



Faith-Based Organizations: How Faith Leaders Can Help People on a Path of Recovery

Anyone can be affected by a substance use disorder—a neighbor, a co-worker, a loyal church parishioner. Luckily, treatment and recovery are possible for people addicted to alcohol and/or drugs, and many find healing through faith-based recovery.

As part of the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* this September, the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT) is asking people to raise awareness about substance use disorders, treatment, and people in long-term recovery, including those in the faith community.

This year’s theme is *“Join the Voices for Recovery: Real People, Real Recovery”* and highlights true individual stories of addiction, treatment, and recovery. The following is the story of Tonja Myles, co-founder and CEO of the Set Free Indeed Ministry and Free Indeed Treatment Center, which offers faith-based support for those who need help conquering a substance use disorder. Tonja was dependent on drugs for 5 years and has benefited from faith-based recovery for more than 20 years.

A root cause...



Tonja Myles

“I had a traumatic experience early in my life, which accounts for many of the poor decisions I made leading to my addiction. My experiences shaped who I’ve become—both good and bad. When I was 7 years old, I was molested. This early trauma made me grow up fast. When I was 15, I sang in a band and was introduced to marijuana. During this time, I engaged in other self-destructive behaviors, such as cutting myself and attempting suicide. I had a lot of mental and emotional issues stemming from my early terrible experience.

“Once I started using marijuana, I said that was as far as I would go. Of course, I was fooling myself, and not long after, I started abusing cocaine. When I was in college, I abused prescription drugs, rounding out the trifecta of my drug abuse. My boyfriend at the time sold drugs on campus and I started selling with him. With my constant access to drugs of all kinds, my addiction got progressively worse. To help finance my habit, I started taking money from my parents without their knowledge. Addiction makes you become a different version of yourself; all the conniving and manipulative behavior I engaged in was rooted in my drug dependence. I hated who I was and how bad I let myself get out of control, but I still didn’t stop.

“When I was at my lowest point of addiction, my mom also was an alcoholic nearing her bottom. Living in a house with an alcoholic and being dependent on drugs was a disastrous mix. Interestingly, through all the experiences I had, I never developed a dependence on alcohol. Drugs—cocaine, crack, and pills—were ‘safe’ for me, but I saw what alcohol did to my mother and it scared me. My dad also used alcohol and drugs, but was a ‘functioning’ abuser and able to carry on a normal life with seemingly little consequence. It was a world I had always known and I felt it was excusable for me to be involved, since I had seen my family sink into that lifestyle. It was ironic because while I had no problem seeing myself succumb to the darkness of addiction, I hated seeing my parents in that world.



“Growing up, even during the lowest points of my addiction, I continued to go to church and tried to talk about what I was going through. Even though my church was compassionate and caring, I didn’t know how to utilize their offerings to help me conquer my dependence on drugs. Instead of employing the help of the community around me, I let my drug use continue to get worse. I dropped out of college and my parents were extremely disappointed in my choices. I worked as a call girl and was on a train to nowhere. My life was completely out of control.”

Tonja’s horrific experience in her childhood affected her deeply and led her down a road of addiction and other self-destructive behavior. Also, her family history of addiction may have contributed to her own dependence. For a long time, society viewed a person’s alcohol and/or drug dependence as a sign of lacking discipline or morality. Now, it is widely recognized that the causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.¹ Millions of people are affected, with an estimated 22.6 million people aged 12 or older (9.2 percent of the population) suffering from a substance use disorder in 2006.²

Substance use disorders can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.³ A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.⁴ Similar to Tonja, many people experience an addiction to more than one substance. About half of the patients in a study of 26 outpatient treatment programs abused more than one drug.⁵

The drugs that Tonja abused were commonly used nationwide in 2006. For example:

- Marijuana was not only the most commonly used illicit drug, but the one with the highest rate of dependence and abuse: 4.2 million people were dependent on or abused it, and 60 percent of all people aged 12 or older who were dependent on or abused any illicit drug were dependent on or abused marijuana.⁶
- 1.7 million people were dependent on or abused cocaine.⁷
- Prescription drug use is an emerging trend, especially among college-aged people (18 to 25). There were 7 million people (or 2.8 percent of the population) aged 12 or older who used prescription-type psychotherapeutic drugs nonmedically in the past month. Among college-aged people, the problem was even more widespread, with 6.4 percent using prescription-type drugs nonmedically.⁸

Finding faith, finding myself...

