In 1971, then-President Richard Nixon declared a “War on Drugs,” with Nixon declaring drug abuse as “America’s public enemy number one in the United States.” However, 46 years later, after the Vietnam heroin epidemic, after the crack cocaine epidemic and after the pill-opioid epidemic, the U.S. is now in the midst of an opioid epidemic. This nation now has the largest prison population of any Western industrialized nation in existence. There are still high rates of recidivism, and the poor and people of color still are disproportionately represented in its criminal justice system. In 2015, more than 27 million people in the U.S. reported current use of illicit drugs or misuse of prescription drugs. Unfortunately, only about one in 10 people with a substance use disorder receives any type of specialty treatment. Approximately 130 people die every day in the U.S. from drug overdoses, 78 from opioids alone.

For a long time, the national addiction epidemic has been viewed as a moral failing. However, addiction can be viewed away from the stigma of shame and seen as not a character flaw, but as a chronic illness, a major public health problem that takes an enormous toll on individuals, families and society. It is estimated the yearly impact of substance use disorders is $249 billion for alcohol and $193 billion for illicit drugs. Chaplains are challenged to provide spiritual support and interventions to address the needs of the addicted inmate.

Evening Bible study classes are offered at the Boulder County Jail in Colorado as part of the chaplain’s duties.

By Sylvia Moseley

The good news is that recovery

Addiction treatment programs and comorbidity

The good news is that recovery
from addiction can be achieved through many diverse pathways. In general, types of treatment programs include long-term residential (six to 12 months), short-term residential (three to six weeks), outpatient, group counseling and individual counseling. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery from mental disorders and/or substance use disorders as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” SAMHSA provides 10 Guiding Principles of Recovery and delineates four major dimensions that support life in recovery: health, home, purpose and community. Because drug addiction is a complex issue, recovery programs take time and need support from friends, family and dedicated community members.

A sample listing of popular recovery programs with web-based resources is found in Table 1.

It is well-known that there is high comorbidity between substance use disorders and mental illness. Unfortunately, many individuals with combined drug addiction and mental illness end up incarcerated. Of the more than 2.3 million inmates in the nation’s prisons and jails, 65 percent meet medical criteria for substance abuse addiction, and more than 50 percent have symptoms of serious mental illness. Combined, these two groups constitute 85 percent of the U.S. prison population. Further complicating this duality is a third factor — a disproportionately high number of chronic health conditions that co-occur with drug abuse and addiction (e.g., HIV, hepatitis, cancer, diabetes and cardiovascular disease).

### Theology and addiction

The questions follow: How have theological beliefs understood addiction? Do denominational differences inform understanding of drug addiction, treatment and recovery? How can chaplains address the issue of addiction in their interaction with inmates and oversight of volunteer programs?

It is important for chaplains to understand the history of Alcoholics Anonymous and other 12-step programs to use wisdom in addressing the theological implications of addiction and recovery.

Chaplains’ and church members’ ears have been stung with the ringing conviction: “Addicts don’t need 12 steps, the addicted just need one step — Jesus is that one step!” However, addiction is a very complex brain disease. The National Institute on Drug Abuse defines addiction as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain — they change its structure and how it works.” These brain changes can be long-lasting and can lead to the harmful behaviors seen in people who abuse drugs. Confronted with an ever-increasing drug overdose death toll, what are chaplains’ messages to the inmates in their facilities and those battling addiction in their communities?

The founders of AA began their journey to recovery in Christian house churches of the Oxford Group meetings. The importance of Christianity/spirituality was more pronounced in the writing of the Big Book of Alcoholics, taking some of the 12 steps from principles found in Jesus’ Sermon on the Mount, and the book of James. In a 1953 Grapevine article, founder Bill W. credited three sources as inspiration for the 12 steps: the Oxford Group, Dr. William D. Silkworth of Towns Hospital, and psychologist Dr. William James.
The success of 12-step programs and addiction research has acknowledged addiction is a disease that affects mind, body and spirit. This analysis of addiction demands that any treatment modality be directed to affect the mind, body and spirit.

Opportunities for chaplains

Chaplains in the correctional setting cannot do the work of recovery services programs, but they can work as part of the psycho-social team to assist with the spiritual approach in treating addiction. First and foremost, chaplains should become familiar with the 13 principles of drug abuse treatment for criminal justice populations published as a research-based guide by the National Institute on Drug Abuse. One good example of a chaplain making headway in the tsunami of addiction in the criminal justice system is Chaplain Joe Herzanek. Joe battled his own demons of addiction and has spent 25 years working as chaplain in the Boulder County Jail in Boulder, Colorado. He is president and founder of the Colorado nonprofit organization Changing Lives Foundation. In 2016, Joe and his wife, Judy, coauthored a book “Why Don’t They Just Quit?: Hope for Families Struggling with Addiction.”

Judeo-Christian religions generally do not prohibit drinking but absolutely prohibit drunkenness. Many Eastern religions prohibit consuming any intoxicating substances at all, and across cultures, all religions condemn substance abuse. The chaplains in correctional settings can provide the spiritual support absent the condemnation that comes from some of the traditional faith groups. Not only can chaplains support inmates in seeking out and being part of 12-step programs, but they can be the conduit to connect them with supportive Christian recovery programs in the community. Just as addicts go to support group meetings and get honest by introducing themselves as an addict, in the Bible, the Apostle Paul called himself the chief sinner, even though he saw himself as a new creature in Christ.

There are biblical models and scripture that support the mentor-mentee relationship in 12-step programs. David and Jonathan, Naomi and Ruth, Jesus and Peter, Paul and Timothy are a few mentor-mentee relationships that are emphasized in scripture. Several scriptures commend mentoring and support group meetings by stating iron sharpens iron, and within the multitude of counsel there is wisdom. Chaplains can assist inmates who struggle with only going to church or attending support group meetings and help them understand they may need both; a recovering addict may likely spot when someone is teetering on the verge of a relapse. Chaplains may incorporate in their volunteer training information about recovery and seek to sensitize their volunteers to the needs of inmates who struggle with substance abuse. Christian inmates who are seeking “recovery” may encounter the Life Recovery Bible or the Celebrate Recovery Bible in the prison chapel. Chaplains have a huge responsibility to the men and women under their spiritual watch and need as many tools as they can assemble in their tool boxes to assist with recovery that lasts.

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Endnotes on p. 78.
**ENDNOTES**

**NIJ UPDATE, page 10**


3. Ibid.

4. Ibid.

5. Ibid.


7. Ibid.

8. Ibid.

9. Ibid.


11. Ibid.


17. Ibid

**CORRECTIONAL CHAPLAIN PERSPECTIVES, page 14**


5. Ibid.


7. Ibid.


9. Ibid.


**SPEAK OUT, page 18**


15. Ibid.


