) feel that substance abuse is an important issue in their congregations. Nearly 40 percent indicate that half or more of the family problems they confront (including divorce, separation, spouse abuse, child neglect or abuse), are substance related.[63]

Despite the general finding that religiosity is related to lower levels of substance use, it should be noted that theological/religious perspectives on the use of alcohol and other drugs vary across congregations and denominations. In fact, a continuum exists in the relationship between religion and the use of substances. On one end of the continuum some traditional Native-American, Polynesian and African religions have used hallucinogenic and other mind altering substances like peyote, khat and hashish, as vehicles to achieve spiritual transcendence. Today, many Catholic and other congregations use wine, representing the blood of Christ during communion services.[64] On the other end of the continuum, religions like the Nation of Islam and the Mormons strictly prohibit the use of legal and illegal drugs. The table that follows provides a general description of different denominational perspectives on substance use for contemporary religious groups to which most black, Hispanic and white Americans belong.

Denomination/Group	Views on substance use and abuse
Jews	• Do not forbid alcohol use but are opposed to drunkenness and use of illegal drugs.
Catholics	• Do not forbid alcohol but are opposed to drunkenness and use of illegal drugs. Wine often used for communion.
Liberal and moderate Protestants (e.g., Methodists Presbyterians, Episcopalians, Lutherans)	• Often encourage abstinence, may not forbid alcohol use but opposed to drunkenness and use of illegal drugs.
Conservative Protestants (e.g., Baptists, Seventh Day Adventists, Pentecostals)	• Generally opposed to the consumption of alcohol or other drugs. • Adventists abstain from alcohol, tobacco, tea and coffee. • Pentecostal churches generally forbid the manufacture, sale, purchase, possession or use of alcohol, or illegal drugs.
Historically Black Denominations (e.g., African Methodist Episcopal, Black Baptist Conventions, Church of God in Christ)	• Generally opposed to the consumption of alcohol or other drugs. • Church of God in Christ forbids the manufacture, sale, purchase, possession or use of alcohol, or illegal drugs.
Islam	• Opposed to the use of alcohol, tobacco and illegal drugs.
Mormons	• Have a health code that forbids the use of alcohol, tobacco, tea and coffee. Full participation in church activities is refused to members who violate the code.

Figure 14. Black and Hispanic congregations are more likely to prohibit drinking and smoking



Source: Analyses of data from the National Congregational Survey.[65]

To further investigate racial and ethnic differences in congregational policies related to the use of substances, we analyzed data from the National Congregational Survey. The results of these analyses follow. The data indicate that black and Hispanic congregations are more likely than white congregations to prohibit drinking and smoking (Figure 14).

"Black," "Hispanic," and "white" congregations are defined as those congregations in which 70% or more of the congregants belong to that specific racial/ethnic group. It should be noted that there were only 18 predominantly Hispanic congregations in the National Congregations Study (compared to 157 black congregations and 880 white congregations) and thus their data should be viewed with some caution.

The importance of congregational policies on the use of substances is highlighted by the fact that research indicates that those groups with the strongest positions against the use of substances generally have the largest percentage of their young people who abstain from substance use.[66]

The theological and religious perspectives that shape various religions' practices result in different explanations, or "theoretical models," of why people use and abuse drugs. For example, the "moral model" of addiction—the model that, at least implicitly, undergirds the perspective of some theologically conservative religious groups, views substance abuse as an individual decision—a sin, and addiction as a consequence of sinful behavior. Given this perspective, spiritual change is the primary, if not only, solution to the problem of substance abuse.

Perhaps the most recognized faith-based substance abuse intervention based on the moral model is Teen Challenge. Teen Challenge seeks to treat substance abuse by promoting spiritual well being. People in the program are encouraged to connect with their inner selves, God and others, and to view addiction as a moral problem that can be cured through a relationship with Jesus Christ.

At the end of the theoretical continuum, opposite the moral model, is what is known as the "medical" or "disease model." According to the medical model,

alcohol and other substance abuse are incurable, and some people are genetically predisposed and especially vulnerable to them.

Most contemporary religious traditions and faith-based treatment provider's perspective on the use of substances, particularly alcohol and tobacco, fall somewhere between the moral and medical models, recognizing that many different biological, psychological and social factors influence why some people initiate, use, abuse and become dependent on drugs. It should be noted that even those American religious traditions that have theological perspectives falling between the moral and medical ends of the spectrum disapprove of drunkenness or the use of illegal drugs.

For example, the philosophy of one of the largest organizations in America that explicitly ministers to poor, homeless and mentally ill black, Hispanic and white substance abusers—the Association of Rescue Missions (formerly the International Union of Rescue Missions)—clearly integrates the medical and moral models. More specifically, their explicitly Christian 12-Step recovery program, Alcoholics Victorious, accepts the definition of alcoholism as a disease, while at the same time, emphasizing drunkenness as a sin that can be addressed through a relationship with Christ.

Past research suggests that more Americans who have serious personal problems seek help from a member of the clergy than from psychiatrists, psychologists, doctors, marriage counselors or social workers.[67] The kinds of problems people seek clergy assistance for include depression, marriage and family conflict, teenage pregnancy, unemployment, legal problems and substance abuse.[68]

Although they often seek out clergy for assistance with substance abuse-related problems, very few clergy (13 percent) report they had coursework related to substance abuse while preparing to join the clergy. Only one quarter (26 percent) of seminaries require students to take any courses related to substance abuse.[69] Perhaps of necessity, two-thirds (65 percent) of clergy indicate they have sought training on their own to assist parishioners seeking help with alcohol or drug abuse and addiction.[70] These findings, coupled with the fact that many clergy of color are bi-vocational and have not had the opportunity to attend seminary, clearly indicate a significant need for training in the area of substance abuse. To date, the content, quality and quantity of clergy training remains unknown.

Past research suggests that more Americans who have serious personal problems seek help from a member of the clergy than from psychiatrists, psychologists, doctors, marriage counselors or social workers.