“Eventually, as the saying goes, I got sick and tired of being sick and tired. I was done with covering up the lies. I had tried everything and nothing worked to dim the pain I had been in my entire life. I again tried to take my own life and thank God I wasn’t successful. That day, however, I died a spiritual death and went to my grandmother’s house for her guidance. I think it is because of her prayers that I am still alive after all I’ve been through. She said, ‘Tonja, God can set you free. He can heal you from all of this mess.’ Honestly, I just wanted to be forgiven for all the wrongs I had done. It was a blessing to hear that through my faith, I could be forgiven. That night, I gave my life to the Lord and vowed to work toward sobriety.

“I made another promise to God that night. I said, ‘God, if you help me, I will spend the rest of my life helping others.’ I went through my own spiritual rehab program. Through my church and my prayers, I learned how to eat, talk, and dress differently. I had to truly change every aspect of my life to lead a fully healed existence. I finished school and worked on my character—who I was. I worked on ensuring that the people I hurt forgave me. I worked to figure out what I needed to do to continue on this positive path.

“While I was confronting my addiction, my mother was hiding in hers. Her behavior was out of control; she almost burned down the house a few times. Luckily, I had already been clean and sober for one year and was in a position to help her. I had talked to a counselor and was told about interventions through our sheriff’s department as a way to get a loved one into treatment. I talked to my brother, sister, and father about it and they were hesitant at first. They said, ‘What are people going to say if we let someone take Mom away?’ I responded, ‘Well, what are they going to say if we let her drink herself to death?’

“Finally, I convinced my family that an intervention was necessary to save my mother’s life. A sheriff came to the house to pick her up and take her to treatment. To see a sheriff put your mother in the back seat of a police car was just heart wrenching—one of the most horrific sights I’ve seen. The first seven days she was in the treatment center were hard on her and our family—she said she hated me and I could feel her resentment. However, 30 days later, she finally had clarity and told me that this was the best thing that could have happened to her, and it saved her life.”

Millions of others have experienced the healing Tonja and her mother found through treatment and recovery. In 2006, there were 4 million people aged 12 or older who received some kind of treatment for a substance use disorder and more than half (2.2 million) received support at a self-help group.⁹ For many, that path of treatment and long-term recovery is entrenched in faith.

Spiritual faith is largely intertwined with sustaining health and addressing health-related issues. As much as 79 percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think that physicians should talk to patients about spiritual faith.¹⁰ Doctors are supportive of this finding; 99 percent of family physicians are convinced that religious beliefs can heal and 75 percent believe that the prayers of others can promote a person’s recovery.¹¹

Because of the association many people make between spirituality and medical care, it is important for faith-based groups to know that substance use disorders are medical conditions that can be and are effectively treated, similar to many other illnesses.^{12, 13} Treatment for drug use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.¹⁴ Just as there is a medical aspect to addiction that is addressed in treatment and recovery, people with substance use disorders often rely on their spiritual faith to help them through long-term recovery.

People who attend spiritually based recovery support programs, such as 12-step programs like Alcoholics Anonymous or Narcotics Anonymous, in addition to receiving other treatment are more likely to sustain recovery. Furthermore, individuals in successful recovery often show greater levels of faith and spirituality than those who relapse.¹⁵ For those concerned that they are not religious enough to qualify for this type of recovery, previous religious or spiritual devotion is not required to gain the benefit of a faith-based recovery, including through the 12-step process.¹⁶



Recovery through faith...

