

CHAPTER VIII.

SUBSTANCE ABUSE AND ADDICTION

A. POLICY

The Archdiocese of Santa Fe, in agreement with the highest professional authorities, recognizes addiction to alcohol or any other drug¹ as a human disease that demands our enlightened concern. This disease typically manifests itself in an inexorable, progressive, three-fold impairment of body, mind, and spirit. This debilitation, unless treated and arrested, leads inevitably to irreparable damage to the entire human person and to those closest to the addicted person (typically, members of the immediate family). Untreated, the disease is invariably fatal, either directly or indirectly (for example, by way of depression-induced suicide, drug-related vehicular accidents, infectious jaundice, cirrhosis of the liver, and diseases of the immune system, including AIDS).

All the victims of chemical dependency – families included – need and deserve humane understanding and professional help. Experience indicates that the persons most directly affected are precisely those who are also the least able to discern that addiction has created major living problems for themselves and their families. Substance abuse/addiction has the uncanny ability to convince the victim that there is not a problem with him, that other people are to blame for his misfortunes and that everything will be fine if others will simply mind their own business and stop harassing the victim. This persistent delusion that all is well effectively prevents substance abusers from helping themselves and from voluntarily seeking help from others.

It is our obligation in fraternal charity, and in justice to the People of God, to facilitate proper treatment and productive recovery for such victims among the Community. Our primary objectives and concerns are to relieve pain and suffering, to restore health and dignity, and to return our afflicted brothers and sisters to productive and rewarding involvement in the work of God within the Archdiocese.

B. IDENTIFICATION

A substance abuse problem may reasonably be suspected to exist when an individual's use of any drug repeatedly interferes with the proper performance of assigned duties, reduces dependability, impairs interpersonal relationships, adversely affects physical health, or reflects discredit on his/her ministry. The existence of a problem is not determined by the volume or amount of drug used or by the frequency of use *per se*, but by the effects of such use on behavior and function. The abuse of one drug alone is becoming the exception rather than the rule; multiple addictions are increasingly common.

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Early identification is important not only to the deacon whose addiction is damaging his ministry and every other facet of his life, it is also important to the Archdiocese of Santa Fe. A dysfunctional deacon affects many lives, starting with the members of his immediate family. Accordingly, the Archbishop must be notified as soon as the identification of a drug abuser is reasonably well established. The Archbishop may then decide whether the faculties of a deacon who is afflicted by addiction should be withdrawn, suspended, or left in effect without interruption pending the resolution of the deacon's problem.

Because addiction, like any other disease, can be more effectively treated the earlier it is recognized and dealt with, every member of the Community should be prepared so that he or she is able **and willing** to recognize addiction in its early stages in order that intervention can be undertaken.

C. INTERVENTION

A drug abuser is seldom able to diagnose himself and to volunteer for treatment. In the majority of cases, "constructive coercion" is necessary before proper treatment and recovery can begin. All too often, family, friends, associates, and supervisors fail to intervene until it is too late to reverse the cumulative damage. There is no moral or medical validity in the saying, "You can't help an addict until he is ready to be helped." Generally speaking, an addict has to be helped in spite of himself – has to be helped **to become ready** to accept treatment. This readiness to be helped is attained only when the victim is confronted with the gut-level truth about his addiction so plainly and so often that, even in his sickness, he can no longer deny the reality that he has become powerless over the substance he is abusing and that his life has become unmanageable.

D. TREATMENT

A deacon who is identified as suffering from addiction will be required to take part in the most appropriate treatment program that can be prescribed, and satisfactorily complete that treatment.

Proper treatment of addiction varies in detail from case to case. Prescriptions depend on such factors as duration since onset, degree of impairment, physical and psychological complications, and individual insight and motivation. Prescription is best made by a team of professionals who can make referrals to the most appropriate treatment resources and facilities.

Generally speaking, effective addiction treatment takes place in two stages: (1) the acute phase of detoxification and physical stabilization, and (2) the chronic phase in which the patient is helped to embrace a new value system and life-style that enable him to live comfortably and productively without recourse to the drug of addiction. The acute phase of treatment should always take place under proper medical

supervision. The chronic phase of treatment can effectively take place in any of a variety of settings, such as a hospital, clinic, special sanatorium, half-way house, or the fellowship of a mutual support group based on the Twelve Steps of Alcoholics Anonymous.

Even long after an addict has begun the recovery process, he needs companionship and support from others who understand his condition. During treatment, the recovering addict should continue to receive whatever recompense and benefits to which he was entitled at the time he entered treatment.

E. POST-TREATMENT ASSIGNMENT

The primary purpose of the policies outlined in this chapter is to assist, compassionately and intelligently, those members of the Community who are disabled by the disease of addiction. The only intention of these policies is to help those men or women regain a state of health and well-being that will allow for productive and rewarding ministry to the People of God in the Archdiocese of Santa Fe. Each individual treated shall, upon satisfactory completion of the prescribed program of treatment, either be allowed to return to his previous assignment or else be given a new assignment that is compatible, insofar as possible, with his experience, abilities, and needs. An adequate time for reflection and re-entry shall be offered at a suitable location before any assignment to a pastoral ministry is finalized.

Note for Chapter VIII

1. For the purposes of this chapter, the term “drug” includes all mood-altering chemicals that are known to be capable of producing dependency or addiction. These include alcohol, illegal drugs (like marijuana, cocaine, or heroin), prescription drugs (like amphetamines or barbiturates), and even tobacco. The term “addiction” as used here includes both physiological dependency and psychological addiction, as well as the lesser degrees of substance abuse that, unless treated and arrested, lead progressively and inevitably to addiction. For reasons of readability, all references to the addict/victim are masculine, although it is equally likely that any given addict/victim will be a female member of the Community.

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