Given the impact of substance abuse on the lives of parishioners, their families and their communities, it might be expected that clergy would frequently deliver sermons on the topic and develop programming. But existing research suggests this is not the case. Only one-third (37 percent) of clergy report they preach a sermon on the topic more than once a year; 18 percent say they preach on the topic annually; 23 percent say they preach on substance abuse every couple years; and nearly one quarter (22 percent) say they never preach on the topic.[71]

Additionally, very few congregations offer substance abuse-related programs. For example, data from Philadelphia congregations indicate that only 14 percent offer drug and alcohol prevention programs (16 percent of black congregations versus 12 percent of white congregations).[72]

To our knowledge, research does not exist on racial and ethnic differences in the kinds of problems that parishioners bring to clergy, on clergy perceptions of substance abuse, on clergy preparation to address substance abuse problems, or on the frequency they deliver sermons on the topic. What is clear, however, is the need to provide clergy, faith-based services providers, and other people of faith examples and resources of promising programs, policies and practices they can use to combat substance abuse in their communities. The next section addresses this need.

three

PART THREE: THE FAITH COMMUNITY AND SUBSTANCE ABUSE

Promising Practices, Programs and Policies

Recommendations

three

The Faith Community and Substance Abuse

Past research suggests that religion is an important part of many Americans' lives, that religion is an important protective factor against substance abuse, and that clergy are often sought out to address substance abuse problems. Research also suggests that relatively few clergy have the training to diagnose or treat substance abuse, and that few clergy regularly preach about substance abuse.

Nevertheless, because of the many resources that exist within congregations (e.g., trained mental health professionals, physical space where programs can take place, networks of caring volunteers), tremendous potential exists to involve many more faith communities in the effort to prevent and treat substance abuse, and to reduce its impact on the nation's poorest children and families.

Some of the strengths of black and Hispanic congregations that make them uniquely well suited to address the problems of substance abuse include the following[73]:

- Congregations are physically located in poor black and Hispanic neighborhoods and thus share knowledge and experience of the challenges residents face in the areas of substance abuse and its related social, relational and health consequences
- Congregations are economically independent and thus able to advocate for the community without being beholden to or constrained by outside interests groups (e.g., the alcohol and tobacco industries)
- Congregations have ready access to a wealth of human capital through the skills and talents of their members (e.g., doctors, nurses, social workers, people in recovery), and physical capital in the form of buildings, classrooms and recreational spaces in which AA and NA groups can be held, counseling can take place, drug-free education and activities for children and families can take place, and sermons and other educational instruction can be delivered to multiple generations of black and Hispanic biological and spiritual family members
- Unlike government, the health care industry and traditional social service agencies, churches do not categorize people by their "needs" and treat them as "clients." Rather, they view people holistically (i.e., mind, body and spirit) and welcome them as brothers and sisters who can both give and receive in the context of an extended church family
- Congregations have expertise in empowering people to plan, organize and mobilize around the achievement of individual and shared goals (e.g., mobilizing to use social policy to close liquor stores, eliminate billboards, ensure that tobacco and alcohol products are not being sold to minors.)

Promising Practices, Programs and Policies

In this section, we highlight promising practices, policies and programs that can be, or have been, used by congregations and other faith-based organizations around the country. We make recommendations about the role of congregations, clergy, funders and researchers in the effort to address substance abuse and its consequences.

What makes the following practices, policies and programs "promising?" They are promising because they have been, or are being, undertaken by people with a real commitment to their faith. These practices are making a difference in the lives of individuals and their communities. Some of these practices, programs and policies are national efforts, while others focus on a specific group of people in a specific neighborhood. Regardless of their reach, they are all changing the lives of men, women, children, families and communities by effectively addressing some aspect of the problem of substance abuse. Accordingly, they can serve as models to guide and encourage other people of faith as they attempt to reduce the negative impact of substance abuse in their own families, congregations and communities.

Promising Practices

Promising Practice #1

Victory Fellowship and Victory Home

Victory Fellowship, Austin, Pastor David Perez/Len Creasy

2300 Canterbury Street, Austin, Texas 78702 (512) 480-9628

Victory Fellowship is a 90-day faith-based substance abuse treatment program for men and women. The ministry was founded in 1972 by Freddie Garcia and his wife Ninfa. Garcia is now Pastor. The story of his addiction, and the birth of Victory Fellowship, are chronicled in his book, *Outcry in the Barrio*.

Victory Fellowship is based in San Antonio, Texas and has 65 Fellowships in Texas, the Southwest United States, and Central and South America. Pastor David Perez and six counselors currently staff the Austin ministry. It serves approximately 150 to 200 men per year and the home currently houses 21 men, nearly all of whom are poor. They vary in race/ethnicity, although many are Hispanic.

The program consists of an intake assessment, non-medical detoxification and 90 days of treatment that consists largely of daily worship services, prayer, Bible studies and large group, small group and one-on-one meetings with program counselors. For the first 90 days, the primary focus of the ministry is to help substance abusers experience an inner change by establishing a relationship with Jesus Christ. Victory's motto is, "sin is the problem and Jesus Christ is the solution."

Victory Fellowship's day begins at 5:30 a.m. At 6:30 a.m., the men have prayer, praise and worship, and testimony services, followed by breakfast, and scheduled activities and group meetings, prayer, meals, chores and Bible studies. The program doesn't charge participants. Its $200,000 annual budget is supported by individual donations, churches, businesses and fundraisers. Currently, funds are being raised to start a women's home.

After 90 days, some men return to the community and are given assistance to find employment or to enroll in GED or other educational programs. Others remain at the house and assist in fundraising, correspond with men in prison, go into area neighborhoods and housing projects to do street outreach and to run home-based Bible study groups. Still other men go to San Antonio to receive training to become pastors and start new ministries.