“My mother and I both found recovery, but in different ways. I found it through going to church and she supported her sobriety through a 12-step group. When she got out of treatment and went to the support group, she had a large network of individuals who encouraged her and continued to offer her help at every turn. My faith-based approach to treatment didn’t have that fellowship, and initially I was resentful of my mother’s program.

“One day I asked myself, ‘Why did I hate the 12 steps so much? Why was I so jealous of what my mom had?’ I realized that I was envious of how supportive my mom’s fellowship was compared with what I had at my church. My mom’s group had regular meetings and a hotline; it was more understanding of what we all were going through. Even though my church tried to give support to people overcoming addiction, it just didn’t offer the necessary comprehensive approach. I felt ashamed that I started to embrace a program not directly tied to my church. This was why I was so resistant to 12-step recovery for so long despite the fact that it did still have a spiritual component.

“While going to church and praying helped me get clean and sober, I knew I needed more to stay that way. The church offered me so many wonderful things, but I found myself asking, ‘What about fellowship, what about accountability, what about meetings where people understood what you were going through? How can I bring this to my church?’ I knew that while I was able to achieve sobriety through my church, others might want the comfort of a church with the added support of a treatment center or 12-step group. My church and other religious groups needed to understand how many people were suffering in silence with no consistent support to help them. I knew I had to do something.

“After about 4 years in recovery—when I was confident that I had turned my life completely around—I felt that it was time to fulfill the promise to God I made the night I began my recovery. It was time to start giving back. I went into neighborhoods and schools to talk to people about my addiction to help people avoid my experiences, and to offer solace for those who are in need of help. My church didn’t have a lot of resources for people who were suffering from a dependence, so I began to network and try to close the gap between the recovery and faith-based communities. I wrote a letter to my state’s governor and told him that we had a problem in our communities that needed to be fixed. He listened and was open to fostering a partnership. In 1998, I planted the seed for a faith-based recovery partnership in Louisiana.

“Shortly after I began to implement a comprehensive faith-based recovery approach in my community, I met my husband, a minister. Together, we would go to the areas of town where people were suffering from addiction the most. In these communities, we would bring together all of the local government agencies who could offer services that complemented our unique faith-based approach to recovery.

“Initially, the churches and synagogues I worked with were nervous about holding meetings for people in recovery in their pews because they—like many people—were worried about the stigma of addiction. Because most people who are addicted are only hurting themselves and often their families, there is no need to be fearful as many in the church were. Addiction is the great equalizer. It doesn’t care who you are; it just wants to see you suffer. Recovery wants to see you succeed.

“We started to train churches and other religious groups, offering programs to help them understand addiction and learn how to become a resource to refer people to treatment. In 2003, we opened up Louisiana’s first faith-based licensed treatment clinic. Over the years, it grew into two facilities—one for treatment services and the other for recovery support services, such as vocational training. Recently, we were fortunate enough to integrate the two and are now in a 35,000-square-foot complex. We’re continuing to train faith-based groups and religious organizations across the country on how to address addiction in their communities.”

Tonja and her husband have made great strides to integrate faith, spirituality, and traditional recovery practices. While the religious community is aware of the prevalence of substance use disorders in their congregations, many do not know how to help those in need. Clergy members can and do help people with substance use disorders; however, there are still gaps in how they approach congregants and those who suffer from addiction and their families. In fact:

- 94 percent of clergy members recognize addiction as an important issue among family members in their congregations.
- Only 12.5 percent of clergy completed coursework related to substance use disorders while studying to be a member of the clergy.
- Only 36.5 percent preach a sermon on substance use disorders more than once a year.¹⁷

Congregants view their clergy as important counsel in helping them deal with addiction, even though they are usually woefully unprepared to deal with such crises. Questionnaires of Catholic clergy compiled over 8 years by Georgetown University’s Woodstock Theological Center found near unanimity in identifying addiction as one of the three most problematic social issues they are called upon to deal with in their parishes.¹⁸ People may turn to clergy for help because they have greater access to faith-based groups than health care professionals, there is little expense for help, or they have a preexisting relationship with members of the clergy.¹⁹

