

Report to the 227th Convention of the Diocese of Pennsylvania

The Addiction Recovery Resource Committee

Committee Members: The Reverend Stephen Billings
 The Reverend Ronald W. Lockhart, Sr. Chair
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 The Reverend Alan Neale
 The Reverend Kyle St. Clair

The Diocese of Pennsylvania has charged the **Addiction Recovery Resource Committee (ARRC)** with the task of being of assistance to addicted individuals and their families in the quest for recovery. Addiction is an illness, genetically transmitted. Addiction is a disease, not the result of bad behavior.

The committee has operated without budgetary funding. We have discussed several ways in which we could organize and begin to settle on an efficacious approach to one of our nation's most critical health and behavioral issues. We quickly learned that the pool of knowledge from which we were drawing was not deep enough. We needed to be educated to better understand the problem. While attending a seminar on intervention, we were introduced to **Pro-Act** (www.proact.org), an organization committed to educating the public about Addiction/Recovery. After studying the curriculum the committee recommended to the Bishop's office that we utilize this community service as a primary source of education about Addiction, and this has been approved.

On March 12, 2010 an email was sent to clergy in the diocese introducing "Pro-Act" as the Diocesan provider for educational information on addiction. It is simply entitled "The Family Program." It is the centerpiece of their program. It is offered free of charge to persons who suspect that one of their own is addicted to drugs and/or alcohol.

Pro-Act is a contraction of **Pennsylvania Recovery Organization Achieving Community Together**. It is active in the five county area (Bucks, Delaware, Montgomery, Chester, and Philadelphia). A verbatim statement in their literature reads that "To recognize an Addiction Problem...in a spouse, parent, child, or other loved one, you need the help of a knowledgeable professional as well as the support of others with the same experience." The program consists of three two hour sessions, one each week. There is an optional fourth session if a family is

interested in pursuing an intervention. A new “session” begins the first week of every month.

Pro-Act has produced curriculum material for participants and facilitators. As a part of this training, we urge families to attend an Alanon and/or a Naranon meeting so as to broaden their perspective of the kind of support available to families.

Thus far Sandra and Ron Lockhart, Co-Chairs of ARRC and Delaware County Pro-Act, have made presentations to four Deanery Clericus meetings (Bucks, Southwark, Brandywine, and Montgomery). Delaware is scheduled for November, and Conestoga will be re-scheduled. The persons attending these meetings were given copies of the Pro-Act materials. The goal of this effort is to familiarize clergy with programs that provide guidance and support to families with potential addiction problems.

We found these sessions to be helpful, but realized that a better audience would be individuals in an Adult Forum where pertinent questions could be asked and answered. Even though we suggest that we are available for this kind of an effort we have had only one opportunity to speak to such a group. Addiction is a devastating disease. We need to be alert to the realities that many addicts begin using in their teens. Therefore, we need to get this information to youth leaders, as well as the participants in the group.

On a personal note our efforts have been to find a way of “advertising” this excellent program. We have been working with individuals who are in recovery, and fight the battle one day at a time, as well as family members who constantly walk the line between supporting and enabling. One person in recovery said that in his case, it is one minute at a time.

For the past three weeks I have been visiting a colleague who is in prison. He talks about his situation, and is frustrated that he began using and then, **again**, did “something stupid” and finds himself **again** incarcerated. How should such an individual be sentenced?

It is an experience to go there and watch families reunite around a plastic table that seats four people. The spectrum of inmates is broad, ranging from senior citizens to young men and women. Watching young mothers cuddle and bounce their babies always captures my attention. It is evident that parents, grandparents, spouses, girlfriends and boyfriends are the visitors.

A curious phenomenon is implicit in the visitation process. Visitors are made to feel as though, for that period of time, that they have now adopted the status of inmate. Guards meander through the room as a reminder to inmate and visitor of the brutal reality that there is a darker side of life. Apparently, threats of “shutting the whole process down” are not uncommon. There are stringent discretionary regulations with regard to appropriate dress and regulations that are made clear only on the first visit. For me, it was an unusual psychological shift.

I asked my friend why most of the inmates were incarcerated. He quickly said: “alcohol and drugs.”

Now I know that there are ample scriptural passages about the visitation of persons in prison. What I have learned over the past several weeks is a challenge to elevate that suggestion to the status of a commandment. Certainly I do not see any effort to affirm self-worth for an inmate. If we allow visitors to be intimidated by questionable discretionary regulations in the visitation process, then society itself has been lessened.

It dawned on me that the effort of ARRC and Pro-Act has been education. We have become somewhat aggressive in challenging “Church” folks to become more knowledgeable about this disease. And yet, if the larger majority of persons in prison are there because of their addiction to drugs and alcohol, then I am beginning to wonder whether we have selected the right group as the target for our program. As we learn a “new” language in this work, there is a phrase that family members hear often. Addicts who keep using will either end up in prison or dead. That is indeed the final expectation of an addict who resists rehabilitation.

We admit that we are struggling a bit to find a way to better function as a Diocesan Committee. The prison population is indicative of the problem. One person, using an unconfirmed number, said that if marijuana were legalized, prison population would drop by 50%. I do not know whether that statement is correct, but it defines the urgency that each of us should feel in finding a better way of attacking a critical health and societal issue. We are here to provide RESOURCES that will give addicted persons and families a boost toward RECOVERY.

The Reverend Ronald W. Lockhart, Chair
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