Promising Practice #2

The Campaign for Tobacco Free Kids, Faith-Based Initiative

Patricia Sosa, Director of Constituency Relations
Vincent DeMarco, Consultant, Coordinator, Faith United Against Tobacco

1400 I Street, NW, 12th Floor, Washington, DC. 20005 (202) 296-5469 www.tobaccofreekids.org/campaign/faith

From its inception in 1996, the Campaign for Tobacco Free Kids has worked with national faith leaders to reduce teen smoking. Religious groups working with the Campaign include the United Methodist Church, the Presbyterian Church (USA), United Church of Christ, the National Council of Churches, Seventh Day Adventists, the Evangelical Lutheran Church in America, American Muslim Foundation, Church Women United and Church of the Brethren.

The Campaign, which has a staff of about 50 people and a $16 million budget, has a wide range of programs to reduce smoking among young people—from a youth outreach program to a strong media campaign, to public advocacy work. The Campaign's funding comes primarily from foundations such as the Robert Wood Johnson Foundation, other nonprofits and individuals. The Campaign receives no money from any government entity or the tobacco industry.

The Campaign has worked with faith-based leaders and organizations to initiate a number of important tobacco control initiatives. For example, in January 2002, the Campaign and the Inter-Religious Coalition on Smoking and Health launched a major initiative to mobilize national, state and local faith leaders to reduce teen smoking. The Campaign held a press conference attended by top leaders of the United Methodist, Presbyterian and United Church of Christ denominations calling on other faith groups to join them in signing the National Teen Smoking Reduction Resolution. To date, over 40 national groups have endorsed the resolution, including more than 20 Christian, Jewish and Muslim faith groups.

The Campaign then held regional meetings in the Midwest, Northeast and Southeast, where faith and tobacco control leaders from various states came together to talk about how they could work together in their individual states to reduce smoking. Out of these regional meetings came a series of faith leaders meetings and events in several states, including Indiana, New Jersey, Connecticut, Colorado and Virginia.

In addition, on January 21, 2003, 17 national faith leaders sent letters to all 50 of the nation's governors calling on them to use proceeds from the 1998 legal settlements with tobacco companies to fully fund tobacco prevention programs. The release of these letters was widely covered in the media, airing about 60 times on 40 stations around the country, including some major media markets like L.A. and Chicago, reaching nearly 1.5 million people. In still another effort, more than 100 faith-based leaders signed a petition to President Bush urging him to support strong public health provisions during negotiations on a proposed international tobacco treaty—the Framework Convention on Tobacco Control.

The primary lesson that the Campaign has learned from this work is that the faith community can have a powerful impact on moving public policy toward reducing smoking, particularly among young people. There are three primary ways faith leaders have this impact. First, public statements by leaders have the kind of moral authority that moves the public and policymakers on the importance of protecting children from tobacco addiction. Second, the media will give substantial coverage to the "David versus Goliath" story of faith leaders taking on the rich tobacco industry. Third, faith leaders can mobilize people in their congregations to do the grassroots advocacy work (e.g., writing letters) that makes policymakers take notice.

Additionally, the Campaign has learned that outreach to faith-based organizations is most effective when there is buy-in from key clergy who believe in the issue and can help reach out to their colleagues. In sum, the Campaign's faith outreach work has been very successful in helping build a powerful and diverse grassroots coalition for protecting children from tobacco addiction.

Congregations and leaders that want to become involved with the Campaign and support its policy initiatives can do the following:

- Attend one of the Campaign's regional meetings where the faith community and tobacco control leaders come together to learn from each other and build relationships
- Sign the National Resolution in Support of Reducing Teen Smoking
- Work with their denomination to sign a state Teen Smoking Reduction Resolution
- Help the Campaign to coordinate a faith/tobacco control meeting or press conference in their state or city

Promising Practice #3

The Empowerment Zone Coalition Parent Power Program

Empowerment Zone Coalition, Doreen Turk-White

5555 Conner Street, Suite 3235, Detroit, Michigan 48213 (313) 921-9403

The Empowerment Zone Coalition (EZC) is a collaboration of individuals, churches, grassroots community organizations, civic groups, block clubs, schools, businesses and law enforcement agencies who have joined together to raise public awareness and mobilize communities to prevent the use of alcohol, tobacco and other drugs.

EZC's "Parent Power" program collaborates with Good Samaritan Community Development Corporation—the CDC of Samaritan Missionary Baptist Church—to recruit and train parents as parenting group facilitators and participants in its "Parent Power" Initiative. The program teaches parenting techniques and skills in the areas of effective discipline, family communications, and family values and child development. The program is based on past research that indicates that "parenting is prevention," and that effective parents have children who are less likely to use drugs. The program has a staff of two. The initial $100,000 of funding came from the Empowerment Zone Development Corporation, with continuation funding coming from the City of Detroit Bureau of Substance Abuse. To date, the program has trained 20 group facilitators and nearly 50 parents.

Congregations are ideally suited to provide parenting programs like that offered by EZC and Good Samaritan. Given that good parenting has been found to reduce the likelihood that young people will use drugs, congregations should consider partnering with agencies that offer programs to train congregation and community members about prevention and parenting.

Promising Practice #4

Free 'N' One

Ronald Simmons

402 North Rose Avenue, Compton, California 90221 (310) 764-4400 www.free-n-one.org

Free 'N' One is a substance abuse technical assistance and training organization founded in 1987 in Los Angeles, California. Free 'N' One's name emphasizes the organization's twofold mission—to help addicts/alcoholics and their family members find **freedom** from substances and to help congregations to unite together as **one** to fight addiction. Specifically, the organization trains congregations to facilitate Christ-centered 12-step Free 'N' One meetings for substance abusers and "Tough Love" meetings for family members of substance abusers. The 12-step meeting curriculum includes the following topics: The Disease of Addiction, The Definition of Recovery, The Process of Recovery, The Practicing Addict/Alcoholic, The Recovering Addict/Alcoholic, Understanding Relapse, The 12 Spiritual Ways, The Churches Response, and Conducting a Successful Meeting in Your Church. The topics in the Tough Love curriculum include: Enabling, Codependency, How to Get Your Peace Back In Your Life, and What to Do When an Addict Lives in Your Home.