For clergy to truly be able to help people with substance use disorders or who are already in long-term recovery, they need to understand that stigma and shame are a reality. In 2006, 11 percent of people who were aware they had a problem and needed treatment for a substance use disorder but did not receive it at a specialty facility were concerned that it might cause neighbors or the community to have a negative opinion of them.²⁰ In a survey of the recovery community itself, 40 percent listed embarrassment or shame as an obstacle to recovery.²¹ Faith leaders can help overcome stigma by gaining the knowledge and tools to find help for people who need it. Organizations can play a critical role in improving access to long-term recovery by making their communities safe havens for people suffering from a substance use disorder and their families.



Fortunately, resources exist to help faith-based groups, churches, and synagogues that want to become more educated about issues related to substance use disorders, treatment, and recovery. Guidelines for clergy education on addiction were defined at a 2003 meeting supported by SAMHSA. The meeting developed key proficiencies to enable clergy and other pastoral ministers to encourage faith communities to help reduce addiction and its impact on families and children. Some of the areas for clergy to concentrate on are:

- How addiction manifests itself and signs to watch for
- The effects of alcohol and/or drugs on thinking and reasoning
- The role alcohol and/or drugs may play in a person's life
- How substance use disorders affect families, workplaces, and communities²²

More information about this meeting can be found in *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact of Family Members*. The full report is available at www.hhs.gov/fbc/docs/competency.pdf.

Additionally, the Clergy Education and Training Project (CETP), an initiative designed specifically for faith leaders by the National Association for Children of Alcoholics (NACoA) with support from SAMHSA, provides education and tools for clergy and other pastoral ministers. CETP developed a toolkit for use by pastoral counselors and other professionals to train clergy at the local level. The toolkit, titled *Spiritual Caregiving to Help Addicted Persons and Families: A Pastoral Counselor's Curriculum for the Education of Faith Leaders*, has been distributed to more than 1,160 clergy educators since 2006. For more information on this and other publications, please visit the CETP Web site at www.nacoa.org/clergy.htm.

Hope, help, and healing...

"Even though I have committed my life to helping others, I still need to check in with myself to make sure I am sustaining my own recovery no matter how long I have been sober. I need to make sure I continue to take care of myself to have any hope of successfully helping others. Ensuring that I continue to stay healthy is the only way I keep fighting my cause.

"My wish is for people to look within their families and their communities to know that addiction isn't pretty but it's real—and people do recover. I hate to see people suffering because I've been there, both with my own addiction and with my family members' dependence. If I could do anything, it would be to make it better known that people don't have to suffer in silence. People aren't alone. There is hope, help, and healing."

Tonja is proof that people can find their own road of long-term recovery. Whether you are the leader of a prominent faith-based organization, someone in recovery who has found guidance through spirituality, or simply active in your local church or synagogue, you can reach members of your community who need your help in recovering from a substance use disorder. This September, hundreds of communities and thousands of people across the country will recognize **Recovery Month**.

Following are ways you can become active in your community throughout September and beyond:

1. **Organize** a clergy training program to integrate a faith-based approach to treatment in your community.
2. **Research** the treatment facilities already available in your community so you are equipped to refer someone with a substance use disorder who approaches you.
3. **Arrange** a series of *Recovery Month* activities, such as mentioning recovery in your sermons, holding events, and offering space in your facility for recovery groups to meet during September and beyond. Provide child care for people who attend the meetings.
4. **Partner** with local recovery and health organizations to potentially plan a larger treatment program in your community that addresses substance use disorders using a faith-based approach. Use your partnership to create a community network of congregants and clergy to offer support for those already in recovery.

For more resources that can help clergy and faith-based groups, please consult the “Faith-Based Organizations” section in the “Recovery Month Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

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