

**EPISCOPAL DIOCESE OF MARYLAND**  
**GUIDELINES FOR ADDRESSING ALCOHOL USE**  
**AND RELATED MENTAL HEALTH ISSUES**

Passed by resolution at diocesan convention, May 14, 2016

For thousands of years, mental and substance-use disorders and in particular alcoholism have been referred to in pejorative language and within theological parlance under the rubric of “sin.” Often people who suffered these disorders were considered weak or weak-willed, possessed, or suffering because of past sins. Addiction has been considered a moral problem. And so people have been marginalized, banished, shunned, ostracized, rejected, or simply ignored and avoided.

Some of these responses to and interpretations of mental and substance-use disorders persist today, and they intensify rather than alleviate human suffering. Judgment and abandonment occur—whether perceived or real, accidental or intended. These guidelines intend to reflect a medically informed theological response as the Church seeks understanding and compassion, and a way to live out these values in its practice.

Alcoholics Anonymous (AA) is the oldest community-based response and support to people struggling with addiction. In 1935 Bill Wilson and Dr. Bob Smith, with the support of two Episcopal priests, the Rev. Sam Shoemaker and the Rev. Walter Tunks, gave impetus to the formation of AA. The program’s 12 Steps reflect a spiritual foundation. They have influenced spiritual-based recovery programs, not only for alcoholics but for individuals struggling with various mental, substance-use and behavior disorders, as well as their family and friends.

In the 1970s, research exploring the role of genetics, brain structures and neurotransmission in the development of chronic mental and substance-use disorders significantly changed how these disorders were understood.<sup>1</sup> They are now regarded in the medical community as having a biological basis with psychological, social and spiritual dynamics that affect how one feels, thinks and behaves. Problems relating to mental and substance-use disorders have grown exponentially with significant impacts on health, healthcare costs and mortality rates as well as on the condition of our culture.

The Episcopal Church at its 2015 General Convention acknowledged that our church culture avoids conversations about alcohol use, but, in fact, the church needs to address it. Further, these guidelines suggest that addiction is best understood not as a moral problem but as a disorder to be met with compassion through treatment, prevention, intervention and recovery in a framework of renewal, justice, wholeness and healing.

Some recent data from Substance Abuse and Mental Health Services Administration (SAMHSA) and The Centers for Disease Control & Prevention (CDC) surveys underscore the need to address these issues:

- Alcohol use contributes to 88,000 deaths in the US annually;<sup>2</sup>
- Consequences of alcohol use cost nearly \$224 billion dollars annually;<sup>2</sup>
- Alcohol use is the 4<sup>th</sup> leading preventable cause of death in the US;<sup>2</sup>
- Over 65 diseases/conditions are associated with or caused by harmful use of alcohol;<sup>2</sup>
- Alcohol has been classified as a carcinogen accounting for 7 million deaths per year;<sup>3</sup>
- 6.2% of adolescents report binge drinking, and 6.7% of adults report heavy drinking;<sup>4</sup>
- 9 out of 10 individuals with alcohol dependence did not perceive a need for treatment for their alcohol use;<sup>4</sup>
- 8.9 million persons have co-occurring disorders (both substance use and mental);<sup>4</sup>
- Only 7.4% receive treatment for both conditions, and 58% receive no treatment at all.<sup>4</sup>

## EDUCATION

It is important that clergy and congregational leadership appreciate the complexity, scope and signs of these disorders so that appropriate care can be offered.

**Clergy Education:** The diocese shall make available *continuing competency education* (CCE) for all clergy concerning mental health and substance-use disorders. The major objective is to help clergy be more comfortable and competent dealing directly with these issues in their pastoral role.

**Congregational Resources:** Each region is encouraged to identify and recruit mental health and substance-use resource persons for local referral. Regions and congregations are encouraged to offer educational programs on the prevention, intervention and treatment of these disorders and issues related to sustained recovery.

# **GUIDELINES RELATING TO ALCOHOLIC BEVERAGE USE**

Based on our commitment to proactively address these issues within our diocesan community, the following guidelines are given for the serving and use of alcoholic beverages on church property or at church-related functions. It is the responsibility of the rector, vicar or priest-in-charge of every congregation, or in their absence the Senior Warden, to assume responsibility for their dissemination and observance.