At the request of a sponsoring congregation in a specific community, Free 'N' One program staff travel to a city and provide a five-day training for volunteers from congregations that want to facilitate the 12-step meetings and the meetings for drug-affected family members. Free 'N' One facilitators train networks of five or more congregations in a city that want to provide meetings in their community. The goal is that there will be at least one 12-step meeting for addicts/alcoholics to attend Monday through Saturday. After training, each congregation in the network selects a day and time when they will provide a meeting. They then create and disseminate a directory of meeting times, dates and locations.

The cost of Free 'N' One training is $3,000 plus travel and lodging for two facilitators. To offset the cost of the training, participating congregations typically pay $150 for each member who is trained to facilitate the 12-step and the Tough Love groups. Typically, two to five members from each congregation are trained. The training fee includes the curriculum materials for both the Free 'N' One groups and the Tough Love groups. Since the groups are run by volunteers, and use church facilities as meeting places, the budget needed to operate the program is generally limited to the fee for the people who receive training.

The staff of Free 'N' One includes four trainers. Training fees and donations from churches funds the organization. Currently, more than 40 congregations provide Free 'N' One groups in Los Angeles, Chicago, Las Vegas, and Milwaukee. According to the program's director, Ronald Simmons, the program is positively changing the lives of men, women and families. More specifically, substance abusers are recovering and family members are learning how to help the substance-abusing person, while not enabling their addiction to continue. As a result of the successes being experienced by existing Free 'N' One and Tough Love programs, an increasing number of congregations across the nation are requesting training.

Promising Practice #5

Recovery Consultants of Atlanta, Recovery @ Work

Recovery Consultants of Atlanta, Inc., David L. Whiters

1904 Glenwood Avenue, Atlanta, Georgia 30316 (404) 370-0123 www.recoveryconsultants.org

Recovery Consultants of Atlanta (RCA) is a faith-based substance abuse program that trains congregations how to identify, cultivate, and expand their resources to develop and implement services for individuals and families needing access to substance use recovery programs.

One of RCA's most innovative efforts to increase resources for substance abuse programming is a new initiative—Recovery @ Work (RAW)—a business development/apprenticeship program provided in collaboration with Peace Baptist Church in Atlanta. Recognizing that a history of substance abuse and incarceration create barriers to employment, RAW seeks to create jobs for men in recovery. Specifically, the program is working with nine residents of David's Den, a transitional housing program for men recovering from drug and alcohol addiction provided by Peace Baptist Church in Decatur, Georgia. The ministry began with an announcement in Peace Baptist's bulletin and an announcement by its Pastor, Tyrone E. Barnett. A new ministry was beginning, where the men from David's Den were being trained in painting and pressure washing. As a result of the announcement, members of the 1,200 member congregation started requesting the services of the men.

Investing $4,000 in equipment, a van donated by the church, and the skills of a retired member of the church who was a professional painter, the program is training participants in residential and commercial painting, lawn care, home repair, pressure washing and employment etiquette. RAW seeks contracts to employ program participants to provide these services. RAW recently received a $30,000 contract to provide janitorial services for a local church. They also have a contract with an apartment complex to clean and paint rental units, and pressure washing contracts. Because the program is designed to provide training, fees are offered at rates below market and many are offered on a sliding scale fee, based on a client's ability to pay. All work is guaranteed to meet the standards of the profession and the satisfaction of clients.

The $4,000 for the equipment came from a $1,000,000 ($250,000 per year for 5 years) Recovery Community Services Program Grant from the Substance Abuse and Mental Health Services Administration. The grant supports three full-time employees, and one of them is responsible for running RAW.

The RAW participants work eight hours a day, attend an outpatient treatment program provided by the County from 6 p.m. to 9 p.m. on Mondays, Wednesdays and Fridays, and a traditional or Christ-centered 12-step group on Tuesdays and Thursdays. The men earn between $6 and $12 per hour. Their earnings are direct-deposited into an account and they pay their court fines, tickets, monthly probation fees, child support, rent and other expenses from this account. They receive a small stipend to cover the cost of their personal items.

Unlike other programs that are dependent on grants, contributions and fundraisers, the intention of RAW is to allow both the men in recovery, and the program itself, to become financially self-supporting through the creation of successful businesses. Providing training, employment and resources to sustain it, RAW is a model that other faith-based organizations can follow.

Promising Practice #6

Salem Baptist Alcohol Policy Initiative[74]

Salem Baptist Church, Denise Rogers/Reverend James T. Meeks

11800 S. Indiana Avenue, Chicago, Illinois 60628 (773) 371-2300

Prompted by a letter from a little girl in his congregation describing her distress about her daily walk to school past broken bottles, drunk men, crack vials and vacant lots, Reverend James Meeks, the Pastor of Salem Baptist Church, undertook an initiative to eliminate 26 liquor stores in the Roseland neighborhood of Chicago.

Roseland is a working class, predominantly African-American community on the Southside of Chicago. By 1998, Roseland had 29 bars and liquor stores on or around its main 20 block commercial district and 56 in its community as a whole. Between 1974 and 1994, the community lost 300 businesses.

Reverend Meeks and members of his congregation conducted a neighborhood study revealing that 60 percent of the neighborhood's crimes occurred around the community's numerous liquor stores and bars. In fact, the police district where much of the community is located averaged 52 murders per year, compared to the city wide district average of 34.

