



The Power of the Faith Community in SUD Treatment

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Objectives:

Participants in this webinar will:

Be provided with information regarding the prevalence of Substance Use Disorders in the general population,

Enhance understanding of both points of tension and common themes of the faith and treatment/recovery communities,

And Explore potential ways the faith community helps to meet the needs of individuals with substance use disorders.

Foundational Agreements

- **How many of you would say that you disagree with someone in your faith community regarding something you believe?**
- **How many of you would say that you disagree with someone in your work community regarding something you believe?**
- **Can we approach our time together with humility enough to listen and compassion enough to express views with kindness and respect?**

Why are we talking about this?

According to the National Institutes of Health, it is estimated that 1 in 10 individuals will struggle with a non-alcohol, substance use disorder at some point in their lifetime and 1 in 3 will develop an alcohol use disorder at some point in their lives.

This means that in a group of 100 at your place of worship, on average between 30-40 will struggle with a substance use disorder at some point.

Why are we talking about this?

Often faith leaders are approached about life issues and concerns before anyone else is.

Although faith leaders can provide tremendous support, they are often overextended and also want to be certain to operate within their scope of practice.

Religious and/or spiritual involvement predict less use of and fewer problems with alcohol, tobacco and illicit drugs (Miller, 1998)

Challenges

Bias within the faith and treatment communities often runs both ways.

Church leaders often see psychology as a “godless religion” and view mutual support groups as a substitute for the faith community.

The treatment community often views the faith community as having ulterior motives beyond helping others and at times even equates some types of religiosity with psychopathology.

Treatment and Mutual Support Groups

Are often more open to addressing spirituality than many other areas of human services.

Need more resources than they have to serve people who are hurting and struggling.

Often agree that spirituality is a fundamental aspect of sustainable recovery.

The Faith Community

Often have significantly more demands on their time than they can meet.

Often are willing to direct those in their community to community resources and/or professional staff on matters of medical treatment or areas beyond their expertise.

Are often more aligned with treatment and recovery principles that they may realize.

Religious teachings include substance use:

Judeo-Christian sacraments involving wine

Judeo-Christian Bible denounces drunkenness

Islam strictly prohibits the use of alcohol and drugs

Native American, Polynesian and African religions have used hallucinogens and other substances to enhance spiritual transcendence

(Miller, 1998)

Some Common Themes Include:

A desire to alleviate the suffering of others.

A desire to demonstrate love and compassion.

An understanding of the need for support and community.

That progress and growth are ongoing.

What those we serve believes matters.

Over 90% of Americans believe in God

57% engage in daily prayer

42% attended church in the last week (Bezilla, 1993)

80% believed that religious faith can aid in recovery from illness

63% agreed that doctors should talk to them about spiritual issues (McNichol, 1996)

Religious or Spiritual?

- Religion
- Religio - obligation or rule.
- Tells us how to lives.
- What constitutes the righteous life.
- Ten commandments, not the ten suggestions
- Often divisive

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- **Religion**

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- **Spirituality**

- Spiritus - breathing.
- The essence of life.
- What gives life meaning.
- What gives human life its unique meaning.
- Connecting

How can we collaborate to help one another and others more effectively?

Know what resources are in our communities.

Clarify roles and expectations.

Focus on shared goals.

Support one another.

Treat all we serve and all we serve alongside with the utmost care, respect, and compassion.

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References and Resources

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