## **LAW**

All applicable federal, state and local laws relating to alcohol and other substance use shall be obeyed. This includes but is not limited to the following:

- Serving alcoholic beverages to minors (age 20 and under) is prohibited;
- Sale of alcoholic beverages without a state license is prohibited;
- A church or agency could be sued for the consequences of the distribution of alcoholic beverages to individuals (example: someone getting intoxicated at a church function and harming someone in a traffic accident after leaving the church event). Even if the lawsuit were eventually unsuccessful, the cost of the defense and the negative publicity would be a burden for the entity being sued. Likewise, be specific with groups that rent space so that they agree to abide by your stated policy, otherwise it increases your liability risk. If an individual shows signs of impairment or intoxication, alternative transportation must be provided to prevent that individual from driving (example: confiscate the person's car keys and call a taxi or find someone to drive the person home).

## **CHURCH-RELATED FUNCTIONS**

The Church is to provide a safe and welcoming environment for all people, including people in recovery.

### **Eucharist:**

- Clergy shall consecrate an appropriate amount of wine when celebrating the Eucharist and perform ablutions in a way that does not foster or model misuse for any member of the altar party.
- Clergy are encouraged to acknowledge and promote the equal validity of receiving the sacrament in "one kind" (bread only).

### **Decision-making:**

- Due to the effects of alcohol as a mood-altering drug, alcoholic beverages shall not be served when church business is conducted. This shall include but not be limited to the following: vestry and advisory councils, diocesan council, all committee meetings and candidate interviews.

### **Social:**

- Congregations and related agencies should consider the impact of serving alcoholic beverages at events or gatherings, including permitting a limited use or quantity. If the absence of alcoholic beverages might reduce attendance or lessen the appeal of an event, the organizers should reconsider the appropriateness of the event.
- The groups or organization sponsoring the activity or event at which alcoholic beverages are served must have permission from the clergy or the vestry.
- Food shall always be served when alcoholic beverages are served.
- Appealing non-alcoholic beverages must always be offered with at least equal prominence and accessibility, including healthy alternatives. Water should always be one of the available alternatives.
- Alcoholic and non-alcoholic beverages must be clearly labeled as such. Food prepared with alcohol should be labeled even if the alcohol itself is completely evaporated by the cooking process since the aroma of alcohol can still trigger someone's abuse.
- Wine and beer are acceptable alcoholic beverages to serve on church property. Hard liquor is strongly discouraged, but if it is served it requires a certified server.
- Serving alcoholic beverages at any event where there are minors present is strongly discouraged. If minors are present, alcohol must be served at a separate station that is monitored at all times.
- The serving of alcoholic beverages must be monitored, and those showing signs of intoxication must not be served. An adult must be assigned to oversee its serving. That adult must not drink alcoholic beverages during the time of his/her execution of duties.
- The serving of alcoholic beverages at church events shall not be publicized as an attraction of the event, e.g., "wine and cheese reception," cocktail party," beer tasting."
- The presence of alcoholic beverages at church social functions shall not be promoted as a requirement, or advertised as an enticement, to participate in a church function.

Adopted by diocesan convention May 14, 2016

## FOOTNOTES

<sup>1</sup> Research pioneers who made breakthroughs in the neuroscience relating to mental and substance-use disorders by identifying neurotransmission as the most significant contributor to those disorders include:

Solomon Snyder, M.D., psychiatrist, pharmacologist and neuroscientist at Johns Hopkins University, Division of Neuroscience, School of Medicine. His book *Biological Aspects of Mental Disorders*, published in 1980, summarized his 15 years of research on the role of neurotransmitters in the brain and their impact on feelings, thought and behavior.

Sidney Cohen, M.D., physician, psycho-pharmacologist and former head of the Division of Narcotics Addiction and Drug Abuse (DNADA), in the National Institute for Mental Health (NIMH), summed up and translated the neuroscience of addictive disorders in a volume entitled, *The Chemical Brain: The Neurochemistry of Addictive Disorders*, published in 1988.

<sup>2</sup> Centers for Disease Control and Prevention. (2014). *Planning and implementing screening and brief intervention for risky alcohol use: A step-by-step guide for primary care practices*. GA: Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.

[Examples of disease/conditions include stroke, depression, injuries, homicide, suicide, family violence, accidental / non-intentional poisoning (acute use), chronic liver disease and cirrhosis, 7 types of cancer, heart disease and pancreatitis (chronic use)]

<sup>3</sup> International Agency for Research on Cancer Working Group. (1988). *Monographs on the evaluation of the carcinogenic risks to humans: Alcohol drinking*. Lyon, France: IARC.

<sup>4</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, *National Survey on Drug Use and Health*, 2013.