Using a 1907 Illinois State law that gives citizens the power to ban the sale of alcohol in their communities, Reverend Meeks and 200 volunteers started a crusade to rid their neighborhood of liquor stores. Reverend Meeks also started to preach about the problem and cast a vision for the church's responsibility to take action against the large number of liquor licenses in the community. As a first step toward addressing the issue, Rev. Meeks, church members and other volunteers went door-to-door registering voters and recruiting community members to sign petitions to place the issue of eliminating liquor licenses on the ballot. During this time, Rev. Meeks and the church received numerous threats.

Despite the threats, Reverend Meeks, the members of Salem, and the community continued to pursue the closing of the liquor stores. In 1998, the issue was placed on the ballot. When the vote was tallied, community members had voted to close 26 liquor stores in their community. Sensitive to the impact the closings would have on the 53 employees of the liquor stores, Meeks worked with the City of Chicago to create a program to pay 75 percent of their salaries while they underwent job training. He also worked with those storeowners who wanted to stay open without selling alcohol. Interestingly, only one person showed up to receive training.

Despite the vote to close the stores, many of the stores remained open as a result of appeals from alcohol outlet owners and their attorneys, based on charges of widespread fraud associated with the vote. After more than a year of court battles, the liquor storeowners lost their appeals and the stores were closed.

Reverend Meeks and the community members who voted to close the alcohol outlets in Roseland demonstrated the power that congregations, people of faith and community members have when they come together to effect change. Since the closing of the liquor stores, new businesses have opened in Roseland, crime is down, and a new public library is being built on the lot where gangs used to meet at 10 a.m. every Sunday morning. Reverend Meeks has become an Illinois State Senator representing Chicago.

Key lessons learned for clergy and other leaders include the importance of crafting and communicating a clear vision, building community coalitions, engaging the support of elected officials, and preparing to stick with an issue, despite opposition. The experience of Salem Baptist and Reverend Meeks also points out the important role that congregations can have in researching substance abuse problems in their community and creating strategies to address them.

Other pastors and leaders of faith-based organizations might consider conducting neighborhood needs and resource assessments to determine the pressing social problems that need to be addressed in their communities, and the human, financial and physical assets that exist to address these problems. Additionally, like Meeks and others, leaders should become aware of potential policy solutions they can use to influence substance abuse related problems facing their neighborhoods.

Promising Practice #7

Christians United Against Addiction

Reverend Ora L. Love

7500 Germantown Avenue, Elders Hall Suite 110, Philadelphia, Pennsylvania 19119 (215) 248-0260

Christians United Against Addiction (CUAA) is an outreach ministry of New Covenant Church of Philadelphia, where Bishop C. Milton Grannum and Reverend Hyacinth Bobb Grannum are pastors. The ministry was founded 16 years ago and is currently led by one of its founders, Reverend Ora L. Love. The program has two staff and over 50 volunteers. The program receives funding from New Covenant and individual contributions.

The mission of CUAA is based on Jude 22, 23: "And some have compassion, making a distinction; but others save with fear, pulling them out of the fire, hating even the garment defiled by the flesh." They have achieved this mission by assisting many people recovering from addictions to repair their broken homes and heal their families' lives by establishing a new lifestyle based on the Bible and Christian principles.

CUAA's target audience is born-again recovering addicts, their families and the congregations that serve them. The primary components of the ministry include weekly Christian 12-step family addiction support groups, monthly workshops to educate people of faith about addiction. CUAA also provides emergency assistance, counseling and long-term rehabilitation program referrals. Their most innovative activity is "Workshops on the Road"—a training program that assists other faith-based organizations establish their own support groups, and one-on-one training of facilitators for new groups. While their primary focus is to support work in Philadelphia, CUAA has helped congregations in other states establish ministries that serve people in recovery.

While most of the people the ministry serves are recovering from substance abuse, the group also serves people recovering from other addictions including food, shopping and co-dependency. The five weekly support groups serve approximately 125 people. Additional people are served through 10 groups provided by CUAA's network of trained churches. CUAA is in the process of beginning a television program and has just begun convening workshops on HIV/AIDS.

This is a useful resource for congregations interested in starting their own Christian 12-step addiction support groups or those that are interested in becoming informed on these issues.

Promising Practice #8

One Church – One Addict

Mr. Lee Youngblood/Father George Clements

1522 K Street, NW Suite 450, Washington, DC 20005 (202) 789-4333 www.onechurch-oneaddict.org

One Church – One Addict is a national organization headquartered in Washington D.C. that recruits congregations to participate with healthcare and educational agencies to "adopt" and support recovering addicts. Its motto is, "Love the Addict, Hate the Addiction." The program was initiated in 1994 by Father George Clements, known for his One Church – One Child program that recruits churches to identify families to adopt homeless African-American and bi-racial children—a program that has resulted in the adoption of nearly 125,000 children.

One Church – One Addict works with congregations to establish and train ministry teams to accomplish four goals:

- Referring addicts to treatment centers
- Preventing those in recovery from relapsing
- Educating congregations about the habits and problems of recovering addicts
- Encouraging congregations to provide love, support, acceptance and role modeling to recovering addicts

By addressing these goals, One Church – One Addict seeks to facilitate the re-entry of recovering addicts into productive roles in society. With its annual budget of over $700,000, national staff of 15, and offices in Texas, Maryland, Illinois, Florida and Washington, D.C., the practice has trained over 5,000 volunteers in nearly 1,000 congregations in 35 states. In addition to training individual congregations, One Church – One Addict also hosts regional and national conferences to equip teams of congregational volunteers to address the problem of substance abuse.

Recently, One Church – One Addict received about $800,000 of funding from the Robert Wood Johnson Foundation. It also received funds from various federal departments, including the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Department of Health and Human Services Bureau of Primary Health, the Department of Justice, and the Department of Housing and Urban Development. Additionally, One Church – One Addict is certified as an option in the Combined Federal Campaign, the annual fund-raising drive conducted by federal employees in their workplace each fall.

Through its partnership with the federal organizations mentioned above, the practice hosts a number of national and regional conferences to train and support volunteers, provides substance abuse prevention information to youth and their families, helps faith-based organizations bring primary health care to addicted and indigent populations, and creates the One Church – One Inmate program—a pre-release and aftercare program through which congregations "adopt" substance abusing criminal offenders, with the goal of reducing substance abuse relapse and recidivism.

Clergy and other leaders interested in forming a One Church-One Addict team ministry in their congregation should contact the national office and request information about initiating the process.

Promising Practice #9

The Nation of Islam— Working with Incarcerated and Recently Released Poor Black Men

Nation of Islam, Abundant Life Clinic, Dr. Abdul Alim Muhammad

717 8th Street SE, Washington, DC 20003 (202) 547-6440

In many urban areas, the Nation of Islam is recognized as an important faith-based group known for its efforts to rid housing projects of illegal drug sales and for its work both inside and outside of prisons with poor, black men with criminal histories. Accordingly, we thought that a description of their practices should be provided. A research project, focusing on black men who credit their recovery to the Nation of Islam, suggests that the Nation's unique approach to rehabilitation includes the following eight ingredients[75]:

- **Instilling a sense of hope** that substance abusers could turn their lives around
- **Changes in physical appearance.** Men noted that as they adopted the clean, dark suit, white shirt and bow tie characteristic of members of the Nation, they looked better on the outside and felt better about themselves on the inside
- **Role models.** Participants noted that the presence of other black men who had been addicted and incarcerated and who were now living productive lives gave them something to aspire to
- **Increased ethnic pride and dignity.** Men reported they were taught about the greatness of the black race and began to take pride in being a black man
- **Encouragement to read.** Reading the Qur'an, the Bible and books about black history is said to have brought the men a sense of freedom
- **Proper diet.** Men said that the elimination of pork and fried foods liberated them from having to eat food that their ancestors were forced to eat during slavery
- **Help with employment and life skills classes.** Respondents noted the benefit they gained by employment selling the Nation's newspaper, the Final Call, assistance in finding full-time employment and classes on nutrition, how to treat women and their responsibilities as men
- **Not being labeled.** Participants noted that in the past various mental health professionals had labeled them, whereas in the Nation they only received love

Promising Program #1

Celebrate Recovery

Saddleback Community Church, John Baker

1 Saddleback Parkway, Lake Forest, California 92630 (949) 609-8305 www.celebraterecovery.com

Celebrate Recovery is a Christian 12-Step curriculum based on the teachings of Jesus with an emphasis on His Sermon on the Mount found in Matthew Chapter 5. The program was created by Rick Warren and John Baker, pastors at Saddleback Community Church, a large congregation located in Orange County, California. Congregations and groups across the country use the curriculum. Although many of the Celebrate Recovery program's participants suffer from the abuse of substances, the curriculum is described as being a balanced program to help people overcome hurts, habits and hang-ups, based on the words of Jesus.

Unlike Alcoholics Anonymous and other traditional 12-step programs, in Celebrate Recovery, the "higher power" to which participants refer is explicitly identified as Jesus Christ. According to the curriculum's designer, the program is based on eight principles in the Sermon on the Mount, often known as the Beatitudes, which Warren has made into an acrostic—**RECOVERY**.

R—Realize I'm not God; I admit that I am powerless to control my tendency to do the wrong thing and my life is unmanageable. *"Happy are those who know they are spiritually poor."*

E—Earnestly believe that God exists, that I matter to him, and that he has the power to help me recover. *"Happy are those who mourn, for they shall be comforted."*

C—Consciously choose to commit all my life and will to Christ's care and control. *"Happy are the meek."*

O—Openly examine and confess my faults to God, to myself, and to another person whom I trust. *"Happy are the pure in heart."*

V—Voluntarily submit to any and all changes God wants to make in my life. *"Happy are those whose greatest desire is to do what God requires."*

E—Evaluate all my relationships; offer forgiveness to those who have hurt me and make amends for harm I've done to others when possible, without expecting any reward. *"Happy are the merciful." "Happy are the peacemakers."*

R—Reserve a daily time with God for prayer, Bible reading, and self-examination to know God and his will for my life and to gain the power to follow his will.

Y—Yield myself to be used by God to bring this Good News to others, both by my example and by my words. *"Happy are those who are persecuted because they do what God requires."*

The curriculum includes a detailed leader's guide, four participant workbooks (Getting Right with God, Yourself and Others; Stepping Out of Denial into God's Grace; Taking an Honest Spiritual Inventory; Growing in Christ While Helping Others), a set of audio tapes and a video training tape. The format of the program is a small group meeting that includes a time of singing, prayer, reading the eight principles and the 12-steps, announcements, teaching or a testimony from a program participant, reciting of the serenity prayer, and small discussion groups.

Since its founding in 1991, more than 7,500 people at Saddleback Church, more than 150,000 people in prisons and rescue missions, and 2,500 churches around the nation and the world have participated in Celebrate Recovery. One-day trainings are held across the country to teach clergy, lay church leaders and others how to facilitate Celebrate Recovery groups. Additionally, a Celebrate Recovery convention is held annually at Saddleback. The trainings are supported financially by registration fees paid by participants. To date, the training is provided by the program's co-author, Pastor John Baker.

Although there is no published research on the extent the program is being used by black and Hispanic congregations, the program appears to be applicable, at least for Christians seeking recovery, regardless of their racial/ethnic group membership. In fact, David Withers, director of Recovery Consultants of Atlanta described earlier, reports that his organization uses the program with great success among the men his program serves. According to Withers, the weekly Celebrate Recovery meeting is one of most important parts of their efforts to help men recover from substance abuse.

Clergy who desire to initiate Celebrate Recovery groups can order materials from the program website (www.celebraterecovery.com) and participate in a training event near them.

Promising Program #2

Faith Partners— 7 Steps for Developing a Congregational Team Substance Abuse Ministry

Trish Merrill

2525 Wallingwood Drive, Building 8, Suite 804, Austin, Texas 78746 (888) 451-9527

Faith Partners is a nonprofit organization located in Austin, Texas that assists congregations of all denominations to develop substance abuse prevention and recovery team ministries. The organization consists of a full-time director and two area coordinators who assist in training. The average annual budget of the organization is approximately $120,000; most of which comes from foundations and the Center for Substance Abuse Prevention in Washington D.C.

Faith Partners' goal is to help congregations improve the things they already do, such as supporting people, educating people and caring for people, with a specific focus on the issue of substance abuse. Specifically, Faith Partners provides resources and training for congregations that want to establish a team ministry that focuses on connecting substance abusers to existing resources, caring for them as they go through recovery, educating children and families about substance abuse, and assessing the congregation's substance related needs and assets.

The seven steps for establishing a team ministry are listed below:

1. Representatives from a congregation (clergy, youth directors, social ministries staff and key lay people) attend an introductory one-day training, *The Role of the Faith Community in Substance Abuse Prevention*. They gain information about the role of the congregation in prevention, intervention and recovery and how to take the first steps toward initiating a substance abuse ministry.
2. Exploratory meeting to determine interest in and commitment for a substance abuse ministry.
3. Congregational representatives conduct a congregational survey to determine the needs of the congregation, identify volunteers for the team and gain support for the ministry.
4. Representatives inventory the congregation to identify the resources of the congregation and to determine how to integrate the ministry into the life of the congregation.
5. Team members attend a 10-hour training, *The Congregational Team Training*. This training provides team members with basic information about substance abuse prevention, intervention and recovery; introduces them to community resource people and programs, and assists them in developing a preliminary plan for their congregation.
6. Teams return to their congregation and initiate a team ministry, using the manual, *Building a Team Ministry: A Congregational Approach to Substance Abuse*, an extensive step-by-step guide that includes many tools for assessing and planning congregational initiatives. The manual includes a ready-to-use survey, inventory, team planning forms, as well as sample team brochures, handbooks and consecration liturgies and worship services.
7. Congregational teams increase their connections to community resources and continue their relationships with other teams through ongoing consultation, support meetings and additional training.

Faith Partners has worked with numerous congregations across the nation and is currently participating in a demonstration project in partnership with the Central Center for the Application of Prevention Technologies and the Johnson Institute Foundation.

Promising Policy

In light of the fact that clergy are often the first professionals individuals and families experiencing substance abuse problems turn to, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration[76] (2004) recommends all clergy should have the following core competencies:

Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence

Be aware of the:

- Generally accepted definition of alcohol and drug dependence
- Societal stigma attached to alcohol and drug dependence

Be knowledgeable about the:

- Signs of alcohol and drug dependence
- Characteristics of withdrawal
- Effects on the individual, the family, and the community
- Characteristics of the stages of recovery

Be aware that possible indicators of the disease may include, among others:

- marital conflict
- family violence (physical, emotional, verbal)
- suicide
- hospitalization
- encounters with the criminal justice system

Understand that addiction erodes and blocks religious and spiritual development, and be able to effectively communicate the importance of spirituality and the practice of religion in recovery, using:

- scripture
- traditions
- rituals of the faith community

Be aware of the potential benefits of early intervention to the:

- Addicted person
- Family system
- Affected children
- Local community

Be aware of the appropriate pastoral interactions with the:

- Addicted person
- Family system
- Affected children
- Local community

Be able to communicate and sustain:

- An appropriate level of concern
- Messages of hope and caring

(continued on next page)

Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence (continued)

Be familiar with and utilize available community resources to ensure a continuum of care for the:

- Addicted person
- Family system
- Affected children
- Local community

Have a general knowledge of, and, where possible, exposure to:

- The 12-step programs—Alcoholics Anonymous, Narcotics Anonymous, Alateen, Alanon, Adult Children of Alcoholics, etc.
- Other prevention and treatment programs

Be able to acknowledge and address values, issues and attitudes regarding alcohol and drug use and dependence in:

- Oneself
- One's own family
- One's religious organization
- Local community

Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence.

Be aware of how prevention strategies can benefit the larger community.

Source: Core Competencies for Clergy and other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2004). www.samhsa.gov/grants/competency/index.html

Recommendations

Clergy and other faith-based leaders

- Preach and teach about substance abuse and its impact on children, families, congregations and communities.
- Seek continuing education about the causes, consequences, risk and protective factors for substance abuse.
- Assess the direct and indirect impact of substance abuse on the individuals and families in their congregations and communities.
- Take a public stand against the use of drugs that is consistent with your personal and denominational beliefs and values.
- Cast a vision for addressing the problem of substance abuse in the congregation and the community.
- Identify and use congregation members who have training, expertise and experience in the area of addiction (e.g., social workers, nurses, doctors, persons in recovery) to educate the congregation and create programs and ministries that address the problem.
- Create or join existing organizations that seek to advocate for policy changes around the availability of alcohol and tobacco products, including the reduction of billboard advertisements and licensed retail outlets.
- Collaborate with local law enforcement to monitor the illegal sale of alcohol and tobacco to minors.
- Identify local resources and develop a guide with resource descriptions and contact information for local substance abuse related services to distribute to congregation members and neighborhood residents.
- Identify and develop relationships with substance abuse service providers in the community to whom you can refer congregation members who abuse drugs and/or who are experiencing drug-related problems.
- Invite treatment providers and other addiction specialists to provide workshops for the congregation.
- Make space available for prevention activities, as well as programs for people affected by substance abuse (e.g., Celebrate Recovery meetings).
- Identify and become involved in public policy issues related to substance abuse, such as the number of liquors stores and billboards in your community.
- Become active in local task forces, community organizations, government panels and advocacy groups focused on substance abuse in-patient and outpatient services and policies.
- Purchase liquor stores, crack houses and other public nuisances and convert them to use for substance abuse prevention programs, low-income housing, computer training, 12-step group meetings, or temporary housing for victims of abuse.
- Collaborate with other congregations and people of faith to share information, training and programs.
- Modify existing effective model secular programs to include "faith" content and implement them in your congregations.

Foundations and other funding organizations

- Conduct a national environmental scan of faith-based programs that address substance abuse in poor urban and rural communities.
- Support the development and dissemination of culturally sensitive curricular materials to equip clergy to address the problem of substance abuse in their congregations and community.
- Work with national denominational offices, particularly the historically black denominations and related Hispanic organizations, to design and disseminate curricular materials that educate clergy about substance abuse, its consequences and programmatic and policy approaches to

address the problem.

- Convene local, regional and national technical assistance and training programs on the relationship between "faith" and substance abuse to equip clergy and faith-based organizations to provide services to substance abusers and their families.
- Provide resources for additional research on the relationship between religion, race/ethnicity and substance abuse.
- Support research on the impact of substance abuse on congregations, clergy knowledge about substance abuse, congregational programs and policies designed to address substance abuse.
- Recognize substance abuse as a crosscutting issue that impacts racial/ethnic disparities in poverty, child welfare, incarceration, and health outcomes.
- Support research, policy analysis, and advocacy efforts of organizations that examine public opinion and shape policy around incarceration, child welfare and other substance abuse-related issues.
- Support the work of local task forces, community organizations, government panels and advocacy groups focused on substance abuse in-patient and outpatient services and policies.

Researchers

- Analyze existing individual and congregational level datasets to further clarify the relationship between race/ethnicity and substance use.
- Conduct a large-scale needs assessment of clergy to ascertain their current knowledge about substance abuse and determine their needs for additional education and training on the topic.
- Conduct research on the nature and extent of the substance abuse-related programs offered by American congregations by their racial/ethnic and social class composition.
- Further examine the relationship between substance abuse and its impact on poverty, child welfare, incarceration and racial/ethnic disparities in health- related outcomes.
- Conduct research that compares the effectiveness of faith-based versus secular substance abuse interventions.
- Share research in a manner that will inform public policy.

Substance Abuse Resources

General

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION FAITH-BASED AND COMMUNITY INITIATIVES WEBSITE WITH CORE www.samhsa.gov/faithbased

CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES (CAPT) www.captus.org

DRUG ABUSE RESISTANCE EDUCATION – D.A.R.E www.dare.com

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM www.niaaa.nih.gov

NATIONAL INSTITUTE ON DRUG ABUSE www.drugabuse.gov

African-Americans

NATIONAL BLACK ALCOHOLISM AND ADDICTION COUNCIL (NABC) www.nbacinc.org

NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE (NBCDI) www.nbcdi.org

OFFICE OF MINORITY HEALTH RESOURCE CENTER www.omhrc.gov

WHEEL COUNCIL www.wheelcouncil.org

AFRICAN AMERICAN REACH AND TEACH HEALTH MINISTRIES www.aarth.org

NATIONAL ASSOCIATION OF AFRICAN AMERICANS FOR POSITIVE IMAGERY www.naaapi.org

Hispanics

AL-ANON/ALATEEN FAMILY GROUPS www.al-anon.alateen.org

HANDS ACROSS CULTURES www.hacc95.org

HUMAN SERVICE CENTERS – ADDICTION TREATMENT SERVICES www.humanservicecenters.com

INSTITUTO PARA EL ESTUDIO LAS ADICCIONES www.ieanet.com

LA ANTI-DROGA www.laantidroga.com

LATIN AMERICAN YOUTH CENTER www.layc-dc.org

MANA: A NATIONAL LATINA ORGANIZATION www.hermana.org

NATIONAL ALLIANCE FOR HISPANIC HEALTH www.hispanichealth.org

NATIONAL COUNCIL OF LA RAZA www.nclr.org

NATIONAL LATINO RESOURCE CENTER www.csusm.edu/nlrc

SOY UNICA! SOY LATINA! www.soyunica.gov

Children of Substance Abusers

NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS www.nacoa.org

Parents

THE ANTI-DRUG www.theantidrug.com

FOCUS ADOLESCENT SERVICES www.focusas.com/SubstanceAbuse.html

MOTHERS AGAINST DRUNK DRIVING www.madd.org

Congregations

FREE 'N' ONE – FREE FROM DRUGS AND ALCOHOL AND ONE IN CHRIST www.free-n-one.org

CHRISTIAN RECOVERY INTERNATIONAL www.christianrecovery.com

FAITH. THE ANTI-DRUG www.theantidrug.com/faith/communities.asp

CELEBRATE RECOVERY www.celebraterecovery.com

ONE CHURCH – ONE ADDICT

Youth

FREE VIBE www.freevibe.com

STUDENTS AGAINST DRUNK DRIVING www.saddonline.com

MY ANTI-DRUG www.whatsyourantidrug.com

Research

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
CSAT's National Helpline
800-662-HELP (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.samhsa.gov

SAMHSA'S NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)
301-468-2600
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
www.samhsa.gov

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC. (NCADD)
212-269-7797
800-NCA-CALL (Toll-Free)
www.ncadd.org

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) 800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY

End Notes

1. Recreational use refers to the use of legal drugs like alcohol, illegal drugs like marijuana and cocaine, and the use of other substances like glue, for the specific purpose of altering one's mental state – or in the drug lexicon, "getting high." Extra-medical drug use includes the use of prescription medications in dosages that exceed what has been prescribed by a physician, and the use of other drugs and medications, like Ritalin, for purposes other than what they were intended for.
2. Wallace, JM 1999. Race, Risk and Resilience: The Social Ecology of Addiction in America's Black and Hispanic Communities Pediatrics 103(1998):1122-1127
3. Johnson, BJ, Tomkins, RB and Webb, D. Objective Hope, Assessing the Effectiveness of Faith-Based Organizations: A Review of the Literature. Center for Research on Urban Civil Society, University of Pennsylvania, 2002.
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Notes

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